



Department of Community Services
Sexual Violence Strategy Evaluation
Final Report

April 10, 2018

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1.0 Introduction and Background

1.1 Preventing and Addressing Sexual Violence

Sexual violence is a complex and global epidemic, affecting children, youth and adults from every background. Sexual violence is defined by the World Health Organization as “any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting.”

Women, children and those from marginalized communities face a higher risk of being victims of sexual violence. The Statistics Canada General Social Survey data indicates that nearly 90% of sexual assaults occur against women and girls, and that youth ages 15 to 24 are at a greater risk for being sexually victimized¹.

In Nova Scotia, individuals from Indigenous, LGBTQI+, African Nova Scotian, and newcomer communities, and those with disabilities or mental illness, face a higher likelihood of being sexually victimized. Statistics Canada indicated that in 2009, the rate of self-reported violent victimization among Indigenous women was almost three times higher than the rate reported by non-Indigenous women.

In 2016, there were 626² sexual assaults reported to police in Nova Scotia, however across Canada sexual assault is believed to be significantly underreported, with approximately 95%³ of assaults going unreported to the police.

Attention in the media and social media to the pervasive issue of sexual violence is increasing, bringing a growing momentum in awareness of the prevalence of sexual violence and the cultural norms that support it.

This momentum has created an opportunity to have an open dialogue about how to address and prevent sexual violence through understanding consent, healthy relationships, supporting victims / survivors, etc.

1.2 The Sexual Violence Strategy

In 2014, the Government of Nova Scotia, led by the Department of Community Services (DCS), launched the development of Nova Scotia’s first sexual violence strategy. The strategy was intended, as a first step, to improve the availability of supports and resources for victims and their families, through a coordinated approach, and in the long term, to prevent sexual violence from occurring in the first place.

¹ <https://novascotia.ca/coms/svs/> Accessed on November 27, 2017

² <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/legal50a-eng.htm> Accessed on December 15, 2017

³ <http://www.statcan.gc.ca/daily-quotidien/170724/dq170724b-eng.htm> Accessed on December 15, 2017

The first year of the strategy was devoted to developing a strategic framework to guide the work over the next two years.

To better understand the current state of sexual violence in Nova Scotia and where the strategy needed to focus, DCS conducted a series of stakeholder engagements to gather insights and knowledge from Nova Scotians. DCS met with over 60 representatives from over 40 community groups and organizations, over 100 youth, and heard from over 800 Nova Scotians through an online public survey.

The information collected guided the focus of the strategic framework, *Breaking the Silence: A coordinated response to sexual violence in Nova Scotia* (The Strategy). The Strategy was launched in June 2015, and identified key actions across the following three areas.



- Improving access to urgent help
- Building on existing Community Support Networks
- Expanding the Sexual Assault Nurse Examiner (SANE) program
- Developing a funding framework for existing Sexual Assault Centres.



- Establishing a provincial committee on public awareness, and a provincial committee on training
- Establishing a Prevention Innovation Fund that would support community-based primary prevention initiatives; expand best practices, enhance research & evaluation; improve the use of technology; assist youth groups to reach out to peers in innovative ways; and support marginalized populations including African Nova Scotians, Indigenous, and the LGBTQI+ community.



- Establishing an interdepartmental committee
- Reviewing current policies and funding
- Hiring a provincial specialist
- Producing annual reports.

The Strategy was intended to achieve the following outcomes, and the outcomes were used to develop the evaluation framework:

OUTCOMES		
Services and Supports	Education and Prevention	Approach and Accountability
<ul style="list-style-type: none"> – Communities have been engaged in developing and implementing the Strategy – Citizens, communities and government tailor the Strategy to the local context – Service providers are more connected and collaborative – Victims and survivors feel confident to navigate across community based support services – A range of urgent support options is available – The public is aware of where to get support in their community – Supports are accessible to marginalized populations and youth – There is reduced secondary victimization of retelling stories – First point of contact organizations are prepared and trauma-informed – Service providers are knowledgeable, skilled, and able to connect people affected by sexual violence to the supports they need 	<ul style="list-style-type: none"> – The public is aware of sexual violence and its impacts – Members of the public understand their individual and collective responsibility for preventing sexual violence – Members of the public are aware of available resources, tools, and supports – Prevention initiatives, supports, services, and counselling options support marginalized populations – Engagement supports marginalized populations – Youth are engaged and provide leadership on sexual violence 	<ul style="list-style-type: none"> – Community Support Networks and member organizations are supported to implement services and prevention initiatives related to the Strategy – Strengths, challenges, and opportunities to improve prevention and service delivery activities are well-understood – The system of support (e.g. government, community) / decision making is coordinated, integrated, and aligned with the outcomes framework

1.3 Key Terms

The following terms are used throughout the report:

Community organizations	Community-based organizations who participated in the Networks or Network activities (e.g. YMCA, Girl Guides, Associations, etc.).
Network	The nine Community Support Networks (also referred to as working groups, interagency committees, or advisory committees) that were funded to bring stakeholders together to coordinate and collaborate supports and services for victims / survivors.
Outreach worker / navigator / community coordinator	Position titles used by the Networks for staff hired with Strategy funding. Each Network hired at least one individual to these types of roles, but the naming and job description varied across the Networks. Roles included providing direct supports for victims / survivors, working with youth and community members, and engaging and collaborating with service providers, community organizations and partners.
Partners	Organizations that participated in the Networks but who are not community service providers. E.g. government service delivery bodies (e.g. Community Corrections, school boards, SchoolsPlus, primary care providers, Mental Health and Addictions, etc.), local police, etc.
Stakeholders	Any individual or organization who has an interest in the work of the Strategy.
Strategy	The Nova Scotia Sexual Violence Strategy - <i>Breaking the Silence: A coordinated response to sexual violence in Nova Scotia</i> - including all components and participants in the Strategy, not limited to DCS or the role of the Sexual Violence Specialist.
Service providers	Organizations whose mandate is to provide services to victims / survivors of sexual violence (e.g. sexual assault centre, transition house, women's centre, etc.).
Sexual violence	Any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting ⁴ .
Victim / Survivor	Any individual who has been subjected to sexual violence

⁴ World Health Organization

2.0 Evaluation Framework

2.1 Introduction to Evaluation and Outcome Measures

The use of outcome measures to drive programs and to measure success is a growing trend in the social services sector and an international best practice in providing social supports and services. While traditional output measures simply indicate what activities have taken place, the use of outcome measures allows organizations to gain an understanding of whether their program is having the desired changes for their client base.

According to the W.K. Kellogg Foundation Logic Model Development Guide⁵, outcomes are the specific changes in program participants' behavior, knowledge, skills, status, and level of functioning. Achievement of outcomes is a long term, multi-faceted process. *Short-term outcomes* should be attainable within one to three years, while *intermediate-term outcomes* should be achievable within a four to six-year timeframe. The logical progression from short-term to long-term outcomes should be reflected in impacts occurring within about seven to ten years. Similarly, the Theory of Change indicates that short and intermediate outcomes are preconditions to the achievement of societal, or long-term outcomes.

It is important to note that while a program or initiative may contribute to the achievement of outcomes, generally no single organization is solely responsible for the achievement of outcomes – particularly of long-term and societal outcomes. However, it is possible to measure how a program of initiatives has contributed to the achievement of societal outcomes.

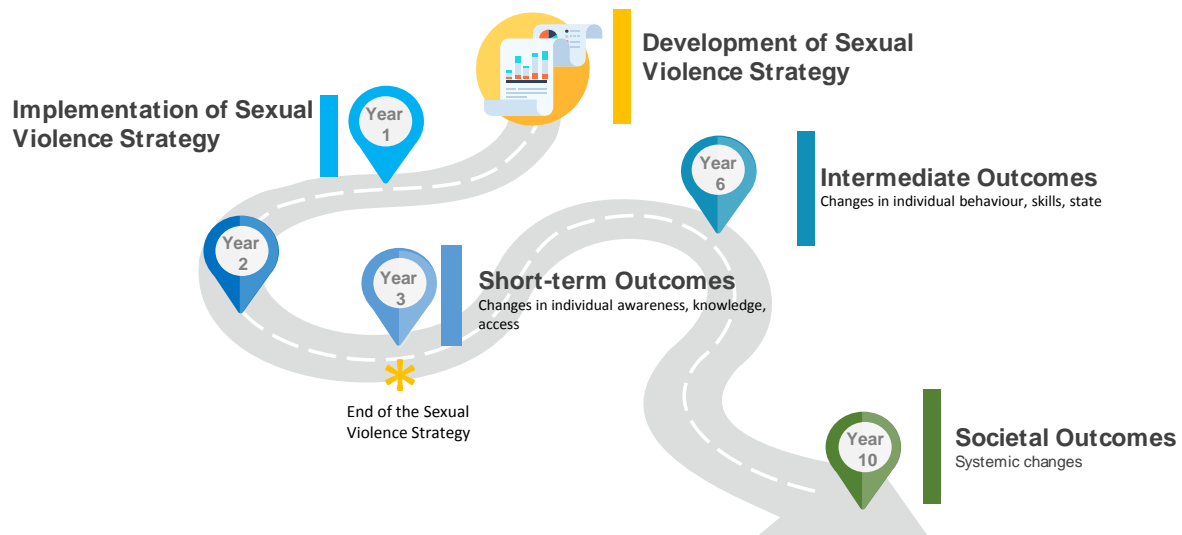
Achievement of outcomes can be measured through an evaluation. An evaluation is the systemic investigation of the impact of an intervention, such as a program, process, or initiative. The evaluation of Nova Scotia's Sexual Violence Strategy is an example of a **summative evaluation**, one that measures the impact of a program at its conclusion.

The intention of the Strategy was to build the base conditions needed to support ongoing achievement of outcomes, even after the completion of the Strategy. Given the timeframes around the achievement of outcomes, it is reasonable to expect that after two years, any outcomes achieved from the Strategy will be related to short-term changes in individual awareness, knowledge, or access, as illustrated on the following page.

It is likely too early to expect widespread changes to behaviours or systemic changes as a result of the Strategy's work. Further ongoing work will be needed by the Province and the community to build on the foundation of the Strategy and the promising practices that emerged from the work of the Strategy to continue progress towards achieving the intermediate and societal outcomes for Nova Scotians. As

⁵ <https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide> (Accessed on November 1, 2017)

such, the Province has committed to providing ongoing funding to operationalize sexual violence prevention and supports programming.



2.2 Evaluation Questions

To guide the evaluation of the Strategy, the following questions were identified and developed into an evaluation framework (see [Appendix A – Evaluation Framework](#)). The framework identified further details regarding each of the questions as well as how each would be answered through either qualitative conversations with the Strategy’s stakeholders and / or through quantitative information that was gathered.

Question 1: Are supports and services flexible, responsive and timely?	
Sub-Question	Desired Strategy Results
How effective has the work of the Strategy been in engaging a wide variety of stakeholders from diverse communities across Nova Scotia?	<ul style="list-style-type: none"> Communities have been engaged in developing and implementing the Strategy Citizens, communities and government tailor the Strategy to the local context
How effective have Community Support Networks been at mobilizing and coordinating regional supports and services?	<ul style="list-style-type: none"> Service providers are more connected and collaborative Victims and survivors feel confident to navigate across community based support services
Are individuals able to get urgent help when and where they need it?	<ul style="list-style-type: none"> A range of urgent support options is available The public is aware of where to get support in their community Supports are accessible to marginalized populations and youth

Question 1: Are supports and services flexible, responsive and timely?	
Sub-Question	Desired Strategy Results
How has the Strategy enhanced service provider capacity to identify and respond to needs in a trauma informed way?	<ul style="list-style-type: none"> — There is reduced secondary victimization of retelling stories — First point of contact organizations are prepared and trauma informed — Service providers are knowledgeable, skilled, and able to connect people affected by sexual violence to the supports they need

Question 2: How has the Strategy contributed to the prevention and early intervention of sexual violence?	
Sub-Question	Desired Strategy Results
How has the Strategy engaged the public in the issue of sexual violence?	<ul style="list-style-type: none"> — The public is aware of sexual violence and its impacts — Members of the public understand their individual and collective responsibility for preventing sexual violence — Members of the public are aware of available resources, tools, and supports
How effective has the Strategy been in engaging with and supporting marginalized populations (Indigenous, African Nova Scotians, LGBTQI+)?	<ul style="list-style-type: none"> — Prevention initiatives, supports, services, and counselling options support marginalized populations — Engagement supports marginalized populations
How effective has the Strategy been in engaging with and supporting youth?	<ul style="list-style-type: none"> — Youth are engaged and provide leadership on sexual violence

Question 3: What initiatives were implemented to support policy and accountability?	
Sub-Question	Desired Strategy Results
What key milestones / deliverables have been achieved?	<ul style="list-style-type: none"> — Community Support Networks and member organizations are supported to implement services and prevention initiatives related to the Strategy
What lessons can be learned from the first three years of the Strategy?	<ul style="list-style-type: none"> — Strengths, challenges, and opportunities to improve prevention and service delivery activities are well-understood

Question 3: What initiatives were implemented to support policy and accountability?	
Sub-Question	Desired Strategy Results
What are the opportunities to improve operationalizing sexual violence prevention and supports?	— The system of support (e.g. government, community) / decision making is coordinated, integrated, and aligned with the outcomes framework

2.3 Scope

This evaluation is intended to evaluate the work completed under the umbrella of the Strategy, including work completed by Government, the Provincial Committees, Community Support Networks, community organizations, and service providers.

This evaluation is not intended to provide recommendations on how to address gaps in the achievement of the Strategy's goals and objectives.

2.4 Evaluation Methodology

In order to reflect a wide variety of perspectives, a number of different stakeholder groups were engaged during the evaluation, through the following mechanisms:

- **Surveys:** Three online surveys were distributed to Strategy stakeholders, Provincial Committee members, and youth.
- **Telephone Interviews:** One-on-one interviews were conducted with outreach workers and representatives of Network lead agencies, government, and marginalized communities.
- **Focus Sessions:** In-person focus sessions took place in eight regions across Nova Scotia. Community members, including outreach workers, police, youth, and various community service providers involved with sexual violence, gathered to discuss the impact of the Strategy in their areas.

In addition, a **document review** was conducted of Network and Prevention Innovation Grant reports, and provincial documentation and quantitative program data.

The table below outlines which stakeholders were engaged, the rationale behind why those stakeholders were selected, how they were engaged, and the number of stakeholders that participated.

Stakeholder Group	Rationale	Methods	Participation
Community Support Network members	Community Support Networks were the coordinators of service delivery, leveraging funding provided through the Strategy	Survey	52
		Interviews	5
		Focus Sessions	44

Stakeholder Group	Rationale	Methods	Participation
Community organizations and service providers	These organizations work in the field of sexual violence, but were not formal members of the Community Support Networks	Survey	30
Outreach worker /navigator / community coordinator roles	The Outreach workers / navigators / community coordinators worked closely with the Community Support Networks and were the frontline service deliverers under the Strategy	Interviews	12
		Focus Sessions	6
Government Staff	Representatives of Government departments who were involved in the various aspects of the Strategy	Survey	11
		Interviews	4
Representatives of youth	The Strategy focused on engaging youth, both in regards to prevention and supports	Survey	29
		Focus Sessions	13
Representatives of marginalized populations	The Strategy focused on working to tailor activities to meet the needs of marginalized populations, which included LGBTQI+, Indigenous communities, and African Nova Scotians	Interviews	5
Total Participation			209

Detailed findings from these engagement activities can be found in [Appendix B – Detailed Findings](#).

2.5 Limitations

The information presented in this evaluation does not include the perspective of all stakeholders involved in delivery on the Strategy's objectives. Engaging some stakeholder groups in the evaluation proved challenging, specifically in focus group settings, as some stakeholders did not feel comfortable discussing the issue of sexual violence present within their communities, in a small group setting.

In addition, while there was short notice provided for some meetings, and a generally lower than expected participation rate, one-on-one telephone interviews were conducted and offered a time that was convenient for several participants. Online surveys were also distributed with the anticipation of reaching a greater number of participants.

Prevention Innovation Grant recipients were not included in the stakeholder engagement, and only a few members of the Provincial Committees and other Government representatives participated in the engagement activities.

The impact of these challenges was that there was a higher participation level from the Network members compared to any other stakeholder group.

3.0 Summary of Findings

As previously discussed, the Strategy was developed and structured around three key action areas. To summarize the results from the evaluation, findings have been organized by action area. The intent of this approach was to highlight and comment on how well the Strategy did in addressing the elements that were identified within it. Further details on each of the evaluation questions are included in [Appendix B – Detailed Findings](#).

3.1 Services and Supports



The first action area of the Strategy focused on improving the way supports and services are provided to victims / survivors of sexual violence. To assess this area, the evaluation, considered community mobilization through the creation and expansion of Community Support Networks and the improvements made to urgent care services.

Community Support Networks

The formation of the Community Support Networks was intended to invite service providers, community organizations, and partners to work together in new and different ways to better provide services and supports to victims / survivors of sexual violence.

Some of regions across the Province were able to establish or expand a Network who met regularly (e.g. monthly, bimonthly, or quarterly) and worked collaboratively. 50% of the stakeholders surveyed as part of this evaluation indicated that their local Network had met 10 or more times over the duration of the Strategy, at the time of the survey.

Stakeholders also reported that where Networks met regularly, stronger relationships between stakeholders were formed and service providers had a better awareness of other services being provided in their community and how stakeholders could benefit their clients.

At the same time, many Networks reported that it was challenging to form and maintain a Network for the following reasons:

- *Lack of stakeholder time to participate.* Several stakeholders noted that there were many competing demands on their time and it was difficult to make time for another meeting. In particular, it was challenging to engage those stakeholders who did not receive funding through the Strategy.
- *The absence of a specific mandate and scope parameters.* While the intention of the grants was to give Networks the flexibility to meet local needs and not be bound by strict grant guidelines, it was noted that the parameters were modified for some Networks based on their needs, and that this may have contributed to the Network confusion about scope. Some Network stakeholders also reported that they were approved to use funding for providing direct services, while others understood their scope to exclude direct service provision.

- *Lack of decision making protocols.* Few of the Networks reported that they were able to establish protocols or processes for coming together or making decisions. One Network noted that creating a Terms of Reference for their Network was helpful in clarifying the role of participating organizations and how the Network functioned. Another Network documented the sexual violence response protocols of its member organizations, so they understood each other's responses and how to work better together.
- *Clarity of communications regarding funding.* Some Networks indicated that it was unclear how and when funding decisions were made by the Province, and said that they had received no advanced notice of their funding approval or when the funding would arrive.

Despite the challenges faced, many of the Networks reported engaging with a variety of community service providers and partner organizations. As the work of forming the Networks evolved, more stakeholders were included in this process over time. Most Networks reported engaging with a similar group of stakeholders, such as local Transition Houses, Women's Centres, Sexual Assault Centres, Mental Health and Addictions, Family Services, SchoolsPlus, Police, Public Health, local men's services, and other service providers. Some Networks also leveraged their local Interagency Committee on Family Violence to either add Sexual Violence to the overall mandate or to form a subcommittee.

Although the intention of the Networks was to change the way organizations worked together to be more collaborative and creative in meeting the needs of victims / survivors, this goal was not met in several of the Networks, as they continued to work in the same ways, and with the same organizations as they did prior to forming their Networks. For example, most Networks reported that they did not include or collaborate with community organizations who have a high likelihood of interacting with victims / survivors of sexual violence, such as Big Brother Big Sisters, sports organizations, Scouts Canada and Girl Guides, etc.

The extent to which some organizations chose to become involved in the Network was reported to be dependent on the willingness of the people involved and on pre-existing relationships. Some organizations, such as Community Corrections, Mental Health and Addictions, school boards, and hospitals were actively involved in some communities but were reported as not being involved in others.

There continue to be gaps in the representation of marginalized communities (e.g. Indigenous, African Nova Scotian, LGBTQI+, etc.) in most of the Networks, although some have Indigenous representation and one included a representative from the Association of Black Social Workers. Many Networks acknowledged that they had not made sufficient efforts to engage these communities, particularly the African Nova Scotian community.

Within each Network, an outreach worker / navigator / community coordinator position was established to work on addressing sexual violence and to help local partners and stakeholders stay focused on this issue and their role in supporting victims / survivors. The use of this role to engage partners and drive regional coordination was widely considered to be effective by stakeholders. This role was also able to draw additional attention to the issues around sexual violence, bring organizations together, build relationships, and in many cases, deliver frontline supports. The creation of this role also provided an additional option for a trauma-informed first point of contact for victims / survivors.

Some Networks also formed Sexual Assault Response Teams (SART) - coordinated SARTs are generally designed to ensure that victims are provided with a broad range of necessary care and services (legal, medical, social services) and to increase the likelihood that the assault can be successfully prosecuted.

Often, such programs or teams include a forensic examiner, a sexual assault advocate, a prosecutor, and a law enforcement officer⁶. All responding actors follow specific protocols that set out their responsibilities in treating and providing services to victims of sexual assault. One Network noted that their local SART was able to reduce the number of times that victims / survivors had to tell their story, reducing the risk of re-victimization. Another Network noted that their SART provided an opportunity for service providers to review their response protocols and work together to refine them.

Most of the Networks reported a heavy focus on providing trauma-informed care training to their partners and stakeholders, for example Police, Health, Mental Health and Addictions, community service providers, etc.

Training sessions were reported to be well received and impactful. In particular, police and health care providers were noted as examples of partners learning about trauma-informed care and relevant services through the Network, and then changing the way they supported victims / survivors.

One Network noted that when the local police completed an audit of sexual violence related cases, their local Navigator was included in the audit process to provide an external perspective on the police response. This was made possible because of the relationships that were established by the Network.

Urgent Care

The Province provided training for 211 and 811 phone line staff (both are province-wide phone help lines – one focused on community and social services, and the other health). The training was intended to help staff feel comfortable responding to disclosures of sexual violence and to be able to respond to disclosures in a trauma-informed way. The training was done both in person and by webcast to maximize the opportunity for phone line staff to participate. The training was reported to have been successful and one of the first key activities that was completed during the Strategy's implementation.

Another form of urgent care within Nova Scotia is the Sexual Assault Nurse Examiner (SANE) program, which is a medical response to a sexual assault that has occurred in the past five days. SANE nurses provide medical care and conduct forensic examinations of victims of sexual violence. The SANE expansion announced in 2015 is still underway, with a provincial coordinator just recently hired. Once the new programs (In Cape Breton and Western Region) are fully operational, coverage for the Northern region will be addressed. Regional program coordinators have been hired and trained and are now hiring nurses for the programs. The nurses will begin training in 2018 with a staged implementation to begin late spring / early summer.

While stakeholders have expressed concern with the length of time required to set up these new SANE programs, it was also noted that a robust process was undertaken to review potential SANE models and determine which model would be most appropriate for the Nova Scotia context, and then to carefully build each program, reflecting regional considerations.

⁶ http://www.stopvaw.org/sexual_assault_response_teams Accessed on February 1, 2018

Several Networks noted that they did not currently have access to a SANE program within a reasonable distance. Extensive travelling to access a SANE program after a sexual assault can be a barrier for victims / survivors.

Summary

Some progress was made at improving supports and services through the work of the Networks and improvements to urgent care services. Some Networks were able to coordinate effectively with stakeholders and improve stakeholder capacity and coordination to better serve victims / survivors.

Other Networks were not successful at changing the way stakeholders work together in the way the Networks had been intended to operate. Improvements to urgent care supports included training to build the capacity of phone line staff to respond to victims / survivors in a trauma-informed way.

3.2 Education and Prevention



The second action area of the Strategy was how it promoted education and prevention of sexual violence. For this action area the evaluation considered how the public were engaged, the impact of the Prevention Innovation Grants, and how service provider capacity was enhanced through training.

Public Awareness

DCS led the creation of a Provincial Public Awareness (PPA) Committee. A call for applications for membership to the Committee was publicly available to all Nova Scotians, and it was reported that efforts were made to ensure that there was appropriate representation of marginalized communities on the Committee, including youth, Indigenous, African Nova Scotian, and LGBTQI+ members, however representation may not have been adequate.

Together with a marketing company, the PPA created the “Sexual Violence with the Birds and the Bees” public awareness campaign. The campaign was targeted at young people, and youth were included in the development and testing of the campaign.

The campaign included the creation of two public awareness videos⁷ released through YouTube in late 2016 which address issues including rape culture, understanding of consent, and online sexual harassment. The videos were also shown through Instagram, Facebook and before each film in 13 cinemas across Nova Scotia.

The Strategy won a number of awards and accolades for the Birds and the Bees campaign⁸, a detailed listing of which can be found in [Appendix B – Detailed Findings](#). The two videos had a total 102,125 views on YouTube and 455,326 views in cinemas. 21% of respondents in post campaign reports recalled having seen the “Sexual Violence with the Birds and the Bees” campaign videos.

⁷ Video 1: <https://www.youtube.com/watch?v=87IUoaGhUbU> and Video 2: <https://www.youtube.com/watch?v=ilqISpeqpx8>

⁸ Listed as one of the best ads in the world: <http://www.adforum.com/top5/worldwide/503>; had recognition in Strategy Magazine: http://strategyonline.ca/2016/10/12/nova-scotia-talks-birds-bees-and-consent/#.V_5XHv-uyY.twitter; and the Videos won 5 ICE Awards: <https://iceawards.ca/>

Public polling, both before and after the Birds and the Bees campaign, indicated a change of 1% in the understanding of the public's responsibilities to prevent sexual violence. However, it is important to note that five months is too short a time to expect significant changes in attitude and understanding and work must be ongoing to create that change.

A number of other awareness activities occurred over the course of the Strategy, including the distribution of 5,200 coloring books, 450 French posters and 3,600 English posters. During the period of October 2016 to March 2017 a total of 9,516 visitors went to the Strategy website, including 892 visits to the "Get Help" section of the website. This included 86% new visitors and 14% return visitors.

The PPA Committee was reported by stakeholders as a success as they were able to bring a variety of perspectives. However, the four members of the PPA Committee who responded to a survey as part of the evaluation indicated that the public awareness campaign, the Birds and the Bees, was not overly successful, with each of these respondents selecting no higher than a 5 on a 10-point scale rating the campaign.

Prevention Innovation Grants

The Prevention Innovation Grant Program (Program) was intended to provide a platform to engage Nova Scotians who have not often been involved in efforts to address and prevent sexual violence and to support initiatives in communities of marginalized populations and among youth. The intention of the Program was to give communities, organizations, or any group of people the opportunity to address the needs of their communities in innovative ways. Throughout the Strategy, approximately \$783,000 was awarded to 55 grant recipients.

The Province worked with marginalized communities over the first year of the Program to build awareness and knowledge of the Program, and the number of applications from marginalized communities increased between the first and second year of the Program. Of the 55 grants provided throughout the Strategy, 47% of the grants were awarded to marginalized groups with \$582,000 in funding.

It was reported that the grants resulted in traditional cultural approaches to engage communities, including smudging ceremonies, use of traditional teepees, traditional cooking, basket making, etc. Eleven Prevention Innovation Grant projects were led by an Indigenous community for their community.

There were fewer projects developed by and for African Nova Scotian and LGBTQI+ communities, but six Prevention Innovation Grant projects focused on addressing LGBTQI+ needs and two focused on addressing African Nova Scotian needs.

The Prevention Innovation Grants were also intended to engage youth, and it was reported that 48 projects included youth in the planning and delivery of the projects, as well as targeting youth within the planned project.

Overall the youth survey respondents felt their attitudes, knowledge and behaviour about sexual violence had changed significantly as a result of the projects in which they participated. 83% of the respondents selected between a 6 and 10 on a 10-point rating scale.

Training

A Provincial Training (PT) Committee was created to lead the development of publicly available training materials to help participants learn more about sexual violence and how to support someone who has survived it.

The application process to be a member of the PT Committee was open to any Nova Scotian who wanted to participate, and it was reported that a thorough selection process was used to create a group as representative of Nova Scotians as possible. The variety of perspectives around the PT Committee was considered to be a success.

Members of the PT Committee considered the work of their committee to be quite successful, with 43% of responding Committee members selecting between 8 and 10 on a 10-point rating scale when asked about how the committee had affected the success of the training resources.

The Training that was developed included six modules⁹:

- Sexual Violence: An Introduction
- Responding to a Disclosure
- Choices Following Sexual Violence
- Exploring Sexual Consent
- Enhancing the Wellbeing of Support People
- Indigenous Perspectives

Overall, uptake of training was reported to be high. The training was made available to anyone who wanted to participate, and at least 1,500 people had registered as of October 2017 (this is an estimate number as an actual number could not be determined as there was no registration requirement for the training). Of those 1,500, 521, or 35%, had completed all six modules. Those who registered and completed all six modules received a certificate of completion.

To ensure adequate Indigenous representation in the training resources, a Mi'kmaq Advisory Committee was formed. This Committee met multiple times to address their truth and experiences, including the impacts of colonization and residential schools, and to identify traditional ways of supporting and healing. The information collected was used to create the Indigenous Perspectives training module, which was reported to be successful at helping outsiders understand the Indigenous context. The Province intends to carry out a similar process with the African Nova Scotian community in the near future.

Individuals who participated in the training were able to click through to a survey seeking feedback on their experience with the training. There were 94 respondents to the survey, and the feedback was overwhelmingly positive. Respondents rated 9 out of 10 on a 10-point rating scale for all seven questions regarding the quality of the training (organization, navigation, informative, influence, resources, understandability, recommending to friends and colleagues).

⁹ <https://breakthesilencens.ca/training>

Summary

There was a strong focus on prevention and education. A public awareness campaign was used to both educate the public about how to respond to sexual violence, and help Nova Scotians better understand the definition and impact of sexual violence, in the hope of preventing future incidents.

The Prevention Innovation Grants Program was an innovative way to engage a variety of stakeholders and communities in working in their own context to prevent sexual violence.

The provincial online training and Network training activities were reported to be highly effective in building stakeholder capacity to support victims / survivors of sexual violence.

3.3 Approach and Accountability



The final action area of the Strategy was intended to promote good public policy, collaboration, and ultimately accountability for the Strategy to the public. During the evaluation, the provincial approach taken for the Strategy was reviewed and lessons were identified.

Provincial Approach

In addition to the Provincial Committees discussed in section 3.2, the Province had two mechanisms to drive the work of the Strategy: an interdepartmental committee and a provincial specialist.

Interdepartmental Committee

The Province created an Interdepartmental Committee (IDC) to enhance the coordination between various departments (e.g. Community Services, Health and Wellness, Education, etc.) and to identify gaps in policy and programming for victims / survivors of sexual violence.

The IDC met regularly for the first six months holding several meetings with all departments to provide a review of policies and legislation. This information was inventoried and a gap analysis was completed, but the IDC encountered several challenges:

- There were different levels of engagement in the IDC (or the Strategy as a whole). Some members of the IDC did not have decision making powers within their department. The participating departments had the opportunity to bring information from the community level to the IDC and to champion the importance of the Strategy to their department staff and service provider partners, there were not always consistent levels of ownership of the Strategy.
- There might have been a clearer articulation of leadership and decision-making responsibility.
- There was no linkage to the community at the IDC, to bring a local, frontline perspective.
- Two inventories were created as per the Committee mandate: one of existing policies, procedures and definitions, and another of existing programs related to sexual violence. However, it was reported that not all of the information was complete. No follow-up work was conducted to validate, build on, or leverage these inventories.

Members of the IDC indicated more work could have been done by the IDC and there were several opportunities identified through the inventories and during a strategic planning facilitated session that could have better enabled their work.

Provincial Specialist

A Provincial Specialist, Sexual Violence Prevention & Supports, was hired to lead the work of the Strategy within DCS. This position was reported to be a success and key to driving the work to prevent and address sexual violence across the province.

DCS has extended funding for this role going forward to continue attention to and support for initiatives to prevent and address sexual violence in Nova Scotia.

Lessons Identified

As part of the province's commitment to accountability in the Strategy, DCS commissioned this evaluation. The following lessons were identified over the course of the evaluation:

Reach into marginalized populations at both the regional and provincial levels could be improved

Efforts were made at both the regional and provincial level to engage with marginalized populations. In order to build better relationships with and include representatives from marginalized populations, including but not limited to, African Nova Scotian, Indigenous and LGBTQI+ communities, this work should continue and be strengthened.

Supports and services were not sufficiently tailored to specific communities or types of victims / survivors.

There continue to be groups who are not receiving tailored supports and services, including Indigenous, African Nova Scotians, and LGBTQI+ communities, as well as male victims / survivors. There is also a need to increase access in more rural areas, and the increase hours of availability for services, based on the feedback received from stakeholders who attended the focus sessions.

There was a lack of clarity on when funding was approved and when funding would be provided.

Networks expressed that there was a lack of clarity and advance notice of whether funding had been approved and when funding would be issued. This resulted in a delay when Networks were not able to prepare for and hire based on the funding amount they received. Services could have been provided earlier had Networks had greater clarity as to when their funding would be issued.

Short-term funding for staff positions was problematic.

While Networks reported understanding the two-year time frame at the outset of the work, and the requirement for them to arrange other funding for the long-term, there was a risk of raising expectations that could not be met long-term in hiring short-term service provider positions for highly vulnerable populations, (e.g. victims / survivors of sexual violence) when it was unsure that the services would be able to be sustained over time

Accessing funding was a challenge and barrier for service providers and community organizations. They spend a significant amount of their time and resources applying for funding sources. Two-year funding arrangements were reported as less than desirable to meet their planning and delivery needs.

The short-term nature of the positions also presented a challenge to Networks in hiring outreach workers / navigators / community coordinators. Several Networks noted that they had more than one outreach worker / navigator / community coordinator over the course of the Strategy as they struggled to fill and retain the position.

There could have been more consistent support across government entities.

Additional support and direction from the department level to staff to encourage participation in Network activities may have helped to establish consistent support across the regions. This also applies to the support that these departments and agencies provided through the IDC.

Summary

The Province partially addressed the milestones set out in the Strategy under Approach and Accountability. The IDC was created; however, it did not fully achieve its mandate.

The role of the Provincial Specialist, Sexual Violence Prevention & Supports was reported to be a success and key to driving the work to prevent and address sexual violence across the province.

DCS completed annual progress reports on the work of the Strategy and commissioned this evaluation to inform the operationalization of the Strategy going forward.

4.0 Conclusion

The work of the Strategy has made significant strides in bringing together sexual violence stakeholders from across Nova Scotia to coordinate and collaborate in an effort to prevent sexual violence, and to improve supports and services for victims / survivors.

The three-year time frame of the Strategy was too short to see major changes in behaviour and the way people and organizations work together, but some impacts in awareness, engagement, and trauma-informed practice were made. In addition, over this period of time momentum has been created to engage in a more open dialogue around prevention and supporting victims / survivors. This momentum has been bolstered by the increased attention given to the issue in the media.

The creation of outreach worker / navigator / community coordinator positions fully dedicated to addressing sexual violence were reported to be a key success for the Networks, and important for the work to continue going forward.

While culturally appropriate services have been established in some Indigenous communities, and to a lesser extent among African Nova Scotian and LGBTQI+ communities, and with male victims, work to build relationships and understanding, and to provide tailored services, needs to continue.

There are also opportunities to improve urgent care for victims / survivors through the SANE program.

It will be important that the end of the Strategy does not mean the end of the momentum that was created. The work the Strategy has done to prevent and address sexual violence in Nova Scotia creates an opportunity to build on that momentum and the successful initiatives driven by the Strategy to create long-term societal change.

Appendix A | Evaluation Framework

Question 1: Are supports and services flexible, responsive and timely?			
Sub-Question	Strategy Results	Measures	Data Sources
How effective has the work of the Strategy been in engaging a wide variety of stakeholders from diverse communities across Nova Scotia?	Communities have been engaged in developing and implementing the Strategy	# of people who participated in surveys / stakeholder engagement sessions to develop the Strategy	– Public engagement documents
		# of community organizations and individuals who participated in implementing the Strategy	– Public engagement documents
		Examples of community engagement outputs and outcomes	– Public engagement documents – CSN lead organization interviews
	Citizens, communities and government tailor the Strategy to the local context	Descriptions of activities tailored to the needs of a particular community	– CSN focus sessions – Marginalized groups interviews
		Examples of how local expertise has been used to implement and sustain initiatives	– Youth survey
How effective have Community Support Networks been at mobilizing and coordinating regional supports and services?	Service providers are more connected and collaborative	Each region developed an active CSN that meets regularly to ensure that victims / survivors have wrap-around supports	– CSN yearend reports – CSN lead organization interviews – CSN focus session
		Examples of collaborative meetings among government, community support networks and service providers	– Strategy stakeholder survey – CSN lead organization interviews – CSN focus sessions
		Examples of how CSNs help build capacity of local service providers and community members	– Government interviews

Question 1: Are supports and services flexible, responsive and timely?			
Sub-Question	Strategy Results	Measures	Data Sources
		to respond to sexual violence and support victims / survivors	
	Victims and survivors feel confident to navigate across community based support services	Examples of client navigation supports across health, social, education, and justice systems and related supports	<ul style="list-style-type: none"> – Navigator interviews – CSN lead organization interviews – CSN focus sessions
		Service provider perceptions of system navigability and referral patterns	<ul style="list-style-type: none"> – Strategy stakeholder survey – CSN lead organization interviews
Are individuals able to get urgent help when and where they need it?	A range of urgent support options is available	Inventory of services: <ul style="list-style-type: none"> – Service type (i.e. counseling, healthcare, support line, SANE) – Regions where service is available (catchment areas) – Availability of services (24/7, weekdays only) – Individuals served (victims, families) – Examples of integration with other services – Technology utilized 	<ul style="list-style-type: none"> – CSN lead organization RFI – Government interviews – SANE RFI – Counselling RFI
		Examples of providers assisting clients <ul style="list-style-type: none"> – Range of supports delivered – Wait times for supports, including SANE 	<ul style="list-style-type: none"> – CSN focus sessions – CSN lead organization RFI – CSN lead organization interviews

Question 1: Are supports and services flexible, responsive and timely?			
Sub-Question	Strategy Results	Measures	Data Sources
		<ul style="list-style-type: none"> How they assisted clients to navigate across justice, health, education or community settings 	<ul style="list-style-type: none"> SANE RFI Counselling RFI
		Provider experience <ul style="list-style-type: none"> Examples of perceived gaps in services Confidence in supporting victims and survivors Awareness of other services and supports available within the community support network 	
	The public is aware of where to get support in their community	Community awareness of local services	<ul style="list-style-type: none"> Strategy stakeholder survey CSN lead organization interviews Public polling data
		Examples of resources to direct public to local services	<ul style="list-style-type: none"> Strategy stakeholder survey CSN lead organization interviews Navigator interviews CSN yearend reports
	Supports are accessible to marginalized	Perceptions of accessibility among marginalized groups and youth	<ul style="list-style-type: none"> CSN focus sessions Marginalized groups interviews Youth survey

Question 1: Are supports and services flexible, responsive and timely?			
Sub-Question	Strategy Results	Measures	Data Sources
	populations and youth	Examples of resources to direct members of marginalized groups and youth to local services	<ul style="list-style-type: none"> – CSN lead organization RFI – Strategy stakeholder survey – CSN lead organization interviews – Navigator interviews – CSN yearend reports
How has the Strategy enhanced service provider capacity to identify and respond to needs in a trauma-informed way?	There is reduced secondary victimization of retelling stories	Examples of mechanisms put in place to reduce secondary victimization	<ul style="list-style-type: none"> – Navigator interviews – CSN lead organization interviews – CSN focus sessions
	First point of contact organizations are prepared and trauma-informed	# of organizations with sexual violence outreach programs, and examples of these	<ul style="list-style-type: none"> – Strategy stakeholder survey
		# of organizations with sexual violence response protocols, and examples of these	
		Descriptions of client and family experiences with first point of contact	<ul style="list-style-type: none"> – Navigator interviews – CSN lead organization interviews – CSN focus sessions – Marginalized groups interviews
	Service providers are knowledgeable, skilled, and able to connect people	Examples of training materials related to: <ul style="list-style-type: none"> – Prevention – Trauma-informed practice 	<ul style="list-style-type: none"> – Online training curriculum – Admin data / training records – 211 and 811 training evaluations

Question 2: How has the Strategy contributed to the prevention and early intervention of sexual violence?

Sub-Question	Strategy Results	Measures	Data Sources
How has the Strategy engaged the public in the issue of sexual violence?	The public is aware of sexual violence and its impacts	Reach and engagement of provincial public awareness activity: <ul style="list-style-type: none"> – Social media analytics (# likes, shares, re-tweets of provincial content) – # of times videos were seen on YouTube – # posters distributed – # of colouring books distributed – # of website visitors – # of times videos played in cinema – # awards / accolades – # of requests for information / resources from outside NS 	<ul style="list-style-type: none"> – Communications NS – Admin data / records
		% of the public reporting exposure to the provincial media campaign, and through what media	– Public polling data
	Members of the public understand their individual and collective responsibility for preventing sexual violence	Examples of Prevention Innovation grants that build awareness of responsibilities to prevent sexual violence	– PI year end reports
		% of the public reporting an understanding of their responsibilities for preventing sexual violence	– Public polling data

	Members of the public are aware of available resources, tools, and supports	% of the public reporting awareness of available resources, tools, and supports in their communities	<ul style="list-style-type: none"> – Public polling data – # of visits to the “Get Help” section on the website
		Increase in referral and demand for services and supports	<ul style="list-style-type: none"> – CSN yearend reports – CSN lead organization RFI – CSN lead organization interviews – CSN focus sessions
How effective has the Strategy been in engaging with and supporting marginalized populations (Indigenous, African Nova Scotians, LGBTQI+)?	Prevention initiatives, supports, services, and counselling options support marginalized populations	Perceptions of marginalized populations being involved in and see themselves reflected in prevention efforts	<ul style="list-style-type: none"> – Marginalized populations focus sessions
		Perceptions of marginalized populations on unmet needs	<ul style="list-style-type: none"> – Marginalized populations focus sessions
		# and examples of Prevention Innovation Grants awarded to or designed for marginalized populations	<ul style="list-style-type: none"> – PI grant applications
		Example successes and challenges pertaining to providing culturally competent: <ul style="list-style-type: none"> – Early prevention – Education – Public awareness 	<ul style="list-style-type: none"> – CSN lead organization interviews – CSN focus sessions – Marginalized populations focus sessions
	Engagement supports marginalized populations	# of engagement sessions for marginalized populations and # of participants	<ul style="list-style-type: none"> – Public engagement documents
		Examples of engagement for marginalized populations	<ul style="list-style-type: none"> – Public engagement documents

		Examples of collaboration between CSNs and marginalized populations	<ul style="list-style-type: none"> – CSN lead organization interviews – CSN focus sessions – CSN yearend reports – PI year end reports – CSN lead organization RFI – Marginalized populations focus sessions
		Example successes and challenges in engaging marginalized populations	<ul style="list-style-type: none"> – CSN lead organization interviews – CSN focus sessions – CSN yearend reports – PI year end reports – Marginalized populations focus sessions
How effective has the Strategy been in engaging with and supporting youth?	Youth are engaged and provide leadership on sexual violence	# of youth in a leadership role in CSNs	– CSN lead organization RFI
		# of youth who report a better understanding of consent	– Youth survey
		# of DCS engagement sessions for youth	– Public engagement documents
		# and examples of youth engagement	<ul style="list-style-type: none"> – CSN lead organization RFI – CSN focus sessions – CSN yearend reports
		Examples of Prevention Innovation Grants awarded to or designed for youth	– PI grant applications

		<p>Examples of successes and challenges in engaging with youth through:</p> <ul style="list-style-type: none">– Early prevention– Education– Public awareness	<ul style="list-style-type: none">– CSN lead organization interviews– CSN focus sessions– Youth survey
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Question 3: What initiatives were implemented to support policy and accountability?			
Sub-Question	Strategy Results	Measures	Data Sources
What key milestones/deliverables have been achieved?	CSNs and member organizations are supported to implement services and prevention initiatives related to the Strategy	Experience of CSNs / member organizations in implementing Strategy projects	<ul style="list-style-type: none"> – Strategy stakeholder survey – CSN lead organization interviews – CSN focus sessions – Government interviews – Provincial Committee survey
What lessons can be learned from the first three years of the Strategy?	Strengths, challenges, and opportunities to improve prevention and service delivery activities are well-understood	Descriptions of promising practices that have contributed to: <ul style="list-style-type: none"> – Positive outcomes for victims and survivors – Improved efficiency or effectiveness of services delivered – Collaboration between government and communities 	<ul style="list-style-type: none"> – Strategy stakeholder survey – CSN lead organization interviews – CSN focus sessions – Government interviews
		Description of strengths, challenges, and opportunities to improve: <ul style="list-style-type: none"> – Services and supports – Public education, awareness, and prevention – Public policy and legislation 	
What are the opportunities to improve operationalizing sexual	The system of support (e.g. government,	Examples of policies and programs in place to enable collaboration between citizens, communities, and governments	<ul style="list-style-type: none"> – Government policy / program review findings

Question 3: What initiatives were implemented to support policy and accountability?			
Sub-Question	Strategy Results	Measures	Data Sources
violence prevention and supports?	community) / decision making is coordinated, integrated, and aligned with the outcomes framework	Examples of policies / standard operating procedures enabling coordination of services	<ul style="list-style-type: none"> – Government / CSN policies and standard operating procedures – CSN focus sessions – Government interviews
		Examples of opportunities to improve the following system level inputs: <ul style="list-style-type: none"> – Department <ul style="list-style-type: none"> – Funding resources – Human resources – Technical supports – CSNs <ul style="list-style-type: none"> – Funding resources – Human resources – Technical supports – Governance structure – Orientation and staff support – Community-based services 	<ul style="list-style-type: none"> – CSN lead organization interviews – CSN focus sessions – Government interviews – Document review: <ul style="list-style-type: none"> – Operating models – Quarterly/annual reports – Grant agreements and reporting – Contracts – Funding agreements and frameworks
		Examples of opportunities (across government and community) to improve policies, procedures and processes supporting the Strategy's key activities:	

Question 3: What initiatives were implemented to support policy and accountability?			
Sub-Question	Strategy Results	Measures	Data Sources
		<ul style="list-style-type: none"> – New contractual relationships – Collaborative working relationships – Common understanding of data collection and analysis – Funding supports – Innovative service delivery 	

Appendix B | Detailed Evaluation Findings

Detailed findings of the evaluation are presented below, organized by evaluation sub-question and information source (interviews and focus sessions, survey data, and document review findings). A summary response to each sub-question is also provided.

Question #1: Are supports and services flexible, responsive and timely?

1a. How effective has the work of the Strategy been in engaging a wide variety of stakeholders from diverse communities across Nova Scotia?

The work of the Strategy has been somewhat effective at engaging a wide variety of stakeholders, but there have been some challenges. Stakeholder engagement occurred at two levels – regionally by nine community-based networks and provincially, led by DCS.

To kick off the Strategy, DCS conducted an online survey to gather Nova Scotians input on areas of focus for the Strategy. 804 Nova Scotians responded to the survey. In addition to the survey, DCS met with 60 individuals from over 40 diverse community groups and organizations to gather their perspectives on the development of the Strategy.

Since that time, DCS has worked to engage stakeholders from a variety of organizations, particularly those from marginalized communities, in the work of the Strategy. The ways this has been achieved will be discussed under Evaluation Question 2.

The formation of the Networks began with a series of two-day workshops organized by DCS in each of the nine regions of the province. While DCS invited an extensive list of stakeholders to attend the meetings, it was reported that there were gaps in representation from marginalized communities (e.g. Indigenous, African Nova Scotians, LGBTQI+, etc.). As the Strategy has progressed, efforts to engage each of the relevant stakeholder groups continued. It was noted by stakeholders that there was progress in this regard, and representatives from some marginalized communities have been included at the regional and provincial levels. However, particularly at the regional level there was reported to be inadequate efforts to ensure appropriate representation from the African Nova Scotian and LGBTQI+ communities. While there was more representation from Indigenous communities, additional work to engage those communities is also needed.

Interviews and Focus Sessions

The work of the Strategy has been somewhat effective in engaging a wide variety of stakeholders from diverse communities across Nova Scotia. These efforts took place at two levels: by Networks and by the province, led by DCS.

Province

There was reported to be work at the provincial level to engage stakeholders across the province, particularly from marginalized groups. These efforts will be described under *Question #2: How has the Strategy contributed to the prevention and early intervention of sexual violence?*

Networks

To begin the formation of the Networks, DCS hosted two-day workshops in each of the nine regions across the province. Stakeholders reported that not all key stakeholder organizations were invited to participate in the workshops, there was a lack of representation from marginalized populations in most regions, and in some cases the most obvious choice of organizations to receive or hold funding were not present. In contrast, it was also reported that the invitation was extended to a wide variety of stakeholders but that not all stakeholders invited were able or chose to participate.

While the intent of these sessions was to make decisions about how funding would be allocated for the first year of the Strategy, stakeholders who were included in this evaluation and who were present at the workshops reported that they were unaware of the purpose of the workshops in advance. However, the invitation clearly stated that funding proposals would be developed as part of the workshops.

Document Review

Community engagement was a key foundation of all of the work of the Strategy. In the first year, a total of 804 Nova Scotians participating in an online survey that touched on four key points:

1. Improving services for victims and survivors,
2. Preventing sexual violence
3. Working together
4. Immediate action that can be taken while developing the strategy.

In addition, DCS met with over 60 participants from over 40 diverse community groups and organizations. The other major component of community engagement in Year 1 was the facilitation of 14 youth conversations across the province, with a total of 115 participants between the ages of 14-25.

The community engagements in the first year of the Strategy identified the outcomes they wanted to see as a result of the Strategy, including improving service delivery through the following areas: counselling and support, visibility, navigation support, safe places and non-judgmental services, Sexual Assault Nurse Examiner (SANE), and medical services. In addition, continued engagement was an important outcome with youth leadership on sexual violence as well as the critical importance of prevention, education, training, and awareness.

1b. How effective have Community Support Networks been at mobilizing and coordinating regional supports and services?

Where Networks of community service providers and other partners were formed, they were somewhat effective at mobilizing and coordinating regional supports and services. Organizations learned more about each other and how their services fit together and learned from each other to improve the way they provided services. These Networks met regularly (ranging from monthly to quarterly), and worked to build relationships, collaborate, and enhance community capacity.

However, not all Networks were fully established. In some regions, such as Kentville and Sydney, Networks reportedly only met once or twice. Others may have met more regularly, but it was reported that they were based on existing relationships and did not expand to include other stakeholders in their communities. In these cases, the level of collaboration was not able to have the same impact as that of the fully established Networks, where there was a higher level of coordination and navigation across a broader range of organizations.

In most cases the organizations included in the Networks did not expand beyond the typical list of sexual violence stakeholders to include community organizations who have a high likelihood of interacting with victims / survivors of sexual violence, but who are not generally included in community-based efforts to coordinate sexual violence supports (for example: Big Brother Big Sisters, sports organizations, Scouts Canada and Girl Guides, etc.). It was noted that the intention of the Networks was to change the way organizations worked together to be more collaborative and creative to meet the needs of victims / survivors, and that this goal was not met in several of the Networks, as they continued to work in the same ways with the same organizations as prior to the formation of the Networks.

Within each Network, the creation of an outreach worker / navigator / community coordinator position that was fully devoted to the work of addressing sexual violence helped local partners and stakeholders stay focused on the issue and their role in supporting victims / survivors. The use of this role to engage partners and drive regional coordination was widely considered to be effective by Network stakeholders. This role was also able to draw additional attention to the issues around sexual violence, bring organizations together, build relationships, and in many cases, deliver supports.

Interviews and Focus Sessions

Some communities were able to effectively establish a Network of service providers and other partners who met together regularly (monthly, bimonthly, or quarterly) and worked collaboratively. 50% of Nova Scotia stakeholders surveyed as part of the evaluation indicated that their local Network had met 10 or more times over the duration of the Strategy at the time of the survey. However, not all communities have formally adopted a Network, with some coming together once or twice over the past year and sharing less formal collaboration.

Many Networks reported that it was challenging to form a Network for the following reasons:

- Lack of stakeholder time to participate. Several stakeholders noted that there are many competing demands on their time and it was difficult to make room for another committee / network. In particular, it was challenging to engage stakeholders who do not receive funding.
- Networks noted that the absence of specific mandate and scope parameters was challenging for them. Some reported that they were approved to use funding for providing direct services, while others understood their scope to exclude direct service provision. However, the intention of the grants was to give Networks the flexibility to meet local needs and not be bound by strict grant guidelines. It was noted that some of the Networks did not comply with the parameters that were put in place, and used the funding for activities outside of the stated scope (e.g. public awareness campaigns, summer camp, etc.).
- Few of the Networks reported establishing protocols or processes for coming together or making decisions. One Network noted that creating a Terms of Reference for their Network was helpful in clarifying the role of participating organizations and how the Network functioned.
- It was reported by Networks that it was unclear how and when funding decisions were made. Many Networks reported receiving no advanced notice of their funding approval or when the funding would arrive.

On the whole, despite challenges faced, many of the Networks reported engaging with a variety of community service providers and partner organizations. As the work of forming the Networks evolved, more stakeholders were included. Most Networks reported a similar group of stakeholders, such as the local Sexual Assault Centre, Transition House, and / or Women's Centre, where they existed, other service providers, Mental Health and Addictions, Family Services, SchoolsPlus, Police, Public Health, local men's services, etc. Some Networks leveraged their local existing Interagency Committee on Family Violence to either add Sexual Violence to the overall mandate or to form a subcommittee.

However, most Networks did not report expanding their circle beyond the typical list of stakeholders to include community organizations who have a high likelihood of interacting with victims / survivors of sexual violence, but who are not generally included in community-based efforts to coordinate sexual violence supports (for example: Big Brother Big Sisters, sports organizations, Scouts Canada and Girl Guides, etc.). It was noted that the intention of the Networks was to change the way organizations worked together to be more collaborative and creative to meet the needs of victims / survivors, and that this goal was not met in several of the Networks, as they continued to work in the same ways with the same organizations as prior to the formation of the Networks.

The extent to which some organizations chose to become involved in the Network was reported to be dependent on the willingness of the people involved and on pre-existing relationships, rather than on a consistent organizational direction. Some organizations, such as Community Corrections, Mental Health and Addictions, school boards, and hospitals were actively involved in some regions but reported to not have been involved in others.

There continued to be gaps in representation from marginalized communities (Indigenous, African Nova Scotian, LGBTQI+, etc.) in most of the Networks, although some have Indigenous representation and one includes a representative from the Association of Black Social Workers. It was reported that the Networks did not make sufficient efforts to engage these communities, particularly the African Nova Scotian community.

Based on the survey results, the Networks appeared to be somewhat effective at sharing information and resources. 46% and 43% of survey respondents indicated that information sharing and resources were topics covered at their meetings. However, when asked on a scale of 1 to 10 to rate the extent to which their Network helped to build their capacity and / or the capacity of their organization to support victims / survivors of sexual violence, the majority of respondents indicated that little difference had been made (47% rated this 4 or lower). The same respondents believed that their Network had built some capacity in their community or region, with 48% indicating between a 6 and 10 on the scale.

Within each Network, the creation of an outreach worker / navigator / community coordinator position that was fully devoted to the work of addressing sexual violence helped local partners and stakeholders stay focused on the issue and their role in supporting victims / survivors. The use of this role to engage partners and drive regional coordination was widely considered to be effective by Network stakeholders. This role was also able to draw additional attention to the issues around sexual violence, bring organizations together, build relationships, and in many cases, deliver supports.

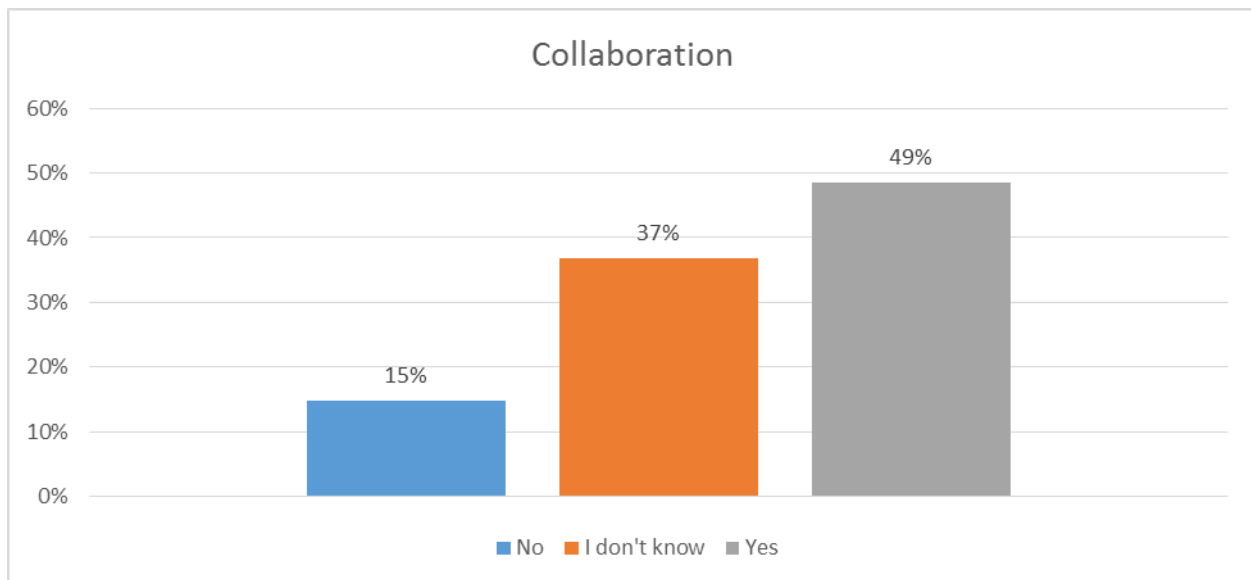
Some Networks formed Sexual Assault Response Teams (SART), which worked together to respond to the needs of victims / survivors. One Network noted anecdotally that their local SART had reduced the number of times that victims / survivors had to tell their story, reducing the risk of re-victimization. Another noted that their SART provided an opportunity for service providers to review their response processes and work together to refine them.

Most of the Networks reported a heavy focus on providing trauma-informed care training to their partners and stakeholders, for example Police, Health, Mental Health and Addictions, community service providers, etc. Training sessions were reported to be well received and impactful. In particular, police and health care providers were noted as examples of partners learning about trauma-informed care and relevant services through the Network, and then changing the way they support victims / survivors. One Network noted that the police completed an audit of the sexual violence related cases, and that because of their relationships through the Network, the navigator was included in the audit process to provide an external perspective on the police response. This provided an opportunity for the navigator to advise on ways that responses could have been more appropriate and trauma-informed. The creation of the outreach worker / navigator role also provided an additional option for a trauma-informed first point of contact for victims / survivors.

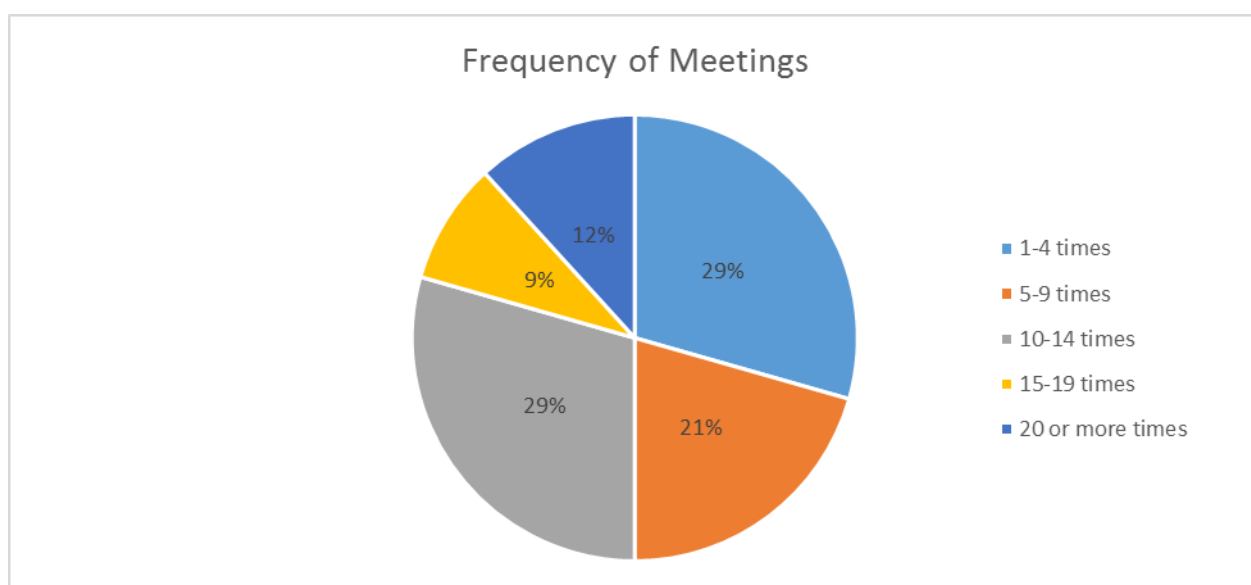
Surveys

Strategy Stakeholder Survey

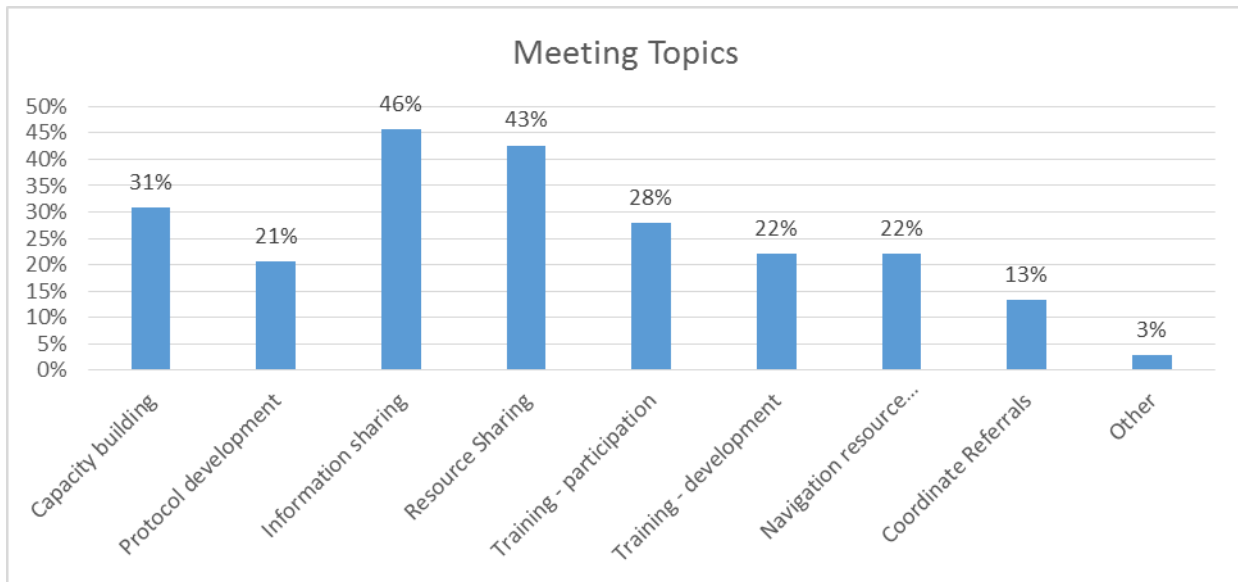
Almost half of respondents (49%) indicated that in the past three years, service providers and / or their Network have come together to coordinate counselling and support, visibility of services, navigation support, safe spaces, and / or nonjudgmental services.



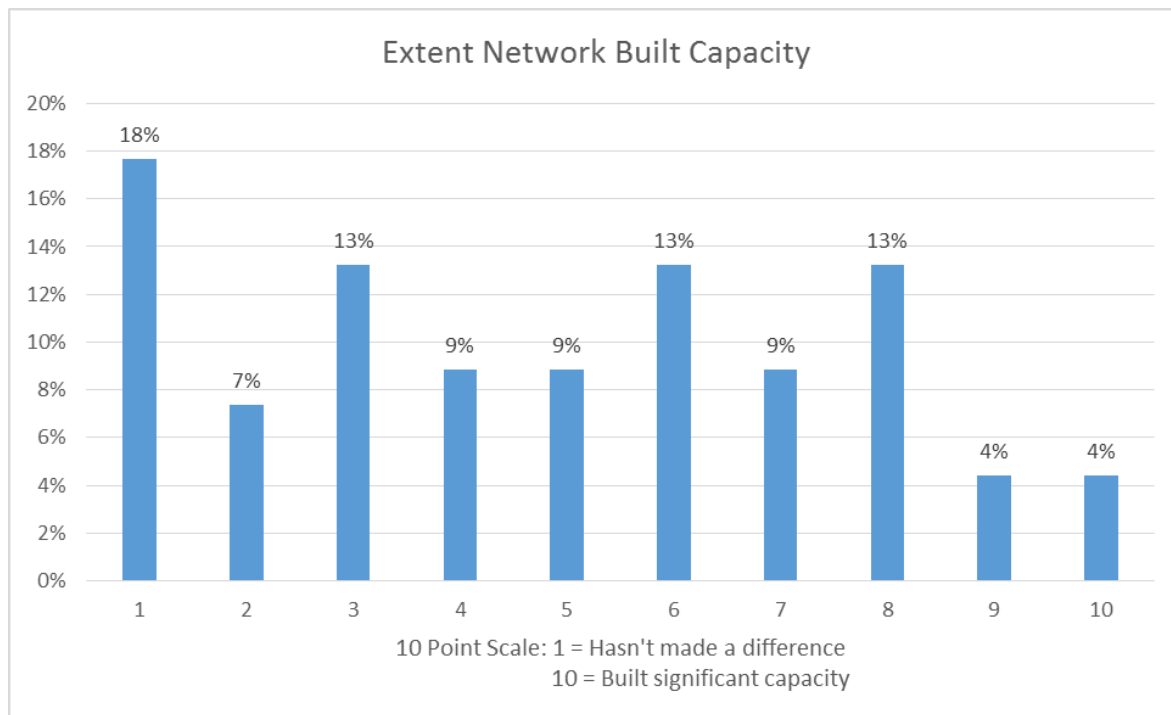
As part of collaboration, Networks and service providers came together in various regions. 29% of respondents indicated that their Network came together 10-14 times over the three years of the Strategy.



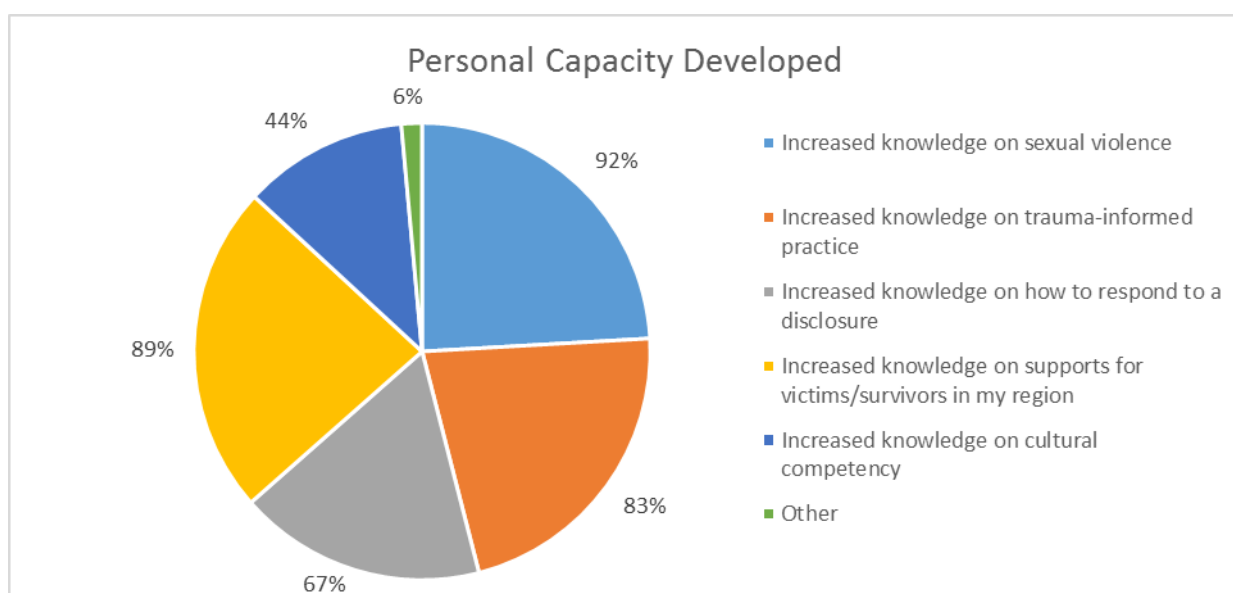
The topics discussed during these collaborative meetings ranged from capacity building to coordinating referrals, however 88% of the respondents indicated their meeting topics were information sharing and resource sharing.



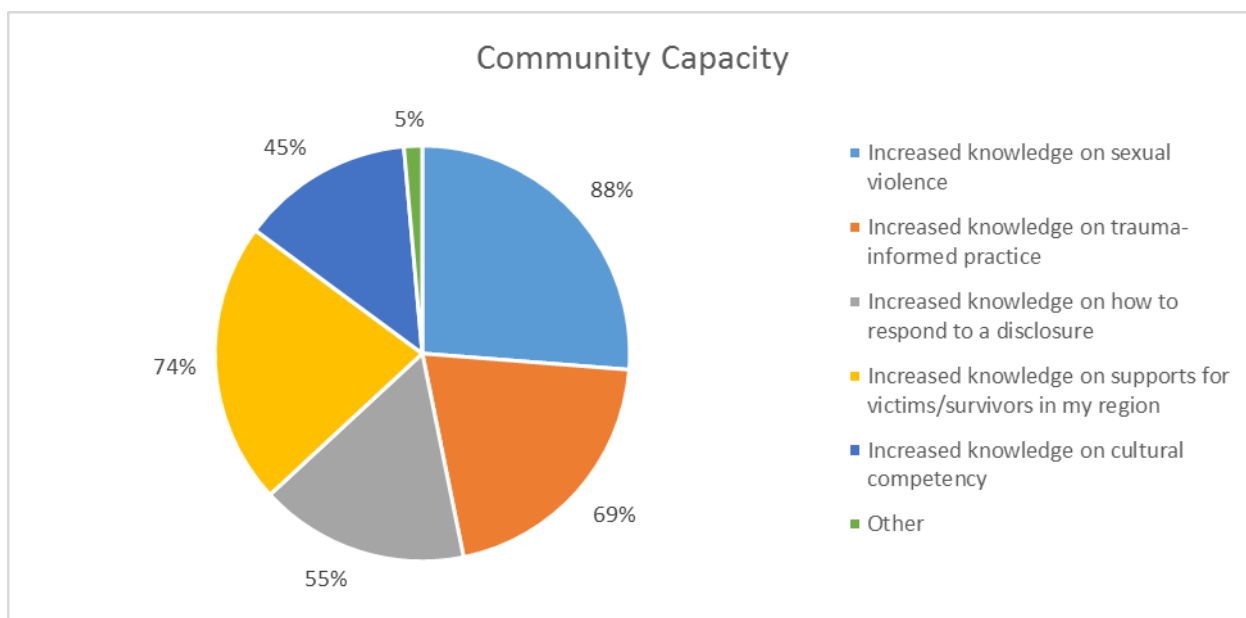
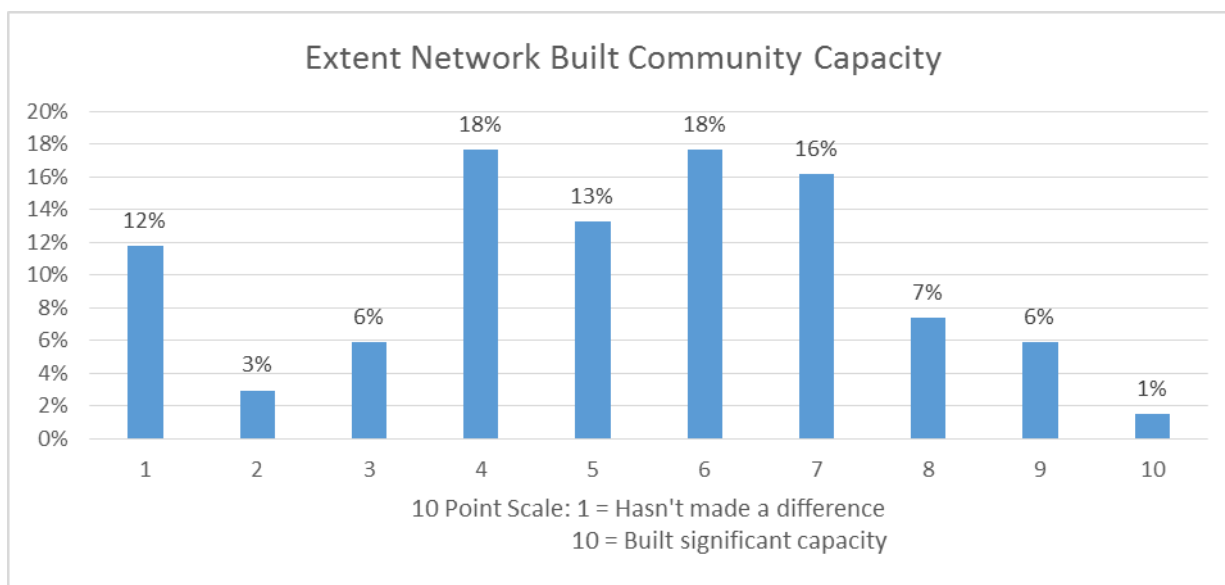
When asked on a scale of 1 to 10 to rate the extent to which their Network helped to build their capacity and / or the capacity of their organization to support victims / survivors of sexual violence, the majority of respondents indicated that little difference had been made (47% rated this 4 or lower).



Of the respondents that indicated some capacity had been built by the Network (responses on the scale from 5 to 10), 92% noted they had an increased knowledge of sexual violence, 89% had increased their knowledge of supports for victims / survivors in their areas, and 83% had increased their knowledge of trauma-informed practice.

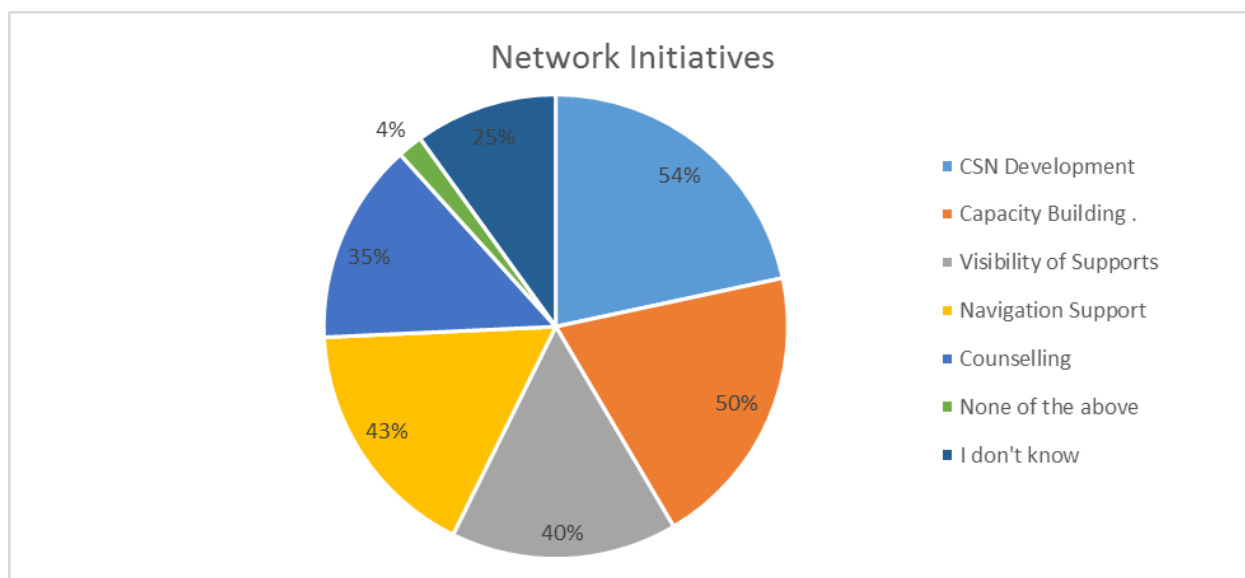


The same respondents believed that their Network had built some capacity in their community or region, with 48% indicating between a 6 and 10 on the scale. The topic chosen by 88% of the respondents for improved capacity was an increase in knowledge of sexual violence and 74% noted an increase in knowledge of supports for victims / survivors in their region.



Respondents were asked to identify each category of initiatives their Network implemented in the last year. The results are detailed below, however the results indicate that Network development and capacity building were among the most common.

Network development included initiatives to expand regional Networks to build a collaborative and compassionate response for victims / survivors in communities. Capacity building consisted of initiatives that increased the ability of individuals or organizations to prevent and / or respond appropriately to sexual violence.



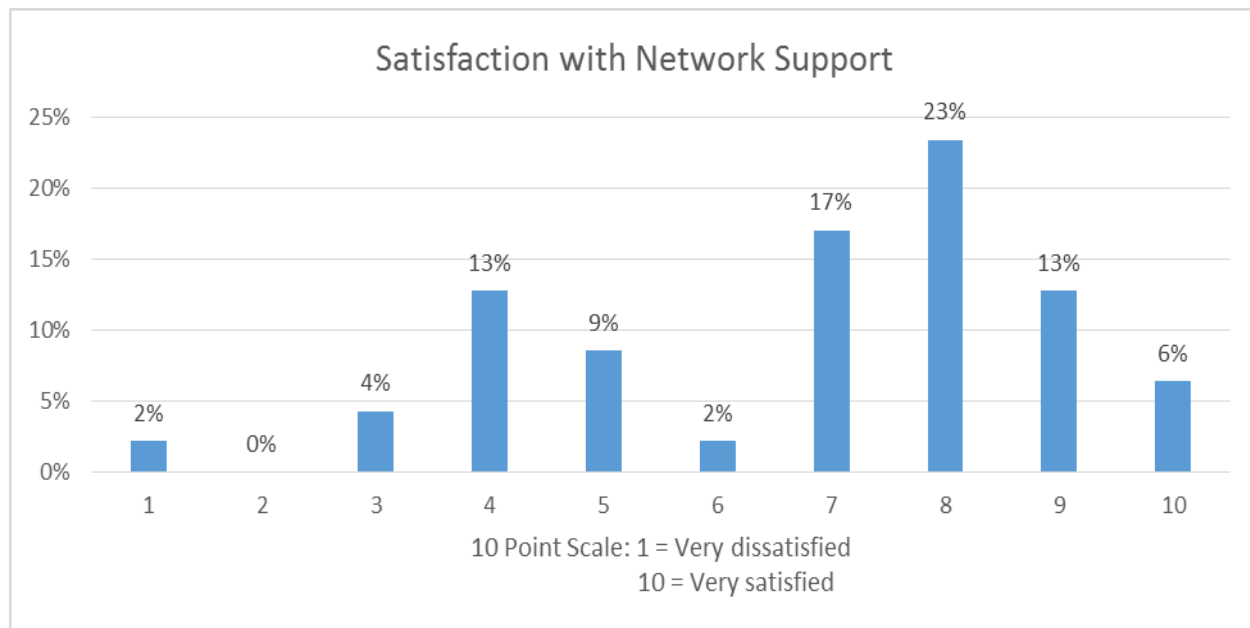
Overall, stakeholder surveys indicated they were generally satisfied with their local Network's support for implementing the Strategy projects. On a ten-point scale with 10 being very satisfied and 1 being very dissatisfied, 53% of respondents selected 7, 8 or 9.

Respondents were asked to explain the ratings provided; some of the responses included:

- *This is a hardworking core group and none of the initiatives would have happened without this dedicated group of leaders.*
- *I believe the work needs to continue and they are doing a good job*

However, some of the responses were more critical in nature, indicating that the experience of implementing the Strategy was not consistent for all participants:

- *[The Network] did not recognize and support other organizations addressing sexual violence*
- *I'm not really sure which is the lead organization in my community*



Document Review

The Networks' year-end reports were used to collect information related to the development of the Networks. The Networks that submitted a year-end report indicated that an active Network was developed and was able to meet regularly. They reported that community members and partners were working together and communicating regularly about sexual violence in the community.

1c. Are individuals able to get urgent help when and where they need it?

There continue to be gaps in the urgent supports and services provided to victims / survivors of sexual violence. It was noted that the current absence of the SANE program in many communities is a gap in urgent care.

The role of the outreach worker / navigator / community coordinator was reported to have improved access to urgent care because of the supports they provided to victims at their first point of contact and the navigation services they provided.

81% of respondents to the stakeholder survey reported awareness of supports in their region, and the same respondents perceived the public to be somewhat aware of available supports.

Interviews and Focus Sessions

Networks

Several of the Networks reported working closely to build relationships and capacity with police and hospitals, so that victims / survivors were supported in a trauma-informed way and referred to the appropriate supports and services. Where these relationships existed, they were reported to be successful.

Province

The Province provided training for 211 and 811 phone line staff (both are province-wide phone help lines – one focused on community and social services and the other health). The training was intended to help staff feel comfortable responding to disclosures of sexual violence and to be able to respond to disclosures in a trauma-informed way. The 211 training was facilitated in person and the 811 training done by webcast to maximize opportunity to participate. The trainings were reported to have been useful and to have helped increase capacity and confidence.

It was noted in interviews that the Strategy contributed to DCS and Health and Wellness better delineating their roles and responsibilities around sexual violence supports, including Health and Wellness taking on the oversight for trauma therapy and DCS focusing on prevention.

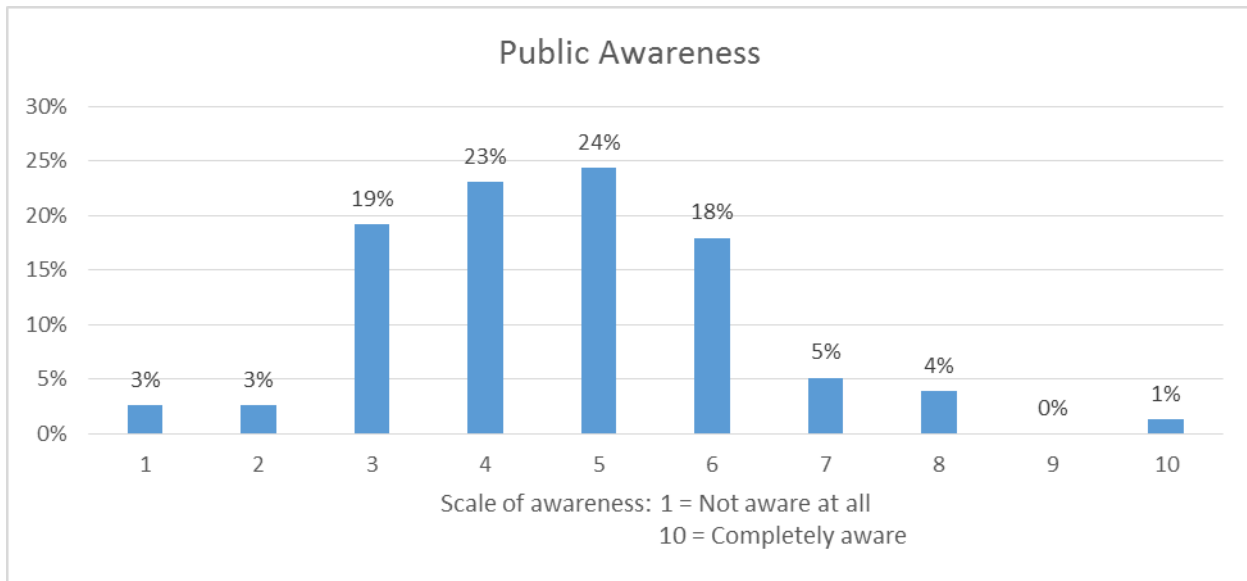
Several Networks noted that they do not currently have access to a SANE program at a reasonable distance. Travelling extended periods of time to access a SANE program after a sexual assault can be a barrier for victims / survivors and the lack of access to SANE programs was identified as a gap in services.

Work to expand the SANE program occurred as part of the Strategy and SANE programs will open in several regions in the province. While stakeholders have expressed concern with the length of time required to set up the programs, it was also noted that a robust process was undertaken to review potential SANE models and determine which model would be most appropriate for the Nova Scotia context, and then to carefully build each program.

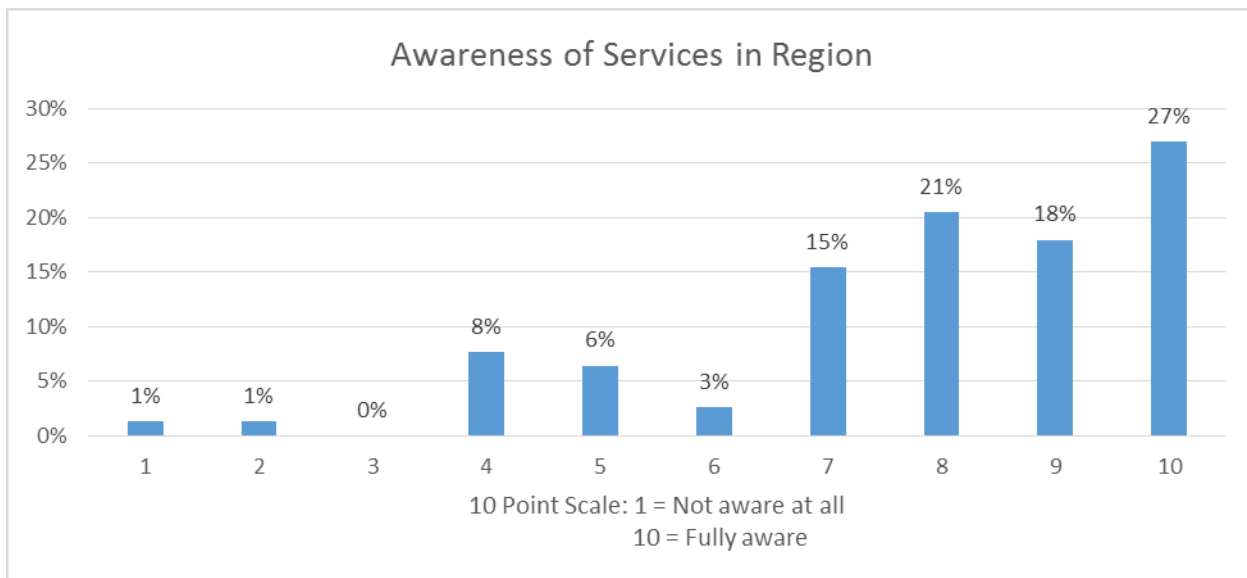
Surveys

Strategy Stakeholder Survey

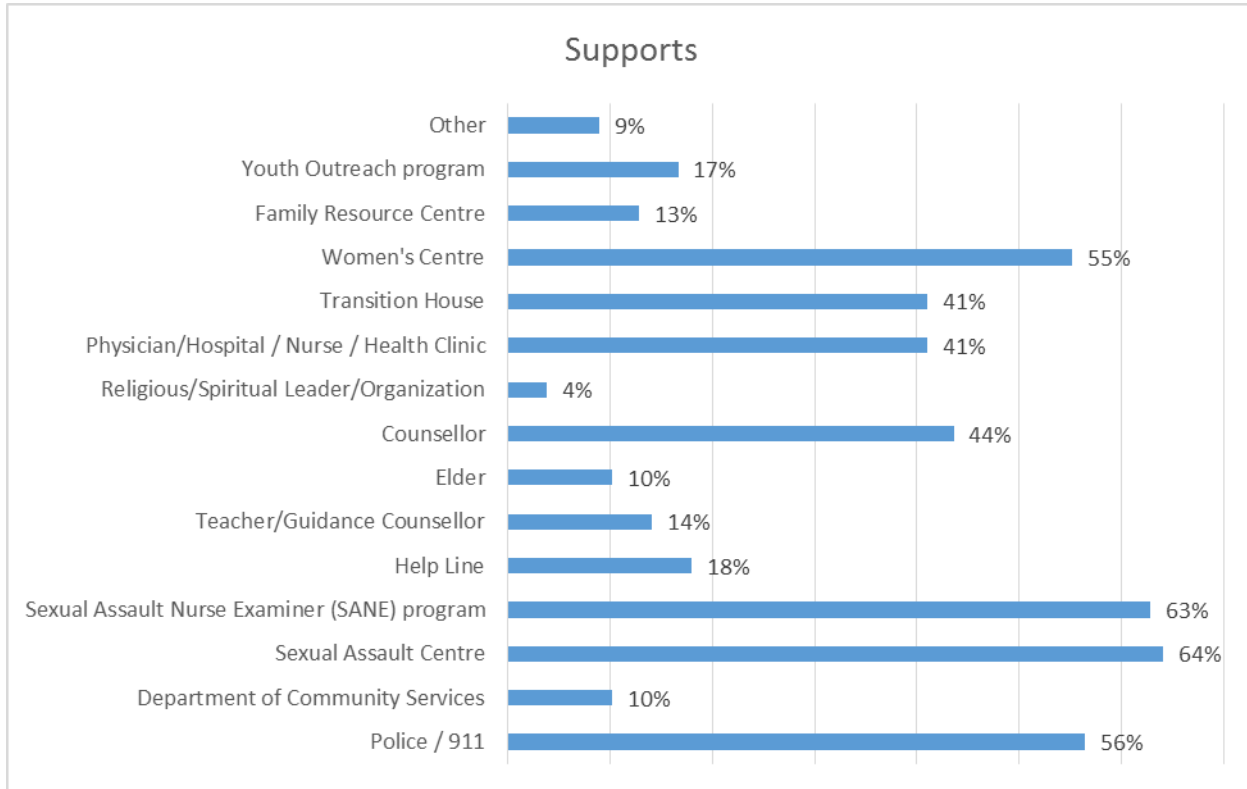
Overall, Strategy stakeholders indicated that they did not believe that the public was fully aware of the supports available to victims / survivors of sexual violence. 88% of respondents rated between 3 and 6 on a ten-point scale from not aware at all (1) to fully aware (10).



Respondents to the survey indicated that they are personally somewhat aware of the supports available in their region. 81% of respondents selected 7 to 10 on a scale from 1 to 10 (10 being fully aware)



Respondents could choose up to five supports that they would refer a victim / survivor of sexual violence to, and 64% and 63% chose a sexual assault centre and sexual assault nurse examiner (through the SANE program) respectively.



1d. How has the Strategy enhanced service provider capacity to identify and respond to needs in a trauma-informed way?

Overall, extensive training on providing trauma-informed care was provided across Nova Scotia.

A Provincial Training Committee was created to lead the development of publicly-available training materials to help participants learn more about sexual violence and how to support someone who has survived it. The committee was considered to be a major success as they brought a variety of perspectives, which was reported to allow for a different outcome than would have been achieved around a government-only table. Members of the Training Committee considered the work of their committee to be quite successful, with 43% selecting between 8 and 10 asked about their personal impact on how they had personally impacted the success of the training resources.

Overall, uptake of the training was reported to be high. The training is available to anyone who wants to participate, and at least 1,500 people had registered as of October 2017 (an actual number cannot be determined as there is no registration requirement).

Members of the Training Committee considered the work of their committee to be quite successful, with 43% selecting between 8 and 10 asked about their personal impact on how they had personally impacted the success of the training resources.

Individuals who participated in the training were able to click through to a survey seeking feedback on their experience with the training. There were 94 respondents to the survey, and the feedback was overwhelmingly positive. Respondents rated 9 out of 10 on all seven of the questions testing the quality of the training (organization, navigation, informative, influence, resources, understandability, recommending to friends and colleagues).

The Networks also conducted a wide variety of trauma-informed practice training opportunities for their stakeholders, local services providers, and partners such as Police and Health. The Networks reported that participation levels were very high and that there was significant demand from stakeholders for additional, similar training opportunities.

Additionally, 27% of Strategy stakeholders surveyed indicated that their Network had documented sexual violence response protocols that set out who is to be contacted when an incident is reported / disclosed, what information is shared and with whom, and what their organization's responsibilities are. One Network worked with their stakeholders to gather all of their sexual violence response protocols, while others documented a protocol for their Sexual Assault Response Team.

Interviews and Focus Sessions

Networks

Most of the Networks reported a heavy focus on providing trauma-informed training to their partners and stakeholders, for example Police, Health, Mental Health and Addictions, community service providers, etc. Training sessions were reported to be well received and impactful. A few Networks provided post-session feedback forms and indicated that the results were positive.

In particular, police and health care providers were noted as examples of partners learning about trauma-informed care and relevant services through the Network, and then changing the way they support victims / survivors. One Network noted that the police completed an audit of the sexual violence related cases, and that because of their relationships through the Network, the navigator for was included in the audit process to provide an external perspective on the police response. This provided an opportunity for the navigator to advise on ways that responses could have been more appropriate and trauma-informed.

As noted under question 1.3 above, the creation of the outreach worker / navigator role provided an additional option for a trauma-informed first point of contact for victims / survivors. Those roles also provided victims / survivors with support to navigate available services.

One of the reported barriers to ensuring trauma-informed supports is that many victims / survivors in small communities (particularly marginalized communities) do not feel safe disclosing their abuse to other community members. They need access to culturally relevant supports who are not part of their close-knit community. It was also noted that some of the service providers in small, rural and remote communities were less receptive to adopting trauma-informed practices.

Province

A Provincial Training Committee was created to lead the development of publicly-available training materials. Applications to the committee were open to any Nova Scotian who wanted to participate, and it was reported that a careful selection process was used to create a group of Nova Scotians with a diverse array of experiences, knowledge, and skills. The committee was considered to be a success as they brought a variety of perspectives, which was reported to allow for a different outcome than would have been achieved around a government-only table. Overall, uptake of the training was reported to be high.

However, this committee was also challenged with a lack of representation from marginalized populations. The Training Committee determined that additional Mi'kmaq expertise and community involvement was needed, so DCS formed a Mi'kmaq Advisory Committee to help inform the development process and create the training content. The engagements were reported to be very successful in incorporating the Mi'kmaq perspectives and resulted in a Mi'kmaq specific module in the training focused on the impacts of colonization, intergenerational trauma, community resilience, and traditional ways of supporting and healing.

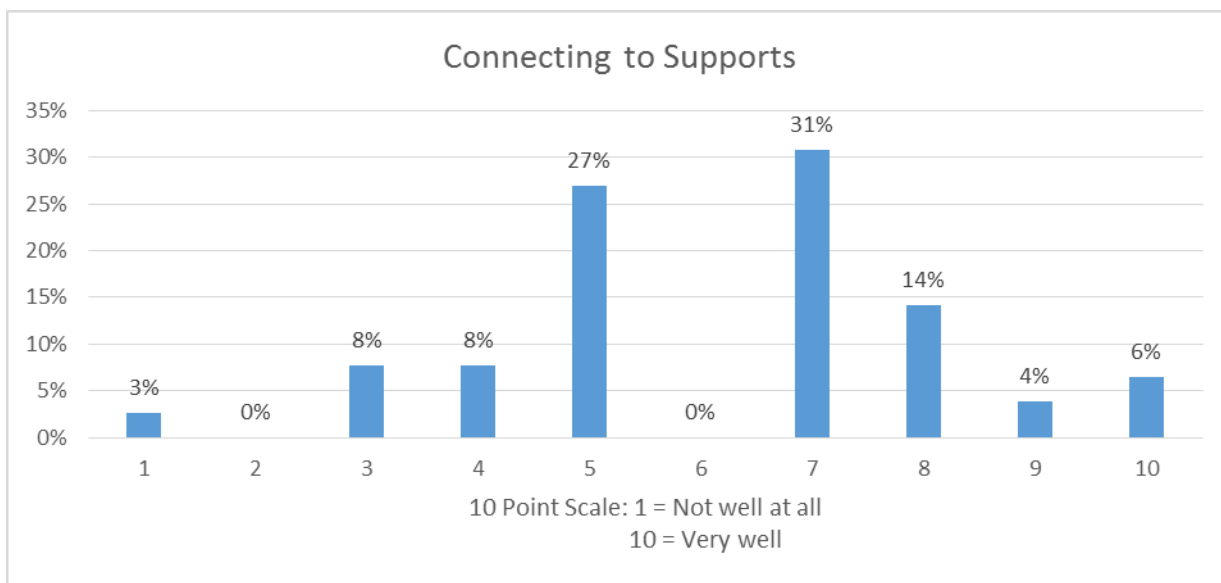
A process was also undertaken to include the African Nova Scotian perspective but it was not robust enough, so DCS has initiated a community engagement process with the African Nova Scotian community, which is currently underway. One of the outcomes of this engagement will be the formation

of an Advisory Committee to help lead the development of a training module on African Nova Scotian Perspectives on sexual violence.

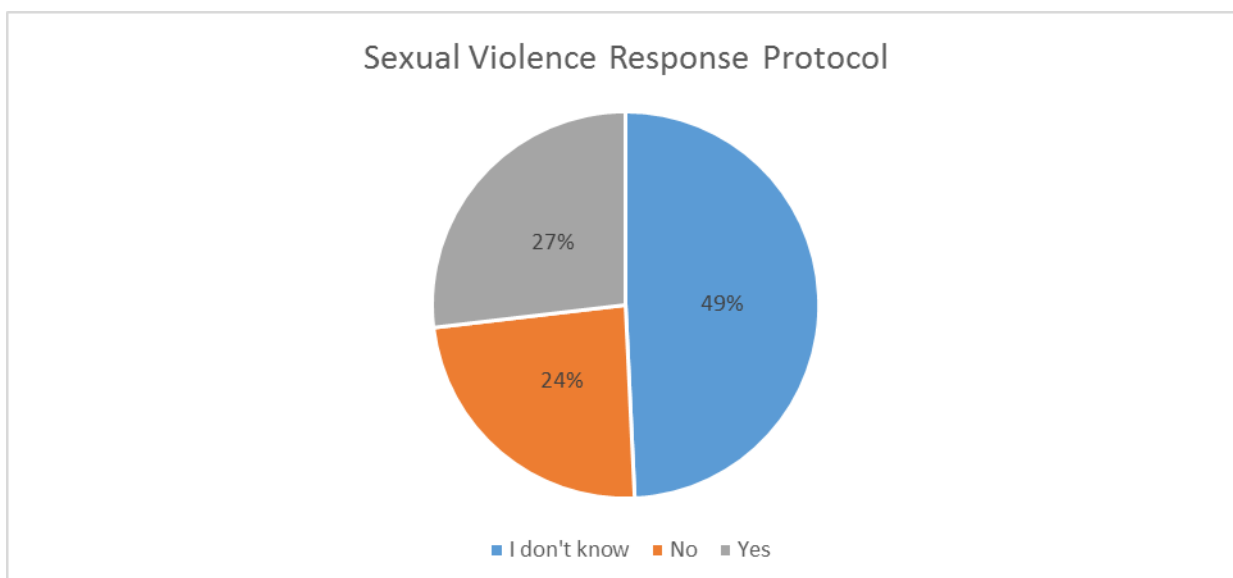
Surveys

Strategy Stakeholder Survey

When asked how well do others (including service providers, community partners, etc.) help connect victims / survivors of sexual violence to the supports they need, 72% of Strategy stakeholders surveyed indicated some others helped victims connect. 72% of respondents selected 5, 7 or 8 on the scale of 1 to 10 (1 meaning not well at all, and 10 meaning very well).



Only 27% of the respondents indicated that their Network had a sexual violence response protocol (i.e., a set of guidelines for who is to be contacted when an incident is reported / disclosed, what information



is shared and with whom, what their organization's responsibilities are), while 49% indicated they were not aware of any response protocols.

Of the respondents that were aware of a response protocol in their region the following are the examples or descriptions of the protocol provided:

- *SART protocol for when justice system is involved. We need to further develop non-justice system interventions*
- *SART Protocol. All community partners work together to provide information and supports available to individuals affected by sexualized violence*
- *We have a sexual assault response protocol that has engaged all relevant service providers in their role for addressing sexualized violence when legal action is being pursued.*
- *If it is within the time period the SANE team is activated and if not then we refer to a transition house for counseling and give them the choice to involve law enforcement*
- *Sexual Assault Services has a "protocol document" which is a full set of signed sexual assault response protocols per partnered agency (Police, RCMP, Women's Centre, Transition House, Sexual Health Centre, Victim Services and local Health Authority).*
- *Sexual Assault Team we meet quarterly to discuss issues relating to sexualized violence.*
- *Our sexual violence response protocol is outlined in our Sexual Assault Response Team (SART) protocol.*

Training Committee Survey

An online survey was completed by seven Training Committee members. The Provincial Training Committee was responsible for the development of an online training program. Of the seven survey respondents from this Committee, 43% of respondents indicated that training resources have been very successful. 72% believed that this success was largely due to the Provincial Committee and the remaining 28% selected the impact of the Committee between 7 and 9 on the scale. The respondents also felt they had personally impacted the success of the training resources with 43% selecting between 8 and 10.

Respondents were encouraged to comment on what worked best in developing and implementing resources. Below are some of the comments:

- *The edit and review process / spending time to develop comprehensive and responsive materials*
- *Working with people with varied perspectives*
- *Monthly meetings - with check in calls between meetings - throughout the project*
- *That we were conscious of diversity, that we worked together over the long term, that we had a great writer with a critical analysis and ability to know what was important to us, that the modules are online and developed for a range of citizens, from service providers to a community member, the facilitator of the Committee was knowledgeable and had the bigger picture in mind and was committed to the process and the outcome*

- *The lengthy ongoing face to face meeting process enabled us to work through the very difficult discussions*
- *The committee structure, the fact that folks set the direction, the priorities, tackled some of the big questions regarding approach and language etc.*

According to the respondents the primary challenges to developing and implementing training resources in Nova Scotia are:

- *Making it known ... encouraging people to use it.*
- *Ensuring materials are accessible to the wider population*
- *Communicating that the resource is available to people who do not work in the field*
- *Sustainability*
- *To make it relevant to a wide range of citizens and diverse communities, to work within the financial constraints.*
- *The primary challenge was the slow pace at which government can move*

Document Review

The online training modules were created by a provincial committee of community members and experts from across Nova Scotia. The training course allows for anonymity, and as a result it is possible for someone to complete the training with or without registering. For those who choose not to register, there is no record of the training being completed in the online statistics. The statistics from October 2017 were as follows:

- 1,500 people registered for the training
- 521 or 35% had completed all six modules
- 44% were in progress
- 22% had not started any training but had registered for the course

Individuals who participated in the training were able to click through to a survey seeking feedback on their experience with the training. There were 94 respondents to the survey, and the feedback was overwhelmingly positive. Respondents rated 9 out of 10 on all seven of the questions testing the quality of the training (organization, navigation, informative, influence, resources, understandability, recommending to friends and colleagues).

Trauma-Informed Practice and Responding to Sexual Violence training was provided to 211 and 811 line operators in Nova Scotia in the fall of 2015 and early 2016. Although an evaluation questionnaire was provided to the 811 line operators in the 3 training sessions there were too few respondents to compile the feedback. However, there were a total of nine respondents to a pre- and post-training questionnaire for the 211 training sessions. The training was reported to be successful in providing service providers with more comfort and knowledge in how to respond to disclosures and how to support a victim / survivor.

- 56% more respondents reported knowing what the actions of the Sexual Violence Strategy are

- 33% of the respondents changed their answer from agree in the pre-survey to strongly agree in the post-survey for understanding what trauma is
- After the training, 33% more respondents reported strongly agree to prevention being everyone's responsibility
- 100% of the respondents either agreed or strongly agreed after the training that they know what the common trauma responses are
- There was a 56% increase in the number of people feeling confident in supporting someone who has been sexually assaulted
- There was a 67% increase in the number of respondents who can now identify grounding skills
- After the training, 100% of the respondents agreed they were knowledgeable of provincial resources
- There was an 80% increase in the number of people who can spot signs and symptoms of vicarious trauma as well as reduce its impact in the post-survey over the pre-survey

A review of 27 Prevention and Innovation Grant year-end reports and 12 Network year end reports provided a total of 8,360 service providers and general Nova Scotians that were trained in a trauma-informed way. This training included a range of topics such as:

- Trauma-informed practice
- Cultural competency and sensitivity training
- Consent and bystander training

Five of the sixteen funded Network organizations reported an increase in referral and demand for services and supports.

Organization	Increase from Year-end Report
Tri-County Women's Centre	– Increase in volume of requests from individuals for Trauma-Specific Counselling.
Family Service of Eastern Nova Scotia	– Anecdotal reports of increased referrals and more contacts for service providers as a result of Network meetings and workshops.
Colchester Sexual Assault Centre	<ul style="list-style-type: none"> – Increase in youth disclosures. Increase in youth who have been involved in human trafficking and prostitution. – Increase in seniors seeking support for past sexual abuse / trauma.
Mi'kmaq Native Friendship Centre	<ul style="list-style-type: none"> – Increase in number of people accessing services; 216 people dropped in for support and 130 called in. – Increase of services requesting support from the Urban Indigenous Community in Halifax.

Organization	Increase from Year-end Report
Second Story Women's Centre	– Increase in the number of women using supportive counselling services. In addition, the number of referrals that come from Mental Health and the number of new referrals has increased.

The STEP Up project was funded through the Prevention Innovation Grant program that serves as an example of building awareness of responsibility to prevent sexual violence. The Valley African Nova Scotian Development Association operated the project which was initially intended for focus on African Canadians but expanded due to recognition that the rates of sexual assault cut across all ethnic backgrounds. Participants mostly included young men, including an entire football team.

With an African Nova Scotian group taking the lead the project has gained greater credibility within the African Nova Scotian community as a serious issue that must be discussed in the same manner in which other issues of health and wellness are addressed. Details of the project and the inclusion of 11 community youth were distributed through various channels into the African Nova Scotian community of the Annapolis Valley.

Question #2: How has the Strategy contributed to the prevention and early intervention of sexual violence?

2a. How has the Strategy engaged the public in the issue of sexual violence?

Extensive efforts to engage the public have been made at the provincial and regional levels. These include a provincial public awareness campaign featuring animated episodes of birds and bees in a variety of situations youth said they are facing. They were featured on websites, social media platforms, and in cinemas across the province, and won several advertising awards. DCS led the creation of a Provincial Public Awareness Committee to help develop the campaign. The committee was reported to be a success as they brought a variety of perspectives, which was reported to allow for a different outcome than would have been achieved around a government-only table.

However, four of the 13 members of the Public Awareness Committee responded to a survey as part of this evaluation and indicated that the public awareness campaign (Sexual Violence with the Birds and the Bees) was not overly successful, with 100% of the respondents selecting no higher than a 5 on the 10-point scale.

Some of the Networks also conducted their own public awareness campaigns, delivering key messages through print and web resources, social media, radio, and special community events such as music concerts, dramatic performances, youth rallies, and information sessions around topics including sexual health, consent, human trafficking, etc.; however, developing public awareness campaigns was not within scope as listed in the CSN grant guidelines.

Interviews and Focus Sessions

Networks

Most of the Networks reported a variety of initiatives to engage the public in the issue of sexual violence and to change public perceptions around consent and supporting victims / survivors. Activities noted include:

- **Pamphlets and materials** – Networks developed a variety of pamphlets and materials about where to go for local supports, how to support family members and friends victimized by sexual violence, consent and healthy relationships, etc.

- **Websites, social media, radio** – Several Networks set up websites and / or used social media to communicate their Network initiatives.
- **Events** – Networks reported a variety of events to raise awareness of sexual violence, including multiple examples of plays, music or performance art shows, Take Back the Night Walks, roadblocks to share information with drivers about preventing and addressing sexual violence, youth events, participation in the Blue String campaign (focused on male victimization), information sessions around topics including sexual health, consent, human trafficking, etc.

Province

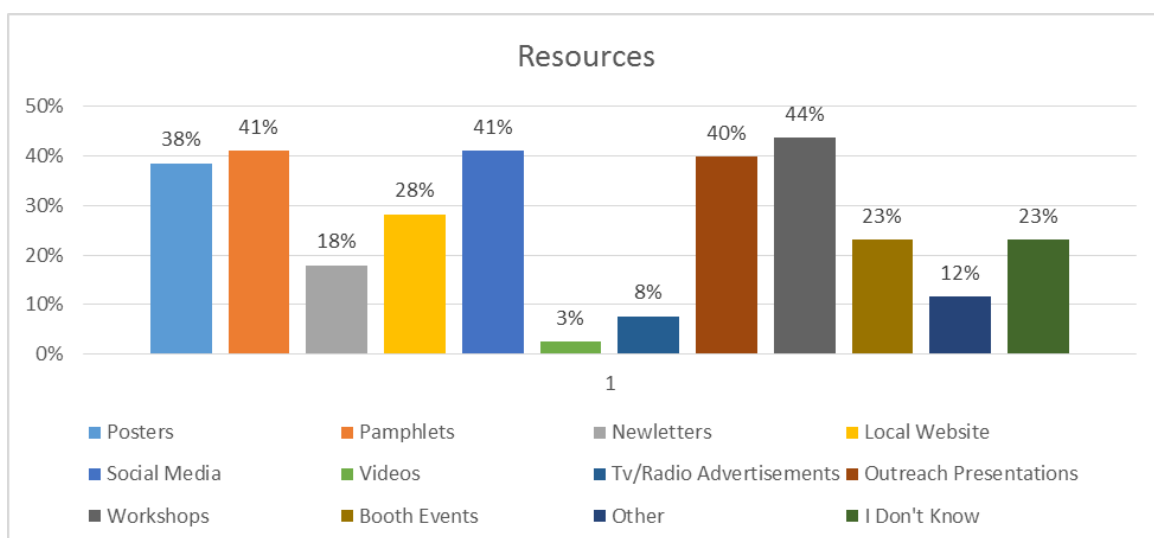
Like the Provincial Training Committee, the Public Awareness Committee was formed of a wide variety of Nova Scotians to maximize representation. The Public Awareness Committee engaged Nova Scotian youth from the outset to ensure the messaging would reach and engage young people. The varying perspectives on the Committee were reported to be a significant asset, but there were still challenges noted with ensuring representation from marginalized populations.

Committee worked closely with a company to create the materials and videos, and the resulting products won awards (noted in the following section). However, it was also noted that intensive public awareness campaigns are expensive but that results cannot be achieved in just a few months and that public awareness efforts will need to be ongoing.

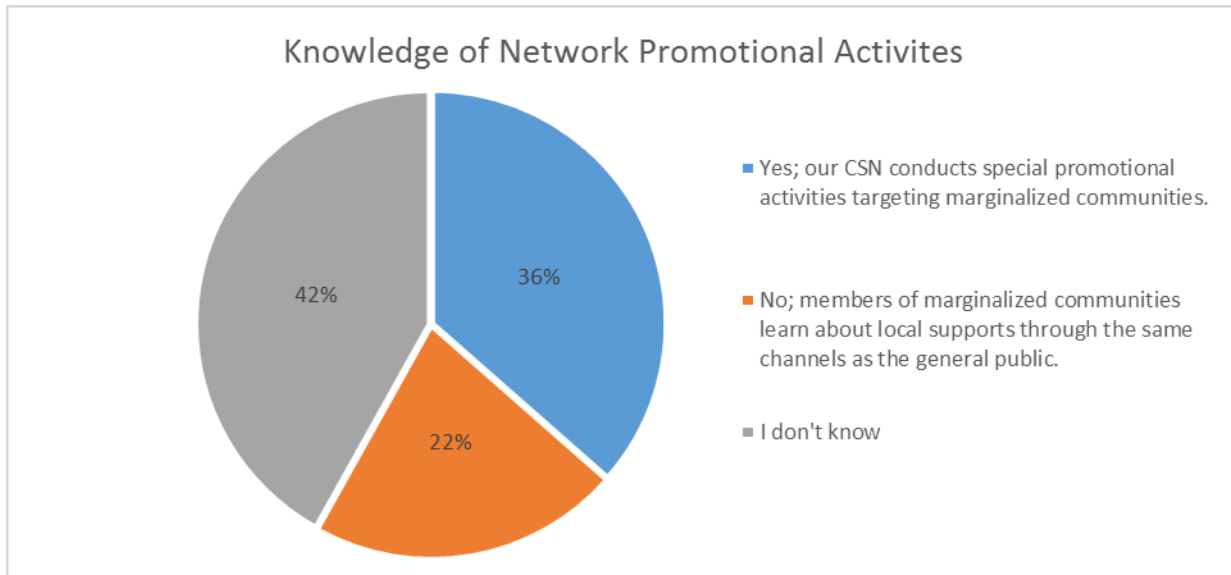
Surveys

Strategy Stakeholder Survey

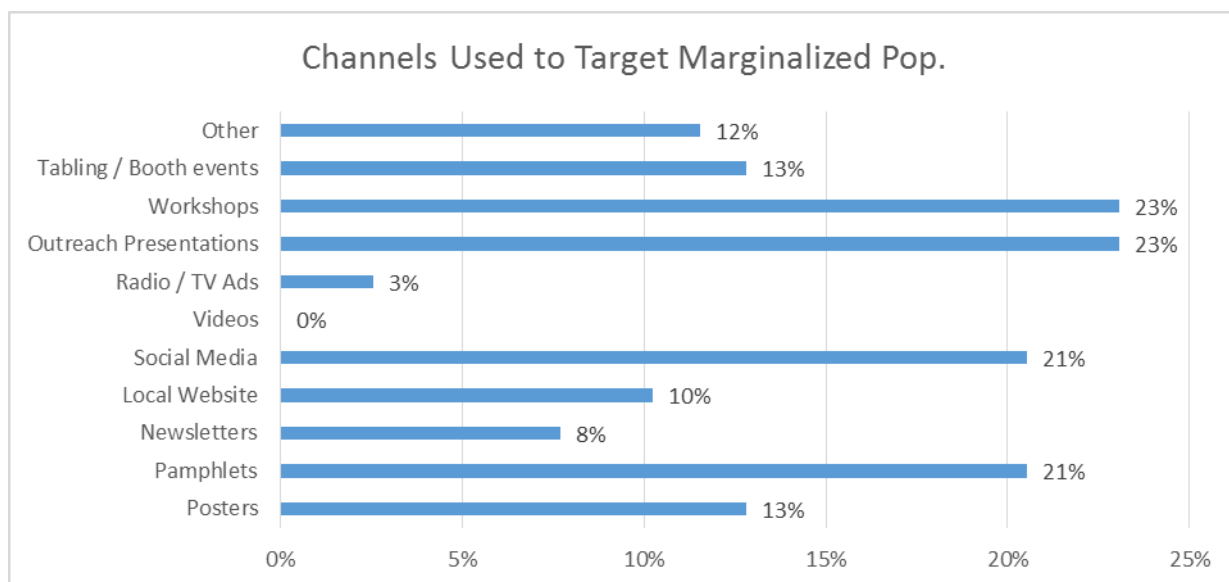
Networks utilized a wide variety of promotional materials to inform other service providers and victims / survivors of available supports and services. Posters, pamphlets, social media, outreach presentations, and workshops were reported to be the most used methods of promoting visibility. Workshops and outreach presentations were reported to be the most effective promotional methods.



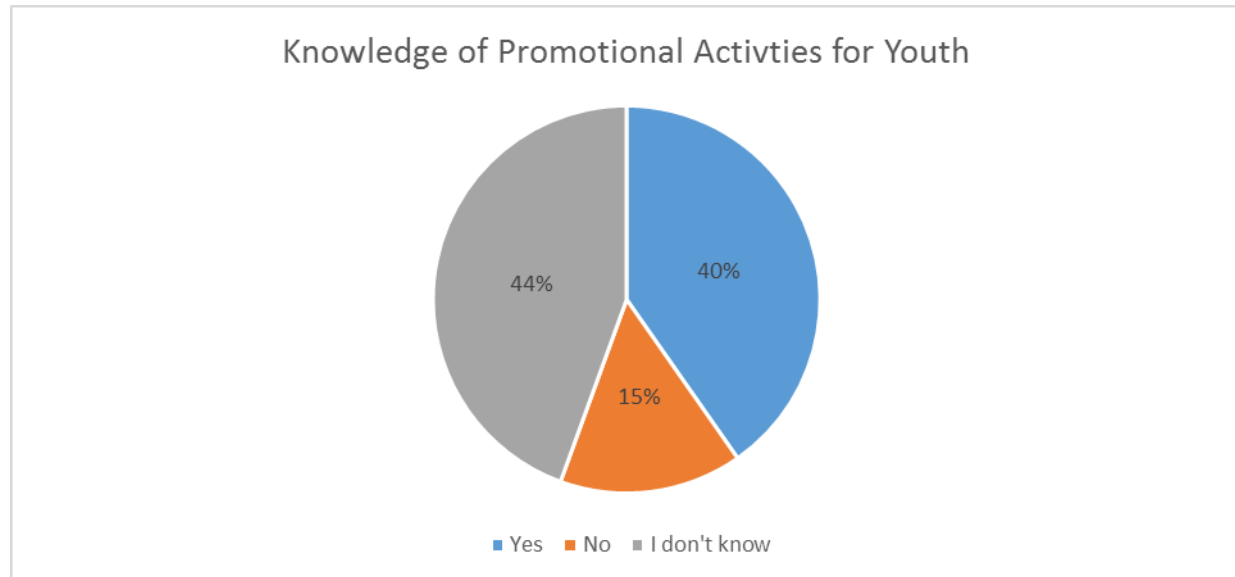
36% of respondents indicated that their Network conducted special promotional activities targeting marginalized communities. 22% of respondents said their Network did not conduct any special promotions and 42% of respondents did not know if their Network conducted promotional activities.



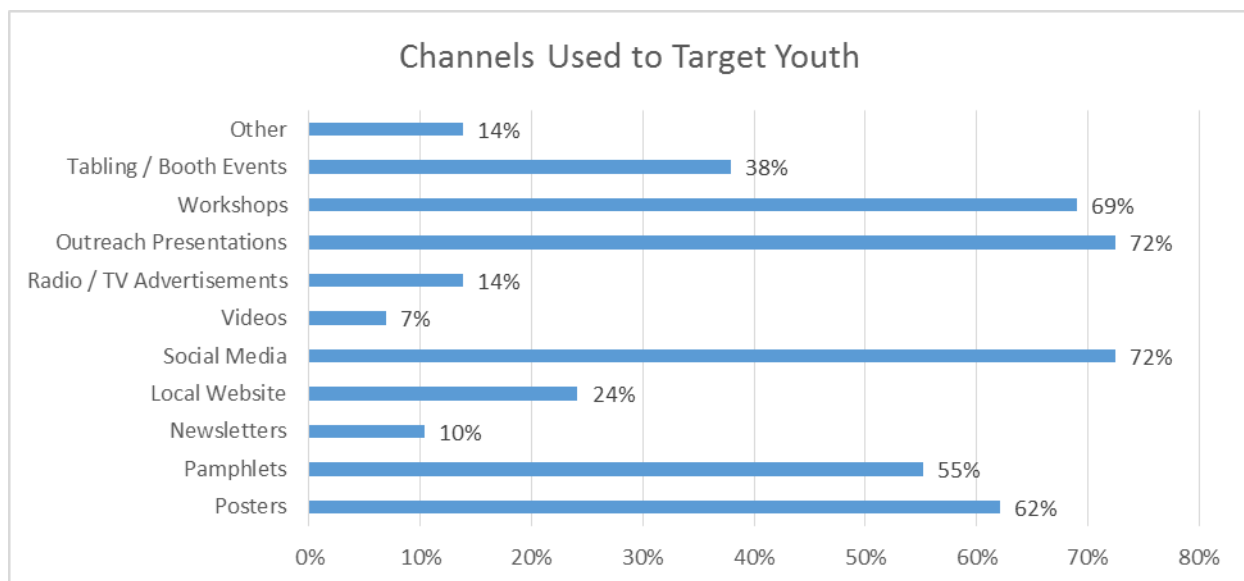
Respondents indicated that they primarily used workshops and outreach presentations to engage with marginalized populations, although other methods were used as well.



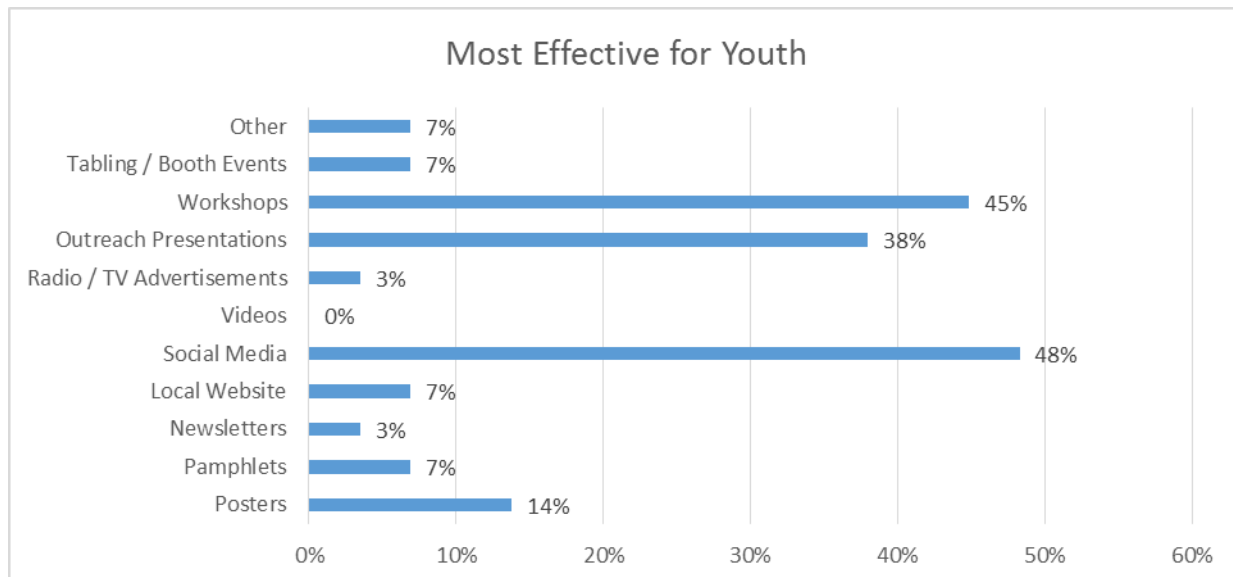
Many respondents, 44%, were not aware if their regional Network conducted special promotional activities designed to raise awareness of local supports specifically for youth.



Of the respondents that indicated they were aware of their Network's promotional activities for youth, 72% indicated that the main activities were social media and outreach presentations.



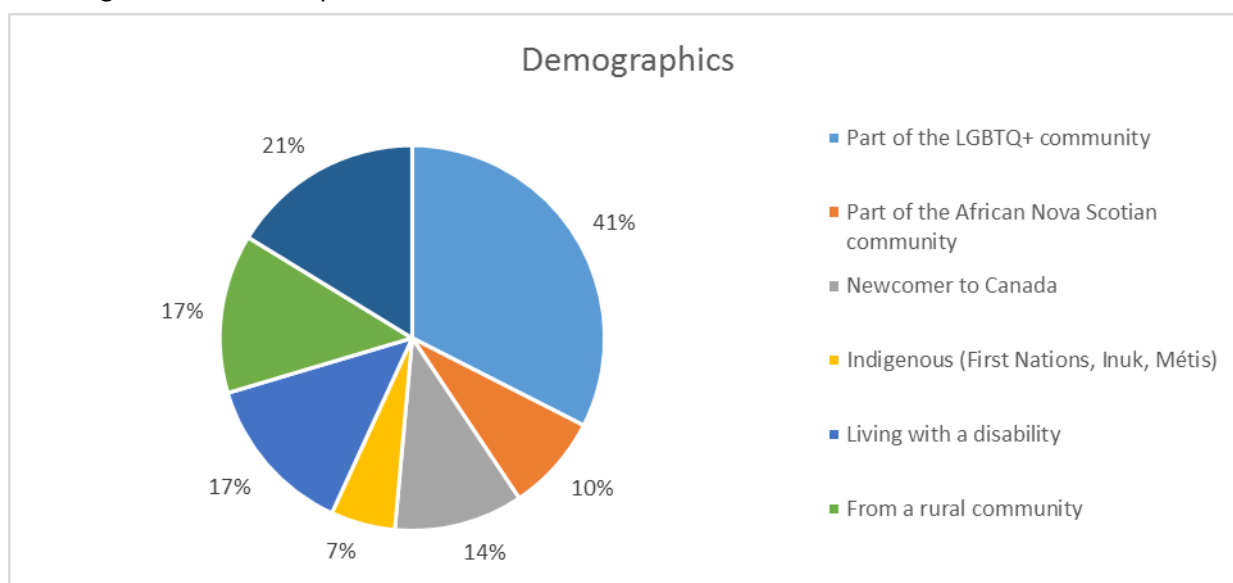
Of the promotional methods, the respondents have used for youth, the following were noted as being the most effective.



Prevention Innovation Grant Youth Recipient Survey

Surveys were distributed to youth who participated in Prevention and Innovation Grant projects. A total of 29 respondents answered questions specific to their projects and the outcomes they experienced related to sexual violence. Over 60% of the respondents were between the ages of 13 and 18, and 86% identified as either girl/women or boy/man.

The demographics of the respondents are represented in the chart below, with multiple respondents selecting more than one option:



A total of 86% of the respondents indicated they learned a lot from their projects about where to go for help if they or someone else experiences sexual violence, selecting between a 6 and 10 on the scale (with 1 being a poor response and 10 being the best or most effective).

Public Awareness Committee Survey

An online survey was completed by four of the 13 Public Awareness Committee members. Overall, the Public Awareness Committee respondents felt that the public awareness campaign, Sexual Violence with the Birds and the Bees, was not overly successful with 100% of the respondents selecting no higher than a 5 on the 10-point scale. These Committee members also indicated that they had no real impact on the success of the campaign as 75% of these respondents selected a 1 or 2 on the scale.

When asked to comment further and to explain their ratings, responses included:

- *Public awareness doesn't shift the culture of sexual violence*
- *The media campaign was informed almost completely by the committee*

Suggestions provided by the respondents for what could be done differently include:

- *The committee should have had two groups: 1. Content and 2. Communications. The content committee could have had some clear content that they felt was important. The communications group should have been experts in social media, youth online use, impactful social media strategies, etc.*
- *Community populations needed to be better represented: Feminists, LGBTQ, etc.*

The greatest challenges noted on the survey for increasing public awareness in Nova Scotia are:

- *Lack of government leadership*
- *The misguided obsession with consent and the inability for the masses to understand the intentional dynamics of relational violence*
- *Cost and ad buys*

Document Review

Many Networks' year-end reports indicated that they had developed a number of resources to direct the public to local supports and services. These resources included Facebook pages, websites, posters, handouts, bilingual rack cards, newsletters, radio advertisements and asset mapping of local services in the community. It should be noted that the resources developed were not specific to direct marginalized populations and youth to local services.

Two public awareness campaign videos titled "Sexual Violence with the Birds and the Bees" were created and released through YouTube in late 2016. The videos were also promoted through Instagram, Facebook and before each film in 13 cinemas across Nova Scotia. Below are the statistics on the exposure to the public:

- **YouTube:** As of March 31, 2017, the 60 second video had 65,413 views and the 30 second video had 36,172 views.

- **Cinemas:** The videos played for 8 weeks on 91 screens - 294,444 people viewed the 30 second video and 160,882 people viewed the 60 second video. This translates into the videos being played / viewed a total of 18,032 times.
- **Digital backlits:** Within the Cinemas, digital backlits (digital signage surrounding guests with movie content and ads running on a timed loop on screens placed at all angles) were shown for 56 days in the lobby at 10 locations in Nova Scotia. The 10 second spot gained 882,362 impressions.

Overall, 21% of respondents in post campaign reports recalled having seen the “Sexual Violence with the Birds and the Bees” campaign videos. The method of exposure to the campaign came from various sources of media. With television ranking the highest at 31% and Movie Theatres next with 29%, the remainder of media sources were online ads, Facebook, Print ad, Posters, Social media and Radio.

The Strategy won a number of awards and accolades from the Birds and the Bees campaign including the following:

- Listed as one of the best ads in the world on AdForum (a company founded to provide information on the advertising industry to marketers, industry professionals and the trade press).
- Received Strategy Magazine recognition. Strategy uncovers and shares the bold vision and brand new ideas of Canada's national marketing community.
- Won 5 ICE awards. The ICE Awards recognize the most creative marketing in Atlantic Canada. ICE is organized by volunteers in the marketing industry and submissions are judged by an out-of-region jury. The awards were:
 - Merit award for public service print out - posters
 - Gold award for public service TV/Cinema – videos
 - Gold award for integrated campaign
 - Gold award for online videos
 - Gold award for “fearless client”

A number of other awareness activities occurred over the course of the Strategy, including the distribution of 5,200 coloring books, 450 French posters and 3,600 English posters. During the period of October 2016 to March 2017 a total of 9,516 visitors went to the Strategy website. This included 86% new visitors and 14% return visitors.

A total of two requests for information and resources outside of Nova Scotia were made to DCS. These included a Québec high school student requesting posters and Rutgers University in New Jersey requesting permission to use the rape culture video.

Public polling, both before and after the Birds and the Bees campaign, indicated a change of 1% in the understanding of the public’s responsibilities to prevent sexual violence, with 98% of the respondents signifying an intention to intervene in sexual violence. DCS expected this minimal change in the public’s understanding of their responsibilities.

It was determined through public polling data that only 25% of 800 participants in Nova Scotia knew where to refer a victim / survivor of sexual violence for support services. This number is consistent in both pre and post campaign polling, which took place July 2016 and February 2017 respectively.

There was a total of 892 visits recorded to the “get help” section of the Strategy website, indicating that while the public may not be knowledgeable of where to find support services, they have access to tools to search for them.

2b. How effective has the Strategy been in engaging with and supporting marginalized populations (Indigenous, African Nova Scotians, LGBTQI+)?

Efforts were made to engage with and support several Indigenous communities in Nova Scotia. Traditional cultural approaches were taken, by the Indigenous led projects, including smudging ceremonies, use of traditional teepees, traditional cooking, basket making, etc. 11 Prevention Innovation Grants were intended to address Indigenous community needs. However, there are many Indigenous communities across Nova Scotia that are not receiving tailored services.

Supports for African Nova Scotian and LGBTQI+ communities were less common, with a few examples provided of each. Six Prevention Innovation Grant projects were focused on addressing LGBTQI+ needs and two Prevention Innovation Grant projects were focused on addressing African Nova Scotian needs.

Interviews and Focus Sessions

Networks

Some Networks noted efforts to engage with Indigenous communities. For example, one Network allocated DCS funding for the continuation of a community-based support and prevention project in a Mi'kmaq Community. The project was reported to have 65% community participation in events with strong relationships built with service providers. The project was built into operational funding and expanded to another Indigenous community in the same region.

However, it was reported that there were a large number of Indigenous communities who were not receiving adequate sexual violence supports, generally due to remoteness and / or a lack of relationship with a Network. Lack of relationships were reported to be a significant barrier in engaging and providing services for African Nova Scotians.

A few examples were provided for services for the LGBTQI+ community, for example participation in the local Pride event and an LGBTQI+ outreach program. However, those services did not appear to be a major area of focus across the Networks.

Province

The province also worked to build relationships with marginalized communities. It was reported that the province had reached out to include some additional representatives from marginalized populations to inform their work, such as in the case of the Training and Public Awareness Committees.

The Prevention Innovation Grant program was also intended to support initiatives led by and for marginalized communities and among youth. The details of the Prevention Innovation Grant activities are outlined in the Document Review section below, however they were reported to be successful at engaging a wide variety of stakeholders. They were reported to provide a platform to engage stakeholders who are not usually included in efforts to address and prevent sexual violence. The intention of the grants was to give communities, organizations, or any group of people opportunities to approach the needs of their communities in innovative ways. It was reported that the province worked to promote the grants among and encourage applications from marginalized communities, and the number of applications from marginalized communities increased from year one to year two of the program, as shown in the Document Review below.

The funded initiatives that showed innovation were reported to be very successful, including building a teepee to create a safe space for Indigenous youth, or providing youth with opportunities to participate in yoga, meditation, adventure, etc. to help them build their sense of self, safety, confidence and wellbeing.

There were administrative challenges in running the grant program: keeping recipients to their committed scope and supporting applicants in writing grant applications were reported to be two of the biggest challenges. The province provided some grant development support for applicants that requested assistance.

Document Review

A total of 26 Prevention and Innovation Grants (PI Grants) were awarded or designed for marginalized populations. These 26 PI Grants are detailed below:

Marginalized Population	Number of PI Grants
Indigenous	11
LGBTQI+	6
African Nova Scotian	2
Disabilities	4
Immigrant	1
Acadian	2

While there were many PI Grants awarded during the three-year strategy, three specific examples, described below, demonstrate engaging with and supporting marginalized populations.

“Leave Out Violence” (LOVE)

LOVE’s work in Sipekne'katik First Nation includes a weekly youth program, bi-weekly sweat lodge, and a variety of additional opportunities, including traveling to join in LOVE's Halifax Leadership Program twice a month, and participation in regional and national LOVE Leadership camps. The assembly of a teepee further facilitated positive peer support, a pro-social network, the opportunity to gather at a sober and safe space and connections to a traditional means of healing and being healthy.

There are no other youth programs in the community that discuss healthy relationships, mental and physical health, LGBTQI+ issues and sexuality, sexism, consent, self-esteem, and personal standards.

LOVE is based around the wants and needs of Mi’kmaq’s youth, and involves community-based support rather than clinically-based. Mi’kmaq youth are part of a demographic that is highly unlikely to access formal clinical service, both on and off reserve.

The Lesbian Gay Bisexual Youth Project Society (Youth Project)

The Youth Project developed and began delivering an education program, specifically targeting LGBTQI+ youth, covering topics around healthy relationships, consent, and sexual violence prevention. The program was designed in two formats, a six-week program, with hourly sessions each week, and a single full day program. The format used is dependent on the needs of the school and / or travel and scheduling considerations.

The Native Women’s Association’s project - Preventing Sexual Violence against Mi’kmaq Women through Cultural Practices

This project provided culturally relevant education for Indigenous women and girls including workshops on healthy lifestyles, life-skills building, volunteerism, addictions, sexualized violence, safer sex, and human trafficking. The workshops were intertwined with traditional cultural teachings and ceremonies such as learning about sexual awareness through the ceremony skirt and how it is about protecting the sacredness of being a woman. Attendees also learned about leadership through rattle making. All the work was guided by the Seven Sacred Teachings: Wisdom, Love, Respect, Bravery, Honesty, Humility and Truth.

DCS conducted a total of eight engagement session geared towards marginalized populations with another 16 engagements planned. The details of the engagements and the number of people in attendance are below.

Engagement Sessions	Number of participants
Indigenous Health Directors - Held an engagement session in June 2015 with Indigenous Health Directors to share information about the Sexual Violence Strategy and to get feedback on the strategic direction.	10
Mi’kmaq Community Engagement Gathering - Formed a working committee with key Mi’kmaq leaders. This gathering worked on the various outcomes of the Strategy: <ul style="list-style-type: none">– More knowledgeable, skilled and connected service providers	70 Service Providers

Engagement Sessions	Number of participants
<ul style="list-style-type: none"> – Increased awareness of available services and supports – Increased public awareness of sexual violence and its impact – Increased understanding of sexual violence related trauma – Strengthened youth engagement and leadership on sexual violence 	
2016 Atlantic First Nation Health Conference - Held in Dartmouth, Nova Scotia. Presented about the Strategy and moderated a panel on sexual violence prevention and supports in Indigenous communities in Nova Scotia.	10
Mi'kmaq Advisory Committee - Brought together to help inform the provincial sexual violence training resources. They helped develop the online training module "Indigenous Perspectives".	10
African Nova Scotian Engagement - Partnered with East Preston Family Resource Centre to lead the ANS Community Engagement Process on the issue of sexual violence.	Not started at outset of evaluation
Public Awareness Campaign - Met with African Nova Scotian youth in North Preston to get feedback on the provincial Strategy.	6-8
Restorative Inquiry - Presented on the Strategy to the staff at the Nova Scotia Home for Colored Children Restorative Inquiry.	6

2c. How effective has the Strategy been in engaging with and supporting youth?

All aspects of the Strategy have demonstrated a high level of commitment to engaging youth.

The Networks reported extensive work to engage with youth across Nova Scotia, including collaboration with school boards and SchoolsPlus where possible to support youth in schools. They also worked with community organizations to support youth in the community.

A total of 48 PI Grant projects aimed at engaging youth, through programming such as speakers and presentations, support groups, activities, art, etc. were conducted over the Strategy. Overall the youth that participated in the projects had positive outcomes and noted their attitudes, behaviours and knowledge about sexual violence had changed significantly. The first year of PI Grants saw the engagement of over 1,800 youth. Overall the youth survey respondents felt their attitudes, knowledge and behaviour about sexual violence had changed significantly as a result of the projects they participated in. 83% of the respondents selected between a 6 and 10 on the survey scale.

Youth were engaged by the Province as part of the Strategy development. Over the course of the Strategy, DCS held 28 youth engagement sessions and an additional seven engagement sessions as part of developing the public awareness campaign.

Interviews and Focus Sessions

Engaging and supporting youth was reported to be a particular area of focus, with all Networks noting at least one project or program, and often several, which engaged youth. As one interviewee noted “helping youth learn in a fun way that makes them critical thinkers is what’s so important for social change.”

Many of these programs reported engaging youth both as leaders and as participants, helping youth to feel more empowered and invested in the issue of sexual violence because of their participation. Examples of the types of programming tailored to youth included speakers and presentations, support groups, activities, etc. These programs focused on consent, healthy relationships, gender, self-esteem, and sexuality. Most were provided in partnership with school boards, SchoolsPlus, Police, or community service providers. Most Networks reported positive working relationships with these partners, but a small number indicated that building a relationship and buy in from the school boards was a challenge. The work-to-rule action in Nova Scotia in early 2017 was also cited as a barrier and led to delays in working with youth in schools.

Some of the youth indicated that the two specific programs they had participated in were helpful in building their knowledge and a network of people to talk to. They noted that more small group settings that address topics beyond the biology typically covered in schools would be helpful for youth, and that formalized lectures are not effective at engaging youth.

Surveys

Prevention Innovation Grant Youth Recipient Survey

Surveys were distributed to youth who participated in Prevention Innovation Grant projects. The youth became aware of these programs through schools, online social media and through community organizations they were already connected to. A total of 29 respondents answered questions specific to their projects and the outcomes they experienced related to sexual violence. The survey questions were on a scale of 1 through 10, with 1 being a poor response and 10 being the best or most effective.

The sexual violence content covered in the projects varied but included consent, healthy relationships, respectful online and texting behaviour, how to stop unwanted comments or physical contact, and a general knowledge of what sexual violence is. Respondents were asked how relevant they found the project to the issues they or their peers encounter and if the project was relevant to their daily life. Below are the response:

Survey Question	Response
How relevant was the program to your daily life?	97% selected between 6 and 10
How relevant was the program to the issues your peers encounter?	90% selected between 6 and 10

Overall the youth respondents felt their attitudes, knowledge and behaviour about sexual violence had changed significantly as a result of the project. 83% of the respondents selected between a 6 and 10 on the scale.

When asked how the projects or programs could be changed to be more relevant, youth provided the following feedback:

- *Talk more about the different types of bullying*
- *If there was more discussion after the presentation*
- *I think we need to be aware of daily events that happen not just social events*
- *More practical and hands on lessons*
- *To cover more about sexting*
- *It would have been better if it got the full funding to give us more time so the youth team got to be together and plan more content for the adult phase of the project*
- *I would have loved to learn how to notice your own errors when interacting with others.*

Document Review

Throughout the three years of the Strategy a total of 28 youth engagement sessions were facilitated by Heartwood Centre for Community Youth Development on behalf of DCS and the total attendance for the first years was 115 youth.

Youth were also engaged by DCS throughout the development of the public awareness campaign with a total of seven sessions as well as an online survey that was used to identify the top issues to be covered in the videos. The survey gathered a total of 68 respondents between the ages of 16 to 24. Five online focus groups were conducted after the campaign by Corporate Research Associates, on behalf of DCS.

A total of 48 PI Grants engaged youth and provided leadership on sexual violence, two example PI Grant projects are described below.

The Youth Arts Leadership Program (YALP)

YALP in Dartmouth North was a project run by Youth Art Connection beginning in 2016 as a response to interest from the community in developing a youth-focused art program. There were 50+ participants meeting for weekly conversations about social issues ranging from sexual consent to cultural appropriation and expressing themselves around these issues through various media. The forms of art being explored include poetry, dance, videography, zine-making, beading, among others. The YALP Intergenerational Arts Mentorship program builds on the foundation laid in 2016, but focuses on working with high school-aged students to learn mentorship, leadership, and facilitation around sexual violence prevention and supporting young creative leaders to play a lead role in weekly programming for Junior High aged youth.

Acadia Students' Union – Sexual Violence Project

This project allowed various students to feel more comfortable discussing topics regarding consent, sexuality and sex positivity in non-judgmental, all-inclusive environments. A number of students had approached the previous Student Sexual Health Worker, stating what they would like to see changed on campus; this information has provided insight into what the major concerns of students are on the campus. One student in particular said they would like to see a de-stigmatization of Black athletes on campus regarding sexual assault. This allowed for the coordination of a sexual health event on campus during Black History month, where the student was able to voice his concerns to faculty and classmates.

Presentations were organized by youth and conducted by Venus Envy and ValleyVixen, the topic of the presentations included consent, healthy relationships and sexual health. Mostly those identifying as females attended the presentations

Question #3: What initiatives were implemented to support policy and accountability?

3a. What key milestones/deliverables have been achieved?

The Networks partially addressed the intended four key action areas:

- **Counselling and support** – Where counselling was identified as a significant gap, some Networks hired a counsellor to provide tailored supports to victims / survivors of sexual violence. The Networks reported that this role was important to meeting local needs.
- **Service and support visibility** – Stakeholders reported that where Networks were meeting regularly, stronger relationships between stakeholders were formed. However, most Networks did not do enough to expand their group of stakeholders and increase coordination and visibility with organizations that support victims / survivors of sexual violence in a less targeted way.
- **Navigation of appropriate services and supports** – All of the Networks hired an outreach worker / navigator / community coordinator position.
- **Safer spaces and nonjudgmental services** – Networks reported providing training opportunities as a way of getting other stakeholders involved and building their capacity to provide safe, non-judgmental services.

The province partially addressed the milestones set out in the Strategy under Approach and Accountability:

- **Establish an interdepartmental committee and review current policies and funding** - The province created an Interdepartmental Committee to lead the coordination between government departments and to identify gaps in policy and programming for victims / survivors of sexual violence. The Committee met regularly for the first six months, but it encountered several challenges.
- **Hire a provincial specialist** - a Provincial Specialist, Sexual Violence Prevention & Supports, was hired to lead the work of the Strategy within DCS. This position was reported to be a success and key to driving the work to prevent and address sexual violence across the province.
- **Produce annual reports** – Progress reports were developed for Year 2 and Year 3 of the Strategy and are publicly available on the Strategy webpage.¹

Interviews and Focus Sessions

Networks

The Networks were intended to address four key action areas:

- **Counselling and support** – Where counselling was identified as a significant gap, some Networks hired a counsellor to provide tailored supports to victims / survivors of sexual violence. The Networks reported that this role was important to meeting local needs.
- **Service and support visibility** – Stakeholders reported that where Networks were meeting regularly, stronger relationships between stakeholders were formed and service providers had better awareness of other services being provided in their community and how they could benefit their clients.

Several networks reported that greater awareness of supports available for victims / survivors had led to a notable increase in demand for services. For example, one Network is building a navigation tool that includes the protocols for each partner organization in the case of a victim / survivor of sexual assault, so that all of the organizations can better understand each other's processes and how to work together. Another built a navigation tool for service providers that illustrates a flow chart of how to respond in the first five days after an assault.

However, it was also noted that most Networks did not do enough to expand their group of stakeholders and increase coordination and visibility with organizations that support victims / survivors of sexual violence in a less targeted way (e.g. Girl Guides, community groups, etc.).

- **Navigation of appropriate services and supports** – As noted under question 1.2, all of the Networks hired an outreach worker / navigator / community coordinator position. This role created an additional point of contact for victims/ survivors and many offered navigation supports. This role was reported by all Networks to be a key to coordinating supports and services; because this role was fully devoted to the work of addressing sexual violence, they could help partners and stakeholders stay focused on the issue and their role in supporting victims / survivors. Outreach workers / navigators / community coordinators were reported to have built relationships with stakeholder organizations, led public awareness and training campaigns, and organized and co-facilitated support groups. Public awareness and training activities, however, were outside of the intended scope of the Networks.

One Network noted running workshops in rural communities to gain a better understanding of existing navigation pathways and gaps in services and conducting a workshop to help service providers and partners better understand the criminal justice process for victims / survivors.

- **Safer spaces and nonjudgmental services** – Networks reported providing training opportunities as a way of getting other stakeholders involved and building their capacity to provide safe, non-judgmental services. For example, there were a wide variety of training opportunities including trauma-informed practice, seeking safety, support group models, supporting specific demographics (youth, LGBTQI+, seniors, intellectual disabilities, Indigenous, male victims, etc.), cultural sensitivity, community support for victims training for community groups who are not formal service providers (e.g. youth leaders, seniors centre staff, coaches, etc.) Networks noted high rates of participation

and ongoing demand for additional training, however training was not one of the action areas outline in the grant applications.

Province

In addition to the milestones discussed in the previous evaluation questions, the province was responsible to complete the following, listed under Approach and Accountability:

- **Establish an interdepartmental committee and review current policies and funding** - The province created an Interdepartmental Committee to lead the coordination between government departments and to identify gaps in policy and programming for victims / survivors of sexual violence. The Committee met regularly for the first six months, but it encountered several challenges:
 - There were different levels of engagement in the IDC (or the Strategy as a whole). Some members of the IDC did not have decision making powers within their department. The participating departments had the opportunity to bring information from the community level to the IDC and to champion the importance of the Strategy to their department staff and service provider partners, there were not always consistent levels of ownership of the Strategy.
 - There might have been a clearer articulation of leadership and decision-making responsibility.
 - There was no linkage to the community at the IDC, to bring a local, frontline perspective.
 - Two inventories were created as per the Committee mandate: one of existing policies, procedures and definitions, and another of existing programs related to sexual violence. However, it was reported that not all of the information was complete. No follow-up work was conducted to validate, build on, or leverage these inventories.

Members of the IDC indicated more work could have been done by the IDC and there were several opportunities identified through the inventories and during a strategic planning facilitated session that could have better enabled their work.

- **Hire a provincial specialist** - a Provincial Specialist, Sexual Violence Prevention & Supports, was hired to lead the work of the Strategy within DCS. This position was reported to be a success and key to driving the work to implement the Strategy. DCS has also extended funding for this role going forward to continue attention to and support for initiatives to prevent and address sexual violence.
- **Produce annual reports** – Progress reports were during each of the years of the Strategy and the Year 2 and 3 Progress Reports are publicly available on the Strategy webpage.¹⁰

¹⁰ <https://novascotia.ca/coms/svs/strategy-updates/> Accessed on January 8, 2018

Surveys

Strategy Stakeholder Survey

Respondents were somewhat satisfied with the support they received from government in implementing initiatives with 42% choosing between a 6 and 8 on the 10-point scale. When asked to provide more explanation for the ratings provided respondents said:

- *I am glad that government recognizes the need to support these initiatives but there is always more resources needed. Just starting to scratch the surface*
- *While this initiative is a start, the original meetings were poorly advertised/invited and not all the necessary people/groups were involved.*
- *Short term solutions actually harm victims further. The government needs to commit to long term solutions so victims aren't left scrambling after the funding runs out.*
- *I am grateful for the funding provided, as it is adequate to make these substantial strides in navigation, visibility, capacity building, and overall better provision of services for victims and survivors of sexualized violence.*
- *Three years is too short a time to make significant change in the attitudes and behaviours of our society in relation to sexualized violence*

3b. What lessons can be learned from the first three years of the Strategy?

The following lessons were identified through the evaluation:

- Build relationships with and include representatives from marginalized populations
- Increase access to tailored, culturally relevant supports and services
- Provide clarity on when funding will be provided and what is eligible for funding
- Fund long-term staff positions for outreach workers / navigators and therapists
- Provide more support and direction from partner departments

Interviews and Focus Sessions

The following lessons were identified:

Reach into marginalized populations at both the regional and provincial levels could be improved

Efforts were made at both the regional and provincial level to engage with marginalized populations. In order to build better relationships with and include representatives from marginalized populations, including but not limited to, African Nova Scotian, Indigenous and LGBTQI+ communities, this work should continue and be strengthened.

Supports and services were not sufficiently tailored to specific communities or types of victims / survivors.

There continue to be groups who are not receiving tailored supports and services, including Indigenous, African Nova Scotians, and LGBTQI+ communities, as well as male victims / survivors. There is also a need to increase access in more rural areas, and the increase hours of availability for services, based on the feedback received from stakeholders who attended the focus sessions.

There was a lack of clarity on when funding was approved and when funding would be provided.

Networks expressed that there was a lack of clarity and advance notice of whether funding had been approved and when funding would be issued. This resulted in a delay when Networks were not able to prepare for and hire based on the funding amount they received. Services could have been provided earlier had Networks had greater clarity as to when their funding would be issued.

Short-term funding for staff positions was problematic.

While Networks reported understanding the two-year time frame at the outset of the work, and the requirement for them to arrange other funding for the long-term, there was a risk of raising expectations that could not be met long-term in hiring short-term service provider positions for highly vulnerable populations, (e.g. victims / survivors of sexual violence) when it was unsure that the services would be able to be sustained over time.

Accessing funding is a challenge and barrier for service providers and community organizations and they spend a significant amount of their time and resources applying for funding sources. Two-year funding arrangements was reported as less than desirable to meet their planning and delivery needs.

The short-term nature of the positions also presented a challenge to Networks in hiring outreach workers / navigators / community coordinators. Several Networks noted that they had more than one outreach worker / navigator / community coordinator over the course of the Strategy as they struggled to fill and retain the position.

Surveys

Strategy Stakeholder Survey

Strategy stakeholders were asked to identify gaps that still exist in supports for victims / survivors of sexual violence in their region. The following themes were identified in the 51 responses obtained:

Gap	Number of Responses
Lack of access to services (e.g. hours, location, services tailored to sexual violence, disabilities, culturally appropriate, services for male victims / survivors, etc.)	17
Lack of access to and funding for mental health, counselling, and therapy supports	9

Lack of awareness of available supports and services	6
Lack of access to the SANE program	5
Ongoing need for coordination among service providers, partners, and government	5
Ongoing need for navigation supports	5
Lack of sustained, long-term funding	4

3c. What are the opportunities to improve operationalizing sexual violence prevention and supports?

Opportunities identified through the evaluation included:

- Continue to push for changes to the way organizations work together, including sharing and championing successes from the Networks
- Provide long-term, ongoing funding for the outreach worker / navigator / community coordinator positions and for therapy and counselling services
- Build relationships with marginalized populations and tailoring services to meet their needs
- Continue to focus on prevention and education
- Renew the work of the Interdepartmental Committee

Interviews and Focus Sessions

The evaluation identified four overall opportunities to improve sexual violence prevention and supports:

Continue to push for changes to the way organizations work together, including sharing and championing successes from the Networks.

While the Networks did not achieve the changes and outcomes intended by the Strategy, it is important to note that two years is too short a time to expect significant behavioural changes. Although the funding will not continue, it will be important to continue the emphasis on transforming the way organizations work together, and to learn from and expand Network initiatives that were particularly successful and could be replicated or adapted by other Networks. (E.g. documenting sexual violence response protocols).

Provide long-term, ongoing funding for the outreach worker / navigator / community coordinator positions and for therapy and counselling services.

The key recommendation from the Networks was to provide ongoing operational funding for the outreach worker / navigator / community coordinator roles. These roles were reported to be central to the successes of the Network. Having one role dedicated to the work of addressing sexual violence helps to keep the issue in focus for all partners, who are generally addressing sexual violence “off the side of their desk” while focusing on another mandate.

The outreach worker / navigator / community coordinator also facilitated relationships and coordination, provided direct services, and organized events and campaigns – driving and championing the work to address sexual violence. Counsellors and therapists trained in supporting victims / survivors of sexual violence are important to recovery and to ensuring trauma-informed care. Stopping funding to these positions can create significant challenges for their clients.

Build relationships with marginalized populations and tailor services to meet their needs.

Build stronger relationships with the African Nova Scotian, LGBTQI+, Indigenous, male victim, and other potentially marginalized communities. Learn from these relationships how to provide services in a way that will meet the needs of the population in a culturally appropriate way, and then follow through with providing the needed services with ongoing, operational funding. This needs to occur at both the regional and provincial levels.

Renew the work of the Interdepartmental Committee.

Revisit the original mandate to create a clearer, realistic understanding of what the IDC can accomplish. Complete the work to identify gaps in services and plan for how they can be addressed. Work to create a membership of decision makers who buy into the need to improve the way sexual violence is prevented and addressed and are prepared to champion the importance of this work to their departments and service delivery partners. Consider including community representation to build stronger ties with the community.