
Identifying Potential for Collaboration:

Comparing and Contrasting the Service Delivery Needs of
Clients of Women's Shelters with Clients of Sexual Assault
Centres in Alberta

Final Report

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1 Executive Summary

1.1 Introduction

Stemming from a joint recommendation, this special project was conducted in partnership by the Alberta Association of Sexual Assault Centres (AASAC) and the Alberta Council of Women's Shelters (ACWS). The project sought to understand, compare and contrast the service delivery needs of shelter clients and sexual assault centre clients. The purpose of the research was to identify areas where the needs of clients intersect, to make recommendations regarding potential collaborative efforts, and to identify areas where client needs dictate distinct and specialized service delivery mechanisms.

1.2 Literature Review

1.2.1 Context

The first sexual assault centres and women's shelters in North America emerged from the battered women's movement and the anti-rape movement, both of which were a part of the larger feminist movement in the 1970s (Campbell & Martin, 2001; Gornick, Burt, & Pitman, 1985; Rebick, 2005; Sullivan & Gillum, 2001). These early services reflected a feminist ideological framework that influenced the structure and practices of these centres (Bennet, Riger, Schewe, Howard, & Wasco, 2004; Campbell & Martin, 2001; Fried, 1994; Shepard, 2005; Thomas, 1999; Tutty, 1998). During the 1960s and 1970s, feminist centres "tended to be decentralized and nonhierarchical, decisions were made by consensus, jobs were rotated, and salaries were equal" (Rothbaum, Ninan, & Thomas, 1996, p. 101). These services evolved from unfunded to funded (Bennett et al., 2004), collectives to hierarchical structures (Campbell & Martin, 2001), volunteers/peers to professionals (Hammons, 2004), and from informal supports to service provision.

Today, violence against women has been identified worldwide as a critical area for action. The United Nations Fourth World Conference on Women (1995) stated that violence against women "both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms" (FWCW Platform for Action section 112). The key message of many global reports are the same, that gendered violence is a violation of basic human rights and governments need to take an active and committed position towards its eradication (World Health Organization, 2005; World Health Organization, 2002).

Prevalence rates in Canada, support the need for government action. Statistics reveal that 39% of Canadian women will experience at least one incident of sexual assault in her lifetime, while many will experience more (Statistics Canada, 1993). However, women are not the only victims of sexual violence; children, both male and female, as well as adult men also experience sexual victimization. One study found that about 4% of boys and 10% of

girls experienced *severe* sexual abuse before the age of 17 (MacMillan, Fleming, & Trocme, 1997). These findings are some of the most conservative prevalence rates available for the occurrence of child sexual abuse. In other reports, males made up 29% of child victims, 12% of youth, and 8% of adult victims of sexual assault *reported* to 154 police agencies across Canada (Statistics Canada, 2003). Recent research on domestic violence have uncovered that 7% of women experienced spousal violence in the *last five years*, while Albertan women had experienced the highest rates of spousal violence in Canada at 10% (Statistics Canada, 2005). Combining both forms of violence, alarmingly, 51% of Canadian women and 58% of Albertan women (the highest in Canada) have experienced at least one incident of either physical or sexual assault since the age of 16 (Statistics Canada, 1993). Domestic and sexual violence are clearly issues that impact many women in Canada. Accordingly, these issues require government acknowledgement, commitment and action.

Alberta's response to domestic violence has been 34 emergency shelters (including 5 on-reserve shelters), 9 second stage shelters, and 2 senior's shelters. An environmental scan of domestic violence services in the province of Alberta conducted by Tutty and Christensen (2005), identified agency collaboration, direct client service and public education as strengths of these services. They also identified challenges these services face such as funding, shortage of second stage shelters and affordable housing, lack of culturally appropriate resources, and the needs of rural women. Major gaps in domestic violence services, as identified in this scan, include treatment for batterers, services for children and youth and safe visitation facilities.

Alberta's response to sexual violence has been 7 stand alone sexual assault centres, 1 specialized program operating within a woman's shelter and 2 agencies currently developing specialized services in collaboration with other local community agencies. An environmental scan conducted by Tutty, Jesso, McDonald & Smit (2004), identified the strengths of sexual assault centres in Alberta which include specialized crisis oriented counselling, ongoing support and counselling for survivors independent of police involvement, and strong networks between sexual violence services and larger systems. Challenges facing sexual assault centres include insufficient funding, a lack of specialized services in four Alberta regions, and the limited capacity of existing centres as they primarily serve large municipalities. Service gaps identified in the scan are a lack of awareness of available services for sexually assaulted men and boys, culturally appropriate services for aboriginal survivors, rural models of service delivery and a lack of public awareness surrounding the issue of sexual violence.

1.2.2 Collaboration

The literature presents a variety of definitions and uses of collaboration. For the purpose of this project, collaboration is loosely defined as efforts involving any form of working together. This ranges from informal information sharing and mutual referral, to the sharing of space and the creation of new structures. Challenges and drawbacks to collaboration are extensively explored in the literature (Folayemi, 2001; Goldsworthy, 2002; Hague, 1998; O'Sullivan & Carlton, 2001; Wolff, 2001a; Wolff, 2001b). For example, collaboration is

time intensive (Wolff, 2001b), can result in internal power struggles and conflict, (Goldsworthy, 2002), and some describe collaboration as merely a “trend” (Hague, 1998). Difficulties or struggles occur most often when the primary motive for collaboration is in response to lack of money or because of external pressure (O’Sullivan & Carlton, 2001). Proponents of specialized sexual assault crisis services have expressed trepidation that the issue of sexual assault might get lost within domestic violence issues and services. Many have feared that “domestic violence may dominate” if sexual assault and domestic violence service delivery collaborated (O’Sullivan & Carlton, 2001, p. 351). In contrast, the literature also highlights strong advantages of collaborative efforts (Gillespie, 1994; Hague, 1998; James, 2005; Wolff, 2001a; Wolff, 2001b). These include an enhanced proficiency at identifying barriers (Wolff, 2001b), the generation of innovative and creative solutions (Hague, 1998), the creation of stronger advocates for social change (Wolff, 2001b), a unified voice (Wolff, 2001a) and the prevention of the marginalization of women’s groups (Gillespie, 1994; James, 2005). In short, there are serious challenges, yet powerful advantages to collaboration; both must be explored and carefully considered.

1.2.3 Intersections of Domestic and Sexual Violence

The literature identified seven intersections of domestic and sexual violence. Finding this information proved challenging as the majority of research does not focus on how these two issues intersect. While some linkages are strong, others are limited by the amount of available research.

1. Witnessing or Experiencing Family Violence and Later Sexual Offending Behaviour

The World Health Organization Report on Violence and Health (2002) identified witnessing family violence as one of many risk factors in the development of sexual aggression in young men. Witnessing family violence or experiencing child physical abuse has also been linked to child and adolescent sexual aggression (Hunter, Figueredo, Malamuth, & Becker, 2004; Salter et al., 2003; Silovsky & Niec, 2002; Skuse et al., 1998; Spaccarelli, Bowden, Coatsworth, & Kim, 1997; Wagman Borowsky, Hogan, & Ireland, 1997).

Many adult sexual offenders begin their lifetime of sexual offending during adolescence and possibly childhood (Longo, 1983 as cited in Wagman Borowsky et al., 1997). In Canada, the rates of sexual offending are highest among males aged 13 to 17, with the highest rate for 13 and 14 year olds (Statistics Canada, 2003). While not yet found to be a direct causal factor, witnessing family violence is a mediating factor in the development of sexual aggression. These findings suggest early intervention and treatment specific to victimization and exposure may reduce the heightened risk of future sexual offending.

2. Intimate Partner Sexual Assault

Research focusing on battered women and those residing in women’s shelters found that between 40% - 50% had experienced sexual assault by an intimate partner (Campbell & Martin, 2001; McFarlane et al., 2005; Pence & Paymar, 1993). Women who have been battered and raped by their partner experience additional trauma symptoms and lower levels

of coping compared with women who were battered only (Howard, Riger, Campbell & Wasco, 2003).

As a result, women who experience both domestic and sexual violence have additional treatment needs than those who experience domestic violence only (Howard et al., 2003). Bergen (1996) concludes that marital rape intervention and treatment is in its infancy. She recommends that both women's shelters and sexual assault centres claim ownership of the problem, include the term intimate partner sexual assault in agency literature, offer services and provide outreach for survivors, educate the community, train staff and volunteers and most importantly, routinely ask women about spousal rape. Mahoney (1999) expands on this calling for the development of "wife rape treatment programs and the coordination of the delivery of these services...[between] rape and domestic violence agencies" (p. 1013).

3. Child Sexual Abuse within Homes with Domestic Violence

Research proposes a link between family violence and child sexual abuse. Further, it suggests that violent adult relationships and family dysfunction are a risk factor for child sexual abuse (Kellogg & Menard, 2003; Gruber & Jones 1983; Ray, Jackson & Townsley, 1991). Family violence research from Statistics Canada (2005), found that family members perpetrated 32% of sexual assaults committed against children/youth; parents were the accused 40% of the time.

Kellogg & Menard (2003) found that 52% of sexually abused children in a sexual abuse treatment clinic reported domestic violence in their home. They also found that over half of the adult sexual offenders of these children lived with the child and 58% of these adult sexual offenders living in the homes of children, were also the perpetrators of adult partner violence. They conclude that child sexual abuse assessment should include assessment for domestic violence. Likewise, children who have been exposed to domestic violence or who are victims of physical abuse by a parent should also be assessed for sexual abuse. Batterer treatment programs could also include assessment designed to detect child sexual abuse perpetration. Further research is needed to understand perpetrators who concurrently batter their partners and sexually abuse the children in the home.

4. Cumulative Trauma

Experiencing multiple traumas tends to have a cumulative effect on victims (Follette, Polunsky, Bechtle, & Naugle, 1996; Fox & Gilbert, 1994; Messman-Moore & Brown, 2004; Messman-Moore, Long, & Siegfried, 2000; Schaaf & McCanne, 1998; Wind & Silvern, 1992). This includes multiple traumas experienced in childhood or adulthood, or throughout childhood and adulthood. For example, Follette et al., (1996) found that women who had experienced three traumas in their lives had higher levels of trauma symptoms than those who had experienced two traumas, who in turn, had higher levels of trauma symptoms than women who experienced one trauma. Messman-Moore et al. (2000) found similar results in that revictimized women, both those victimized in childhood and adulthood as well as those with multiple adult-only victimizations, experienced higher levels of trauma such as depression, anxiety, and Posttraumatic Stress Disorder (PTSD) than women with one form of abuse or no abuse history.

Services that work with adult survivors of childhood violence need to assess clients for multiple forms of childhood abuses, as they are more likely to have more severe trauma symptoms and may need more intensive treatment approaches (Follette et al., 1996; Messman-Moore, Long, & Seigfried, 2000; Schaff & McCanne 1998). Furthermore, it is important to note that “symptoms from recent traumas may not only be distressing in and of themselves, but they may also serve to exacerbate symptoms related to earlier abusive experiences” (Follette et al., 1996, p. 33). This statement has implications for battered women and adult sexual assault survivors who may be experiencing trauma related to recent as well as past traumatic events. The reaction to a recent trauma is likely heightened and may affect a client’s rate of recovery (Follette et al., 1996).

5. Child Abuse and Later Adult Sexual Assault Victimization

Risk of adult sexual victimization increases with multiple traumatic childhood abuses (Cloitre et al. 1996; Janowski et al., 2002; Messman-Moore & Brown, 2004). For example, Janowski et al. (2002) found that “not only child sexual abuse alone, but additive traumas of physical abuse and witnessing domestic violence” are correlated with increased risk of adult sexual assault (p. 242). In a sample of 944 college women Messman-Moore & Brown (2004) found that 43% of women who reported three types of childhood abuse (sexual, physical, emotional), 35.5% who reported two types, 20.9% who reported one type and 13.5% with no history of childhood abuse were raped as adults. This study clearly shows an increasing prevalence of adult sexual revictimization for women who have experienced multiple childhood traumas. Early intervention with survivors of physical, sexual, and emotional childhood abuse may reduce the risk of adult sexual assault.

6. Child Sexual Abuse and Later Battered in Intimate Partner Relationship

Women who are sexually abused as children have a higher likelihood of experiencing intimate partner violence in adulthood (Cohen et al., 2000; DiLillo, Giuffre, Tremblay, & Peterson, 2001; Messman-Moore & Long, 2000; Noll et al., 2003). For example, DiLillo et al. (2001) found that adult survivors of child sexual abuse were twice as likely to report physical violence in their current relationship as compared to women who were not sexually abused as children.

Griffing et al. (2005) examined the differences of returning to abusive partners between child sexual abuse survivors and women with no histories of sexual abuse in a sample of 104 battered women. The prevalence of child sexual abuse was found in 32.7% of the women, the majority of which was intrafamilial. No difference was found between the two groups in terms of frequency and duration of domestic violence experienced, however significant differences in the rate of returning were found. Child sexual abuse survivors reported a greater number of prior separations and were more likely to have previously returned to the abusive partner. Additionally, they were also more likely to report that their reason for returning was due to emotional attachment to the batterer or because the batterer had expressed remorse.

These authors conclude that child sexual abuse survivors “experience a greater struggle in their efforts to permanently leave a battering partner” and may benefit from counselling that

focuses on the connection between their child sexual abuse experiences and current adult abusive relationships (p. 345).

7. Child Sexual Abuse and Later Perpetration of Adult Battering

There is a dearth in research that examines the sexual abuse histories of male batterers, or the possible connection between experiences of child sexual abuse and intimate partner violence perpetration. However, other research suggests that this may be an area worthy of further exploration. For example, Gill and Tutty (1999) conducted a qualitative study (N = 10) that explored the impact of childhood sexual abuse on ten adult male survivors. It was reported that five of these men were described as abusive by their partners; ranging from perpetrating physical, emotional, verbal and sexual violence. Likewise, Jacob and Veach (2005) conducted another qualitative study of male survivors of childhood sexual abuse and also found indications of intimate partner violence perpetration. One female partner in this study, described that her husband “could not control his *anger-rage*, ranging from irritability to explosive verbal attacks and physical violence” while other female partners disclosed they had to protect their children at times from their male partners (p. 289). Research to date, unfortunately has not explored this to any further length.

Other research that may suggest a connection is that from Styron and Janoff-Bulman (1997) and Wekerle and Wolf (1998). Styron and Janoff-Bulman (1997) explored the association of child abuse (sexual, physical or verbal abuse) and relationship conflict. They found that the ‘abuse-group’ members engaged in verbal and physical violence against their partners more often than those in the ‘no-abuse’ group. Wekerle and Wolfe (1998) found similar results, suggesting that childhood victimization increases the likelihood of later violence in relationships. In this study, maltreated males were significantly more likely to report greater offending behaviour.

1.3 Methodology

Between November 2005 and February 2006, 38 telephone interviews were conducted with 44 key informants of women’s shelters, sexual assault centres, provincial associations, dual services and dual state coalitions. This represented eight Canadian provinces, three US states and 19 Alberta services. Interviews were semi-structured in format with questions related to current services and client groups, current collaboration, potential collaboration and the benefits and drawbacks of collaboration. Sampling was purposive, as representatives of provincial and state coalitions were contacted as well as front-line service agencies in both the US and Canada. Interview findings were analyzed using a qualitative methodological approach. A joint-membership meeting was later conducted on March 31, 2006 and facilitated by an external consultant. Fifty representatives of women’s shelters and sexual assault centres in the province of Alberta attended. The research findings were presented to the memberships and focus groups conducted to give all attendees an opportunity to participate in the data collection and plan strategies for future collaboration. Themes were categorized and summarized by the consultant.

1.4 Summary of Findings

This project sought to understand, compare and contrast the service delivery needs of women's shelter clients with those of sexual assault centre clients. The purpose of which was to identify areas where the needs of clients intersect, to make recommendations regarding potential collaborative efforts between women's shelters and sexual assault centres, and to identify areas where client needs dictate distinct and specialized service delivery mechanisms.

1.4.1 Canada/US Interviews

In Canada, interviews were conducted with representatives from provincial organizations or in the absence of a provincial organization representative; a front-line service provider in the largest city in the province was interviewed. The interviews represented seven Canadian provinces excluding Alberta. Interviews with Albertan key informants were conducted in the second phase of research and are discussed in a later section.

In the U.S., key informants were interviewed who had 'dual' state coalition models. These dual coalitions are similar to provincial associations, yet unlike Canada, domestic and sexual violence are represented under *one* state coalition. In addition to this, a front-line dual service was also contacted in each state for a front-line perspective. This is a structure where the services of a women's shelter and those of a sexual assault centre have been amalgamated.

Services

One of the deliverables of this project was to document and analyze existing service delivery models in Canada and the United States for comparison purposes. As such, a portion of the interviews focused on service delivery and client groups. Information was gathered that describes three models of service delivery: women's shelters, sexual assault centres and dual service models.

Women's shelters in Canada are similar in terms of the programs they offer the community. Crisis support, emergency shelter, counseling, outreach, education, court support and children's programming are examples of standard programming for women's shelters. Most shelters primarily serve women and children, while some offer support to male victims. Very few services offer male battering programs or treatment.

Some provinces in Canada offer very few services for sexual assault survivors. For example, a few provinces only have one sexual assault centre, often with only one or two staff. In centres such as these, the services are limited due to a lack of resources and often only basic crisis support can be provided. Well resourced sexual assault centres throughout Canada generally provide crisis support, counseling, police and court support, public education, and outreach as core programs. Services are generally for female youth and adults who are recent sexual assault survivors or adult survivors of childhood sexual abuse. Some programs offer

services to both male and female survivors, while others are mandated as women-only spaces yet offer crisis support to males over the crisis line.

Dual service models are centres that offer services to victims of both domestic and sexual violence in one facility. They offer crisis lines, emergency shelter, counselling, education and advocacy. Services are open to both men and women, however services for men are generally non-residential. It is important to note that a very small sample was used and thus cannot be generalized to all dual services in the United States. However, this sample does provide information regarding types of service delivered, as well as some of the benefits and challenges of these dual service structures.

The key informants interviewed identified important challenges with the delivery of dual services. For example, available funding is primarily limited to domestic violence services. Budgets for sexual assault programming are very small compared to the budgets for domestic violence programs. Due to this lack of direct or adequate funding for sexual violence, many agencies have smaller sexual assault programs and smaller numbers of specialized staff.

The most challenging outcome of smaller sexual assault budgets, fewer sexual assault programs and numbers of specialized staff is the minimization of sexual violence. Some informants acknowledged that “some of our programs may go an entire year and never have an individual who contacts [us] who identifies as a victim of sexual assault...[yet] hundreds and hundreds who identify as domestic violence”. While some key informants felt this disparity was normal, due to the stigmatization of sexual assault, others felt it was because the community saw them primarily as a women’s shelter. As one informant illustrated: “We[re] kind of labeled as a domestic violence agency...so I find that for the sexual assault program we have to spend, I mean a really conscious effort, even within the organization just reminding ourselves that that’s what we do”. If dual services are recognized in the community as a women’s shelter, sexual assault/abuse survivors may not know to access them for support. This could be one reason for the low numbers of sexual assault survivors accessing support in some dual service agencies.

In contrast, dual service models are cost effective in a climate with limited funding and a general lack of resources. Instead of trying to raise money for the costs of a sexual assault centre and a women’s shelter, dual services only need to focus their energy on funding for one space. This structure reduces overhead costs such as administration and rent. In addition, due to the very limited funding available for sexual violence, dual services are able to offer some sexual violence programming in communities where there otherwise would be none. Finally, this service delivery model is able to offer support to clients who have experienced both domestic and sexual violence. Informants felt that a dual service structure equipped to deal with either issue, was the best service for this type of client.

Themes of Collaboration

One of the main goals of this project was to make recommendations regarding the potential for women’s shelters and sexual assault centres to collaborate as well as to identify areas where client needs dictate distinct service delivery mechanisms. The findings of the Canada/US interviews create a rich discussion on the merits and cautions of collaboration.

Collaboration between women's shelters and sexual assault centres occurs primarily at the macro level. However, this is often not formalized nor strategic; it is more reactionary in nature. Common examples of macro-level collaboration identified in the interviews included responding to legislation, policies, political climate, public awareness and funding needs. Few examples of local-level collaboration were given. Local level work was mostly limited to relationship building, informal referrals and information sharing between women's shelters and sexual assault centres.

Canada/US respondents shared some cautions regarding women's shelters and sexual assault centres collaborating. Many key informants of sexual assault centres felt so under-resourced that it limited their ability to collaborate. Other respondents felt that the history of division between women's shelters and sexual assault centres could have a negative impact on collaboration. Lastly, political climate was also a concern for many respondents. Informants referred to a challenging economic climate in which they were subject to funder misperceptions of duplication of service.

Advantages of Collaboration:

Meeting client need was the advantage of collaboration most often cited by women's shelters, sexual assault centres and dual services. Many of those interviewed discussed the difficulty that clients experience accessing services due to the current fragmentation. Key informants of both domestic and sexual violence services, as well as dual services discussed the intersecting treatment needs for clients who have experienced both forms of violence. Some argued that domestic and sexual violence are not separate in women's lives and that services need to be able to respond to the totality of that experience: "It really makes sense to model that in the work that we do". Findings from the interviews suggest that battered women would clearly benefit from collaboration as many of these women have experienced both sexual and domestic violence. Findings are mixed however, as to whether collaboration would be an advantage for survivors of sexual violence as these clients may more often have a segregated need, for example a recent experience of adult sexual assault with no other history or experiences of violence. Perceptions of key informants varied as to the amount of sexual violence survivors who have also experienced domestic violence.

Many sexual and domestic violence services also identified a collaborative feminist role as another important advantage. They discussed the need for solidarity in the anti-violence women's movement at both community and provincial levels. Many felt that women's organizations have a crucial role of ensuring the bigger picture of violence against women is not forgotten; that awareness of the impact of social issues and gender inequality on the victimization of women is preserved. Respondents felt that a collective voice could be more influential in creating social change of this nature.

Other prominent themes regarding the advantages of collaboration were that of mutual support, the sharing of information, and the opportunity to build on the success of the battered women's movement. Some respondents felt that the battered women's movement has experienced more success in raising the profile of domestic violence and felt that increasing the visibility of sexual violence could be a positive outcome of collaboration.

Disadvantages of Collaboration:

The most widely stated disadvantage of collaboration by most participants, including women's shelters, sexual assault centres and dual services was that sexual violence may be lost or minimized within the issue of domestic violence: "Woman abuse overwhelms the issues of sexual violence". Domestic violence was described as a massive issue involving many aspects such as housing, family law, and children and as a result can engulf the issues of sexual violence.

Others identified the collaborative process itself, as challenging. People felt that this type of work can be very trying and recognized the human element inherent in any collaborative process. Internal power struggles and conflict can result stalling the progress and disrupting the opportunity for success. On the other hand, some respondents were wary of funder misperceptions of duplication of service and feared reduced funding and pressures to amalgamate as a result of collaboration. Lastly, both sexual and domestic violence key informants identified the need for services to remain separate because of the specialized needs of each client group. Many referred to the different immediate needs of women and children fleeing from family violence versus those for survivors of sexualized violence.

1.4.2 Alberta Interviews

Another deliverable of this project was to document and analyze current women's shelter and sexual assault centre core programs in the province of Alberta. The project sought to identify the potential for collaboration between these two services, gaps/duplications in service and the need for distinct and separate service delivery.

Services

Currently, there are 34 emergency women's shelters in 31 Alberta communities. This includes five on-reserve shelters and one safe room in Banff. There are two seniors' shelters in two Alberta communities and nine second stage shelters, which include two on-reserve. Pincher Creek and Medicine Hat will soon be opening second stage shelters but these apartments are not available as of the writing of this report. YWCA Sheriff King Home in Calgary recently obtained condominiums to be offered as second stage housing, but these are not yet on stream. Women's shelters in Alberta typically offer crisis lines, shelter and safety, counselling, outreach/advocacy, public education, and children's programs.

There are currently 7 stand alone sexual assault centres in the province of Alberta, situated in six out of ten Alberta regions. In addition, one specialized sexual assault program operates within a women's shelter and two communities are in the process of developing specialized services in collaboration with other local community agencies. Sexual assault centres in Alberta typically include crisis intervention, counselling, police and court support, public education, and outreach.

Key differences between women's shelters and sexual assault centres in Alberta were highlighted in this research. The two most commonly identified differences were that of the

services offered and the clients who access them. A women's shelter's primary function is to provide safety and shelter to women and children who are fleeing domestic violence. They provide basic needs for their clients such as food, clothing, and personal items and support clients with a range of issues related to domestic violence such as parenting, housing, legal needs, finances and safety. Sexual assault centres on the other hand, differ from women's shelters in that they deal exclusively with sexual violence and the resulting emotional trauma. A sexual assault centre's primary function is to offer specialized crisis intervention and support to survivors of recent and past sexual violence.

Women's shelters and sexual assault centres also differ in the client groups that they serve: "We target a different kind of client". While there is a group of clients that experience an overlap of these two issues, there are also large groups of clients that do not: "A rape that happens... in the community, or in a mall, or in the back seat of a car, or at a party, where would that be family violence? It's not, it's sexual violence". Similarly, not all domestic violence involves sexual violence. Furthermore, although there may be a group of clients dealing with both issues, it is important to note that they present to each service with very different needs.

There are also many similarities identified by those interviewed. Respondents identified the themes of clients, crisis support and external challenges as key similarities between women's shelters and sexual assault centres in the province of Alberta. The biggest similarity between women's shelters and sexual assault centres, is the existence of a group of clients that have experience both sexual and domestic violence in their lives. As a result, these services share a sub-group of clients. In addition, some respondents acknowledged that both agencies work with people in crisis by providing crisis intervention and support and both operate within similar philosophical frameworks. Lastly, women's shelters and sexual assault centres also share similar struggles with external perceptions and attitudes about the issues of violence.

Themes of Collaboration

To gain an in-depth understanding of the potential for collaboration between women's shelters and sexual assault centres in Alberta, key informants were asked questions to explore their thoughts on working together. Some respondents discussed how services are often seeing the same clients, at different times in their lives. One informant stated: "Many women are dealing with domestic and sexual violence issues...how does this impact the rate of recidivism back into shelters?". Informants felt that collaboration has the potential to decrease service recidivism and the re-victimization of clients. They felt that the current fragmentation of services creates treatment gaps and as a result clients who have experienced both domestic and sexual violence do not get all of their treatment needs met. Consequently, some clients may then continue to re-experience violence and continue to access services for support. Another benefit is that of macro level collaboration, and its potential for influence in the political arena. A strong, united anti-violence voice in the province has more power when working with policies, legislation or when acquiring funding.

In contrast, informants cited the many challenges of collaboration. To begin with, the process of collaboration itself is challenging, as it is often described as "people dependent".

Some initiatives are very successful due to the commitment and dedication of those involved, while other collaborations struggle with internal conflict, or a lack of commitment. Others were concerned that collaboration “washes down what [they] do” and feared for losing the distinction between services. Respondents from both sexual assault centres and women’s shelters were concerned that the needs of victims of sexual violence may get lost amongst the more urgent safety needs of victims of family violence.

1.4.3 Joint-Membership Meeting Findings

A joint membership meeting was held in March 2006 with Alberta women’s shelters and sexual assault centres. The purpose of this meeting was to report to the memberships the information gathered from the research to date, provide an opportunity for participation in the research and to discuss and strategize future directions.

Many participants voiced agreement with the identified intersections between domestic and sexual violence such as the link between child sexual abuse and later intimate partner violence. However, the concept that trauma is cumulative in nature, was the highlighted theme of agreement. Participants felt that the research “captures what we have known for a long time” and that there is a “strong connection” between domestic and sexual violence. Members expressed that the intersections of domestic and sexual violence were potential areas for collaborative initiatives to begin, while acknowledging the need to maintain distinction and specialization of services. A final theme of agreement was the potential for macro level collaboration between both memberships and provincial associations. No common themes of disagreement were presented. Instead, groups of participants identified specific areas they disagreed with, but none were consistent across the groups.

Participants groups identified ways they could work together regionally. The top two strategies identified were related to cross-training and direct service delivery. Many regions discussed the creation or enhancement of cross-training amongst all women’s shelters and sexual assault centre staff to increase the skill level for facilitating and responding appropriately to disclosures of either form of violence. Strategies related to direct service delivery involved the development of outreach models, batterers’ programs and sexual assault programs in areas where these services are absent, and the development of rural and Aboriginal models of service. Other strategies cited were public awareness campaigns and protocol development.

Regarding macro-level potential, the memberships prioritized joint social change efforts with a focus on awareness raising and cross-ministerial work. Members felt that these types of collaborative efforts could build capacity to enhance government relationships, develop rationale and evidence for funding, and to educate on issues of violence against women. The second priority identified was the creation of a joint-training partnership. This would include training for all members of both associations and involve annual joint-membership meetings.

1.5 Discussion and Recommendations

Recommendation 1: Collaboration between women’s shelters and sexual assault centres is essential for clients with overlapping needs.

Research suggests the intersections between domestic and sexual violence function as the ‘heart of violence’ by producing more perpetrators, growing numbers of victims and thus, more demand on service. A respondent in this study felt these linkages “keeps the wheel [of violence] rolling”. Furthermore, key informants in this research expressed that clients who have experienced both domestic and sexual violence are falling through the cracks, as services are currently too fragmented. Building a continuum of services, could reduce this fragmentation and work towards meeting all the needs of this client group. Collaboration that focuses on these intersections therefore has the potential to reduce perpetration and victimization and as a result, the demand on services. Furthermore, and of critical importance, collaboration of this nature has the potential to reduce the rate of violence. By targeting innovative initiatives at key areas of intersection, collaboration can work towards breaking the cycle of violence.

The intersections of domestic and sexual violence that were identified in this project support this argument. For example, research has found that women who were sexually abused as children have a higher likelihood of experiencing intimate partner violence in adulthood (Cohen et al., 2000; DiLillo, et al., 2001; Messman-Moore & Long, 2000; Noll et al., 2003) and also have a higher rate of returning to their abusive partner (Griffing et al., 2005). Services need to support women in understanding the connection between their histories of child sexual abuse and their current situation of battering (Griffing et al., 2005). As the research suggests, this is a critical area where collaborative initiatives could reduce the number of adult survivors of childhood sexual abuse returning to abusive partners. Further, research also indicates that experiencing multiple traumas has a cumulative effect on victims (Follette et al., 1996; Fox & Gilbert, 1994; Messman-Moore & Brown, 2004; Messman-Moore et al., 2000; Schaaf & McCanne, 1998; Wind & Silvern, 1992). Inferring from this, women who are sexually victimized as children, and later battered as adults, will likely experience heightened levels of trauma and as a result, require specialized treatment that encompasses both aspects of domestic and sexual violence.

Another potential key link to this ‘heart’ of violence is that regarding male batterers. While research directly exploring the link between male batterers and histories of child sexual abuse has not yet been explored, Tutty and Gill (1999) found that half of a group of male survivors (N=10) of child sexual abuse were described by their partners as abusive ranging from physical, sexual, and verbal violence. Other research that supports this link suggests that adults mistreated or abused as children are more likely to perpetrate violence in their relationships (Styron & Janoff-Bulman, 1997; Wekerle & Wolfe, 1998). Even though this body of research is in its infancy, these examples elicit questions regarding the connection between the child sexual abuse of males and later intimate partner violence perpetration. If some men are battering directly because of child sexual abuse issues related to rage, shame, vulnerability, or the need for power and control, a lack of treatment directed at these very

common child sexual abuse outcomes may lead men to continue to batter their partners and possibly their children.

The final example of a significant intersection is that of the sexual abuse of children in the home with concurrent domestic violence as research suggests that many children who are sexually abused, also experience domestic violence at home. Kellogg and Menard (2003) found that 52% of sexually abused children (N=164) in a sexual abuse treatment clinic reported domestic violence in their home. Research further suggests a link between family violence and child sexual abuse and further suggests that violent adult relationships and family dysfunction are a risk factor for child sexual abuse (Kellogg & Menard, 2003; Gruber & Jones 1983; Ray et al., 1991). Collaboration could work towards enhanced early intervention initiatives. Children who are in treatment for sexual abuse can be assessed for domestic violence, and women's shelters can assess children in their programs for sexual abuse. This is critical, as described above, female children who are sexually abused are at heightened risk of adult revictimization and some male children, perhaps, are at risk for later intimate violence perpetration.

The advantages of collaboration between women's shelters and sexual assault centres reach far beyond that of client need. With some child victims becoming perpetrators (thus creating more victims) and other child victims experiencing adult revictimization, the demands on services will continue to grow. There is an immense potential for creative and innovative collaborative initiatives between women's shelters and sexual assault centres to meet client need, facilitate deeper healing, reduce the demand on services and thus, ultimately impact the cycle of violence.

Recommendation 2: Women's shelters and sexual assault centres develop and coordinate cross-assessment, cross-training and an "after shelter link" to more effectively meet the treatment needs of clients with intersecting issues.

Key informants of this project identified potential areas of service collaboration between women's shelters and sexual assault centres to address the intersections of these two forms of violence. Assessment, training and an after shelter link were amongst the most commonly discussed as ways to begin collaboration. Participants in this project determined that the need for the creation of assessment tools to assess for experiences of multiple forms of violence in all clients accessing both services was essential. Research supports the assessment of multiple forms of childhood abuses in clients, as those with multiple traumas are more likely to have more severe trauma symptoms and may need more intensive treatment approaches (Follette et al., 1996; Messman-Moore et al., 2000; Schaff & McCanne 1998). Moreover, other research demonstrates that child abuse puts children at greater risk for adult revictimization (Fox & Gilbert, 1994; Janowski et al., 2002; Messman-Moore & Brown, 2004; Schaaf & McCanne, 1998; Wind & Silver, 1992) or later perpetration (Hunter et al., 2004; Salter et al., 2003; Silovsky & Niec, 2002; Skuse et. al., 1998; Spaccarelli et al., 1997; Styron & Janoff-Bulman, 1997; Wagman Borowsky et al., 1997; Wekerle & Wolfe, 1998). Assessment is also critical for intimate partner sexual assault amongst battered women (Bergen, 1996; Mahoney, 1999).

Although cross-assessment is a critical starting point for collaborative initiatives, so too is the cross-training of staff. Mahoney (1999) cautions that with assessment comes an important responsibility: knowing how to appropriately respond to a disclosure. Skilled and well trained staff are necessary for an effective assessment that meets the needs of the client. Another area of collaboration identified in this research was that of the creation of an “after shelter link”. This would work to connect women’s shelter clients who have histories of sexual violence with that of sexual assault services. As one women’s shelter respondent stated, “We need a linkage beyond walking out our doors after 21 days”. Collaboration in this way could facilitate more women to connect with sexual assault centres, thus supporting a deeper level of healing. Women’s shelters and sexual assault centres have a unique opportunity to share their expertise with the other, create connections, cross-train staff and cross-assess clients. The outcome of which is ultimately enhanced services for both groups of clients; a goal that women’s shelters and sexual assault centres have always shared.

Recommendation 3: Any collaborative initiatives between women’s shelters and sexual assault centres need to acknowledge important key issues: A history of division, the risk of the minimization of sexual violence, the risk of misperception of duplication and the challenges inherent in any collaboration process.

Women’s shelters and sexual assault centres who are considering collaborative efforts need to be aware of the key issues and risks involved. First, the recognition of a history of division between these two groups of service providers is essential. Winer and Ray (1994) argue that ‘history’ is a factor that can impede the collaborative process, “The issues a group faces may be threatening because of historical disagreement ... collaboration may be more difficult to accomplish without a great deal of preparation” (p. 25). Secondly, the reality that both groups compete for funds within an environment of scarce resources must be acknowledged. As a result, challenges to collaboration can appear from *inside* the collaborative process as well. Internal agendas, power struggles and conflict can slow things down, create unhealthy working groups, and take away from the potential impact of collective work by creating division amongst its members. Alternatively in a difficult economic climate, funders may misperceive collaborative initiatives as evidence that women’s shelters and sexual assault centres are a duplication of services. Other informants who have attempted collaboration have experienced reduced funding and pressures to amalgamate due to an inaccurate perception of service duplication.

Lastly, collaboration must be entered into cautiously and with forethought, or the issue of sexual violence may get minimized or overshadowed by domestic violence. This was the most widely stated concern of collaboration by a majority of the participants, including women’s shelters, sexual assault centres, and dual services, both provincially and nationally, in Canada and the United States. Domestic violence is a massive issue that involves many areas such as shelter and safety, housing, family law, children, and finances. It has the potential to engulf the issues of sexual violence, if not thoughtfully managed (O’Sullivan & Carlton, 2001). Acknowledging and strategizing around these issues must be a critical part of any collaborative process for domestic and sexual violence services. In short,

collaborative work does not automatically guarantee success, rather; demands commitment and strategy.

Recommendation 4: Women’s shelters and sexual assault centres maintain and enhance their specialization and distinction.

Women’s shelters and sexual assault centres differ in key regards. These differences are critical to the clients and communities they serve. Although collaboration between women’s shelters and sexual assault centres has many benefits, so too does their specialization and distinction. A women’s shelter’s primary function is to provide emergency shelter and safety to women and their children who are fleeing domestic violence. They provide basic needs such as food, clothing, and personal items as well as support women with issues such as housing, parenting, life skills, finances, employment and legal needs. Conversely, sexual assault centres deal exclusively with sexual assault/abuse and the resulting crisis and emotional trauma. A sexual assault centre’s primary function is to offer specialized crisis intervention and counselling services to survivors of recent and past sexual violence.

Women’s shelters and sexual assault centres also differ in the client groups they serve. Respondents felt “we target a different kind of client”. While there is a group of clients that experience an overlap of these two issues as discussed earlier, there are also large groups of clients that do not: “A rape that happens... in the community, or in a mall, or in the back seat of a car, or at a party, where would that be family violence? It’s not, it’s sexual violence”. Many also referred to the different immediate needs of women fleeing from family violence versus the needs of survivors of sexual violence. The most notable difference is that domestic violence clients are in need of emergency shelter and safety, while sexual violence clients, generally, are not. Frequently, domestic violence is life threatening and clients have more immediate safety and shelter needs, whereas a sexual assault survivor has needs that require specialized crisis intervention and trauma support.

Lastly, it is also important to acknowledge that although there may be many clients dealing with both domestic and sexual violence experiences, they present to each service with very different needs. For example, a woman who has experienced sexual abuse as a child as well as intimate partner violence as an adult requires shelter, safety and other supports from a women’s shelter specific to her domestic violence needs. However, for her child sexual abuse history, she requires specialized counselling from a sexual assault centre.

Women’s shelters and sexual assault centres are undoubtedly different in the services they provide and the majority of clients they serve. This separation allows for a specialized and focused response for clients who have immediate crisis needs. Tutty and Christensen (2005) and Tutty et al. (2004) conclude that women’s shelters and sexual assault centres in Alberta are currently meeting the needs of their clients in these respects. While there are many reasons for meaningful collaboration between sexual assault centres and women’s shelters, their distinct and specialized services remain vital to the communities they serve (Tutty & Christensen, 2005).

Recommendation 5: AASAC and ACWS undergo the initial stages of formalizing a collaborative provincial partnership with the initial strategic direction toward lobbying, awareness raising and joint training initiatives.

A collaborative partnership between AASAC and ACWS is an essential and strategic move towards furthering the issues of both domestic and sexual violence in the province of Alberta. A unified movement would create a stronger voice on issues related to violence against women as well as work towards creating greater change within systems, policies and ideologies that impact the victims of domestic and sexual violence. The initial partnership should prioritize actions that focus on lobbying, public awareness and joint-training initiatives in the province.

Collaboration between women's shelters and sexual assault centres is essential for the survival of a feminist analysis of violence against women. Global documents identify the epidemic of gendered violence (male violence against women) as a violation of basic human rights rooted in women's oppression and inequality (WHO, 2005; WHO, 2002). These reports, as well as many others, call for government acknowledgement of gendered violence as well as commitment and action towards its reduction. Collaborative initiatives between women's shelters and sexual assault centres at the macro level have a key role in this regard. Many of those interviewed in Alberta agree: "Now is the time to come together to ensure that gender inequality is seen as central to both issues".

Secondly, women's shelters and sexual assault centres are currently struggling against the same structures, systems and ideologies, but largely in isolation from each other. Both are challenged with system response for example, including social services, hospitals, police and courts of law. As well, both movements also struggle with the public perception of violence against women such as minimization and blame. A unified voice between AASAC and ACWS would create greater power to combat these and many other similar challenges such as legislation and policies.

Alberta key informants felt that the creation of a collaborative partnership between AASAC and ACWS was critical. During a joint-membership meeting, members specifically identified actions related to lobbying, raising public awareness, and providing joint-training sessions as priorities. AASAC and ACWS could take on a lobbying role to generate change that would better serve survivors of violence. Secondly, participants felt that raising the public awareness of both issues was also a key priority in the province. AASAC and ACWS could work towards educating key systems, funders, policy makers as well as the general community, about the realities of sexual and domestic violence. Lastly, members identified joint-training as the final priority for a collaborative provincial partnership. Training sessions for the memberships of both AASAC and ACWS were essential, as well as offering conjoint specialized training for other professionals in the province. Participants felt that a unified voice that included the women's shelters and sexual assault centres of Alberta would be far more effective in addressing provincial issues.

1.6 Conclusion

Collaborative work between women's shelters and sexual assault centres, at both the local and provincial level, holds promise of addressing domestic and sexual violence in new and innovative ways. However, the risks of collaboration must also be considered. All collaborative initiatives as a result, should be approached with a great deal of care and forethought. Nonetheless, vast possibilities for collaboration are clear. By targeting innovative collaborative initiatives at key areas of domestic and sexual violence intersection, these two anti-violence groups have the potential to impact violence resolution in a way our society has yet to experience. From enhanced services for clients with dual needs to the potential reduction of the rates of violence, investment in work of this nature is crucial. However, and of equal importance, is the preservation of specialized and distinct services. Both women's shelters and sexual assault centres offer critical services to the community and as such, require continued commitment of support.

"I think it's great that people are looking at those issues, talking about them and thinking about them...and I think it's really important that they try and keep that vision of a peaceful world in the front because it's all violence against women".

2 Introduction

There is a commonly held perception that the services provided by sexual assault centres overlap and/or duplicate those provided by women's shelters. While there may be potential for collaboration, the services provided by these two agencies are quite different. The most outstanding difference is that unlike the clients of women's shelters, few sexual assault victims require emergency shelter. In addition, sexual assault centres offer services to both male and female victims while the majority of women's shelters provide services to female victims and their children as well as treatment services for male offenders.

Family violence and sexual violence are not exclusive. The Violence Against Women Survey found that approximately 10 – 15% of sexual assaults are committed by strangers (Statistics Canada, 1993). An analysis of counselling clients of sexual assault centres in Alberta indicated that of the remaining 85% - approximately half of sexual offenders have family ties with their victims (Alberta Association of Sexual Assault Centres, 2003). This begs many questions. For example, what is the relationship between a woman's involvement in a violent adult partnership and her experience with childhood sexual abuse? What is the relationship between a history of childhood sexual abuse and men who physically abuse their adult partners? Are the women's shelters and sexual assault centres in Alberta doing the best they can to acknowledge these parallel needs of their clients? Is there potential for collaboration?

Stemming from a joint recommendation from both provincial associations, this special project was conducted in partnership with the Alberta Association of Sexual Assault Centres (AASAC) and the Alberta Council of Women's Shelters (ACWS). The project sought to understand, compare and contrast the service delivery needs of women's shelter clients with those of sexual assault centre clients. The purpose of the research was to identify areas where the needs of clients intersect, to make recommendations regarding potential collaborative efforts between women's shelters and sexual assault centres, and to identify areas where client needs dictate distinct and specialized service delivery mechanisms.

For the purpose of this project collaboration was broadly defined. From informal information sharing and mutual referral, to the sharing of space and the creation of new structures, collaboration for our purposes, encompasses the many different ways of working together. Domestic violence and sexual violence were also defined for this project. According to the World Health Organization (2002), sexual violence is defined as:

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including, but not limited to home and work (p. 149).

According to this same report, intimate partner violence or domestic violence, "refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm

to those in the relationship” (p. 89). This includes physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion, and various other controlling behaviours.

3 Review of the Literature

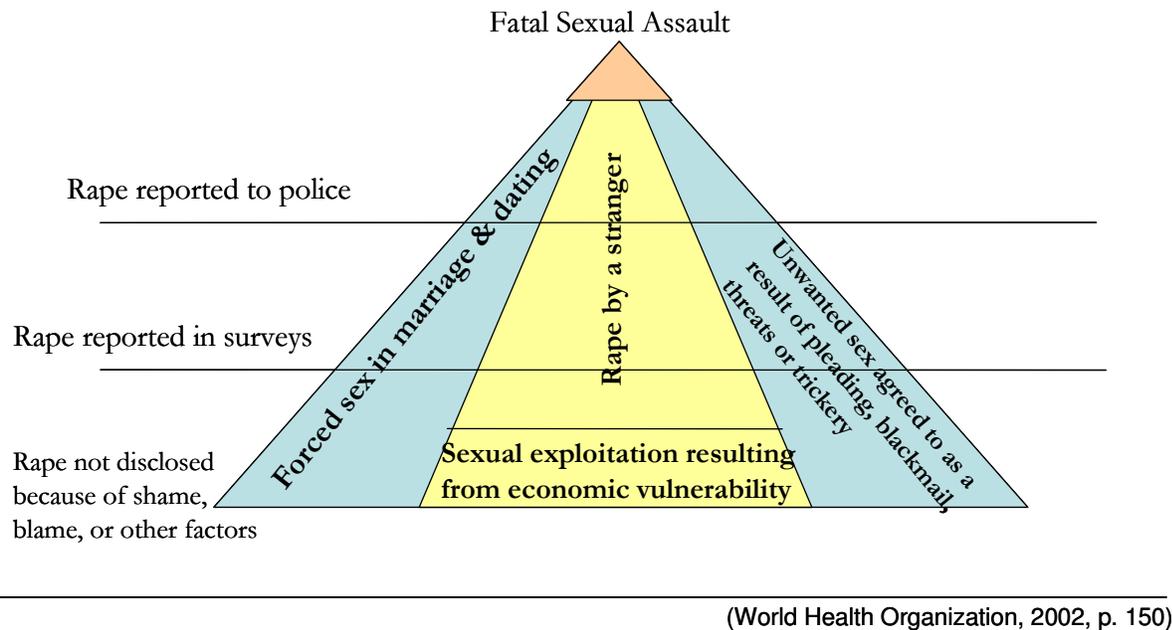
3.1 Context

Global

Violence against women has been identified worldwide as a critical area for action. The United Nations Fourth World Conference on Women (1995) stated that violence against women “both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms” (FWCW Platform for Action section 112). Numerous global studies, reports and treaties have come forth calling for action by state governments including the United Nations Declaration on Elimination of Violence Against Women (1993), The United Nations Fourth World Conference on Women (1995), the World Health Organization’s (WHO) World Report on Violence and Health (2002) and most recently the WHO’s Multi-country Study on Women’s Health and Domestic Violence Against Women (2005). The key message of these global reports are the same, that gendered violence is a violation of basic human rights and governments need to take an active and committed position to working towards its eradication.

The global community has serious cause for concern based on the prevalence of violence these reports have uncovered. The WHO Multi-country Study (2005) interviewed 24,000 women from ten countries and using conservative definitions of violence found that between 15% and 71% of ever-partnered women had experienced either physical or sexual violence by an intimate partner. Likewise, the WHO Report on Violence and Health (2002) summarized 48 population based studies from around the world and found comparable results: 10% - 69% of women had experienced physical assault by a male intimate partner. In the same report, sexual violence was examined separate from intimate partner violence, meaning that participants were asked if they had experienced sexual violence by anyone. Here, percentages ranged from less than 2% to 8%. The WHO (2002) reports that sexual violence has been a neglected area of study with research to date having many complications. Some of the challenges have been the fragmentation of research data, the variation in the definition of sexual violence across studies, and the cross-cultural variation of willingness to disclose sexual violence. As a result, the report views these estimates “as corresponding to an iceberg floating in water” (p. 150) (see Figure 1), with the tip of the iceberg the prevalence rates uncovered to date (2% - 8%) and the much larger base of the iceberg the reality of sexual violence experienced by women globally. The report thus cautions the use of these statistics because of the strong possibility of gross underestimation.

Figure 1: Magnitude of the problem of sexual violence



National

Canada prides itself on its leadership in the international community around the issues of violence against women. In 1993 for example, the United Nations adopted the Canadian initiated *Declaration on the Elimination of Violence Against Women* (Status of Women Canada, n.d.). Canada was also instrumental in the creation of the *United Nations Special Rapporteur* on violence against women in 1994 (Status of Women Canada, n.d.). The Special Rapporteur was created to gather information on violence against women, provide recommendations for its eradication and to resolve its consequences (Status of Women Canada, n.d.). Recently, the Canadian Government has re-established its commitment to working towards the reduction of violence against women in Canada by identifying the issue as a main objective in its *Federal Plan for Gender Equality in the Next Century* (Status of Women Canada, 1995). In this document, Canada identifies one of its key actions towards the reduction of violence against women is to, “support work undertaken by women’s organizations to address the root causes of violence” (section 191) and to continue its support for women’s shelters (section 219). Similarly, in 1998, the Canadian Ministers Responsible for Status of Women issued the same goal in their *Iqaluit Declaration on Violence Against Women* (Status of Women Canada, n.d.).

Prevalence rates in Canada support the need for government action. Studies on sexual violence reveal that 39% of Canadian women will experience at least one incident of sexual assault in her lifetime, while many will experience more (Statistics Canada, 1993). However,

women are not the only victims of sexual violence; children, male and female, as well as adult men also experience sexual victimization. One study found that about 4% of boys and 10% of girls experienced *severe* sexual abuse before the age of 17 (MacMillan, Fleming, & Trocme, 1997). These findings are some of the most conservative prevalence rates available for the occurrence of child sexual abuse. In other reports, males made up 29% of child victims, 12% of youth, and 8% of adult victims of sexual assault *reported* to 154 police agencies across Canada (Statistics Canada, 2003).

Turning to domestic violence, the latest Statistics Canada report, *Family Violence in Canada* (2005), revealed that 7% of women experienced spousal violence in the last *five years*, while Albertan women experienced the highest rates of spousal violence in Canada at 10%. Combining both forms of violence, alarmingly, 51% of Canadian women and 58% of Albertan women (the highest in Canada) have experienced at least one incident of either physical or sexual assault since the age of 16 (Statistics Canada, 1993). Almost half of these women (45%) experienced violence by men they knew, with 29% being spouses or ex-spouses (Statistics Canada, 1993). Domestic and sexual violence are clearly issues that impact many women in Canada. Accordingly, these issues require government acknowledgement, commitment and action.

History

Historically, society has responded to the issue of domestic and sexual violence with silence, secrecy and shame. Women who were sexually or physically assaulted and disclosed it were often met with blaming, judging or disbelieving statements from their families, police, and hospitals. As a result of this, the majority of women kept the experience hidden. While these issues are still prevalent, over the past four decades much has happened to bring the issue of violence against women to the forefront.

The first sexual assault centres and women's shelters in North America emerged from the battered women's movement and the anti-rape movement, both of which were a part of the larger feminist movement of the 1970s (Campbell & Martin, 2001; Gornick, Burt, Pittman, 1985; Rebick, 2005; Sullivan & Gillum, 2001). These early services reflected a feminist ideological framework that influenced the structure and practices of these centres (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Campbell & Martin, 2001; Fried, 1994; Shepard, 2005; Thomas, 1999; Tutty, 1998). During this time, feminist centres "tended to be decentralized and nonhierarchical, decisions were made by consensus, jobs were rotated, and salaries were equal" (Thomas, 1999, p. 101). Working within a collective was part of the feminist belief of equalizing power.

The early centres were also grassroots as many first shelters and sexual assault centres were run out of women's homes, volunteer based, and were collective structures (Bennett et al., 2004; Campbell & Martin, 2001; Gornick et al., 1985; Rebick, 2005). Deb Parent of the Toronto Rape Crisis Centre reflects this reality: "When I came in, the collective consisted of 35 very active volunteers. You did a shift, a collective meeting every week, and other work like advocacy or education" (as cited in Rebick, 2005, p. 83). Other women used their own resources to run the first services. For example, the first rape crisis line in Canada was started in 1973 in the home of two women in Vancouver. These women put a phone in their

house and advertised they were available to take calls from women who had been raped (Rebick, 2005). Women during this time were willing to do anything to ensure other women who had experienced violence had somewhere to go. Deb Parent sums up the mind frame when she states, “this was a life, not just a job” (as cited in Rebick, 2005, p. 82).

The practice in the early services was usually two-fold. First, these centers were there to offer support to women who had experienced violence. The second role was to act as a “vehicle for social change” (Vance, 1979, p. 134). Centres were offering direct support to women, but were also very active in addressing the root causes of domestic and sexual violence against women (Fried, 1994; Campbell & Martin, 2001; Vance, 1979). Since this time, sexual assault centres and women’s shelters have undergone many changes in structure and practice. For example, many centres began receiving funding and moved from collective structures to hierarchical ones, shifting towards professionalization (Bennett et al., 2004; Campbell & Martin, 2001; Hammons, 2004; Tutty, 1998). While many services still retain feminist philosophy (Tutty, 1998), many feel that these services have shifted away from their radical social action roots and have become too focused on service delivery (O’Connor, 2005).

Despite this shift, over the last forty years, violence against women, previously only a concern for victims of violence and feminists, has now been “taken up by the mainstream, mainly as a result of feminist grass root activism” (Hague, 1998, p. 444). The Federation of Canadian Municipalities (n.d.) states for example:

Economics dictate that no one order of government, social service agency, or community group can tackle an issue such as violence against women alone...there is increasing awareness that it is not just a women’s issue; it belongs to the whole of the community (p. 13).

Sentiments such as this were the goal of feminist anti-violence movements. Such movements have fought and continue to fight to have the issue of violence against women acknowledged and responded to by society.

3.2 Services

3.2.1 Typical Programming

Women’s Shelters

The majority of women’s shelters offer emergency residential services, crisis lines, advocacy, individual and group counseling, children’s programs, outreach, education, and community referrals (Bennett et al., 2004; Sullivan & Gillum, 2001; Tutty & Christensen, 2005).

Women who stay at emergency shelters also receive basic needs such as shelter, food, and clothing. Shelters also assist women with finding housing, seeking employment, or getting

protection orders. Women's shelters have been found to be "one of the most supportive, effective resources for women with abusive partners" (Sullivan & Gillum, 2001, p. 249).

Bennett et al. (2004) summarized the general delivery of women's shelter services. They describe that shelters generally have volunteers, paraprofessionals and professionals who are trained in crisis intervention and issues of domestic violence. These people run the 24 hour crisis lines where battered women, their family and friends, and community members can access support, information and referrals. Both professional individual and group counselling for women and children are provided, while other shelters utilize peer counselling models to offer this service. Many shelters also provide community education and prevention programs as well as offer outreach services to women in the community. Lastly, shelters support and accompany women who are involved with the legal, medical or social systems.

Sexual Assault Centres

Campbell and Martin (2001) and Wasco et al. (2004) summarize the services of sexual assault centres. They state that there are three types of services generally offered by sexual assault centres: crisis lines, counseling, and advocacy. Most agencies have 24 hour crisis lines run by volunteers and staff. This service provides support, information and referrals to survivors of sexual assault/abuse, their families and friends. Counselling programs are also offered for survivors of sexual violence, and for some centres, their significant others as well. Professional counsellors, paraprofessionals and at times, volunteers provide both individual and group models of counselling. Sexual assault centres also offer advocacy related programming. An advocate's role can involve community education and training as well as supporting women who are navigating the criminal justice, medical or social systems. Staff or trained volunteers accompany and support women who are reporting sexual assault, receiving medical treatment and/or are involved in the criminal justice system.

3.2.2 Best Practices:

The Family and Sexual Violence Sector Review of Calgary reviewed best practices for sexual and domestic violence programming (Warthe, Hoffart, & Cooper, 2004). Their review is summarized here.

1. Violence Prevention

Public Education that utilizes media campaigns has had little evaluation, although it is generally felt that knowing more about an issue does have a direct impact on people. Support for media campaigns is usually found in other findings such as public opinion polls and increased contact with service providers.

Violence prevention also includes school based sexual and physical abuse education programs. Mixed results have been found for the effectiveness of this type of prevention, primarily because of methodological limitations and variation amongst programs. However, it has been found that generally, children who are involved in "high quality" prevention education are more knowledgeable and more likely to disclose any abuse. Specific elements of best practice programming have involved tailored content to appropriate age groups, use of

multiple forms of learning (role plays, lectures, skits), and repeated provision of information. Providing parents with knowledge and skills as well as providing training for teachers around the issues of child abuse has also been found to be important aspects of quality programs. Lastly, evaluations suggest that schools are an effective place for prevention education to occur.

Bullying prevention programs can also be effective at all levels of schooling. It is most effective when all students and school staff participate, programs repeat over grade levels and include components to increase children's knowledge and produce changes in behaviour. It has also been found that schools should have appropriate policies and procedures to deal with incidents of bullying and that parents need to be taught to listen to their children and take complaints seriously.

2. Treatment for Children

There has been little evaluation for treatment programs that focus on exposure to family violence; however follow-up interviews suggest that participants found the intervention positive. Programs that involve parents appear to be the most promising. Individual, group and family model variations provide opportunities for children to work through the impact of witnessing family violence. These programs must be developmentally appropriate and be based on a thorough understanding of the impact of trauma on development.

Child sexual abuse is currently treated with a wide variety of treatment models. There is little research available to determine what models or interventions work for what type of child. Trauma focused individual treatment that works specifically with the symptoms of sexual abuse has been found to be effective in reducing the short and long-term impacts of other types of abuse.

3. Treatment for Men who are Abusive

The research shows mixed results for the effectiveness of batterer treatment. There is no evidence demonstrating that certain approaches work better than others and nothing has clearly demonstrated that treatment is better than no treatment. The largest challenge of these programs is the high drop out rate of participants, many of which are mandated to attend. Clients need to complete the program to receive positive outcomes. Research is saying that positive impact may be increased with longer-term treatment, interventions that match the stage of the batterer, individualized treatment that is dependent on the batterer's personality type and possibly specific treatment models for cultural groups. Some evidence does indicate that a coordinated community response is more effective than a single form of response. Standards for treatment programs usually involve 16 weeks of treatment, group therapy models, and are gender specific.

4. Treatment for Adult survivors of Child Sexual Abuse

Individual, group, and combinations of the two have been shown to be effective for treating the long-term impact of this form of violence. Different treatment approaches are recommended for males and females, as well as for Aboriginal survivors. Counselling should include psychoeducation about child sexual abuse and its impact, and incorporate healthy

coping skill development, self-care, empowerment and work towards enhancing a support network.

5. Treatment for Abused Women

Services need to offer emergency shelter for women and children escaping family violence. Emergency transportation and accommodation are important aspects for women, especially those in rural areas. Crisis counseling, follow-up and outreach services are important components of shelter programming. However, women would likely benefit from longer stays at emergency shelters and an increase in access to counseling within the shelter. Alternative community counseling locations may also provide a positive effect on abused women as it increases accessibility and provides post-shelter support. Evaluations suggest that group treatment may be effective for some abused women. Connecting women to other community resources, supporting access to housing and other services, safety planning, child support and assistance with the family law system reflect the needed areas for an effective, response to domestic violence. Second stage shelters have been found to be very effective in supporting women to not return to their abusive partner. There are currently no best practices available in the literature for second stage services, however support groups and accompaniment to services were found helpful for clients.

Best practices for the treatment of sexual assault survivors were not included in this review.

3.2.3 Provincial Reviews

Tutty, Jesso, McDonald and Smit (2004) explore best practices, challenges and recommendations for service delivery in addressing sexual assault and abuse in Alberta. This report identifies collaboration as a form of best practice for sexual assault services. Community partnerships and client involvement are recognized as forms of collaboration that work towards creating the best services for a community. A coordinated community response to sexual assault that involves a multi-agency effort is another form of best practice highlighted by this report. This typically involves police, medical, legal and advocate/counsellors, and takes the form of SART (Sexual Assault Response Team) and SANE (Sexual Assault Nurse Examiner) teams. This approach reduces fragmentation of services and reduces the 'secondary victimization' that is often experienced by survivors accessing services. Lastly, sexual assault centres are also identified as a best practice due to their specialization.

Sexual assault centres in Alberta also face many challenges according to this report. The most significant of which is a lack of sustainable funding. This dearth in funding affects current centres as well as the ability to create new centres in communities that are without sexual assault services. Another challenge for centres is accessing and retaining qualified staff for service delivery provision as providing them with adequate compensation is often not possible.

Recommendations offered by this report include the creation of sexual assault centres in all Alberta regions, a province-wide public awareness campaign specific to sexual violence, the development of province-wide training for nurses to create SANE (Sexual Assault Nurse Examiner) teams and the sharing of best practices across Alberta regions. It also recommends the initiation of discussion about improving services for Aboriginal clients and the development of models of sexual assault services for rural communities. Lastly, the enhancement of awareness of the service needs for sexually assaulted men and boys and the creation of available services for this population are also recommended.

Tutty and Christensen (2005) conducted a similar environmental scan for domestic violence services in Alberta also identifying strengths, challenges and gaps. This report, similar to the sexual assault report, identifies community collaboration as a strength of domestic violence shelters and programs in Alberta. Collaboration with other agencies, according to domestic violence service providers, creates opportunity to identify gaps in service, reduce service duplication, address client needs and share resources. Other strengths of domestic violence services include the work done with clients and the public education that is provided to the community.

Challenges for Alberta's domestic violence programs include a dearth in funding, shortage of second stage shelters, the need for affordable housing, lack of resources for women leaving abusive situations, and the lack of culturally appropriate resources. Struggles with funding, transportation and access to immediate services are highlighted in the report as issues that create barriers for rural women to receive services. Finally, the report identifies three main service gaps in the province. First, men's resources, specifically the need for batterer intervention treatment, are needed. Secondly, more services for children and youth, especially those for Aboriginal children and youth are required and lastly, safe visitation facilities are necessary in Alberta for domestic violence programming.

3.2.4 Themes of Recommendations from the Literature

Promote gender equality and women's human rights.

Advocates of anti-violence recognize that violence against women stems from their position of inequality (Status of Women Canada, 1995; WHO, 2005; WHO, 2002). Changes need to begin with government leadership in the recognition of violence against women and commitment to the prioritization of its prevention (Government of Alberta, 2004; WHO, 2005). In order to achieve this, a coordinated multi-sectoral response is required (Government of Alberta, 2004; WHO, 2005; WHO, 2002).

Research

Further research is required to understand the impact of violence against women, the causes, costs and to identify effective interventions (Government of Alberta, 2004; Status of Women, 1995; WHO, 2005; WHO, 2002). Without a clear theoretical understanding of violence against women, the issue remains invisible and impedes efforts to create coordinated responses.

Public Awareness

Increasing public awareness of the issues and challenging society's perceptions, values and attitudes is a necessary part of addressing the issue of violence against women (Government of Alberta, 2004; WHO, 2005; WHO, 2005). According to some, running awareness campaigns would be an effective way to impact public awareness levels (Government of Alberta, 2004; Status of Women Canada, 1995).

Child Sexual Abuse Prevention

The WHO Multi-country Study (2005), specifically calls for the prioritization of child sexual abuse prevention, in recognition of the long-term damaging impact of this form of trauma. Education, response training, policy and protocol development, counseling and prevention programming are all important ways communities can meet this need according to this report.

Strengthen Support Systems

The WHO Multi-country Study (2005) also calls for the strengthening of informal support systems for women. This is critical, as currently there is a lack of services for rural women. Moreover, when supportive services are available, many barriers limit women from accessing them. Increasing community support can be enhanced through the involvement of religious and community leaders and through the education and training of community members. The WHO Report on Violence and Health (2002) supports this, emphasizing the importance of the involvement of families, friends and communities in dealing with issues of partner violence. The Government of Alberta (2004) has a similar message that preventing violence is everyone's responsibility and calls for the expansion of partnerships at all levels and with all communities.

Community Coordination

Community coordination between sectors and services are vital in improving access, safety and support for women experiencing violence (Government of Alberta, 2004; Warthe et al., 2004; WHO, 2005). The Calgary Family and Sexual Violence Sector Review specifically highlight the need for coordination between mainstream agencies and those that serve clients of diversity (Warthe et al., 2004).

Sensitize Systems

Another important part of working towards reducing the prevalence and the impact of violence against women is to sensitize the major systems, including medical and criminal justice systems, to the issues and needs of women who have experienced violence (Status of Women Canada, 1995; WHO, 2005; WHO, 2002). An important aspect of this involves training staff involved in these systems (Government of Alberta, 2004). The Calgary Family and Sexual Violence Sector Review agrees recommending the strengthening of the linkages between systems and services in communities (Warthe et al., 2004).

Funding

Increases in funding and resources are required for services and programs that support women who have experienced violence (Government of Alberta, 2004; Status of Women Canada, 1995; WHO, 2005; WHO, 2005). Priority areas identified by the Calgary Family and Sexual Violence Sector Review was that of outreach programming, prevention education

programs, second stage beds, non-residential treatment programs for children and youth, sexual violence prevention and intervention services and core funding for shelters (Warthe et al., 2004). The Canadian Government's *Agenda for the Next Century*, has committed to working with women's organizations and supporting women's shelters (Status of Women Canada, 1995).

Primary Prevention

Primary prevention is a highlighted recommendation to reduce violence against women (Government of Alberta, 2004; Warthe et al., 2002; WHO, 2005; WHO, 2002). This involves prevention programs in schools and communities targeting children and youth.

Partner with other Programs

Lastly, integration with other programs such as health (sexual and reproductive), HIV/AIDS, addictions, youth programs and other violence programming, would help target other audiences and address the overlap of issues (WHO, 2005; WHO, 2002). Partnering between agencies reflects the intersection of risk factors for violence from childhood through to adulthood as, "Integrated prevention responses...address the links between different types of violence" (WHO, 2002, p. 113).

3.3 Collaboration

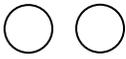
3.3.1 Collaboration Defined

The literature presents a variety of definitions and uses of collaboration. One author describes it as, "a process through which parties who see different aspects of a problem can explore constructively their differences and search for (and implement) solutions that go beyond their own limited vision of what is possible" (Taylor-Powell, 1998). Other authors state,

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards (Mattessich, Murry-Close, & Monsey, 2004).

The term collaboration is often used alternately with other terms such as cooperation, coordination or partnership. In reality, each word has its own specific description of a relationship; albeit often varying amongst authors. In fact these terms are often used to describe relationships on a continuum, increasing in time, structure and commitment levels (see Table 1).

Table 1: From Cooperation to Collaboration

		
Cooperation...	Coordination...	Collaboration...
Short term	Longer term	Long term
Informal relations	More formal relationships	Formalized & enduring relationships
No clearly defined vision	Understand vision	Commitment to a common vision
No defined structure	Focus on specific effort or program	Results in a new structure
No planning effort	Some planning	Comprehensive planning
Partners share information about the project at hand	Open communication channels	Well defined communication channels at all levels
Individuals retain authority	Authority still retained by individuals	Collaborative structure determines authority – equal sharing of power
Resources are maintained separately	Resources and rewards are shared	Resources are shared
No risk	Power can be an issue	Greater risk: power is an issue
Lower intensity	Some intensity	Higher intensity
Informal, no goals are defined jointly, no planning together, information is shared as needed	Some planning is required and more communication, thus, a closer working relationship is developed	Working together, having shared commitment and goals, developed in partnership. Leadership, resources, risk, control and results are shared. More accomplished than could have been individually.

(Kohm, La Piana, & Gowdy, 2000)

Collaboration involves the pooling of expertise and resources in an effort to make an impact on a mutually important issue. This sharing is the heart of collaboration and creates the motive for joint-involvement. Collaboration, therefore, is essentially an interaction that mutually enhances the capacities of the agencies involved (Wolff, 2001b). For the purpose of this research project, we can thus define this relationship as “key stakeholders” who work together to “respond to issues in a collaborative manner” (Allen, 2005, p. 49). This ranges from informal information sharing and mutual referral, to the sharing of space and the creation of new structures.

3.3.2 Negative Aspects of Collaboration

Many critiques of collaboration have emerged in the literature. Some caution that many collaborative initiatives fail to be effective or achieve what they set out to do (Allen, 2005) and therefore cannot be a “panacea” for all agencies (Wolff, 2001b, p. 263). Hague (1998) describes the act of collaboration, or multiagency initiatives, as a “fashion”, a “trend” and a “flavour of the month” that is currently prevalent in today’s social service world (p. 441). She questions the effectiveness of multiagency collaboration critiquing the movement as a “smoke screen” or a “face saver” that works to disguise government inaction and cutbacks by creating the perception they are supporting social issues (p. 445). She concludes that “without the input of resources and energy...multiagency work...can be a talking shop and an ineffective time-waster” (pg. 448).

Other critics focus on the motives of funding bodies in general. They argue that, “funders....urge small independent agencies to either increase their revenue sources or reduce their spending....to reduce costs, funders have suggested merging with a similar agency” (O’Sullivan & Carlton, 2001, p. 343). This is problematic as funding bodies have required their organizations and programs to demonstrate collaborative initiatives with other agencies to maintain their allocation of funding (Folayemi, 2001). As a result, agencies have rushed to create partnerships in an attempt to demonstrate that they are meeting the requirements of funding. In this haste, agencies may group together and discover they do not share like philosophies, values or goals. This creates a forced collaborative initiative that can potentially be full of resentment, competitiveness and conflict. In short, “Coalition building can be seen either as a creative local solution to the collapse of funding” or as a strategy to urge agencies to “do more with less” (Wolff, 2001a, p. 170). Either way, for these reasons, it is a response to a lack of fiscal resources according to these critics.

Collaborative initiatives are impacted by external sources of power such as government and funding bodies. Yet, power can pose problems *inside* the collaborative process as well. Creating and sharing equal power amongst all participants is a challenge for interagency collaboration (Hague, 1998). It can be difficult for people to avoid reverting back to their “powerful expert roles” (Goldsworthy, 2002, p. 334), take over and lead, or take credit for collaborative work (Jackson et al., 1989 as cited in Goldsworthy, 2002). These challenges, internal agendas, power struggles and conflicts can slow things down, create unhealthy working groups, take away from the potential of collective work and consequently, reduce achieving the goal of positive impact in the community.

In addition to the general critiques of collaboration, concern has been raised specific to the issue of violence against woman. Domestic violence and sexual violence movements share a similar history of the women's movement of the 1970s. Today however, these services are quite separate and distinct. The proposition of collaboration or even amalgamation, as some have suggested, raises serious concerns; the biggest being that "battered women shelters [are] typically more concerned with services for battered women than with rape survivors..." as a result, sexual violence is at risk of getting lost (Byington et al., as cited in O'Sullivan & Carlton, 2001, p. 344). Many have feared that "domestic violence may dominate" if sexual assault and domestic violence service delivery collaborated (O'Sullivan & Carlton, 2001, p. 351).

3.3.3 Positive Aspects of Collaboration

Proponents of collaboration argue that the potential impact multiagency partnerships can have on communities and individuals is immense. They contend that collaborative groups have the capacity to play very important roles in a community. A unified voice, for example, in the structure of a coalition or partnership is seen as a successful vehicle to initiate change in response to emerging issues (Wolff, 2001a). These groups are also viewed as proficient in identifying barriers and acting as advocates within local and provincial levels to create broader social change (Wolff, 2001). They are also credited as innovative and creative in their solutions to social issues (Hague, 1998). In short, when collaboration works, the results are significant.

Likewise, in relation to domestic and sexual violence, many benefits of agency collaboration are apparent. Women's shelters and sexual assault centres have a unique role as many mainstream services fail to "take into account [or] recognize how gender, race, class, able-bodiedness, immigration status, sexual identity, geography or language" impact who is sexually or physically victimized and by whom (James, 2005, p. 34). A unified voice of women's groups has the potential to keep the reality of violence against women from being silenced. Another advantage to collaboration is the prevention of the marginalization of women's groups (Gillespie, 1994; James, 2005). Some argue that "equality-seeking groups such as rape crisis and sexual assault centres are being fiscally and politically marginalized." (James, 2005, p. 40). A cohesive front of anti-violence women's services could effectively confront these threats and pressures.

Ultimately, successful and impactful collaboration is possible, as domestic and sexual violence movements share the same goal. The Michigan Coalition Against Domestic and Sexual Violence wrote an article reflecting this idea:

Domestic violence and sexual assault activists strive towards the same ultimate goal – to affect social change at the local, state, [and] national level....to build a world where women no longer live in fear of the threat or reality of sexual assault or domestic violence...work to dispel the same myths, improve systems response to victims, improve service provision to survivors, involve diverse communities in our work, and prevent violence in all of its forms (Keefe, Hagenian, & O'Dell, 2005).

This coalition argues domestic and sexual violence advocates are essentially working towards the same end. Thus, doing so in collaboration makes sense from a philosophical standpoint. Lastly, many supporters argue that collaboration between domestic and sexual violence initiatives would better serve clients. The present system of services has been criticized for its fragmentation. These divisions create barriers for women who need to access services. Research supports this as many women who experience sexual assault or child sexual abuse also experience domestic violence (Cohen et al., 2000; DiLillo, Giuffre, Tremblay, & Peterson, 2001; Messman-Moore & Long, 2000; Noll et al., 2003).

3.4 Intersections between Domestic and Sexual Violence

3.4.1 Witnessing or Experiencing Family Violence and Later Sexual Offending Behaviour

The WHO Report on Violence and Health (2002) identifies witnessing family violence as one of many risk factors in the development of sexual aggression in young men. Witnessing family violence as a child has been shown to create aggressive behavioural patterns in children and potentially increase the likelihood that these children will act aggressively as adults in their intimate partner relationships (Wolak & Finkelhor, 1998).

Witnessing family violence or experiencing child physical abuse has also been linked to child and adolescent sexual aggression (Hunter, Figueredo, Malamuth, & Becker, 2004; Salter et al., 2003; Silovsky & Niec, 2002; Skuse et al., 1998; Spaccarelli, Bowden, Coatsworth, & Kim, 1997; Wagman Borowsky, Hogan, & Ireland, 1997). In a sample of 37 young children with sexual behavior problems, Silovsky and Niec (2002) found that 47% of the children had experienced physical abuse and 58% had witnessed family violence. Similarly, Ryan et al., (1996), in a study of more than 1,600 adolescent sex offenders found that 42% had been physically abused, 39% sexually abused, and 63% had witnessed family violence. In both of these studies, witnessing family violence was experienced more often than other forms of child maltreatment.

Findings are similar for adult sexual offenders. In a longitudinal British study comparing sexual perpetrators and non sexual perpetrators, both with histories of child sexual abuse, Salter et al. (2003) found that witnessing family violence was a “potential mediator between being a victim and perpetrator of sexual abuse” (p. 474). He also found that victims turn abusers had witnessed more severe family violence than that of non abusers and the abuse was almost always directed at the mother by her male partner. Skuse et al. (1998) agrees, stating “boys who are victims of sexual abuse are more likely to become abusers of other children themselves in early adolescence if they have witnessed intrafamilial violence” (p. 178). Exposure to male perpetrated violence against females is speculated to create harmful attitudes towards women and lead young men to attempt to dominate and control through aggression (Hunter et al., 2004). A Canadian study of 604 male inmates found that childhood

physical abuse increased the risk for all types of adult violent offending including sexual and physical violence, while witnessing interparental abuse had a significant increase in the risk of adult physical or sexual violence perpetration directed at *family members* (Dutton & Hart 1992).

This information is critical in that, many adult sexual offenders begin their lifetime of sexual offending during adolescence and possibly childhood (Longo, 1983 as cited in Wagman et al., 1997). In Canada, the rates of sexual offending are highest amongst males aged 13 to 17, with the highest rate for 13 and 14 year olds (Statistics Canada, 2003). While not yet found to be a direct causal factor, witnessing family violence is a mediating factor for the development of sexual aggression. Witnessing family violence is often present among other forms of child abuse such as child sexual or physical abuse. Sexual aggression therefore, could also be the result of cumulative trauma (Skuse et al., 1998; Wagman et al., 1997). Early life experiences such as witnessing family violence, child physical abuse or child sexual abuse can substantially increase the risk of sexually abusive behaviours (Salter et al., 2003). These findings suggest early intervention and treatment specific to victimization and exposure may reduce the heightened risk of future sexual offending.

3.4.2 Intimate Partner Sexual Assault

Prevalence:

According to the WHO (2002), one of the most widespread forms of sexual violence globally, is that which is perpetrated by an intimate partner. They thus conclude that marriage or co-habitation with a partner is one of the most significant risk factors for sexual violence against women. In research conducted with 24, 000 women in 15 sites, within 10 countries, between 30 – 56% of women in most sites reported experiencing both physical and sexual violence by their partner (WHO, 2005).

In comparison, In Canada, the Violence Against Women Study (Statistics Canada, 1993) found that 8% of ever married women were sexually assaulted by their partner, while a 2005 statistical report on family violence found that 16% of women who had experienced domestic violence identified sexual assault as the most severe form (Statistics Canada, 2005). One of the most commonly cited studies on the prevalence of marital rape was a study done in the United States by Russell (1990). She found that 14% of women in a randomized sample had experienced completed or attempted rape by a husband or ex-husband. However, research focusing on samples of battered women and women residing in women's shelters has found much higher rates of sexual victimization by an intimate partner: between 40% and 50% of battered women have experienced sexual assault (Campbell & Martin, 2001; McFarlane et al., 2005; Pence & Paymar, 1993).

Definition critique:

One of the main critiques in the marital rape literature is that of definitions. DeKeseredy, Rogness and Schwartz (2003) argue that much research to date has been too limiting in how the issue has been defined. They contend that definitions should include co-habiting

couples and common-law partners, instead of the focus on marriage and husbands. They also argue that the definition of sexual assault that has been used to date in the literature does not include other sexually victimizing experiences. For example, they contend that sexual assault when the female partner is too intoxicated to give consent is not captured in prevalence studies, nor is other circumstances specific to intimate partners such as “blackmail rapes”, “economic threats”, sex out of “sense of obligation”, and sex because of threats to take custody of the children (p. 679). These authors argue that prevalence rates would be much higher if the definitions were broadened to more accurately reflect the reality of intimate partner sexual assault. Criticism of the definition of sexual assault is also held by others (Mahoney, 1999; Marshall & Holtzworth-Monroe, 2002).

Qualitative research conducted by Basile (1999), demonstrates the existence of sexual victimization that falls outside of the common definition of rape. Basile found five themes of acquiescent sex by females in intimate relationships. Women “gave into” sex because of a sense of “wifely obligation”, badgering or verbal abuse by her male partner, fear of what might happen due to threats by her partner or because she wanted to avoid the physical violence she has previously experienced. Importantly, more than half of these women did not define their experience as rape since they felt obligated because of the marital contract or because they believed they “would have had to tell him no, right off the bat” (p. 1053). Basile concludes that “it is as if the only available cultural labels are “rape” or “not rape” and this...leaves no room to acknowledge or label undesired sex of a less violent and physically coerced nature” (p. 1053).

Likewise, Marshall and Holtzworth-Monroe (2002) studied 164 couples and found two subgroups: sexual coercion and threatened/forced sex. Sexual coercion was for example, when the male partner “threaten[ed] to end [the] relationship to obtain sex” (p. 289). These authors feel that by finding the existence of two sub-groups, one that used physical force or threats of physical force to obtain sex and one that did not “supports the idea that sexual aggression in marriage includes more than legally defined rape” (p. 290).

Beliefs:

Marital rape remains a “contradiction in terms” for many people (Mahoney, 1999, p. 114). Historically, women were the property of their husbands and as such, it was their “wifely obligation” to be available for sex. Up until the early 1980s it was legally acceptable for a man to force sex on his wife. Even though the laws have now changed, patriarchal beliefs that define a wife as her husband’s property continue to be widespread. Many women who have experienced marital sexual assault believe they are obligated by their marriage vows to give in to sexual acts with their husbands and do not define it as rape or sexual assault (Bergen, 1996; Mahoney, 1999). One woman stated for example, “every time we had sex it was unwanted, but I knew I had to do it because I was his wife” (Russell, 1990, p. 79). Women may also choose to acquiesce to unwanted sex for fear of further battering, exhaustion, or hopelessness (Basile, 1999; Mahoney, Williams, & West, 2001). Women who experience this acquiescence often do not identify their experiences as “rape” or “sexual assault” even when they identify the experience as unwanted and painful (Basile, 1999; Bergen, 1996; Russell, 1990).

Separation/Divorce Sexual Assault

It is well known that the severity of violence increases when battered women separate from their abusive partner. 19% of women in Canada, during a national survey, reported that the severity of the violence increased during the time of separation (Johnson & Sacco, 1995). Research has primarily focused on the increase of physical violence and the heightened risk of femicide. Increased risk of sexual assault, however, has received little attention in the literature, although it is known that this form of violence also increases (Finklehor & Yllo, 1985; Mahoney et al., 2003). While the amount of research conducted around this issue is in its infancy, it is an important element in the issue of intimate partner sexual assault. In a small sample of 49 women, researchers found that 20% disclosed they were raped by an ex-partner (Fleury, Sullivan, & Bybee, 2000). Bergen (1996), found similar results with 20% of her sample (N=40) experiencing sexual assault after separation or divorce and likewise, the preliminary results of a recent exploratory study demonstrate that 20% of participants (N=20) experienced sexual violence during separation or divorce (DeKeseredy & Joseph, 2006). Russell (1990) however, found a smaller prevalence rate with 7% of marital rape occurring just prior to separation and 8% in already separated couples. Despite this small variation in prevalence, it is clear that battered women are at heightened risk of sexual victimization when leaving an abusive partner. This is vital information as it has the potential to impact risk assessment for homicide in women leaving abusive partners.

Dynamics:

Sexual and physical violence are closely linked in intimate partner relationships as sexual assault is more likely committed within relationships that have other forms of violence present (Bennett et al., 2004). Some research has shown that women who experience severe physical abuse also experience higher rates of sexual violence by their male partners (Marshall & Holtzworth-Monroe, 2002; Meyer, Vivian, & O'Leary, 1998), suggesting that severe physical violence increases the likelihood of frequent sexual assaults. Research is beginning to explore this link by identifying the frequency and sequencing of marital sexual assault in an attempt to better understand the experiences of battered and sexually victimized women. For example, women who are sexually assaulted by their intimate partners often experience repeated, chronic sexual victimization (Bergen, 1996; McFarlane et al., 2005; Russell, 1990). One study that explored the sequencing of sexual and physical violence found that 30% of women reported they were sexually assaulted *prior* to a physical assault: "when I began to resist the forced sex by kicking or pushing him away, he began to hit, punch and hold me down" (McFarlane et al., 2005, p. 102). Conversely, 50% of women in the same study reported being physically assaulted immediately *before* and *during* the sexual assault. While further research is required, sexual and physical assault within intimate partner relationships are clearly linked and often co-occur. These women remain at high risk for further and repeated victimization. Greater understanding of the nature of this association would contribute to a greater awareness of battered women's experiences as we work towards intervention and prevention.

While most research explores the links between physical and sexual assault, research conducted by Marshall and Holtzworth-Monroe (2002) documented the existence of a sexual violence only sub-group amongst couples. They found a small number of marital rape survivors that reported no other forms of physical violence by their partners. This is similar

to findings by Russell (1990). She found a group of “wife rape only” men with a prevalence of 14% of all marital rapes in her study. Mahoney and Williams (1998) theorize that this type of sexual assault can happen without any prior physical violence, often when the marriage is falling apart and the husband suspects his wife of sexual infidelity. Sexual assault occurs as the husband attempts to take control over what he fears he is losing.

Impact:

There is a common misconception that rape by a male intimate partner is less harmful than rape by a stranger. Research consistently demonstrates that marital rape seriously impacts the victim, some argue more than that of other sexual assault survivors and for a longer period of time (Bergen, 1996; Finklehor & Yllo, 1985; Russell, 1990):

When a stranger does it, he doesn't know me, I don't know him. He's not doing it to me as a person, personally. With your husband, it becomes personal. You say, this man knows me. He knows my feelings. He knows me intimately, and then to do this to me – it's such a personal abuse (Finklehor & Yllo, 1985, p. 118).

The main difference between a stranger and an intimate partner sexual assault is that in the case of the intimate partner, “[t]he woman must live with the rapist, a constant reminder of the humiliation, pain and continued threat” (Bennett et al., 2004, p. 718). Common reactions to intimate partner sexual assault are similar to that of sexual violence by other perpetrators ranging from guilt, shame, rage, low self esteem, depression, suicide attempts, intense fear, flashbacks, nightmares, withdrawal, physical injuries to the genitals, problems with trust and sexual intimacy and greater levels of Posttraumatic Stress Disorder (Bergen 1996; Finklehor & Yllo 1985; McFarlane et al., 2005; Russell 1990). However, women who have been battered and raped experience more trauma symptoms and lower levels of well-being and coping compared with women who were battered only (Bennett et al., 2004). One woman described her experience:

The physical abuse was horrible, but that was something I could get over. It was like a sore that heals. When he forced me to have sex with him, that was more than just physical. It went all the way down to my soul. He abused every part of me – my soul, my feelings, my mind...it was just as much a mental rape as a physical rape, and I don't think that there is anything worse than that (Finklehor & Yllo, 1985, p. 135).

Sexual violence is characterized by additional power and control dynamics as well as stronger social stigma (Bennett et al., 2004). Thus, many experts believe that the impact of intimate partner sexual assault is severe and has many long-term consequences for women, requiring specialized treatment programs.

Service implications:

Research by Mahoney (1999) found that marital rape survivors sought help at a lower rate than stranger and acquaintance sexual assault survivors, with nearly two thirds of the women seeking no medical, police or agency help. These women have historically received messages of blame and minimization when seeking help (Bergen 1996; Finklehor & Yllo 1985; Russell, 1990). Mahoney (1999) concludes that “it is thus not only access but also a system of

beliefs reinforced by cultural messages and individuals in a woman's life that contribute to the high chronicity and low help-seeking among marital sexual assault survivors" (p. 1011). She concludes by calling for public education campaigns targeting sexual violence by intimate partners, development of available reading material on this issue, and outreach to this group of women. Most importantly, she argues for regular screening of sexual violence, cautioning around the use of language. For example she states, "forced or pressured sex" or "unwanted sexual acts you felt you had to submit to" are better received by women than the terms "rape", "sexual assault" or "forced sex". However, Mahoney cautions that with this also comes an important responsibility: knowing how to appropriately respond to a disclosure. Staff training, as a result, should be a requirement when implementing this type of screening. Lastly, Mahoney recommends the development of "wife rape treatment programs and the coordination of the delivery of these services...[between] rape and domestic violence agencies" (p. 1013). Other research supports this arguing that women who experience both domestic and sexual violence have additional needs aside from domestic violence only women (Bennett et al., 2004) and may require specialized treatment.

Bergen (1996) shares similar recommendations. She concludes that marital rape intervention and treatment is in its infancy, as the issues overlap with both women's shelters and sexual assault centres, yet neither feel equipped to take ownership. Bergen advises that agencies need to claim ownership of the problem, include the words *wife rape* in any literature (i.e. brochures and mission statements), offer services and outreach for marital rape survivors, educate the community, train staff and volunteers and most importantly, routinely asking battered women about experiences of wife rape.

To recognize the continuum of sexual violence experienced by battered women provides the opportunity to more fully understand the power dynamics within an abusive relationship. With this enhanced understanding, services can be created to respond to the additional needs of this group. Mahoney and Williams (1998) pose important questions when exploring the complex issues of marital rape. They challenge, "Is sexual assault of a spouse best understood when viewed as one of the many forms of domestic violence and abuse, or should discussion of wife rape be considered within the context of theories of sexual violence? Does the husband who rapes his wife have motivations and characteristics similar to those of a stranger-rapist?" (p. 115). These questions are important considerations when creating service delivery models for survivors and perpetrators.

3.4.3 Child Sexual Abuse in homes with Domestic Violence

Most perpetrators of child sexual abuse are known to the child. Cases of family violence reported to 122 police departments across Canada for example, found that 32% of sexual assaults committed against children/youth were perpetrated by family members, with parents being the accused 40% of the time (Statistics Canada, 2005). Of all police reported sexual assaults against children and youth by a family member, 98% of the offenders were a male

relative (Statistics Canada, 2005). These statistics reflect the high prevalence of sexual abuse perpetration occurring by family members.

Moreover, research shows that some children who are sexually abused, also experience domestic violence at home. Bowen (2000) surveyed children attending a sexual abuse clinic revealing that 54% of the children also reported domestic violence. Likewise, Kellogg and Menard (2003) found that 52% of sexually abused children in a sexual abuse treatment clinic reported domestic violence in their home. This study also found that over half of the adult sexual offenders of these children lived in the child's home, with 58% of them also perpetrating adult partner violence. Of key interest, 77% of these offenders were sexually abusing the child *at the same time* they were perpetrating intimate partner violence.

Other studies have explored the overlap of domestic violence and child sexual abuse. Dong et al. (2004) found that 36% of adult child sexual abuse survivors also experienced domestic violence in the home, compared to 19% who did not. While Shipman, Rossman and West (1999) found a lower prevalence rate of 9% of abused children in domestic violence households however these children were *both* physically and sexually abused. Research suggests a link between family violence and child sexual abuse and further suggests that violent adult relationships and family dysfunction are a risk factor for child sexual abuse (Kellogg & Menard, 2003; Gruber & Jones 1983; Ray, Jackson & Townsley, 1991).

This link has implications for service models and delivery. Child sexual abuse assessment should include assessment for domestic violence (Kellogg & Menard, 2003). Likewise, children who have been exposed to domestic violence or who are victims of physical abuse by a parent should also be assessed for sexual abuse. Batterer treatment programs could also include assessment designed to detect child sexual abuse perpetration. Further research is needed to understand perpetrators who concurrently batter their partners and sexually abuse the children in the home.

3.4.4 Cumulative Trauma

Experiencing multiple traumas tends to have a cumulative effect on victims (Follette et al., 1996; Fox & Gilbert, 1994; Messman-Moore & Brown, 2004; Messman-Moore et al., 2000; Schaaf & McCanne, 1998; Wind & Silvern, 1992). For example, Follette et al. (1996) found that women who had experienced three traumas in their lives had higher levels of trauma symptoms than those who had experienced two traumas who, in turn, had higher levels of trauma symptoms than women who experienced one trauma. Messman-Moore et al. (2000) found similar results in that revictimized women, both those victimized in childhood and adulthood as well as those with multiple adult-only victimizations, experienced higher levels of trauma such as depression, anxiety, and Post Traumatic Stress Disorder than women with one form of abuse or no abuse history. Follett et al. (1996) found similar results with higher levels of anxiety, depression and dissociation in revictimized women.

Dong et al. (2004) surveyed 8,629 men and women on their “adverse childhood experiences” (ACE). These included emotional, physical, and sexual child abuse as well as experiences of domestic violence in the home, mental health, addictions and crime. They found that if a person had one ACE, the likelihood of having another ACE was between 2 and 18 times higher than those with no ACE. For example, of all the adults in this study who experienced physical abuse as a child, 40% also experienced sexual abuse. These authors conclude their research suggests that adverse childhood experiences do not occur in isolation and that children who have experienced one form of maltreatment should be assessed for enduring other forms of maltreatment. Multiple forms of child abuse is important to identify, as other research demonstrates that children who experience more than one type of abuse experience greater trauma symptoms (Fox & Gilbert, 1994; Schaaf & McCanne, 1998; Wind & Silvern, 1992) and would likely require more intensive treatment.

The concurrence of childhood sexual and physical abuse has a small base in the literature. However, research that has examined samples of adult women, found between 6.5% and 10% had experienced *both* sexual and physical abuse as children (Janowski et al., 2002; Schaaf & McCanne, 1998; Smith et al., 2004; Wind & Silvern, 1992). Of women with a history of child sexual abuse, Schaaf and McCanne (1998) found that 53.4% had also experienced child physical abuse. Exposing concurrent forms of child abuse is critical as research strongly indicates that children who have experienced multiple forms of childhood trauma, such as both sexual and physical abuse, have been found to be at higher risk for revictimization as adults (Fox & Gilbert, 1994; Janowski et al., 2002; Schaaf & McCanne, 1998; Wind & Silver, 1992). For example, Wind and Silvern (1992) found that of their sample of women (N= 259), 8% had experienced both physical and sexual abuse as children. This group reported significantly higher levels of trauma than those who experienced either isolated form of abuse and a much higher occurrence of adult physical and sexual assault revictimization. In this study, sexual abuse was found to be associated with higher rates of revictimization only when there was co-occurring childhood physical violence. Schaaf and McCanne (1998) found similar results; women who were both sexually and physically abused as childhood had twice the risk of adult revictimization. They concluded that concurrent child abuse is a significant risk factor for the revictimization of adult women.

Services that work with adult survivors of childhood violence need to assess clients for multiple forms of childhood abuses, as they are more likely to have more severe trauma symptoms and may require more intensive treatment approaches (Follette et al., 1996; Messman-Moore et al., 2000; Schaff & McCanne 1998). It is important to note that “symptoms from recent traumas may not only be distressing in and of themselves, but they may also serve to exacerbate symptoms related to earlier abusive experiences” (Follette et al., 1996, p. 33). This statement has implications for battered women and adult sexual assault survivors who may be experiencing trauma related to recent as well as past traumatic events. The reaction to a recent trauma is likely heightened and may affect a client’s rate of recovery (Follette et al., 1996).

3.4.5 Child Abuse and Later Adult Sexual Assault Victimization

Risk of adult sexual victimization increases with multiple traumatic childhood abuses (Cloitre et al. 1996; Janowski et al., 2002; Messman-Moore & Brown, 2004;). For example, Janowski et al. (2002) found that “not only child sexual abuse alone, but additive traumas of physical abuse and witnessing domestic violence” are correlated with increased risk of adult sexual assault (p. 242). Messman-Moore and Brown (2004) had similar findings in a sample of 944 college women. They found that 43% of women who reported three types of abuse (sexual, physical and emotional), 35.5% who reported two types of abuse, 20.9% who reported one type and 13.5% with no history of abuse were raped as adults. This study shows an incremental increase of risk for revictimization in women who have experienced multiple traumas.

Research has also uncovered that the combination of child physical and sexual abuse increases the risk of adult sexual victimization (Cloitre et al., 1996; Messman-Moore & Brown, 2004; Schaaf & McCanne, 1998; Smith et al., 2004). For example, Cloitre et al. (1996) found that women who reported child physical abuse or combined child physical and sexual abuse reported higher levels of adult sexual assault. Schaaf and McCanne (1998) found similar results, with higher rates of adult revictimization in adults who had experienced both child physical and sexual abuse. Messman-Moore and Brown (2004) however, found that child physical abuse was not a strong predictor of adult sexual assault unless it co-occurred with other forms of childhood abuse. Yet, they also found that child physical abuse, or a combination of child physical and sexual abuse, was much more strongly associated with adult sexual assault than child sexual abuse alone. In contrast, Fox and Gilbert (1994) found that rates of adult sexual assault were highest amongst women who were survivors of child physical abuse, not sexual abuse. This body of research implies that both child sexual abuse survivors as well as child physical abuse survivors are at increased risk for adult sexual revictimization. Early intervention treatment strategies with child victims of sexual abuse and/or physical abuse may reduce the incidence of adult sexual assault.

3.4.6 Child Sexual Abuse and Later Battered in Intimate Partner Relationship

Women who are sexually abused as children have a higher likelihood of experiencing intimate partner violence in adulthood (Cohen et al., 2000; DiLillo et al., 2001; Messman-Moore & Long, 2000; Noll et al., 2003). For example, DiLillo et al. (2001) found that adult survivors of child sexual abuse were twice as likely to report physical violence in their current relationship as compared to women who were not sexually abused as children. Other research suggests that child sexual abuse survivors are at equal or higher risk for intimate partner violence than for sexual victimization. For example, in a study conducted by Messman-Moore and Long (2000), with a sample of 648 women, of those that were child sexual abuse survivors, 26% reported adult sexual assault and 26% reported partner physical abuse in adulthood, suggesting equal risk for domestic or sexual violence. Yet, another study

found that 33.2% of child sexual abuse survivors experienced intimate partner violence compared to that of 27.2% who experienced adult sexual assault (Messman-Moore et al., 2000). Child sexual abuse survivors are at risk not only for later sexual victimization but also for intimate partner violence.

New research by Griffing et al. (2005) is the first to examine the direct impact child sexual abuse has on battered women and how it affects their ability to leave abusive relationships. The study claims currently there is *indirect* support for the increased likelihood of battered women returning to abusive partners who are child sexual abuse survivors. Young and Gerson (1991) for example, suggest that many battered women may have difficulty leaving abusive partners because of experiences of trauma in childhood (as cited in Griffing et al., 2005). In the current study, Griffing et al. (2005) examined the differences of returning to abusive partners between child sexual abuse survivors and women with no histories of sexual abuse in a sample of 104 battered women. The prevalence of child sexual abuse was found in 32.7% of the women, the majority of which was intrafamilial. No difference was found between the two groups in terms of frequency and duration of domestic violence experienced, however significant differences in the rate of returning were found. Child sexual abuse survivors reported a greater number of prior separations and were more likely to have previously returned to the abusive partner. Additionally, they were also more likely to report that their reason for returning was due to emotional attachment to the batterer or because the batterer had expressed remorse.

These authors conclude that child sexual abuse survivors “experience a greater struggle in their efforts to permanently leave a battering partner” (p. 345). They also theorize that child sexual abuse survivors may more likely be swayed by internal factors (i.e. attachment and batterer remorse), than the common external factors such as economic need or housing that generally impede battered women from leaving abusive partners. This research suggests that this group of women may be at a higher risk of returning to abusive partners. From this, one may speculate that they may also be at higher risk for severe violence and homicide due to their higher rates of return. The authors pose the concept that these women may have additional needs for treatment and may benefit from counseling that focuses on child sexual abuse experiences and how it has impacted their current level of functioning. More intensive service may be required, according to Griffing et al. (2005):

Current intervention programs focus on providing concrete services (such as shelter and economic assistance), and psychoeducation about domestic violence. While it is essential to continue to provide these services, they may be necessary but not sufficient for a subgroup of battered women who are struggling most profoundly with their continued attachment (p. 347).

While these issues require further study, they have direct implications for service delivery collaborations and partnerships between women’s shelters and sexual assault centres.

3.4.7 Child Sexual Abuse and Later Perpetration of Adult Battering

There is a dearth in research that examines the sexual abuse histories of male batterers, or the possible connection between experiences of child sexual abuse and intimate partner violence perpetration. However, other research suggests that this may be an area worthy of further exploration. For example, Gill and Tutty (1999) conducted a qualitative study (N= 10) that explored the impact of childhood sexual abuse on ten adult male survivors. It was reported that five of these men were described as abusive by their partners; ranging from perpetrating physical, emotional, verbal and sexual violence. Likewise, Jacob and Veach (2005) conducted another qualitative study of male survivors of childhood sexual abuse and also found indications of intimate partner violence perpetration. One female partner in this study, described that her husband “could not control his *anger-rage*, ranging from irritability to explosive verbal attacks and physical violence” while other female partners disclosed they had to protect their children at times from their male partners (p. 289). Research to date, unfortunately has not explored this to any further length.

Other research that may suggest a connection is that from Styron and Janoff-Bulman (1997) and Wekerle and Wolf (1998). Styron and Janoff-Bulman (1997) explored the association of child abuse (sexual, physical or verbal abuse) and relationship conflict. They found that the ‘abuse-group’ members engaged in verbal and physical violence against their partners more often than those in the ‘no-abuse’ group. Wekerle and Wolfe (1998) found similar results, suggesting that childhood victimization increases the likelihood of later violence in relationships. In this study, maltreated males were significantly more likely to report greater offending behaviour.

Additionally, in a review of the literature for sexually abused males, Ramano and Luca (1999), summarized that sexually abused males tend to externalize their behaviour (ie. aggression) more often than female survivors and often associate their abusive experiences with weakness and vulnerability. As a result, male survivors may cope by developing “an angry demeanor suggestive of invulnerability, power and control” (p. 63). Gill and Tutty (1999), contend that male survivors tend not to disclose their histories of sexual abuse, nor connect it to their present struggles. Because of this reality, the authors call for skilled clinicians that can facilitate sexual abuse disclosures in male clients and appropriately address its impact. Interestingly, the ten men in their study identified possible indicators of childhood sexual abuse in male clients for clinicians. Many of which were suggestive of abusive behaviours: An extreme need for control over partner and children, high expectations and rigid rules, emotional unavailability, and over-aggression either physically or sexually. Further research is required to fill this gap in knowledge with a specific focus on the relationship between child sexual abuse and intimate partner violence perpetration. However, despite the need for further research, this discussion begs many questions. Do unresolved experiences of childhood sexual abuse in males contribute to later adult perpetration of intimate partner violence and if so, what are the implications for batterer treatment? If abusive men are not treated for their own victimization history, how does it impact their rate of violence recidivism?

4 Methodology

This project sought to understand, compare and contrast the service delivery needs of women's shelter clients with those of sexual assault centre clients. The purpose of which was to identify areas where the needs of clients intersect, to make recommendations regarding potential collaborative efforts between women's shelters and sexual assault centres, and to identify areas where client needs dictate distinct and specialized service delivery mechanisms. To achieve this end, qualitative research interviews were conducted with key informants in the United States, Canada and Alberta.

Between November 2005 and February 2006, 38 telephone interviews, lasting from 12 to 55 minutes, were conducted with 44 key informants of women's shelters, sexual assault centres, provincial associations, dual services and dual state coalitions. This sample represented eight Canadian provinces, three US states and 19 Alberta services. During this research project, there were three stages of data collection: Canada/US interviews, Alberta interviews, and a joint-membership (AASAC & ACWS) focus group.

4.1 *Canada/United States Interviews*

During the months of November and December 2005, 19 interviews were completed with 20 key informants in Canada and the United States. In Canada, 12 interviews were conducted with representatives from provincial organizations or in the absence of a provincial representative; a front-line service in the largest city was interviewed. Provincial associations were targeted as their role is to represent women's shelters or sexual assault centres in the province and to provide a unified voice on issues related to domestic or sexual violence. In total, 17 contacts were made in 8 provinces. 5 contacts did not participate, either not responding or were unable to participate due to the time restrictions of the study. 12 interviews were conducted with 5 representatives of women's shelters, 6 representatives of sexual assault centres and 1 representing a hospital program that deals with both domestic and sexual violence, with a final representation of 7 Canadian provinces (excluding Alberta).

In the United States, according to the National Online Resource Centre for Violence Against Women, there are 17 US states who have dual coalitions structures. These dual coalitions are similar to provincial associations, yet unlike Canada, domestic and sexual violence are represented under *one* state coalition. In addition to this, a front-line dual service was also contacted in each state for a front-line perspective. This is a structure where the services of a women's shelter and those of a sexual assault centre have been amalgamated. For this study, 5 US states were contacted that had dual state coalition models. 1 state did not respond and 1 was unable to participate due to the time restrictions of the study. As a result, 3 state dual coalitions were interviewed as well as 3 front-line service agencies. In total, 7 interviews were conducted with 8 key informants in the United States.

Interviews of key informants of both Canada and the United States were semi-structured. Questions were related to current services and client groups, current collaboration, benefits and drawbacks of collaboration, and thoughts on separate services. The interviewing continued until saturation was reached (see Interview Schedule in Appendix A). Interview findings were manually recorded and audio taped and later analyzed using a qualitative methodological approach. Verbal consent was obtained from each participant using a formal consent document.

4.2 Alberta Interviews

Another deliverable of this project was to document and analyze current women's shelter and sexual assault centre core programs in the province of Alberta. The project sought to identify the potential for collaboration between these two services, gaps/duplications in service and the need for distinct and separate service delivery. During the month of February 2006, 19 interviews were conducted with 24 key informants in Alberta. Of the 19 interviews conducted, 7 represented sexual assault centres and 12 represented women's shelters. Alberta key informants were identified in consultation with both AASAC and ACWS provincial coordinators to reflect the diversity of services and Alberta's regions.

Utilizing a semi-structured interview format, questions asked related to current services and client groups, similarities and differences between women's shelters and sexual assault centres, ways these two services could collaborate, and potential gains and losses of this collaboration. However, interview questions were tested and after five interviews, were amended to enhance the clarity and focus of the research (see Appendix B for Alberta Interview Schedule). Saturation was obtained. Interviews were manually recorded and audio taped for back up. Consent was obtained verbally using formal consent documentation. Participants were given the opportunity to review their responses and then findings were analyzed using a qualitative methodological approach.

4.3 Joint-Membership Focus Groups

A joint-membership meeting (AASAC and ACWS members) was later conducted on March 31, 2006 and facilitated by an external consultant. 50 representatives of women's shelters and sexual assault centres in the province of Alberta attended. The research findings were presented to the memberships and focus groups conducted to give all attendees an opportunity to participate in the data collection and plan strategies for future collaboration. The agenda for the meeting is attached in Appendix C. The meeting underwent the following process:

The process for building options to address comprehensive services for victims of sexual assault and family violence consisted of three (3) components:

- Reviewing the research
- Collaborating more effectively regionally

- Collaborating more effectively provincially

Step 1: Working in small groups, participants answered three (3) questions:

- What do you agree with from the research?
- What do you disagree with from the research?
- What would you add to the research?

Each small group reported its responses to the large group and participants identified overall themes.

Step 2: Participants again worked small groups that consisted of:

- Six (6) small groups with participants from sexual assault centres and women's shelters located in the same region
- One (1) group with participants from the AASAC and ACWS provincial offices

To identify ways in which the regions might work together more effectively, each small group discussed:

- Ways in which sexual assault centres and women's shelters currently work together
- Ways in which the current working relationships could be improved
- New ways of working together
- Barriers that need to be addressed in order to work together more effectively
- Areas where sexual assault services and women's shelter services remain separate in order to best meet client need

Each small group presented a summary of their discussion to the large group.

Step 3: Participants from sexual assault centres and women's shelters that are located in different regions next discussed how AASAC and ACWS could collaborate more effectively on a provincial basis. To identify ways in which AASAC and ACWS might work together more effectively, each small group discussed:

- Ways in which AASAC, ACWS, sexual assault centres, and women's shelters currently work together on a provincial basis
- Ways in which the current working relationships could be improved
- New ways of working together

Each small group reported its responses to the large group and common themes were identified.

Each participant was given three (3) stars to place by the ideas that she or he thought were most important to implement over the next year. At the end of the meeting, participants

identified the immediate steps needed to move the agreed-upon ideas forward on a regional and provincial basis.

This data was themed and summarized by the consultant and a report created.

5 Findings

This project sought to understand, compare and contrast the service delivery needs of women's shelter clients with those of sexual assault centre clients. The purpose was to identify areas where the needs of clients intersect, to make recommendations regarding potential collaborative efforts between women's shelters and sexual assault centres, and to identify areas where client needs dictate distinct and specialized service delivery mechanisms. To achieve this end, qualitative research interviews were conducted with key informants in the United States, Canada and Alberta.

5.1 *Canada & United States Interviews*

During the months of November and December 2005, 19 interviews were completed with 20 key informants in Canada and the United States. In Canada, 12 interviews were conducted with representatives from provincial organizations or in the absence of a provincial organization representative; a front-line service provider in the largest city in the province was interviewed. Provincial associations were targeted because their role is to represent women's shelters or sexual assault centres in the province and to provide a unified voice on issues related to domestic or sexual violence. This represented seven Canadian provinces, excluding Alberta. Interviews with Alberta key informants were conducted in a second phase of research and are discussed in a later section.

In the United States, 8 key informants in three states were interviewed who had 'dual' state coalition models. These dual coalitions are similar to provincial associations, yet unlike Canada, in these three states, domestic and sexual violence are represented under *one* state coalition. In addition to this, a front-line dual service was also contacted in each state for a front-line perspective. This is a structure where the services of a women's shelter and those of a sexual assault centre have been amalgamated.

5.1.1 **Services**

One of the deliverables of this project was to document and analyze existing service delivery models in Canada and the United States for comparison purposes. As such, a portion of the interviews focused on service delivery and client groups. Key informants were asked about the services their members provided to the community and the groups of clients who received these services. As a result, information was gathered that describes three models of service delivery: women's shelters, sexual assault centres and dual service models.

Women's Shelters in Canada

Women's shelters in Canada are very similar in terms of the programs they offer their communities. Standard programming for women's shelters include crisis support, emergency shelter, counseling, outreach, education, court support and children's programming. In some smaller communities, women's shelters also offer support to recent sexual assault survivors when there is no specialized sexual assault service to do so. The following is a representation

of the services of women's shelters in Canada based on interviews with five key informants representing five Canadian provinces.

24 hour Crisis Lines

Women's shelters offer 24 hour crisis lines to the community. These lines provide crisis intervention, assessments, safety planning and referrals to abused women, as well as offer support to their family and friends. The crisis lines provide information and offer general education to the public and other community professionals around issues of domestic violence. A few provinces also have province wide domestic violence crisis lines that offer support, information and connect women to the nearest shelters.

Emergency Shelter

Emergency shelters offer 24 hour shelter, safety and support for women and children fleeing abusive relationships. In addition to shelter, women are provided with basic needs such as food, clothing, medicine and personal items. Length of stay in emergency shelters vary amongst provinces but generally falls between 30 days to 4 months. Safe homes are another source of emergency safe housing for women offered by a few provinces (i.e. British Columbia). They are rooms in community-based private homes that are made available for woman escaping violence.

Some emergency women's shelters also offer second stage or transitional housing programs to women, while some shelters are designated second stage only. The purpose is to offer longer-term safe housing to women as they transition into violence-free lives. The length of stay at second stage shelters varies, but generally is six months to a year. However, for many small communities, second stage housing is non-existent.

Individual and Group Counselling

Women's shelters offer 24 hour support to women staying in the shelter. This includes crisis intervention, listening support, and information 24 hours a day from shelter staff. Scheduled individual counselling sessions are also available for women. Common topics covered in these sessions include the dynamics and impact of abuse, safety planning, self-esteem, self-care and assertiveness.

Women's shelters also provide support groups for women. This provides women with the opportunities to talk through their experiences of violence with other abused women. Some groups are informal in nature, such as drop-in groups, and continue for an indefinite period of time. These groups cover a wide range of topics, often chosen by the group participants. Other types of groups are educational or therapeutic in nature. These groups are often structured, closed (not drop-in) and have a set number of sessions. Common topics covered include self-esteem, assertiveness, self-care, and the dynamics and impact of violence.

Women's centres, women's resource centres and other multi-service agencies support women's shelters in some Canadian communities. These agencies provide abused women services such as individual support and groups. Others offer support to males, both victims and batterers.

Outreach

Outreach programs often provide a “continuum” of services for abused women. Through this program, staff support women out in the community who have left the emergency shelter but still may have ongoing needs. Staff are able to provide supports such as safety planning, emotional support, crisis intervention, and housing access. Other women’s shelters provide individual and group counselling out in the community, or in other more isolated areas. Outreach programs may also take the role of advocate and support women who are navigating various systems. Lastly, outreach may also take the form of community development. In addition to providing direct service to clients, women’s shelter staff sit on committees, participate in community initiatives or projects, and work with diverse communities around the issues of domestic violence.

Advocacy

Women’s shelters provide systems advocacy to women dealing with police, social services, housing, or courts of law. This can be a very difficult time for women as maneuvering through these systems can be very challenging and traumatizing. Women’s shelters are able to support this process by taking a liaison role with key people in the systems and providing information and emotional support to abused women. Staff are also generally able to accompany women to the hospital, police and courts. Most often, abused women require support with the criminal and family court systems. Many women’s shelters have programs specifically designed to prepare women to navigate the court system. This is done by providing women with legal options, court education and accompaniment.

Public Education

Many women’s shelters offer public education presentations to schools and other community groups. These programs aim to increase public awareness about the issues of domestic violence, and to act as a form of prevention by educating youth. Bullying, dating violence, healthy relationships and the cycle of violence are common curriculum. Some women’s shelters also offer professional training to social service agencies, police, or any interested professional group to increase the ability of professionals to respond and support battered women. However, for some women’s shelters, this type of programming is limited by funding and as a result, some agencies are unable to offer this program consistently.

Children’s Programming

Women’s shelters also offer support to the children of abused women who are living in the shelter. Staying in a shelter can be a very confusing and frightening time for children. Many women’s shelters provide individual and group counselling for children to help them deal with these issues. Counselling helps children work through the impact of witnessing family violence as well as teaches them to express their feelings in healthy ways. These programs aim to facilitate healing in children, but also work towards breaking the cycle of violence. Other areas explored with children include self-esteem, safety planning and abuse dynamics.

Men

Most women’s shelters serve primarily women and children, yet, a few do run programs for male victims as well. Most of these offer males an alternative safe place such as a hotel for shelter. Other women’s shelters will refer men to an appropriate community service. Male

children are supported in shelters that have children's programming, but at times, male youth who are the children of battered women, may be referred elsewhere for support. Many shelters feel a male presence, either youth or adult, may disrupt the safe space for battered women. Very few women's shelters in Canada offer male batterer programming and instead refer males to other community programs.

Sexual Assault Centres

Some provinces in Canada offer very few services for sexual assault survivors. For example, a few provinces only have one sexual assault centre, often with only one or two staff. In centres such as these, the services are limited due to a lack of resources and often only basic crisis support can be provided. In addition to this, these centres are usually housed in the largest city often leaving rural communities without services. Many sexual assault centres strive to support these communities, but the dearth of resources makes this extremely difficult.

Well resourced sexual assault centres throughout Canada generally provide crisis support, counseling, police and court support, public education, and outreach as core programs. Services are generally for female youth and adults who are recent sexual assault survivors or adult survivors of childhood sexual abuse. Some programs offer services to both male and female survivors, while others are mandated as women-only spaces yet offer crisis support to males over the crisis line. Other sexual assault centres do not offer any services to males and instead will refer them to another community service. A few centres are currently undergoing discussions about how to best support male survivors, as they recognize the lack of appropriate services for them. No key informants in the Canada/United States interviews (excluding Alberta) indicated that they offer services to sexual offenders.

Crisis Support

24 hour crisis lines are a part of the core programming of most sexual assault centres in Canada. They offer crisis intervention, assessment, support and information to survivors of past or recent sexual violence, their families and friends. These lines also are available to any community member as they provide information and education around the issues of sexual assault/abuse.

Sexual assault centres offer crisis support to recent sexual assault survivors who are seeking medical attention. Staff or volunteers will accompany the survivor to the hospital offering emotional support, information and advocacy.

Individual and Group Counselling

Sexual assault centres in Canada also offer individual counseling for women who have experienced a recent sexual assault, childhood sexual abuse or sexual harassment. Several centres offer this service for male victims as well. Individual counselling sessions commonly offer crisis intervention, information around the impact of sexual assault/abuse, and facilitate healthy coping and Post Traumatic Stress Disorder symptom management. Common topics include grief and loss, anger, depression, flashbacks, anxiety and trust.

Sexual assault centres also offer a variety of support groups for clients. This provides survivors with an opportunity to share their experiences of sexual violence with other survivors and to receive support. Standard groups include female recent sexual assault, female adult survivor of childhood sexual abuse groups and male adult survivor of childhood sexual abuse. Common topics covered include self-care, PTSD symptom management, shame, depression, anger and trust. A variety of other groups are offered by some centres, including groups for body image, self-esteem, sexual healing, and grief. Other groups may include groups for partners, youth and children.

Police and Court Program

Police and court support programs are another common core service for sexual assault centres. Navigating through these systems can heighten the level of trauma experienced by survivors. These programs offer much needed information, support, advocacy and accompaniment to clients who are involved or considering becoming involved in the criminal justice system. Some centres do not have designated police/court staff due to lack of funding, so are only able to accompany survivors if staff or volunteers are available.

Education

Many sexual assault centres offer public education programs to their community. The aim of this is to increase community awareness about the issues of sexual assault and sexual abuse. These programs are generally available to any interested community group, however they commonly target youth in the school system. Topics include date rape, date rape drugs, healthy/unhealthy relationships, and sexual assault and consent. Some programs offer child sexual abuse education to elementary age children that include learning about personal body rights and what to do if they ever experience sexual abuse.

Several centres offer “first responder” training to professionals. This includes any professionals who are likely to receive disclosures of sexual violence, such as police, nurses, doctors, teachers, and social workers. Training involves increasing awareness of the issue and enhancing skills on how to appropriately respond. For some centres, training and public education programs are only provided as resources allow it. For example, if staff are available. Often centres, struggle to keep up with the crisis demand and as a result, educating the community becomes secondary to supporting survivors in crisis.

Outreach

Many sexual assault centres provide outreach programming. However, the meaning of outreach across provinces varies. For some, this involves direct client community outreach: supporting women in crisis out in the community. While for others, outreach takes more of a community development focus. This often entails participation in committees, community projects and initiatives or working with diverse communities to break down barriers for sexual assault survivors. Similar to public education programs, outreach is also very resource dependent. Some agencies are unable to offer any formalized outreach programming due to the same reasons as mentioned above. However, even without a formalized program, many centres strive to work with the community whenever possible and manage to accomplish some outreach capabilities, even if very limited.

Dual Services (USA)

Dual service models are centres that offer services to both victims of domestic and sexual violence within one facility. This structure is often the result of the amalgamation of a women's shelter with a sexual assault centre. Because this model of service does not exist in Canada, the project sought to include this model in the research for comparison purposes. According to the National Online Resource Centre for Violence Against Women, there are 17 U.S. states who have dual coalition structures. State coalitions are the equivalent to provincial associations in Canada. They do not provide direct services to clients, instead they coordinate and support domestic and sexual violence agencies in their state by offering education, training, research, and consulting. Coalitions also work towards increasing public awareness of the issues of domestic and sexual violence, advocate the issue within systems and influence public policy.

For this project, interviews were conducted with 8 key informants in three U.S. states that had dual service models. Both dual state coalitions and dual front-line services were interviewed in each state. It is important to note this is a very small sample, one that cannot be generalized to all dual services in the U.S. However, this sample does provide information regarding types of service delivered, as well as some of the benefits and challenges of these dual service structures.

24 hour Crisis Lines

All three states have statewide crisis lines that offer crisis intervention, information and referrals to callers. The crisis lines are toll free numbers that are open to many issues and serve to connect people with resources in their community. The majority of front-line dual service agencies also run crisis lines out of their centres. These crisis lines respond specifically to both domestic and sexual violence issues and offer crisis intervention, support and information to callers. While some dual service centres have two separate crisis lines, one for sexual assault and another for domestic violence, this is not the norm. Most crisis lines are answered by staff during the day and volunteers at night while other crisis lines depend primarily on volunteers.

Emergency Shelter

All dual services run emergency women's shelters and offer the necessary supports such as shelter, emergency transportation, food, clothing and crisis intervention. Emergency shelter is available for either domestic or sexual violence survivors, but is predominately accessed by women leaving violent relationships. Women are able to stay between 45 – 60 days in emergency shelter depending on the program. Men are not able to access shelter in the facility. Some programs offer men an alternative place to stay or a referral if they are in need of emergency shelter. A small number of services also offer transitional housing. This is longer term housing (approximately 1 year) for women after they have stayed in a shorter term emergency shelter.

Individual Counselling

All three states offer peer models of counseling. Peer models are ones that utilize trained volunteers, former survivors, and laypeople to support people in crisis including those who

are battered, recent sexual assault survivors and adult survivors of child sexual abuse. The peer model focuses on crisis intervention, information, support, and client empowerment. It is often short term and crisis focused. Key informants felt that trained peer counsellors were able to respond to disclosures of either form of violence by offering crisis support and information to the survivor. Some services have a specialized sexual assault advocate, yet access for clients is challenging as advocates are often responsible for large regions and due to travel distance, some clients are unable to access this service.

Some programs have a contracted professional counsellor that provides therapy to clients. Other programs offer “very little” to no professional counseling. One dual service respondent recently had their counselling funding cut and currently is unable to offer any professional counselling in their state. Due to limited or no funding, many programs are forced to rely on peer models of counselling for survivors of sexual or domestic violence.

Despite a minimal amount of clinical services available, one dual service provider felt:

I don't think in practice it looks very different from somebody going to the counseling centre, the mental health centre, [or] working with a therapist, it is just that we are not...most of us therapists...we just really believe that domestic violence and sexual assault are not in of themselves a health issue... what we provide is a lot of options and information.

Some informants felt peer models were just as effective as professional counsellors in supporting clients through common sexual and domestic violence issues such as flashbacks, safety plans, nightmares, or grief.

Support Groups

The majority of dual service models offer group services. These groups are commonly referred to as “support groups” and are facilitated by staff. All dual services offer groups for battered women; however this is not the case for sexual violence survivors. Most dual services offer groups for recent sexual assault survivors and few offer groups for adult survivors of childhood sexual abuse. One informant stated that in some programs, many adult survivors of child sexual abuse are in the recent sexual assault group. This informant felt this was not ideal, but due to limited resources this was the only option at times. No groups for male victims were identified.

Many service providers saw the group needs of sexual assault survivors as quite different than the needs of battered women. One key informant described recent sexual assault groups as more trauma related than groups for battered women. As a result, one service has a specialized sexual assault clinician that co-facilitates sexual assault groups and trains staff on working with sexual assault survivors. Other services rely on group facilitators from mental health agencies because of some of the high trauma needs that often arise in sexual assault groups such as flashbacks and dissociation.

Outreach

Outreach is another common program of many of these dual agencies, although similar to Canada, the definition and understanding of outreach varies. For some, this program reflects direct client outreach which involves counselling, accompaniment to services and public education to clients in the community. Others define their outreach program as one that reflects a community development focus: committee work, joint community projects and agency collaboration. Outreach programming in dual services is largely dependent on funds. For some dual services that are without outreach specific funding or designated staff, offering community outreach programming is largely dependent on staff availability.

Advocacy

The majority of dual services identified a systems advocacy component in their programs for clients. As stated above, for some this fell under their outreach program. Advocacy predominantly focuses on hospital accompaniment for sexual assault survivors and court/police support specifically around family violence issues such as restraining orders. While advocacy for clients within medical, court and police systems was identified as a service for either domestic or sexual violence survivors, some agencies admitted that sexual violence legal based advocacy was limited. Often, both staff and volunteers provide advocacy support to clients, yet many programs have very little staff available for this program. If volunteers are accompanying rape survivors to the hospital many dual services provide extra training in recognition of the complexity and additional needs of these survivors while at the hospital.

Public Education

Nearly all dual services offer public education to their communities. This primarily focuses on youth within the school system, but is often open to any interested community group. The content of presentations is quite similar to those in Canada; dating violence, rape and sexual assault, anti-bullying and healthy relationships. One key informant also identified sexual harassment as a common education topic. A slightly heavier focus on dating or relationship violence and relationship skills was acknowledged, although those interviewed felt they make a conscious effort to include sexual violence issues in their educational programs. One respondent described their public education program as equally divided between domestic and sexual violence issues, often offering sexual violence with domestic violence education and when possible, with two staff: one to speak about domestic violence, the other to speak about sexual violence. Many dual services also offer professional training with professional groups such as social service agencies, police and nurses. Lastly, public awareness campaigns, including separate domestic and sexual violence awareness months are also a part of public education.

Children's Programs

Most dual services offer a children's program related to domestic violence or are in the process of building a program. Some services have a child advocate that teaches children about personal safety skills, boundaries and touch, and offers children's groups focusing on domestic violence issues. Parenting groups that explore the impact of domestic violence on children and teach parenting skills are also provided.

Batterer Treatment

The types of batterer treatment offered within dual services ranges. Some who offer a batterer treatment program, do so only because there is no other such service currently in the community. Other services co-facilitate batterer groups with a partner agency, while others do not provide any treatment for batterers and instead offer community referrals. No dual services provide treatment for sexual offenders.

Volunteers

Many dual services utilize volunteers for the majority of their services. Crisis lines, peer counseling, systems advocacy and accompaniment programs use volunteer labor. Many agencies are in a position, that without volunteers, they would not be able to run a program, as there is little staff and funding available.

Challenges of Dual Services

This information is limited in that it reflects a sample of 3 U.S. states out of 17 that have dual service models. It thus cannot be generalized to all dual service structures. However, interviews with 8 key informants identified challenges with the delivery of dual services in three US states.

To begin with, available funding is primarily limited to domestic violence work. Budgets for sexual assault programming are very small compared to the budgets for domestic violence programs. As a result, dual services often need to use some of their domestic violence monies to fund sexual assault services. One service provider estimated that sexual violence funding is $\frac{1}{4}$ of that for domestic violence, while other dual services don't receive any state funding for sexual assault services and need to rely on other sources including fundraising. Due to this lack of direct or adequate funding for sexual violence, many agencies have smaller sexual assault programs and smaller numbers of specialized staff.

The most challenging outcome of smaller sexual assault budgets, fewer sexual assault programs and numbers of specialized staff is the minimization of sexual violence. Some informants acknowledged that "some of our programs may go an entire year and never have an individual who contacts [us] who identifies as a victim of sexual assault...[yet] hundreds and hundreds who identify as domestic violence". Another service provider stated that in one year her services receive 180 calls from sexual assault survivors versus 2700 calls from domestic violence clients. While some key informants felt this disparity was normal, due to the stigmatization of sexual assault, others felt it was because the community saw them primarily as a women's shelter. As one informant illustrated: "We[re] kind of labeled as a domestic violence agency...so I find that for the sexual assault program we have to spend, I mean a really conscious effort, even within the organization just reminding ourselves that that's what we do...". If dual services are recognized in the community as a women's shelter, sexual assault/abuse survivors may not know to access them for support. This could be one reason for the low numbers of sexual assault survivors accessing support in some dual service agencies. One key informant acknowledged the impact of this on survivors:

[Funding] will never be equal, dollar for dollar... we see 10,000 domestic violence clients in a year and 1000 sexual violence clients in a year ...so it will never be equal the amount of time or money, but we really try to keep it equitable, try to keep a balance because we know there are so many out there who are not seeking services, who aren't getting the help they need.

Some informants agreed and were concerned about sexual assault/abuse survivors not getting any support. Yet with small budgets, staff and small programs, the challenges to providing sexual assault services are formidable.

Benefits of Dual Services

Along with the challenges identified above, dual services also have benefits. This information cannot be generalized to reflect all dual service structures however, it provides valuable information related to the benefits of dual service models in three American states.

Dual service models are cost effective in a climate with limited funding and a general lack of resources. Many key informants felt a key benefit was the shared overhead costs such as administration and rent. Instead of trying to raise money for the costs of a sexual assault centre and a women's shelter, dual services only need to focus their energy on funding for one space. Another benefit of dual services expressed by respondents was that they were able to offer at least some sexual violence programming. As stated above, in some states, sexual violence funding is very small or non-existent and without dual services, there would likely be no sexual assault programs for a community. Finally, a few key informants also felt that a dual service model, or one large agency in a community, has a stronger voice, more power and as a result has the potential to make a bigger impact on issues related to violence than that of separate services.

Lastly, the most commonly identified benefit was that dual service structures are able to offer support to clients who have experienced both domestic and sexual violence. Many of those interviewed for this project identified the large number of women who access their services who have experienced both sexual and domestic violence. One key informant stated, "Almost every battered woman that we have ever worked with has been raped [and] almost all of the women we work with are incest survivors". Another admitted however that, "More on the side of domestic violence victims have been sexually assaulted than necessarily rape victims have been battered...I think it leans more towards the domestic violence victims having had the two traumas". Many agreed and were quick to highlight the amount of sexual violence in the lives of battered women who access dual services for support. They felt that a dual service structure equipped to deal with either issue, was the best service for this type of client.

5.2 Collaboration

One of the main goals of this project was to make recommendations regarding the potential for women's shelters and sexual assault centres to collaborate as well as to identify areas where client needs dictate distinct service delivery mechanisms. As a result, a large portion

of the Canada/US interviews focused on collaboration. To achieve this goal, key informants were asked about current collaboration between women's shelters and sexual assault centres in their province or state, advantages and disadvantages of collaboration, as well as their thoughts on separated services. The findings of the Canada/US interviews create a rich discussion on the merits and cautions of collaboration.

5.2.1 Current Collaboration

Key informants in Canada and the United States were asked about any current collaboration between women's shelters and sexual assault centres. Informants identified both macro and micro examples of current collaboration as well as offered cautionary comments in undertaking this process.

Macro Level

Collaboration between women's shelters and sexual assault centres occurs primarily at the macro level. However, this is often not formalized nor strategic; it is more reactionary in nature. Women's shelters and sexual assault centres work together at the macro level often in response to legislation or policies that could potentially impact their clients. Examples of macro level collaboration commonly identified from the interviews include lobbying in response to legislation, policies, and funding needs or to combat a challenging political climate and to raise public awareness about the issues. Current macro level collaborative initiatives, that are less reactionary and more strategic, include training, joint forums, conferences, community coordination and advocacy. Informants felt that their current practices of macro level collaboration worked to ensure the issues of violence against women remained on the provincial government agenda and to advocate for the service needs of domestic and sexual violence clients.

Specifically, key informants shared examples of collaborative relationships that were successful in securing core funding for service delivery including special projects such as the development of protocols and guidelines for law enforcement and child protection workers. Others described successful initiatives that resulted in provincial policy and legislation that was more supportive of survivors of violence. Specific to the U.S., state-wide public awareness campaigns were offered as an example of successful collaboration.

Local Level

Key informants gave few examples of local level collaboration. One key informant felt this was because services are very fragmented and agency mandates very specific. As a result, it is challenging for women's shelters and sexual assault centres to collaborate in a direct service delivery capacity. For the most part, local collaboration instead happens at the community level. Relationship building, informal cross-referrals, and information sharing between women's shelters and sexual assault centres were examples given. Outreach into women's shelters was also identified as an example, although this was minimal. Other key informants stated that many women's shelters and sexual assault centres sit on a variety of community committees together and at times, co-facilitate and coordinate workshops and

training seminars. They also offer joint-awareness raising and event collaboration such as December 6th (Montreal Massacre), Take Back the Night and International Women's Day.

Cautionary Comments

Canada/US respondents shared some cautions regarding women's shelters and sexual assault centres collaborating. Many sexual assault centres/services felt so under-resourced that it limited their ability to collaborate. They were instead spending their time and energy struggling to keep up with the client crisis demand. One service provider believed, "we are not as large an organization, nor do we have the resources that [women's shelters] have...we're much smaller...so it's very difficult...you get spread so thin...can't do everything". This may be true for smaller women's shelters as well, such as those in rural communities or on reservations.

Another cautionary theme offered by key informants was the recognition of an unfortunate history of division between women's shelters and sexual assault centres. One informant admitted: "Talking with feminists across Canada and the U.S. there has always been a big chasm between the sexual assault movement and the transition house movement...the sectors are very different...you can feel the difference...it is a difficult relationship". Some informants felt this history of division may challenge any collaborative initiatives between sexual assault centres and women's shelters.

Lastly, the political climate was also a concern for many respondents. Informants referred to a difficult economic climate in which government and other funders had incorrectly perceived women's shelters and sexual assault centres as duplications of service. Some key informants disclosed that some governments and other funders are very supportive of mandatory collaboration, upon which funding is often dependent. As a result, some have felt pressure to comply with the collaboration trend. Those interviewed instead felt that collaboration needs to be voluntary with likeminded agencies that are committed to walking through a philosophy of social change that is true to a feminist approach.

5.2.2 Advantages of Collaboration

The Canada/US interviewees identified many advantages of women's shelters and sexual assault centres collaborating. The needs of clients were the most common advantage to collaboration followed by a strong feminist role. Other advantages such as sharing information and accountability were identified. Moreover, the issue of sexual violence can benefit from building on the successes of domestic violence and the battered women's movement.

Client Need

Interview respondents identified many advantages of collaboration. Client need was the advantage most often cited by women's shelters, sexual assault centres and dual services.

Many key informants discussed the difficulty clients have in accessing services due to the fragmentation of services. Several discussed how women are at risk of “fall[ing] through the cracks” because the services of women’s shelters and sexual assault centres are separate. Collaboration, according to one sexual assault key informant, has the potential to:

Catch the women who fall through the hoops, or fall through the net, like there is so many woman who may go to a shelter who’ve been sexually abused but you never know and vice versa - like we may get calls from women who are being abused...you know physically abused but will not go to a shelter.

Collaboration between women’s shelters and sexual assault centres has the potential to bridge services and work towards reducing barriers for clients. One service provider acknowledged that it is “difficult for even service providers to know what each other is doing and I think if gosh, we don’t know what each other is doing, how do we expect a woman to know”.

Key informants of women’s shelters, sexual assault centres and dual service models also discussed the overlap of the two issues and felt collaboration would better address this reality. They argued that domestic and sexual violence are not separated in women’s lives and that services need to be able to respond to the totality of women’s experiences of violence: “It really makes sense to model that in the work that we do”. Many adult survivors of child sexual abuse are abused by family members and make up a large part of the client population of sexual assault centres. According to one sexual assault centre key informant, “We’re dealing with the outcome of family violence”. Other informants also spoke of this overlap but focused on adult sexual assault and battering:

Clients don’t always fall into one or the other – up to half of women who are battered are also sexually assaulted...I think we are doing a disservice to split these issues up....there is a set of services that can be offered that need to be and should be distinct...but I think there needs to be a collaborative, coordinated effort in a community.

Interviewees felt that sexual violence is a large part of domestic violence and that most domestic violence clients have dual needs: “How can we talk about domestic violence without talking about sexual violence as though when someone is being physically abused that there is an opportunity [for] consensual sex...we must talk about marital rape which is sexual violence in the context of domestic violence”.

Conversely, it was identified that sexual violence clients may more often have a segregated need, for example a recent, isolated experience of adult sexual assault with no other history or experiences of violence. Others agreed that a minority of women have experienced only one form of violence, especially those in women’s shelters. Thus, collaboration reflects a “holistic approach” because working in isolation does not give service providers the full picture of the client’s experiences or needs. It instead only gives them “one piece of the pie” and as a result, some felt a continuum of services would better serve clients.

The dual service providers in the U.S. shared a similar analysis identifying that most of their clients initially present with issues related to family violence and then later often disclose sexual violence experiences as well:

Our domestic violence victims, as they start to look at themselves, and they begin to understand what happened to them...I couldn't give you a percentage... but it is a huge number who actually begin to report that they are survivors of incest or of other kinds of [violence]...even within their relationship, they begin to understand that some of the things that happened to them were sexual... that were violations.

Most dual service key informants felt that collaboration effectively addresses the needs of clients who have experienced both sexual and domestic violence. However, one dual service provider stated:

I can't really think of advantages, just off the top of my head for sexual assault victims, I can for domestic violence victims for those who begin to understand their own sexual victimization, the services are there in the facility. They don't have to go to another place. I can see a distinct advantage for those who present as domestic violence clients...I don't see it as a disadvantage either necessarily [for sexual assault victims], but I don't see it as an advantage for sexual assault victims.

Findings suggest that battered women would benefit from collaboration as many of these women have experienced both sexual and domestic violence. Findings are mixed however, as to whether collaboration would be an advantage for survivors of sexual violence. Perceptions of key informants varied as to the amount of sexual violence survivors who have also experienced domestic violence.

Lastly, respondents identified the ability of front-line responders to be skilled at responding to both sexual and domestic violence disclosures as an advantage. As one key informant illustrated, "Everyone should know how to competently respond to a woman who is saying she has been raped [or battered]". Programs that offer dual services have front-line workers who are able to respond and assess any issue related to either experience of violence. One interviewee stated:

The best way to serve women and children that have been victimized is to have a coordinated response in the community...so that anybody has the responsibility to respond, they all know who does what...its an opportunity to maximize all the resources...so people don't fall through the cracks.

Women's shelters need to know how to skillfully respond to disclosures of sexual assault/abuse and likewise, sexual assault centres need to know how to respond to disclosures of domestic violence. Some key informants from dual services believed that the skills and knowledge needed to respond to both issues are similar. Others disagreed however and felt that a specialized response to each issue is critical. Training staff is a way to increase this skill level, and collaboration between services is a means of achieving this.

Feminist Role

Many women's shelters and sexual assault centres identified a feminist role as another important advantage of collaboration. Many discussed the need for solidarity in the anti-violence women's movement at both community and provincial levels. Some discussed how other services have been created that are not of a feminist philosophy, and as such, focus solely on service delivery. These services do not focus on the systemic causes of violence against women, nor the goal of its eradication: "Others are very worried that we've lost...we are not part of a social service delivery system, we're the women's movement, this is not about service provision, its is about equality and we're losing sight of our goal". Many felt that women's organizations have a crucial role of ensuring the bigger picture of violence against women is not forgotten; that the community is aware of the role of social issues and gender inequality on the victimization of women.

Another informant discussed the importance of international and transnational work and identified many similarities in issues of global violence against women. She challenged services to,

Move out of the local day to day experiences of women like providing counseling – a short term intervention [and to] look at the actual issues that create the actual environment of violence against women; like gender inequality...when I look at the continuum of violence against women, it is not just sexual violence; it is not just domestic violence, right? It is about women's poverty, it's about sexism and women's role in society, about accessing jobs, employment, it's about immigration, it's about war.

Others agreed, stating that provincial collaboration initiatives can work towards addressing these larger social issues as well as bring other issues to the forefront such as the experience of immigrant women, women of colour, Aboriginal women and lesbian women.

Some expressed serious concern over the state of feminist analysis, "I think they're being sidelined, I think they're being completely sidelined and they are the leaders of this movement and the only ones who really understand why all of this is happening and they're being minimized". Others agreed: "Women's anti-violence services have to collaborate in some form, or we're not going to survive". Collaboration between women's shelters and sexual assault centres would create a stronger united voice to effectively confront this.

A collective voice would also carry more weight on issues related to violence against women. Many respondents identified the "strength in numbers" concept as an important outcome of collaboration, highlighting this as a key approach when working with the government. This collaborative voice would be stronger at the macro level and could lobby and challenge policy as well as bring recognition to the issues of violence against women.

Lastly, a unique response related to a feminist role, was one that discussed how collaboration builds a community. This key informant highlighted that collaboration builds stability, capacity and consistency amongst the feminist community. Many survivors return to services as volunteers or turn to support the feminist community in other ways. They often continue

their connections and build networks after receiving services. The process of collaboration between anti-violence women's organizations can work to enhance the strength of this community.

Support, Information Sharing & Accountability

Another prominent theme regarding the advantages of collaboration was that of support, sharing of information and accountability. Many respondents identified the need to support each others work and share information. Isolation was identified as something that could be combated through collaboration in both urban and rural, local and provincial arenas. The isolation experienced by leaders of provincial organizations was specifically identified as an issue of concern. Collaboration could build stronger networks and support systems amongst women's shelters and sexual assault centres.

Other informants felt the sharing of skills, expertise, knowledge and resources was another important advantage of collaboration. They believed this was important not only to support each others current work, but to avoid "re-inventing the wheel" especially since so many agencies experience limited resources. Others felt collaboration would create an environment where women's shelters and sexual assault centres could educate and challenge each other around anti-oppressive practice. Through collaboration, services can share their experiences, solve problems, share solutions and well as to hold each other accountable regarding anti-oppressive practice. Collaboration also helps groups to challenge each other to remain socially active and to be involved with preventing violence against women. Key informants described this as a "political component" of their work.

Building on the Success of the Battered Women's Movement

According to some respondents, the battered women's movement has been more successful in raising the public profile of domestic violence than that of the sexual violence sector. One informant felt there is more support in the community for family violence services and because of the work of women's shelters people are more willing to talk about domestic violence: "People don't want to talk about sexual violence and childhood sexual abuse and rape and sexual assault". A dual service provider agreed: "Sexual assault gets less attention and fewer resources; we find we get in the door with domestic violence issue and then we can bring up sexual assault. We spend a lot of time strategizing how to get more attention to the issue of sexual assault". Another felt that "Many of the systems are just not interested if we talk about [sexual violence]". For example, one key informant stated, "Sometimes the schools won't let you in there if we talk about sexual violence. If they let us come in and talk about healthy relationships and safe relationships...it's easier to get in". Many informants agreed sexual assault centres can build on the successes of the battered women's movement and use them to get a "foot in the door".

A very important advantage of collaboration is that in many communities, without women's shelters, there would not be any sexual assault services. This was a similar theme with some of the dual service providers. There are simply not enough resources, funding or number of clients to offer both services separately in some communities. Dual service models offer a community services for both issues while sharing overhead costs. The sharing of space, administration, resources and money is a strong positive outcome of collaboration.

Lastly, specific to sexual assault centres and dual services respondents was the advantage of having the issue of sexual violence become more visible. Due to a continual lack of understanding by the community at large, collaborative initiatives can influence the general public and increase the awareness of both of these issues. It can also work to raise the profile of the agencies and strengthen the distinct community services available.

5.2.3 Disadvantages of Collaboration

The Canada/US interviewees also identified key disadvantages of women's shelters and sexual assault centres collaborating. The most commonly referred to disadvantage was that of losing the issue of sexual violence within domestic violence and not meeting the needs of sexual assault survivors. A smaller, but important theme was the recognition that the process of collaboration itself is challenging.

Losing the Issue of Sexual Violence

The most widely stated disadvantage of collaboration by nearly all participants, including women's shelters, sexual assault centres and dual services was the issue of sexual violence getting lost or minimized within the issue of domestic violence: "Woman abuse overwhelms the issues of sexual violence". Domestic violence was described as a massive issue including safety, housing, family law, children, and finances, and as a result can engulf the issues of sexual violence. Some key informants specifically cautioned about combining the issues in a public awareness campaign, as society very easily mistakes these issues as the same. One service provider discussed how this has been a challenge since the early centres, "The difficulty I still see...and here we are...you know like 20 years later, sometimes the public will confuse the two and will lump us in". This concerned those interviewed as they felt that both issues are distinctly important and it is "crucial they are kept separate...that they are kept on a continuum but they are not seen as one big ball". Another respondent agreed stating "There [are] some similarities but the issues are different, [it] impacts women differently [and] is perceived in society differently...different efforts need to be put into each one in terms of addressing the issues". Thus, it was deemed critical by many interviewed to recognize the distinction of these issues and many agreed that collaboration runs the risk of losing sexual violence.

Lastly, many respondents from both women's shelters and sexual assault centres felt that "Sexual violence is still hidden...people still don't want to talk about sexual violence" and that family violence is much farther ahead in this respect. All dual service providers discussed their challenges in keeping sexual violence as a "primary focus in the work that we do" similar to that of domestic abuse. Some dual services felt they always have to remind people about the issues of sexual assault: "It feels like we're always tacking sexual assault on the end". One described this as a "burden", as dual coalitions have to keep reminding their communities, policy makers and the state about the issue of sexual violence to ensure they "hear sexual violence as loudly as they hear domestic violence".

Sexual Assault Client Need (Specific to Dual Services in the U.S.)

A drawback specific to dual service models is the impact on client needs. The reality of some dual programming is that higher amounts of domestic violence clients are coming forward for direct services compared with much lower numbers of sexual violence survivors. As a result, there is less time to do sexual violence related work because “battered women are walking through the door” and for some, “most of the time sexual assault survivors get put to the side when there is not an immediate life threatening situation”. Another challenge is that in many programs all staff are trained in domestic violence issues while not everyone has training around the issues of sexual violence. One service provider stated that “some of our programs may go an entire year and never have an individual who contacts [us] who identifies as a victim of sexual assault...[yet] hundreds and hundreds who identify as domestic violence” and similarly, “Many of our programs don’t see anyone that self-identifies, in the beginning, as a victim of sexual assault”. These are serious realities for some dual services and must be taken into account in any collaborative discussions.

Collaboration is Challenging

An important theme, identified by a few key informants, was that the process of collaboration in itself is challenging. Interviewees felt that this type of work can be very trying and recognized the human element inherent in any collaborative process. Some suggested that members of a collaboration need to be creative and learn how to deal with different needs, agendas and disagreements. Issues of power and power imbalances need to be acknowledged and managed. If some have more funding or a higher volume of clients it is important to understand the impact this will have on the collaborative processes. One respondent recognized her potential power: “I have the most funding...I’m sitting in a very comfortable place. What does it mean when I speak?”. Interviewees felt these issues were important to acknowledge and work through. Otherwise, if not carefully managed, collaborative initiatives can create a division amongst its members, “The fact that you represent different constituencies of the same whole” can create competition and at times can trickle down into one agency having success. This often creates division and resentment when it should be viewed as a success. Other aspects of collaboration that are challenging is that it is time and resource consuming.

Lastly, informants described collaborative initiatives amongst groups that do not share similar philosophies. Some initiatives have been described as “forced partnerships”, many of which who are operating in a “very right wing agenda”. This creates many challenges in collaboration as most women’s shelters and sexual assault centres come from a feminist philosophy. These services believe it is important to examine the issues of working in an anti-oppressive framework and to challenge members around their commitment to social activism. Key informants felt agencies cannot do this work without also working towards social change.

5.2.4 Thoughts on Separate Services

Key informants in Canada and the United States were asked about the advantages and disadvantages of having women’s shelters and sexual assault centres as separate services.

Responses ranged from those supporting the separation and specialization of the two services to those who saw advantages of a combined service.

Specialized and Distinct

Many informants, both women's shelters and sexual assault centres, identified the need for services to remain separate because of the specialized needs of clients. For example, one women's shelter informant declared: "I think there is a very highly specialized need in sexual assault". Most women's shelters and sexual assault centres interviewed recognized the specialization of the other and felt clients benefited as a result. Another informant felt that the issues need to remain separate because "sexual assault has been a weapon used against women for a very long time and I think we haven't responded – we have a long way to go in society to change the attitude, the laws, the mind frame". A specialized response is required to ensure each issue gets the attention it deserves.

Many key informants also referred to the different immediate needs of women fleeing from family violence versus those of sexual assault/abuse survivors. The most notable difference being that domestic violence clients are in need of immediate shelter, while sexual violence clients generally, are not. Additionally, domestic violence is often life threatening. Battered women and their children have more immediate safety needs, whereas a sexual assault survivor has more immediate needs around her emotional trauma. These differing immediate needs, require a specialized response according to many key informants interviewed. Having the expertise to respond to sexual violence survivors or battered women is critical, "From a complex PTSD syndrome perspective, from a counseling perspective, the competencies required to respond to these two issues are different...even though there is a case to be made of the overlap, because many clients experience both". Separate services enable service delivery to be focused and allows for a specialized response to meet a client's immediate needs. One informant felt that combined services would lose the specific focus and in-depth analysis that distinct services effectively provide. Successful dual service programs that offer both domestic and sexual violence services keep the two issues distinct and separated, according to one informant, otherwise sexual violence gets lost.

Supportive of Shared Services

Conversely, other key informants were supportive of shared services because some felt they were more effective in supporting women who have experienced both domestic and sexual violence. One respondent argued that, "In a lot of women's minds, it's not separated at all". Similar notions were mentioned by another who supported a "continuum of services...that are responsive to the women's needs irrespective of where she presents for support". One interviewee agreed stating:

Once somebody walks through the door, I don't think you need to have separated services, because it is not separated in women's lives and I think somebody who can talk to a woman whose been physically and emotionally abused by her partner but never sexually abused can be trained to be just as effective as sitting and talking to a 16 year old who got raped last night.

Other key informants saw the experiences of domestic and sexual violence as more of a violence against women issue, rather than separate issues. From an educational perspective, the issues have stayed separate according to one informant, who was not sure they should: “talking about violence against women, you know, maybe we shouldn’t be separating so much sexual assault from domestic violence...it’s violence against women...played out...or experienced out in different ways often [perpetrated] by similar people”. Another key informant argued with a perspective that focuses on the resulting trauma instead of a specific issue:

What we hear from consumer survivors in recovery is it’s about trauma, it’s not about “I was a victim of domestic violence” or “I was a victim of sexual violence”, or stalking...it’s “I’m a victim of trauma”...maybe we need to start rethinking our work from more of a trauma model instead of separating it out between domestic violence and sexual violence.

Some supporters of shared services felt that from a crisis/trauma perspective a specialized response was not necessary. One informant felt that services do not need to be separated arguing that the model of a crisis centre is not a clinical one. She felt that clients who need crisis support, do not need a separate service to meet their needs. However, she also stated that if a client wanted therapy or clinical intervention “It only makes sense to have a therapist who has expertise in the kind of abuse you’ve experienced”.

Others supporters of shared services felt that joining services could provide an opportunity to extend the services to more people. Some key informants expanded on this stating that existing services are already limited in how they are able to serve women, and as a result, not all women are being served equally. Aboriginal women, women with disabilities and women of colour for example, are client groups that many services are not effectively serving. Instead of a women’s shelter and a sexual assault centre trying to expand their services to underserved client groups, one centre could combine resources and work towards extending their service. Respondents also argued that existing services are already struggling for funding from year to year. Some questioned “why create another struggling agency? Why not instead put more money into existing services and expand their programming to accommodate more clients and build one stronger agency?”. Agencies could then focus their energy on funding for one service.

Community Dependent

The final theme regarding the question of separate services was the response from informants that it is community dependent. Each community needs to decide for itself what type of service model fits their needs, a few respondents argued. Some felt that in large cities it is necessary to have separate services as the volume of clients can support this, but this was unlike rural communities. In many rural and isolated communities, there are very limited resources, and as such there is often no specialized sexual violence service. Instead, there may be a women’s shelter or another service such as a women’s centre that responds to sexual violence. Some communities may decide to put more resources into those that are already supporting survivors of sexual violence as some informants questioned “how can we create two struggling services in small communities?” Other respondents felt that separate

services may not be necessary but separately funded and designated sexual violence staff were, so they are not “sucked into domestic violence work”. This range of thought around rural community models is indicative of the diversity of needs and views amongst communities and therefore exemplifies the need to incorporate models that are sculpted to fit a particular community.

5.3 Alberta Interviews

Another deliverable of this project was to document and analyze current women’s shelter and sexual assault centre core programs in the province of Alberta. The project sought to identify the potential for collaboration between these two services, gaps/duplications in service and the need for distinct and separate service delivery. During the month of February 2006, 19 interviews were conducted with 24 key informants in Alberta. Of the 19 interviews conducted, 7 represented sexual assault centres and 12 represented women’s shelters. Alberta key informants were identified in consultation with both provincial coordinators to reflect the diversity of services and Alberta’s regions. Questions asked related to current services and client groups, similarities and differences between women’s shelters and sexual assault centres, ways these two services could collaborate, and potential gains and losses of this collaboration.

5.3.1 Services

In order to document and analyze current core programs of women’s shelters and sexual assault centres in the province of Alberta, informants were asked about their services and client groups during the interviews. The following is a general representation of women’s shelters and sexual assault centres in the province of Alberta.

Women’s Shelters in Alberta

Currently, there are 34 emergency women’s shelters in 31 Alberta communities. This includes five on-reserve shelters and one safe room in Banff. There are two seniors’ shelters in two Alberta communities and nine second stage shelters, which include two on-reserve. Pincher Creek and Medicine Hat will soon be opening second stage shelters but these apartments are not available as of the writing of this report. YWCA Sheriff King Home in Calgary recently obtained condominiums to be offered as second stage housing, but these are not yet on stream. The following description of core services is based on a sample of 12 women’s shelters in the province.

Shelter

Women’s shelters in Alberta offer emergency shelter for women and their children up to 21 days. Many emergency shelters are open to battered women, sexually assaulted women, women in crisis and homeless women, providing space is available. However, priority is given to battered women as most shelters are full much of the time and cannot accommodate

other women in need. As well, many urban shelters often have to turn away battered women because they are full to capacity. Most shelters do not accommodate male victims inside the shelter; however a few offer an alternative arrangement such as a hotel. There are also emergency shelters in Alberta specific to persons over 60 years of age. Seniors' shelters offer emergency housing to males and females experiencing abuse and are able to provide shelter for longer periods of time. Some emergency women's shelters also offer second stage housing programming while other second stage shelters are separately established. Second stage housing is longer term housing (six months to one year) beyond that of an emergency shelter, for women leaving abusive relationships.

Crisis line

Most shelters run a 24 hour crisis line, however some do not. Crisis lines generally provide support, information, referrals, risk assessment, and crisis intervention, to women who are experiencing domestic violence. Other shelters run crisis lines that are not issue specific and are open to anyone in crisis. This is often because the shelter crisis line is the only available crisis line in a community. Another community has a unique arrangement where the local women's shelter supports the local sexual assault crisis line after hours.

Counselling

Individual support counselling is offered by most women's shelters in the province, yet it varies in its delivery as it is dependent upon fundraising undertaken by the shelter. Some informants define it as support and empowerment focused, while others describe it as more crises oriented and therapeutic in nature. Issues commonly covered include the cycle of violence, impact on children who witness violence, safety planning, housing access, and legal or medical needs. Counselling is often short-term in nature, while others shelters have a longer term capacity or provide long-term support through their outreach programs. A few programs offer Aboriginal elders, healing circles and other Aboriginal traditional healing methods as part of their counselling program for Aboriginal clients. Some women's shelters in Alberta are supporting sexual assault survivors as there are no specialized sexual assault services in their community.

Several women's shelters also offer support groups for their clients, while others are unable to provide this due to limited resources. Groups often take a psycho-educational focus by exploring common issues with women such as anger, the cycle of violence, healthy relationships, assertiveness, and self-care. Most groups focus on issues related to domestic violence, while other groups are more general in nature and instead focus on self-esteem, life skills, and parenting issues.

Outreach

Outreach programs are a common service of many women's shelters. These programs are largely available for only women, but one informant identified outreach services to male victims as well. Outreach workers generally provide counselling, advocacy and support around any issues women may need: safety, housing, finances, or employment for example. Some shelters offer outreach workers to support non-shelter clients in outlying communities while others also run groups outside the shelter. Several outreach programs provide ongoing support for women exiting the emergency shelter, while others offer support in the

community to women who have not yet left their abusive partner. A few shelters are unable to offer direct client outreach in any capacity and instead take a community development focus.

Public Education

Several women's shelters provide public education programs to community groups and schools. Topics of these educational programs include family violence, bullying, the cycle of violence, elder abuse, and dating violence. Some women's shelters also provide domestic violence training to professionals such as RCMP, police, nurses, and social service workers. A few women's shelters recently received cuts in their educational funding and as a result, no longer have designated staff for this program. These women's shelters are very stretched in their resources and struggle to keep up with the crisis demand, often unable to provide education to their community. Lastly, in communities without sexual assault centres, some women's shelters also educate around date rape, date rape drugs, and sexual assault laws.

Advocacy (court, police, hospital)

Client advocacy is a standard service of most women's shelters. Court, police, hospitals and access to affordable housing are common areas in which women often need support, most commonly though, women are supported throughout the criminal justice process. Support in obtaining protective orders, preparing for court and accompanying women to court are common ways women's shelters support abused women. Women's shelter staff are also able to liaise on behalf of their clients with key people in various systems.

For rural communities with no sexual assault service, some women's shelters will accompany a rape survivor to the hospital. One shelter stated they do their best to offer support to recent rape survivors accessing the police or the hospital as there have been situations where the survivor was mistreated and there was no advocate available to support her.

Children

Most women's shelters offer programs for children living in the shelter. Through child support programs, shelters are able to free up the mother's access to other support programs both inside and outside of the shelter. Some shelters offer support programs, both in individual and group formats for children. This involves working through the impact of witnessing domestic violence with children which often includes the exploration of self image, safety, and feelings.

Batterers

The provision of battering programs by women's shelters widely varies in Alberta. Some women's shelters offer battering programs for abusive men within their facilities, while others refer out to the community for this type of service. For one shelter, batterer support is part of their outreach program, as they offer a group for abusive men out in the community. Another shelter however, offers groups for both male and female batterers. Unfortunately, in many smaller communities, treatment for abusive men is non-existent.

Sexual Assault Centres in Alberta

There are currently 7 stand alone sexual assault centres in the province of Alberta, situated in six out of ten Alberta regions. One specialized sexual assault program operates within a women's shelter and two communities are in the process of developing specialized services in collaboration with other local community agencies. The following representation of standard services is based on a sample of 7 sexual assault centres in the province.

Crisis line

Most sexual assault centres run 24 hour crisis lines, yet they vary in delivery. Most centres provide crisis support, assessment, information and referrals over their crisis line regarding issues of sexual assault/abuse. One exception to this is, one centre runs the community crisis line and instead responds to a variety of issues. Another variation in Alberta is that one specialized sexual assault program is housed within a women's shelter. This sexual assault program supports the women's shelter crisis line during the day, while the women's shelter supports the sexual assault crisis lines after hours. A similar relationship is being developed in another Alberta community. Lastly, some sexual assault centres in Alberta do not have crisis lines that run 24 hours a day.

Counselling

Individual counselling is a core program of sexual assault centres. Support, crisis intervention, assessments, referrals, and therapy are a part of this service. Counselling services are for male or female survivors of sexual violence as well as their significant others. Individual counselling focuses on many issues related to sexual violence including, shame, trust, depression, fear, PTSD management and coping skills. One sexual assault centre has a mandate beyond sexual violence and will support anyone in crisis.

Support groups are also common programs in sexual assault centres; however the client group and topics vary. The most typical groups offered are those for female adult survivors of childhood sexual abuse and for women who were recently sexually assaulted. Some programs offer groups for adult male survivors of childhood sexual abuse or are working on creating one. Other examples of groups provided include groups for children, teens, non-sex offending parents, partners, families, and sexually aggressive children. One unique group offered, in partnership with a women's shelter, works with women who are survivors of childhood sexual abuse and adult battering. Common topics of groups include anxiety, grief, anger, self harm, flashbacks, self care, and healthy coping. Other groups bring in professionals to offer information to the clients, for example information related to sexual health, suicide, or eating disorders.

Outreach

Sexual assault centres generally offer outreach programs, most of which have a community development focus. This involves participation in committees and community projects as well as outreach into diverse communities such as the Disability, Aboriginal, Ethno-cultural, Gay/Lesbian/Bisexual/Transgendered, and senior communities. A few outreach programs offer direct client support in women's shelters and other agencies, while one provides outreach into smaller communities to support recent sexual assault survivors. One sexual assault centres has a unique outreach program that supports refugees and immigrants who

have experienced sexual violence during times of armed conflict. Lastly, other centres have limited funding and unfortunately are unable to provide extensive outreach services.

Education

Public education is offered to any community group, social service agency or school. Professional training is also offered by many sexual assault centres to services such as Alberta Alcohol and Drug Abuse Commission, Victim's Services, hospitals, RCMP, and police. Common topics include, sexual violence trauma, Post Traumatic Stress Disorder, how to respond to disclosures, sexual harassment, dating violence, child sexual abuse, internet safety, and drug facilitated sexual assault. Some centres also offer child sexual abuse education programs for children. One sexual assault centre provides education related to domestic violence issues as the local women's shelter is currently unable to offer this service. In another community, when possible, staff from both the women's shelter and sexual assault centre go out and present educational programming collectively.

Advocacy (court, police, hospital)

Hospital accompaniment of sexual assault survivors is a core service offered by the majority of sexual assault centres. Here staff support and advocate for the needs of victims of sexual violence. However, in some areas this service is provided by the Victim's Assistance Unit of the RCMP. Other sexual assault centres offer court and police programming that provides information regarding reporting options, compensation, police and court processes. Police and court advocacy, preparation and accompaniment are also provided.

Other

Unique services include drop-in information nights for clients around sexual assault and sexual abuse issues and camp retreats for adult female survivors of child and adult sexual violence. Lastly, two Alberta communities are undergoing the creation of a service model that would co-locate domestic and sexual violence services in one facility.

Most centres do not provide treatment for sexual offenders. However one centre provides treatment for parent and adolescent sexual offenders.

5.3.2 Collaboration

One of the main goals of this project is to make recommendations regarding the potential for women's shelters and sexual assault centres to collaborate as well as to identify areas where client needs dictate distinct service delivery mechanisms. As a result, a large portion of the Alberta interviews focused on collaboration. To achieve this goal, key informants were asked about the similarities and differences between women's shelters and sexual assault centres, current levels of collaboration, gains and losses of collaboration as well as other thoughts on working together.

5.3.2.1 Differences Between Women’s Shelters and Sexual Assault Centres

(See Table 2)

Key differences between women’s shelters and sexual assault centres in Alberta were highlighted in this research. The two most commonly identified differences was that of the services they offer and the clients who access them. A final theme relating to how we define domestic and sexual violence and the implication was documented.

Services

Women’s shelters and sexual assault centres differ in the services they provide the community. A women’s shelter’s primary function is to provide safety and shelter to women and children who are fleeing domestic violence. They provide basic needs for their clients such as food, clothing, and personal items. Emergency shelters stays are limited to 21 days.

According to the research respondents, women’s shelters typically function as short term emergency accommodation. They generally don’t have the ability to provide long term assistance. Within this short period of time, issues such as housing, parenting, life skills, finances and legal needs are managed. One respondent described it as “deal[ing] with a woman’s life as a whole”. However, others felt that as a result of this crunch, shelter staff are “too busy dealing with the client’s day to day situations so the client can leave” and often do not have time to support the emotional trauma in a way that is needed.

Other key informants felt another main difference between the two services is that women’s shelters are broader in their scope offering, when they can, services to other women in crisis who need temporary housing, but may not be in an abusive relationship. Lastly, a few respondents felt that women’s shelters, unlike sexual assault centres, were a preventative measure, as while the woman is in the facility she is safe from harm.

Sexual assault centres on the other hand, differ from women’s shelters in that they deal exclusively with sexual violence and the resulting emotional trauma. A sexual assault centre’s primary function is to offer specialized crisis intervention to survivors of recent and past sexual violence. This includes short and long-term individual and group therapy.

While women’s shelters were described as broad in nature, sexual assault centres were described as more narrow in their focus. Similarly, while women’s shelters work through a variety of issues in a short period of time, sexual assault centres generally have the capacity for longer-term support with a heavier clinical focus.

Many respondents stated that in terms of the needs of sexual assault clients, women’s shelters do not have time to deal with sexual violence in the way that is required and that without a sexual assault centre there would clearly be a gap in the community. One women’s shelter respondent stated “You need to have different kinds of training...it’s a different ball of wax when you’re talking about being sexually assaulted, when you’re talking about being a survivor of abuse”. The specialized nature of both services was a key theme identified in this research.

Clients

Women's shelters and sexual assault centres also differ in the client groups that they serve. Respondents felt "we target a different kind of client". While there is a group of clients that experience an overlap of these two issues, there are also large groups of clients that do not: "A rape that happens... in the community, or in a mall, or in the back seat of a car, or at a party, where would that be family violence? It's not, it's sexual violence". Many respondents stated similar themes such as, "There's no question that family violence can include sexual violence [but] all family violence does not necessarily include sexual violence" and "you can have sexual violence happening without family violence". This is an important distinction to make. A woman can be sexually assaulted by her partner, but she can also be sexually assaulted by an acquaintance, a co-worker or a stranger.

Sexual assault requires specialized services from a sexual assault support program, just as women who experience domestic violence require specialized support from a women's shelter. Although there may be a group of clients dealing with both issues, it is important to note that they present to each service with very different needs. Respondents explained that the traumas of domestic and sexual violence are very different in the way they are treated; even if a woman is raped and battered, she will require the specialized services of both a women's shelter and sexual assault centre to meet her complex needs.

The last important client distinction identified between women's shelters and sexual assault centres is that of male victims. The services of sexual assault centres in Alberta are available to youth and adult male survivors of sexual violence. This is a key difference as women's shelters generally do not support male victims of domestic violence.

Definition

Lastly, an important theme mentioned by one informant was the question of "how are we defining domestic and sexual violence?" The respondent felt that the broader the definition, the less different women's shelters and sexual assault centres become. She questioned whether the two memberships were similar in how they defined domestic and sexual violence or if there is a variety of definitions: "Are we even on the same page?" For example, "The needs of a mother whose child has been sexually abused in the community can be very different than the needs of a mother whose child has been sexually abused in the home...do we define this as family violence or sexual violence? [This is a] very fine line". This piece was seen as a critical component, as many clients of sexual assault centres are those that were sexually abused as children by a family member. Having a clear and consistent definition allows women's shelters and sexual assault centres to distinguish themselves.

5.3.2.2 Similarities Between Women's Shelters and Sexual Assault Centres

Respondents identified the themes of clients, crisis support and external challenges as key similarities between women's shelters and sexual assault centres in the province of Alberta.

Clients

The biggest similarity between women’s shelters and sexual assault centres, is the existence of a group of clients that have had experience with both sexual and domestic violence in their lives. As a result, these services share this sub-group of clients. Most respondents discussed that many battered women often also experience sexual coercion or rape within their abusive relationship and/or have histories of child sexual abuse: “These issues often go hand in hand”. Another agreed stating, “There is a high correlation of victims of sexual violence [that] then going into battering relationships...so there is often that dual issue”. While others recognized that “a percentage of family violence makes up sexual violence”. For a portion of women’s shelter and sexual assault centre clients, there is an overlap of domestic and sexual violence issues and needs.

Table 2: **Differences** Between Women’s Shelters and Sexual Assault Centres

* This is a general representation of the differences between women’s shelters and sexual assault centres in Alberta based on the samples interviewed.

Difference	Women’s Shelters	Sexual Assault Centres
Services	Provides shelter and safety	Does NOT provide shelter and safety
	Primarily short-term emergency	Short and long-term support
	Broad in Focus (safety, housing, parenting, finances, court, social services, emotional support)	Narrow in Focus (sexual assault/abuse crisis intervention, support and counselling)
	Shelter & Support	Clinical Counselling
Clients	Domestic violence without any sexual violence experienced	Sexual violence without any domestic violence (ie: adult survivor of childhood sexual abuse by neighbour, acquaintance rape, stranger rape)
	Women and children	Women, Men, and children
	<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">Woman is battered and raped</div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;">Meet shelter/safety and battering needs here</div> <div style="text-align: center;">  </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">Meet needs of rape here</div> </div>	

Crisis Support

Both women's shelters and sexual assault centres work with people in crisis, providing intervention and support. One key informant illustrated, "We're all dealing with trauma, long-term complicated trauma...from a client perspective [you] have to have staff that have the fundamental understanding of crisis intervention [and] a philosophical understanding of violence". Both domestic and sexual violence require a skill level of crisis assessment and intervention as both issues are highly traumatic and create crisis in the lives of survivors.

Additionally, both services often work from the same model and philosophy which understands violence against women as an outcome of the oppression of women and both issues utilize a power and control analysis when explaining the behaviour of the offender. One respondent stated "I agree to a certain extent that violence against women is violence against women...and I agree that if we look at it, it's a spectrum thing and that it all has roots in oppression and power and control". However another informant summarized, "We counsel the same way... we come from the same back ground and theories...working from where the client is at [for example]... but [we] are *not* delivering the same service because the community needs are different". Others were clear in supporting similar sentiments.

External Challenges

Women's shelters and sexual assault centres share similar struggles with external perceptions and attitudes about the issues of violence. Communities still struggle with the reality of sexual and domestic violence often responding "it doesn't happen here" and as a result, not supporting available services. Other perceptions include the incorrect idea that women's shelters and sexual assault centres are the same thing or offer the same services. At times, both agencies have struggled against accusations of service duplication. A key informant declared, "We have commonalities...but [this] miss[es] the point...people think that if there are commonalities, why don't you just deliver the [same] service?" Both agencies contend with these external misperceptions.

Women's shelters and sexual assault centres also share similar frustrations with external systems such as the police, social services, courts and hospitals. Often members of these systems can be the first responder to situations of either domestic or sexual violence, or are dealing with the aftermath of these forms of violence. Both services struggle at times with the mistreatment of survivors by members of these systems as well as the policies and laws that both revictimize or keep survivors at risk for further violence. This is an ongoing challenge for both women's shelters and sexual assault centres.

5.3.2.3 Thoughts on Working Together

To gain an in-depth understanding of the potential for collaboration between women's shelters and sexual assault centres in Alberta, key informants were asked questions to explore their thoughts on working together. The questions inquired about the benefits and cautions of working together, as well as the potential gains and losses of this work. The interviews also explored the current level of collaboration in Alberta. From this questioning, the service

needs of women's shelter and sexual assault centre clients as well as ideas on how to work together were obtained.

Benefits

Many positive aspects of collaboration between women's shelters and sexual assault centres were expressed. Informants described collaboration as a "need", a "necessity", "a must" and "a benefit". Those interviewed felt it would create better services for clients so that "nobody's falling through the cracks". Collaboration could reduce the current fragmentation of services and fill the resulting service gaps. A smoother service structure would result.

Other respondents discussed how services are often seeing the same clients, at different times in their lives. Some described that for many clients, the violence "goes on and on and on". One informant stated: "Many women are dealing with domestic and sexual violence issues...how does this impact the rate of recidivism back into shelters?", while another stated, "Adult survivors of childhood sexual abuse may recycle the violence within their [intimate] relationship or find a new one to continue the violence". Informants felt that collaboration has the potential to decrease service recidivism and the re-victimization of clients. They felt that the current fragmentation of services creates treatment gaps and as a result clients who have experienced both domestic and sexual violence do not get all of their treatment needs met. Consequently, some clients may then continue to re-experience violence and continue to access services for support.

Another benefit is that of macro level collaboration, and its potential for influence in the political arena. A strong, united anti-violence voice in the province has more power when working with policies, legislation or when acquiring funding. One informant stated "[I] would love to see us work together in more...work together on a bigger scale, not a service delivery level, but the advocacy, training, political, policy...macro level work...we have a lot in common". Because women's shelters and sexual assault centres share similar external struggles, or are often both impacted by policy and legislation, collaboration could increase the ability to advocate on behalf of anti-violence issues and services.

On the other hand, for many rural communities, collaboration was described as "not a choice, [but] a necessity". Smaller communities often need to work together as there are less resources and a smaller population base. Separate and distinct services often cannot maintain themselves in many small or isolated communities. One key informant expressed "I don't think realistically there's going to be anything specialized available so we need to work together". Collaboration is essential in rural and isolated communities, without which, there would likely be no service at all. However, others felt that while not every community needs a stand alone service, each service within a collaboration needs to be specialized and identifiable even if the physical structure is shared.

Challenges

In contrast, informants cited the many challenges of collaboration. To begin with, the process of collaboration itself is challenging, as it is often described as "people dependent". Some initiatives are very successful due to the commitment and dedication of those involved, while other collaborations struggle with internal conflict, or a lack of commitment.

Informants expressed caution around the process of collaboration for these reasons. Collaboration also uses up time and resources: “Just because you are collaborating you are not all of a sudden freeing up resources or time in order to collaborate”. In fact, collaboration requires *additional* time and resources.

Other informants expressed concern with collaborative initiatives because in a difficult economic climate, funders may misperceive collaborative initiatives as evidence that women’s shelters and sexual assault centres are a duplication of services. One key informant stated: “It is not because we don’t want to collaborate...we are all for the same cause...it’s not about not working together or being territorial...there is a consequence if we do this”. A challenge of collaboration is to address and alleviate these fears while strategizing ways to respond to external misperceptions. Finally, collaboration runs the risk of “washing down what we do” with services becoming too generic. Informants felt that the specialization and distinction of services are at risk with collaborative endeavors between women’s shelters and sexual assault centres.

Needs of Women’s Shelters and Sexual Assault Centres

The needs of women’s shelters and sexual assault centres that could be addressed with collaborative initiatives were also identified in this research. First, in rural communities without sexual assault centres, women’s shelters are struggling to meet the needs of sexual assault victims. While they are doing their best to fill this gap, it places further demands on their staff and resources and as a result, the shelters “are really stretched”. Other key informants representing small communities stated that they currently were not overwhelmed with sexual violence issues, but feared they would soon be due to growing populations and increasing social issues in their communities.

This creates a gap in specialized services for sexual assault victims in many communities. As stated, while women’s shelters struggle to keep up with supporting sexual assault survivors, many key informants felt that sexual violence clients had specific needs that extend beyond what a women’s shelter can provide. One women’s shelter respondent stated: “It would be nice to have, if nothing else, a little office here so people don’t have to run out of town [for sexual assault services]”. Rural women’s shelters require sexual assault support. Training, resources, specialized staff, or a centre represent a continuum of support needs for small communities. In addition to sexual assault support, areas that have large Aboriginal populations require specialized services for Aboriginal peoples (Aboriginal staff, Elders and traditional healing methods for example). Collaboration could work towards supporting these communities around issues of sexual violence.

Lastly, women’s shelters need a follow-up link for clients, with a sexual assault centre. This need recognizes that clients who are struggling with both issues require specialized treatment for their experiences of sexual and domestic violence. However, treating sexual violence is often not possible in the environment of a women’s shelter due to the priority of immediate needs such as safety and shelter. A follow up link, however, could connect women to a sexual assault service, once they have stabilized and have met their urgent needs: “We could help them set up a case plan and then continue with a counselor to deal with sexual violence trauma [after a stay at the women’s shelter]”. Another informant agreed:

Look at the trauma that is created through sexual assault, either if it happened once or over a lifetime, the grief and the trauma that comes from that...the woman could come into the shelter we could provide her safety and security...and meet most basic needs...free her up to go ahead and start dealing with the trauma she's experienced in her life, related to sexual abuse or assault, I think it would be very beneficial for her healing and her children.

Linking women to service who have experienced sexual violence in addition to their domestic violence is a crucial area that collaborative partnerships can successfully address.

Gains

Many informants felt that collaboration between women's shelters and sexual assault centres would reduce the fragmentation of services and instead create a fuller spectrum of services for clients. The creation of treatment linkages between child sexual abuse, sexual assault and intimate partner violence could result. One key informant stated: "There needs to be a working relationship...I'm sure we're barely touching the surface on the amount of sexual violence that happens within the family". Collaboration would result in an improvement of identifying the needs of clients and connecting them with the appropriate treatments. Lastly, increased service provision to isolated communities was also identified as a potential gain of collaboration. Women's shelters and sexual assault centres could work towards shared models of service that support smaller communities.

Losses

Informants identified the potential losses of women's shelters and sexual assault centres collaborating. Some were afraid that sexual and domestic violence would "be lumped together" by the public, thereby losing the distinction of the two issues. Another agreed stating, "I would hate to see sexual assault just get lumped in with domestic violence, as many assaults do not happen within the family context". The loss of distinction is a critical issue for services, as it carries with it implications for funding. Perceptions of duplication of service arise when the public view women's shelters and sexual assault centres as the same, "You could lose the...significance...they can be very independent of each other, by combining, you're saying they're the same when they're not". Some informants felt that sexual assault centres will get left out of funding, because of the perception that women's shelters do the same work: "I don't think it will be us that will lose, it's really going to be the sexual assault centres that are going to lose, because they are the one's that are not funded". Many respondents, from both sexual assault centres and women's shelters were concerned about the loss of sexual violence specifically.

Another potential loss of collaboration is that of a client focus. Concerns were raised by key informants that collaboration would result in turf protection and a competition for funds. Collaborative partners can become defensive about "owning services" and may lose sight of the needs of clients. One respondent stated that "We need to remember we are here for the client" and another, "We need to keep in mind the needs of the women we are working with and I don't see why we can't work together to provide that service that they need". The

challenging process of collaboration could risk losing the focus of the needs of the clients each agency serves.

A final potential loss identified in the research was that of the services for adult male victims of sexual violence. In comparing the two issues, overwhelmingly those that are battered and require emergency safety and shelter are women. Conversely, a large number of males have experienced childhood sexual abuse and utilize sexual assault centres for support. Key informants felt that collaboration between women's shelters and sexual assault centres risks the marginalization of male sexual abuse victims. If collaborative structures are shared for example, males may be reluctant to access the service, or may not know the service is also available to them.

Ideas About How

Many ideas on how women's shelters and sexual assault centres can work together were identified during the interviews. First, a common theme of training was highlighted. Women's shelters and sexual assault centres could cross-train each other's staff, thereby increasing the skill level of all staff. Additionally, these agencies could collaborate and offer training and education through joint-workshops thereby promoting the importance of both issues, increasing the awareness of violence within the community and increasing the skill level of other service providers such as police and social workers. Secondly, key informants proposed the development of protocols between women's shelters and sexual assault centres thereby benefiting those clients who experience both domestic and sexual violence.

Other key informants discussed the importance of an after-shelter link. This involves connecting battered women with histories of sexual violence to the services of a sexual assault centre after their stay at a women's shelter. Others proposed that sexual assault centre staff could offer outreach services to clients in women's shelters. Lastly, key informants also discussed the idea about developing a mobile service model that could be accessed by clients in remote areas: "[there needs to be a] way we could get it working together that we could transport [these] types of services to rural areas as well". As a result, services could become accessible to clients in smaller, more remote communities.

Assessment Protocols

Respondents were asked about their thoughts on creating assessment protocols where women's shelters assess for sexual violence and sexual assault centres assess for domestic violence. Protocols would enhance the ability for clients to disclose other experiences of violence and to receive the appropriate supports and services. All respondents agreed that both services should cross-assess. Many felt it would strongly benefit the clients as dual issues are currently not addressed in an effective manner:

From a domestic violence perspective - women coming through our shelter – sexual violence doesn't get addressed on a level that it could be with more of a linkage with the sexual assault center – this is a gap – if we assess this and prioritize this and make [a] linkage with the sexual assault centre and vice versa.

Some key informants stated that clients may not define or identify their experiences as sexual or domestic violence and a skilled assessment would create an opportunity for clients to disclose, get support and treatment.

Cross-assessment also enables services to create appropriate treatment plans for clients who have experienced both issues. This is important as respondents felt that sexual violence compounds the trauma of domestic violence: “If these women (adult survivors of child sexual abuse) are in the shelter dealing with their own domestic violence...how much [this history] compounds their situation...they may have huge blocks”. By assessing, services can determine a client’s history and hence, their treatment needs. Informants strongly stated that without this many clients may “recycle the violence within their relationship” either as a victim or a perpetrator. Skilled assessment and enhanced treatment has the potential to reduce service recidivism. When trauma survivors do not received specialized treatment for all their experiences of violence, they will likely re-experience crisis at a later time: “It ties into when we see any type of violence cause impact on these women, we may see them come back through the shelter in crisis”. Assessment empowers women’s shelters and sexual assault centres to provide enhanced supports to their clients.

Current Collaboration

Women’s shelters and sexual assault centres were asked about their current levels of collaboration. It is important to recognize the many examples of collaboration already occurring in the province. The findings of the interviews found a wide range of collaboration occurring. Some services are not currently collaborating at all, while others share crisis lines and space. The majority of the collaboration is occurring away from direct client service delivery. Sharing information, referrals, sitting on committees together and working on one time initiatives are common examples. Many respondents felt that strong relationships have been built while others felt these relationships could be enhanced.

Some women’s shelters and sexual assault centres are engaging in direct service delivery collaboration. For example, in one community the women’s shelter supports the sexual assault crisis line after hours and shares space. In another community, a women’s shelter and sexual assault centre co-facilitate a group for women who have experienced both childhood sexual abuse and intimate partner violence. Other communities offer outreach services into each other’s agency, cross train staff, and provide conjoint public education sessions. These examples are indicative of the potential value of women’s shelters and sexual assault centres collaborating.

5.4 Joint Membership Meeting (AASAC & ACWS)

A joint membership meeting was held in March 2006 with Alberta women’s shelters and sexual assault centres. The purpose of this meeting was to report to the memberships the information gathered from the research to date, provide an opportunity for participation in the research and to discuss and strategize future directions.

The meeting consisted of three discussion components: reviewing the research, collaborating more effectively regionally and collaborating more effectively provincially. Working in small groups, participants answered questions related to these themes. Each small group reported its responses to the large group and participants identified overall themes. The following is a summary of themes from this meeting.

5.4.1 Reviewing the Research

The findings from the literature review and the interviews were presented to the memberships and reviewed. Participants were given the opportunity to identify areas of agreement, areas of disagreement, additions to the research and future recommendations.

Areas of Agreement with the Research Findings

Many participants voiced agreement with the identified intersections between domestic and sexual violence such as the link between child sexual abuse and later intimate partner violence. However, the concept that trauma is cumulative in nature, was the highlighted theme of agreement. Participants felt that the research “captures what we have known for a long time” and that there is a “strong connection” between domestic and sexual violence. Groups stated we need “innovative” and “creative specialized programs” to address these intersections of violence, while others described it as “moving toward doing business in a new way”. Members expressed that the intersections of domestic and sexual violence were potential areas for collaborative initiatives to begin, while acknowledging the need to maintain distinction and specialization of services. Participants also agreed that collaboration runs the risk of the minimization of one issue and felt that the limitations, challenges, and ethical implications of collaboration identified in the research were important aspects to consider.

A final main theme of agreement was the potential for macro level collaboration between both memberships and their provincial associations. Participants recognized the value in this and felt that a unified voice could keep anti-violence issues in the forefront: “Now is the time to come together to ensure that gender inequality is seen as central to both issues”. A collaborative partnership between AASAC and ACWS has the potential to create change at the macro level.

Areas of Disagreement with the Research Findings

No common themes of disagreement were identified. Groups instead, identified specific areas they disagreed with, none of which were consistent across groups. For example, some disagreed with the research finding that counselling is different in women’s shelters versus sexual assault centres. They felt that both offer clinically based trauma counselling. Another group voiced that working together was not an issue of whether to collaborate, but was more an issue of funding; agencies do not have enough resources or funding to collaborate. Lastly, one group identified that sexual assault services in the province, for the most part, did not begin as collectives as the research suggested.

Additions to the Research Findings

In terms of additions to the research, participants' suggestions reflected those of the need for further clarity. For example, one group suggested providing definitions of domestic and sexual violence in the report to offer the reader a context for the discussion. Another felt that the service descriptions needed further clarification, as they were not detailed enough to demonstrate the distinction. Lastly, others questioned what it is meant by the term "culturally appropriate" when describing needs of Aboriginal peoples.

Future Recommendations

The members provided many future recommendations, most of which were beyond the scope of this current project, but provided excellent future directions. Generally speaking, most groups felt that further research was needed. Issues relating to elder abuse, male victims, ethno-cultural needs, same-sex communities, people with disabilities, and Aboriginal populations were highlighted. Other research topic suggestions emphasized causal factors of sexual violence, sex offender and batterer typologies, justice related issues for both forms of violence, and case studies. Additional ideas were around evaluation and measurements of success and the creation of further partnerships with agencies such as Alberta Alcohol and Drug Abuse Commission and Victim's Assistance of the RCMP and local police.

5.4.2 Collaborating More Effectively Regionally

Participants were asked to examine the potential to collaborate more effectively in a regional capacity. Members were divided into their regions combining both women's shelters and sexual assault centres. Issues of current collaboration, new ways of working together, barriers to address, and areas that require maintained distinction were discussed.

Current Collaboration

Most current collaboration is related to training and committee work. Cross-training of sexual assault centre staff and women's shelter staff is a current and on-going initiative for some communities. Others have co-organized workshops and training seminars for the staff of both agencies. Several women's shelters and sexual assault centres sit on a variety of community committees together engaging in joint projects and initiatives, while others share information and provide referrals. Other communities currently support each others crisis lines, share space and provide outreach into women's shelters. Lastly, one community is working on a Collaborative Service Centre project that will co-locate domestic and sexual violence services.

New Ways of Working Together

Participants identified new ways of working together and enhancing existing collaborations. Enhanced training and direct service delivery were the top two ways members want to explore collaborations. Many regions discussed the creation or enhancement of cross-training amongst all women's shelters and sexual assault centre staff to increase the skill level for facilitating and responding appropriately to disclosures of either form of violence.

Regions also want to collaborate around the training of other professionals in an attempt to increase awareness and the skill level to respond to both experiences of violence.

Direct service delivery ideas involved the creation of outreach models and the development of batterer programs and sexual assault programs in areas where there are no such services. Other ideas highlighted include the development of rural and Aboriginal models of services. Finally, collaborative ideas also related to joint public awareness campaigns, cross-assessment, and protocol development.

Barriers that need to be Addressed

Participants discussed and identified some of the barriers to these collaborative ideas, the most common of which were funding, geography (travel), and public attitudes. Funding and lack of resources is a continuing concern for the members, as collaboration demands access to both. Geographically, the distance between communities, and the size of the physical area in a region were cited as barriers due to the time and cost of travel. Finally, public attitude remains an additional barrier to collaborations. For example, attitudes that minimize the prevalence and impact of violence, reflect neo-liberal values, and viewpoints such as “not in my back yard” were identified as challenges to successful anti-violence work.

Areas in Which to Work Separately to Meet Clients’ Needs

Areas that require separate and distinct services include shelter and housing programs, clinical treatment and public education. Participants felt these areas require specialization in order to effectively meet the needs of clients.

5.4.3 Collaborating More Effectively Provincially

Lastly, participants discussed how AASAC and ACWS could collaborate more effectively on a provincial basis. The members began by identifying the current collaborative relationship, then new ways to collaborate provincially ending with an exercise to prioritize future directions.

Current Collaboration

Many examples of current collaboration between ACWS and AASAC were identified, although participants did find this challenging as some felt they were not aware of how the two provincial associations currently work together.

ACWS has advocated to the government on behalf of sexual assault centres for funding. They have also supported their inclusion in the Alberta Family Violence & Sexual Assault Commission, and promoted their involvement in the Alberta Round Table on Family Violence and Bullying. AASAC initiated this current research project which is exploring the potential to collaborate and is also participating in the Women’s Shelter Review. Participants felt that both provincial coordinators have developed a strong working relationship.

New Ways to Work Together

Members identified many new ways AASAC and ACWS could collaborate. These include the creation of joint position papers, research initiatives and joint training. Other ideas focused on the functions of advocacy and lobbying for funding as well as public awareness campaigns. Participants also discussed the development of rural models of service delivery and the continuation of annual joint-membership meetings.

The participants identified the highest priorities for joint implementation by AASAC and ACWS (see Table 3). Lobbying efforts with a focus on awareness raising and cross-ministerial work was identified as the highest priority. This type of focus would build the capacity to enhance government relationships, develop rationale and evidence for funding, and to educate on issues of violence against women. Cross-ministerial work would align the different facets of government thereby creating relationships and working towards a coordinate government response to issues of domestic and sexual violence.

The second identified priority, was the creation of a joint-training partnership. This would include training for all members of both associations and involve annual joint-membership meetings. Training priorities identified were those around supporting Aboriginal peoples, and learning about culturally appropriate ways of working with marginalized groups. Training could extend to outside of the membership and look at the education of larger systems such as hospitals, police, RCMP, and courts.

Table 3: Priorities for Collaborative Initiatives Between AASAC and ACWS

Number of Stars	Joint Activities for AASAC and ACWS in 2006 – 2007
27	Lobbying, raising awareness, educating. An example would be advocating for a cross-ministry meeting with AADAC, Alberta Justice, Mental Health, and other departments dealing with addictions
24	Joint training, including: <ul style="list-style-type: none"> • Services to Aboriginal people • An annual meeting of AASAC and ACWS • Culturally appropriate ways that address various marginalized populations, including women in the sex trade
15	Joint research
13	Looking at ways to better serve rural women
8	Better communication amongst members and other anti-violence groups
2	Support for PAAFE (women in the sex-trade) - bringing voices together to speak on issues of common interest

6 Recommendations and Discussion

Recommendation 1: Collaboration between women’s shelters and sexual assault centres is essential for clients with overlapping needs.

Key informants in this research expressed that clients who have experienced both domestic and sexual violence are falling through the cracks, as services are currently too fragmented. Building a continuum of services, could reduce this fragmentation and work towards meeting all the needs of a client: “It’s important that agencies that might be working on one end of the spectrum are connected with agencies working on the other and that we can provide a fluidity of services to people”. Most key informants interviewed expressed the meeting of client need as the biggest advantage of collaboration. Many argued: “We, in our own education say that violence doesn’t exist in isolation...why are we providing a service to people in isolation?”. Domestic and sexual violence are not separated in the lives of many clients; informants felt that the services need to be able to reflect this reality.

Other respondents discussed how services are often seeing the same clients, at different times in their lives. Some described that for many, the violence “goes on and on and on”. Many clients disclose repeated experiences of violence from childhood throughout to adulthood as well as perpetrators disclose their own histories of victimization as children. Moreover, experiences of both domestic and sexual violence intersect in the lives of many of these clients. One informant posed the question: “Many women are dealing with domestic and sexual violence issues...how does this impact the rate of recidivism back into shelters?”, while another stated, “Adult survivors of childhood sexual abuse may recycle the violence within their relationship or find a new one to continue the violence”. Informants expressed that the potential to reduce the rate of service recidivism and reduce the risk of revictimization is through collaboration that focuses on key intersections of domestic and sexual violence.

Research suggests these intersections function as the ‘heart of violence’ by producing more perpetrators, growing numbers of victims and thus, more demand on service. A respondent in this study felt these linkages “keeps the wheel [of violence] rolling”. Collaboration that focuses on the intersections between domestic and sexual violence therefore has the potential to reduce perpetration and victimization and as a result, the demand on services. Furthermore, and of critical importance, collaboration of this nature has the potential to reduce the rate of violence. By targeting innovative initiatives at key areas of intersection, collaboration can work towards breaking the cycle of violence.

The intersections of domestic and sexual violence that were identified in this project support this argument. To begin with, research has found that women who were sexually abused as children have a higher likelihood of experiencing intimate partner violence in adulthood (Cohen et al., 2000; DiLillo et al., 2001; Messman-Moore & Long, 2000; Noll et al., 2003). Griffing et al. (2005) also found that this group of women have a higher rate of returning to

their abusive partner and more often return because of their emotional attachment to the abuser. A key informant in the current study felt this was because “[The] pattern of shame established as children [is] carried on into the marital relationship”. Moreover, if childhood sexual abuse survivors return to their abusive partners more frequently, than they also may be at higher risk of experiencing further violence; perhaps even more severe. As a result, they may also have higher rates of service recidivism. Services need to support women in understanding the connection between their histories of child sexual abuse and their current situation of battering (Griffing et al., 2005). Without this, these women will likely continue to re-experience adult violence and will continue to access services for support.

Research also indicates that experiencing multiple traumas has a cumulative effect on victims (Follette et al., 1996; Fox & Gilbert, 1994; Messman-Moore & Brown, 2004; Messman-Moore et al., 2000; Schaaf & McCanne, 1998; Wind & Silvern, 1992). For example, Follette, et al. (1996) found that women who had experienced three traumas in their lives had higher levels of trauma symptoms than those who had experienced two traumas, who in turn, had higher levels of trauma symptoms than women who experienced one trauma. According to one key informant, “If these women (adult survivors of child sexual abuse) are in the shelter dealing with their own domestic violence...how much [does their history of child sexual abuse] compound their current situation?”. Inferring from this, women who are sexually victimized as children, and later battered as adults, will likely experience heightened levels of trauma and as a result, require specialized treatment that encompasses both aspects of domestic and sexual violence.

Childhood sexual abuse and later adult battering is a key intersection area where collaboration between women’s shelters and sexual assault centres could have an immense impact: “If you could have something like a shelter which is family violence prevention working hand in hand with a sexual assault centre which is more long term in helping women deal with her [sexual abuse] trauma...that’s a pretty powerful combination.” By creating innovative treatment models for this sub-group of battered women which explores the connection between child sexual abuse and adult battering, deeper healing could result. As the research suggests, this is a critical area where collaborative initiatives could reduce the number of childhood sexual abuse survivors returning to abusive partners.

Another potential key link to this ‘heart’ of violence is that regarding male batterers. While research directly exploring the link between male batterers and histories of child sexual abuse could not be found, two small qualitative studies documenting intimate partner violence by male survivors of child sexual abuse were uncovered. In one study, Tutty and Gill (1999) found that half of a group of male survivors (N=10) of child sexual abuse were described by their partners as abusive ranging from physical, sexual, and verbal violence. In another qualitative study, female partners of adult male child sexual abuse survivors disclosed physical and sexual violence in their relationships and at times, having to protect their children from their partners uncontrollable “anger-rage” (Jacob & Veach, 2005, p. 289). Other research that supports this link suggests that adults mistreated or abused as children are more likely to perpetrate violence in their relationships (Styron & Janoff-Bulman, 1997; Wekerle & Wolfe, 1998) and that male childhood sexual abuse survivors are more likely to externalize their feelings and behaviours (ie. Aggression), while female survivors more often

internalize (Ramano & Luca, 1999). These studies elicit questions regarding the connection between child sexual abuse of males and later intimate partner violence perpetration.

Many key informants of this study expressed belief in the above connection, based on their experience with clients. One informant expressed, “The other thing is the men...men call here for help...being sexually abused when they were young, how that played into violence in their relationship...we’re forgetting about the men who have disclosed and need help and want help”. Communities without sexual assault programs are struggling to deal with male survivor and perpetrator issues. While much more research is needed, common wisdom suggests that without treatment related to their histories of child sexual abuse, some males may cope with the impact of their sexual victimization through the victimization of their partners. One informant described this cycle as one that “goes on and on and on”. Without appropriate treatment, abusive men will likely continue with perpetrating violence, thus creating more victims who may require services of a women’s shelter or sexual assault centre.

The final example of a significant intersection is that of the sexual abuse of children in the home with concurrent domestic violence as research suggests that many children who are sexually abused, also experience domestic violence at home. Kellogg and Menard (2003) found that 52% of sexually abused children (N=164) in a sexual abuse treatment clinic reported domestic violence in their home. This study also found that over half of the adult sexual offenders of these children lived in the child’s home, with 58% of them also perpetrating adult partner violence. Of key interest, 77% of these offenders were sexually abusing the child *at the same time* they were perpetrating intimate partner violence. Research suggests a link between family violence and child sexual abuse and further suggests that violent adult relationships and family dysfunction are a risk factor for child sexual abuse (Kellogg & Menard, 2003; Gruber & Jones 1983; Ray et al., 1991).

If family dysfunction and domestic violence are a risk factor for child sexual abuse, then collaboration could work towards enhanced early intervention initiatives. Children who are in treatment for sexual abuse can be assessed for domestic violence, and women’s shelters can assess children in their programs for sexual abuse. Appropriate early intervention treatment could then result. This is critical, as described above, female children who are sexually abused are at heightened risk of adult revictimization, both for adult sexual assault and for intimate partner violence and some male children, perhaps are at risk for later intimate violence perpetration. Without early detection and appropriate treatment, childhood victimization dramatically increases the risk of future revictimization and perpetration.

The advantages of collaboration between women’s shelters and sexual assault centres reach far beyond that of client need. With some victims becoming perpetrators (thus creating more victims) and other victims experiencing revictimization, the demands on services will continue to grow. There is an immense potential for creative and innovative collaborative initiatives between women’s shelters and sexual assault centres to meet client need, facilitate deeper healing, reduce the demand on services and thus, ultimately impact the cycle of violence.

Recommendation 2: Women’s shelters and sexual assault centres develop and coordinate cross-assessment, cross-training and an “after shelter link” to more effectively meet the treatment needs of clients with intersecting issues.

Key informants of this project identified potential areas of service collaboration between women’s shelters and sexual assault centres to address the intersections of these two forms of violence. Assessment, training and an after shelter link were amongst the most commonly discussed as ways to begin collaboration. Many other creative and innovative ideas were put forth as discussed in the findings section. However, the following three areas were identified as having the highest priority.

Participants in this project determined that the need for the creation of assessment tools to assess for experiences of multiple forms of violence in all clients accessing both services was essential. Research supports the assessment of multiple forms of childhood abuses in clients, as those with multiple traumas are more likely to have more severe trauma symptoms and may need more intensive treatment approaches (Follette et al., 1996; Messman-Moore et al., 2000; Schaff & McCanne 1998). As a result, clients with greater needs can thus be identified and connected with the appropriate service. Assessment of this nature would also work to increase understanding the complex needs of some clients and drive the creation of innovative programming.

Moreover, other research demonstrates that child abuse puts children at greater risk for adult revictimization (Fox & Gilbert, 1994; Janowski et al., 2002; Messman-Moore & Brown, 2004; Schaaf & McCanne, 1998; Wind & Silver, 1992) or later perpetration (Hunter et al., 2004; Salter et. al., 2003; Silovsky & Niec, 2002; Skuse et. al., 1998; Spaccarelli et al., 1997; Styron & Janoff-Bulman, 1997; Wagman Borowsky et al., 1997; Wekerle & Wolfe, 1998). By assessing children for multiple forms of violence early intervention can be provided. This then, creates another opportunity for collaboration to impact the cycle of violence by reducing future victimization and perpetration.

Assessment is also critical for intimate partner sexual assault amongst battered women (Bergen, 1996; Mahoney, 1999). Without which, women may not disclose their sexual victimization and thus, may not receive the needed treatment. This is of significant concern, as women who have been battered and raped experience more trauma symptoms and lower levels of well-being and coping compared with women who were battered only (Bennett et al., 2004). A key informant stated:

With family violence, often times when we think [of] sexual assault we think of a woman that’s been raped by a stranger...when looking at family violence, these women experience that right in the relationship and I think sometimes they get missed, or fall through the cracks because it’s either not being identified as a sexual assault or the court system doesn’t look at it the same way...I think if we could strengthen the linkage, we may have more positive outcomes for women.

Skilled assessment is necessary, according to one key informant, as many battered women do not define their experiences as sexual violence, “Until we go through definitions of abuse

with the women...because they are married or in a long-term relationship...nobody has ever told them it was sexual abuse”. Research shares similar conclusions. Women often do not define their relationship violence as sexual in nature and as a result, need support in disclosing (Basile, 1999; Bergen, 1996; Mahoney, 1999; Russell, 1990). Naming the violence is essential for women because “victims need to name their world, so that the terror will stop, and so that they will no longer be victimized but will become survivors” (Adams 1993 as cited in Bergen 1996, p. 37). Assessment works to verbalize the experience of violence and create the opportunity for an appropriate and supportive response from a skilled staff person. It also works to connect the woman with services to support her complex trauma needs and creates the opportunity for women’s shelters and sexual assault centres to develop collaborative treatment models to more effectively meet the treatment needs of these women.

Lastly, assessing the histories of child sexual abuse in male batterers could work towards creating a better understanding of their treatment needs. If child sexual abuse histories are discovered in a portion of male batterers, then treatment programs could be created in collaboration with sexual assault centres that focus on childhood sexual abuse. This type of treatment may have the potential to reduce violence recidivism that is often experienced by current male batterer treatment programs.

Although cross-assessment is a critical starting point for collaborative initiatives, so too is the cross-training of staff. Mahoney (1999) cautions that with assessment comes an important responsibility: knowing how to appropriately respond to a disclosure. If for example, women’s shelter staff conduct an assessment on childhood sexual abuse or sexual assault and do not know how to appropriately respond, the initial goals of assessment (supporting the client) will be lost. Assessment requires far more than asking a question and then giving a phone number of another agency. It requires providing supportive key messages, further assessment and possibly crisis intervention specific to the trauma related to sexual victimization. Skilled and well trained staff are necessary for an effective assessment that meets the needs of the client. Likewise, if sexual assault centre staff are assessing for domestic violence, they too need to know how to appropriately respond and support a woman who is disclosing domestic violence. Assessing for risk and creating safety plans are just a part of a range of skills needed by those who conduct assessments. Women’s shelters and sexual assault centres have a unique opportunity to share their expertise with the other, cross-train staff and cross-assess clients. The outcome of which is ultimately enhanced services for both groups of clients; a goal that women’s shelters and sexual assault centres have always shared.

Another area of collaboration identified in this research was that of the creation of an “after shelter link”. This would work to connect women’s shelter clients who have histories of sexual violence with that of sexual assault services. As one women’s shelter respondent stated, “We need a linkage beyond walking out our doors after 21 days”. Many other service providers agreed:

Look at the trauma that is created through sexual assault, either if it happened once or over a lifetime, the grief and the trauma that comes from that...the woman could

come into the shelter we could provide her [with] safety and security...and meet most basic needs...free her up to go ahead and start dealing with the trauma she's experienced in her life, related to sexual abuse or assault, I think it would be very beneficial for her healing and her children.

Respondents recognized that without collaborative initiatives such as this, many battered women with histories of sexual violence, may not receive treatment unless they access sexual assault services on their own accord. Collaboration in this way could facilitate more women to connect with sexual assault centres, thus supporting a deeper level of healing.

Recommendation 3: Any collaborative initiatives between women's shelters and sexual assault centres need to acknowledge important key issues: A history of division, the risk of the minimization of sexual violence, the risk of misperception of duplication and the challenges inherent in any collaboration process.

Women's shelters and sexual assault centres who are considering collaborative efforts need to be aware of the key issues and risks involved. First, the recognition of a recent history of division and competition between these two services is essential. One key informant admitted: "Talking with feminists across Canada and the US there has always been a big chasm between the sexual assault movement and the transition house movement...the sectors are very different...you can feel the difference, it is a difficult relationship". Another also acknowledged this separation by stating, "Sadly we've been divided". Regardless the reasons for this division, it is important for collaborative initiatives to acknowledge this reality. Winer and Ray (1994) argue that 'history' is a factor that can impede the collaborative process, "The issues a group faces may be threatening because of historical disagreement...collaboration may be more difficult to accomplish without a great deal of preparation" (p. 25). A history of division and competition could create additional challenges in a collaborative process between women's shelters and sexual assault centres. Fear, resentment, defensiveness or conflict could result. Thus, it is critical for women's shelters and sexual assault centres to acknowledge this history of division and competition, and to plan and develop strategies to manage the possible impact.

Secondly, collaboration must be entered into cautiously and with forethought, or the issue of sexual violence may get minimized or overshadowed by domestic. Domestic violence is a massive issue that involves many areas such as shelter and safety, housing, family law, children, and finances. It has the potential to engulf the issues of sexual violence, if not thoughtfully managed (O'Sullivan & Carlton, 2001). Many of those interviewed including women's shelters, sexual assault centres, and dual services shared this same concern: "Woman abuse overwhelms the issues of sexual violence". While this may be controversial, its acknowledgement is critical in any process of collaboration between women's shelters and sexual assault centres. This study further revealed that these concerns are well founded, as many key informants of dual services admitted they struggle against the reality of the minimization of sexual violence. All dual service respondents discussed their challenges in keeping sexual violence as a "primary focus in the work that [they] do" similar to that of domestic violence. One informant stated, "It always becomes about the intimate partner

violence and not about [sexual violence]...that's the hardest part...when we try to do things and combine our efforts, it becomes about the domestic violence and not about the sexual violence". Dual services strive to add balance to these two issues, but most of those interviewed acknowledged the difficulty in achieving this.

The diminishment of sexual violence within collaborative processes has potentially serious consequences for survivors of sexual violence. One dual service respondent warned: "Some of our programs may go an entire year and never have an individual who contacts [us] who identifies as a victim of sexual assault...[yet] hundreds and hundreds who identify as domestic violence". There are likely many factors involved in why sexual assault victims do not access support. However, it would be unwise to disregard how the minimization of sexual violence issues and the reduction of sexual violence services directly impacts survivors. A lack of awareness of services for example, may result in survivors not accessing critical support for their trauma. Strategizing around this issue would be a critical part of any collaborative process between women's shelters and sexual assault centres.

Collaboration runs other risks as well. In a difficult economic climate, funders may misperceive collaborative initiatives as evidence that women's shelters and sexual assault centres are a duplication of services. One key informant stated: "It is not because we don't want to collaborate...we are all for the same cause...it's not about not working together or being territorial...there is a consequence if we do this". In some Canadian provinces, as well as in the United States, some funding bodies have reduced funding or forced amalgamation as a result of this misperception. A challenge of collaboration is to address and alleviate these fears amongst participants while strategizing ways to respond to external misperceptions.

In addition to external sources, challenges to collaboration can appear from *inside* the collaborative process as well. Creating and sharing equal power amongst all participants is a challenge for interagency collaboration (Hague, 1998). One informant in this research felt that agencies who have more funding, or a higher volume of clients will likely hold more power: "I have the most funding...I'm sitting in a very comfortable place...what does it mean when I speak?". Collaboration between women's shelters and sexual assault centres in Alberta, need to examine this aspect seriously as there are very large disparities between the two services streams. Just comparing number of services in the province demonstrates this: 34 emergency shelters (not including second stage and senior shelters) compared with 7 stand alone sexual assault centres (not including 3 other member communities). The number of clients each stream supports likely reflects the number of services available. If sexual assault centres also receive less funding than women's shelters in Alberta, then this would further contribute to the imbalance of power in collaboration. Yet, perhaps regionally, a municipal sexual assault centre will have more funding and higher numbers of clients than a rural or on-reserve women's shelter. This too would need to be acknowledged. It is important to recognize and strategize around potential internal power imbalances within collaboration between women's shelters and sexual assault centres whether provincially, regionally or locally.

Both nationally and provincially, key informants discussed that collaboration is also dependent on the personalities of the people involved. Some described this as the “human element” as personalities can clash, and personal agendas appear:

In most collaboratives you will find a dozen or more individuals and agencies who all have a passionate commitment to their time-developed methods and constituencies and they guard these methods and agendas with equal fierceness...imagine a room full of resourceful, successful, experienced, and battle-scarred program directors...trying to agree...egos and hidden agendas become apparent in every outburst (Folayemi, 2001, p. 194).

Those interviewed for this study recognized these challenges and felt they were important to openly discuss. According to one key informant, “partnerships need to allow open dialogue” and have predetermined ways of managing issues and challenges that are inherent in any collaborative process. Without these contingency plans challenges such as internal agendas, power struggles and conflict can slow things down, create unhealthy working groups, and take away from the potential impact of collective work by creating division amongst its members. In short, collaborative work does not automatically guarantee success; instead it demands commitment and strategy.

Recommendation 4: Women’s shelters and sexual assault centres maintain and enhance their specialization and distinction.

Women’s shelters and sexual assault centres differ in key regards. These differences are critical to the clients and communities they serve. Although collaboration between women’s shelters and sexual assault centres has many benefits, so too does their specialization and distinction. The primary differences between women’s shelters and sexual assault centres fall under two main themes: services and clients. A women’s shelter’s primary function is to provide emergency shelter and safety to women and their children who are fleeing domestic violence. They provide basic needs such as food, clothing, and personal items as well as support women with issues such as housing, parenting, life skills, finances, employment and legal needs. Shelter staff also offer women emotional support during their stay at the shelter however, are often restricted in this regard due to the short time women are allowed to stay in emergency shelters. Conversely, sexual assault centres deal exclusively with sexual assault/abuse and the resulting emotional trauma. A sexual assault centre’s primary function is to offer specialized crisis intervention and counselling services to survivors of recent and past sexual violence. This includes short and long-term individual and group therapy.

Women’s shelters and sexual assault centres also differ in the client groups that they serve. Respondents felt “we target a different kind of client”. While there is a group of clients that experience an overlap of these two issues as discussed earlier, there are also large groups of clients that do not: “A rape that happens... in the community, or in a mall, or in the back seat of a car, or at a party, where would that be family violence? It’s not, its sexual violence”. People who experience sexual violence require the specialized services of a sexual assault centre and likewise, women who are escaping domestic violence need the unique services of

a women's shelter. Many of those interviewed, both women's shelters and sexual assault centres, felt that services need to remain separate because of the specialized needs of each client group.

Many also referred to the different immediate needs of women fleeing from family violence versus the needs of survivors of sexual violence. The most notable difference is that domestic violence clients are in need of emergency shelter and safety, while sexual violence clients, generally, are not. Frequently, domestic violence is life threatening and clients have more immediate safety and shelter needs, whereas a sexual assault survivor has needs that require specialized crisis intervention and trauma support. Other informants interviewed also discussed the differences in perpetrators of these two forms of violence. Domestic violence involves violence by an intimate partner or family member. While sexual violence can also include this, it also involves sexual assault by strangers, acquaintances, friends, co-workers or anyone else outside of an intimate relationship. Issues unique to sexual violence include drug facilitated sexual assault, sexual exploitation (such as the sex trade), and sexual offenders luring victims through the internet. Clearly, women's shelters and sexual assault centres meet different critical needs of the same community.

Lastly, it is also important to acknowledge that although there may be many clients dealing with both domestic and sexual violence experiences, they present to each service with very different needs. A key informant in this research stated "From a complex PTSD syndrome perspective, from a counseling perspective, the competencies required to respond to these two issues are different...even though there is a case to be made of the overlap". For example, a woman who has experienced sexual abuse as a child as well as intimate partner violence as an adult requires shelter, safety and other supports from a women's shelter specific to her domestic violence needs. However, for her child sexual abuse history, she requires specialized counselling from a sexual assault centre.

Women's shelters and sexual assault centres are undoubtedly different in the services they provide and the majority of clients they serve. This separation allows for a specialized and focused response for clients who have immediate crisis needs. Tutty and Christensen (2005) and Tutty et al. (2004) conclude that women's shelters and sexual assault centres in Alberta are currently meeting the needs of their clients in these respects. While there are many reasons for meaningful collaboration between sexual assault centres and women's shelters, their distinct and specialized services remain vital to the communities they serve (Tutty & Christensen, 2005).

Recommendation 5: AASAC and ACWS undergo the initial stages of formalizing a collaborative provincial partnership with the initial strategic direction toward lobbying, awareness raising and joint training initiatives.

A collaborative partnership between AASAC and ACWS is an essential and strategic move towards furthering the issues of both domestic and sexual violence in the province of Alberta. A unified movement would create a stronger voice on issues related to violence against women as well as work towards creating greater change within systems, policies and

ideologies that impact the victims of domestic and sexual violence. The initial partnership should prioritize actions that focus on lobbying, public awareness and joint-training initiatives in the province.

To begin with, collaboration between women's shelters and sexual assault centres is essential for the survival of a feminist analysis of violence against women. Global documents identify the epidemic of gendered violence (male violence against women) as a violation of basic human rights rooted in women's oppression and inequality (WHO, 2005; WHO, 2002). These reports call for government acknowledgement of gendered violence as well as commitment and action towards its reduction. Interview respondents, in this study, argued that women's organizations have a key role to play in this regard. Without which, the issues of violence against women often become gender neutralized and the root cause of this violence, women's oppression, ignored. As a result, the reduction and eradication of violence against women would be unobtainable. According to a key informant:

This term domestic violence, what are we talking about?... 'Domestic violence' implies women are beating up men at the same rate men are beating up women – it also implies that all women who are being victimized are in...live-in relationships – this is not so – many women [who are] not in live-in relationships with the abuser are getting left out when we talk about domestic violence...[we need to] to challenge this and deconstruct the language that is being used by governments and funders. [It] doesn't serve us well when we are rolled into a homogenous group.

Other key informants discussed how other services have been created that are not of feminist philosophy, and as such, focus only on service delivery. These mainstream services do not understand the systemic causes of violence against women, or hold the goal of its eradication. They also fail to "take into account [or] recognize how gender, race, class, able-bodiedness, immigration status, sexual identity, geography or language impact" who is victimized and by whom (James, 2005, p. 34). Collaborative initiatives between women's shelters and sexual assault centres at the macro level could work to identify and challenge the issues that contribute to the violence in women's lives: immigration, housing, and poverty for example. Many of those interviewed in Alberta agree: "Now is the time to come together to ensure that gender inequality is seen as central to both issues". A provincial unified voice of women's groups could keep the reality of violence against women and other contributing social factors from being silenced.

Secondly, women's shelters and sexual assault centres are currently struggling against the same structures, systems and ideologies, but largely in isolation from each other. Both struggle with system response for example, including social services, hospitals, police and courts of law. As well, both movements also struggle with the public perception of violence against women such as minimization and blame. A unified voice between AASAC and ACWS would create greater power to combat these and many other similar challenges such as legislation and policies.

Alberta key informants felt that the creation of a collaborative partnership between AASAC and ACWS was critical. During a joint-membership meeting, members specifically

identified actions related to lobbying, raising public awareness, and providing joint-training sessions as priorities. Participants felt that a unified voice that included the women's shelters and sexual assault centres of Alberta would be far more effective in addressing provincial issues. AASAC and ACWS could take on a lobbying role to generate change that would better serve survivors of violence. Secondly, participants felt that raising the public awareness of both issues was also a key priority in the province. AASAC and ACWS could work towards educating key systems, funders, policy makers as well as the general community, about the realities of sexual and domestic violence. Lastly, members identified joint-training as the final priority for a collaborative provincial partnership. Training sessions for the memberships of both AASAC and ACWS were essential, as well as offering conjoint specialized training for other professionals in the province.

AASAC and ACWS have a key role to play in the province of Alberta. Each provincial association has a unique and critical function in supporting services of women's shelters and sexual assault centres. While these two bodies have supported each other in various ways to date, a formalized and deeper partnership is essential. Lobbying, raising public awareness and training the Alberta community are key areas that a collaborative partnership could undertake. However, the most important outcome of collaboration is that of a unified voice, with greater strength and greater power to further an agenda that works to transform the many issues that so dramatically impact the survivors of sexual and domestic violence.

7 Summary of Recommendations

Recommendation 1:

Collaboration between women’s shelters and sexual assault centres is essential for clients with overlapping needs.

Recommendation 2:

Women’s shelters and sexual assault centres develop and coordinate cross-assessment, cross-training and an “after shelter link” to more effectively meet the treatment needs of clients with intersecting issues.

Recommendation 3:

Any collaborative initiatives between women’s shelters and sexual assault centres need to acknowledge important key issues: A history of division, the risk of the minimization of sexual violence, the risk of misperception of duplication and the challenges inherent in any collaboration process.

Recommendation 4:

Women’s shelters and sexual assault centres maintain and enhance their specialization and distinction.

Recommendation 5:

AASAC and ACWS undergo the initial stages of formalizing a collaborative provincial partnership with the initial strategic direction toward lobbying, awareness raising and joint training initiatives.

8 Conclusion

Collaborative work between women's shelters and sexual assault centres, at both the local and provincial level, holds promise of addressing domestic and sexual violence in new and innovative ways. However, the risks of collaboration must also be considered. All collaborative initiatives as a result, should be approached with a great deal of care and forethought. Nonetheless, vast possibilities for collaboration are clear. By targeting innovative collaborative initiatives at key areas of domestic and sexual violence intersection, these two anti-violence groups have the potential to impact violence resolution in a way our society has yet to experience. From enhanced services for clients with dual needs to the potential reduction of the rates of violence, investment in work of this nature is crucial. However, and of equal importance, is the preservation of specialized and distinct services. Both women's shelters and sexual assault centres offer critical services to the community and as such, require continued commitment of support.

"I think it's great that people are looking at those issues, talking about them and thinking about them...and I think it's really important that they try and keep that vision of a peaceful world in the front because it's all violence against women".

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10 Appendices

10.1 Appendix A: Canada/United States Interview Questions

1. a. What are the domestic violence services you offer in your province?
b. Who are the client groups they are delivered to? (children, women, batterers..?)

OR

- a. What are the sexual violence services you offer in your province/state?
b. Who are the client groups they are delivered to? (men, children...?)
2. Do domestic and sexual violence services work together in your province/state?

YES



- a. In what way?
- b. What are the advantages to working together?
- c. What are the drawbacks?
- d. Do you see a need to keep services separate? Why?
- e. What are the advantages of separate services?
- f. What are the drawbacks of separate services?

NO



- a. Why not? What is the need that is met by keeping the services separate?
- b. What are the advantages of separate services?
- c. What are the drawbacks?
- d. Do you see any advantages of working together?
- e. Do you see any drawbacks?

10.2 Appendix B: Alberta Interview Questions

1. Verify services and client groups: is this list correct? What is missing? Is there anything no longer offered?
 2. If you provide community education (public education/prevention), what is the content? (explore other areas where there may be overlap – crisis line, police & court)
 3.
 - a. Are you aware of the nearest sexual assault service?
 - b. Are you aware of what types of service they provide?
 4.
 - a. In what way are women’s shelters and sexual assault centre’s different from each other?
 - b. In what way are they similar?
 5.
 - a. Are there ways that domestic and sexual violence services could work together that would be beneficial?
(probe: what about a combined crisis line? What about community education? Are there any other ways?)
 6.
 - a. Do you think there is any caution to domestic and sexual violence working together? What could be lost?
 - b. what could be gained?
 7. Do you think it would be helpful for sexual assault centres to assess domestic violence experiences in their clients and for women’s shelters to assess for sexual violence in their clients? Why?
 8. We talked about domestic and sexual violence working together in the community. Some do and some don’t. Is work being done together in your community?
 - b. In what ways?
- ** If there is no other SA service:
- a. Are you doing work right now that would be done by a sexual assault centre?
 - b. Where do you refer these clients?
 - c. Are you doing work with that person or group in any collaborative way?
9. Any final thoughts or comments?

10.3 Appendix C: ACWS – AASAC Joint Membership Meeting

Friday, March 31, 2006
8:30 am – 4:00 pm

Wild Rose Room, Ramada Hotel and Convention Centre
11834 Kingsway Avenue, Edmonton

Meeting Objective: To build options for comprehensive services for victims of sexual assault and family violence

Agenda

8:00 am	Continental Breakfast
8:30 am	Welcome, Introductions, and Agenda Review <ul style="list-style-type: none"> Opening remarks from Elaine Betchinski, AASAC Board President and Joie Dery, ACWS Board President
9:00	Presentation of Research Findings <ul style="list-style-type: none"> Presentation by Sarah Fotheringham of the findings from the AASAC Special Project: <i>Identifying Potential for Collaboration: Comparing and Contrasting the Service Delivery Needs of Clients of Women's Shelters with Clients of Sexual Assault Centres in Alberta</i> What questions do you have about the research?
10:30	Break
10:45	Reviewing the Research <ul style="list-style-type: none"> What do you agree or disagree with from the research? What would you add? What the implication of the research for women's shelters and sexual assault centres?
11:30	Collaborating More Effectively Regionally Working in small groups, individuals from women's shelters and sexual assault centres that are located in the same region will develop a regional plan that will address <ul style="list-style-type: none"> What can we do in order to work more effectively in our current collaborations, or what collaborations do we need to create, in order to better serve our clients? What barriers do we need to address in order to collaborate effectively? In what areas do we need to work separately in order to meet our clients' needs?
Noon	Lunch

12:30 pm	<p>Collaborating More Effectively Regionally (complete)</p> <ul style="list-style-type: none"> • What are we committed to doing over the next year in order to collaborate more effectively in our region?
2:00 pm	Break
2:15 pm	<p>Collaborating More Effectively Provincially</p> <p>Working in small groups, individuals from women’s shelters and sexual assault centres that are located in different regions will discuss how ACWS and AASAC can collaborate more effectively on a province-wide basis:</p> <ul style="list-style-type: none"> • What can we do in order to work more effectively in our current collaborations, or what collaborations do we need to create, in order to better serve our clients? • What barriers do we need to address in order to collaborate effectively on a province-wide basis? • In what areas do we need to work separately in order to meet our clients’ needs? • What are we committed to doing over the next year in order to collaborate more effectively on a province-wide basis?
3:40 pm	<p>Identifying the Next Steps</p> <ul style="list-style-type: none"> • What are the next steps in moving today’s work forward?
4:00 pm	Adjourn