

EXPLORING THE INTERSECTION OF DOMESTIC VIOLENCE AND SEXUAL VIOLENCE: OPPORTUNITIES FOR VAW SYSTEM NAVIGATION

Summary Report

February 25, 2016, Toronto



Prepared by
Catalyst Research and Communications, Ottawa
March 29, 2016

INTRODUCTION

Through funding from the Ontario Women's Directorate, the Ontario Association of Interval and Transition Houses (OAITH) partnered with the Ontario Coalition of Rape Crisis Centres (OCRCC), and the Violence Against Women Learning Network to deliver a Knowledge Exchange on February 24-25, 2016 in Toronto entitled "Exploring the Intersections of Domestic Violence and Sexual Violence: Opportunities for VAW System Navigation".

The first day was opened by Elder Blu Waters, followed by a series of presentations from survivors and researchers, and discussion of these issues by participants. Those attending came from the sexual violence and domestic violence movements and allied partner agencies and institutions.

The second day was a working session, with a more focused number of participants from sexual assault centres, shelters and a smaller number of partners, designed to generate ideas on system navigation within the sexual violence (SV) and the domestic violence (DV) sectors, and the points of intersection between them. The session wrapped up with a closing ceremony by Elder Blu Waters.

OAITH and OCRCC would like to thank all of the participants for their contributions and commitment throughout the two days. Their openness, honesty and reflections added incredible value and infused the knowledge and experience needed to create a foundation for our continued work together. Further to this, we would like to thank the Centre for Research & Education on Violence Against Women and Children for their collaboration, partnership and support in delivering this event.

This report was prepared by Lynne Tyler of Catalyst Communications and summarizes the findings from day one, emerging themes from day two and recommendations for the future on the intersection between domestic violence (DV) and sexual violence (SV).

SUMMARY OF DAY ONE

The presentations and discussion on the first day of the knowledge exchange provided information and observations that helped set the context for the second day, and so are briefly highlighted here. To access the VAW Learning Network Discussion Paper for Day 1 of the Knowledge Exchange please go to this link: <http://vawlearningnetwork.ca/exploring-intersections-domestic-violence-and-sexual-violence-discussion-paper-informed-february>

Survivor Voices

The first presentations were from two survivors of sexual violence in the context of an abusive relationship. Irene told a very moving story of her experiences and then offered some comments about the system. Janelle, a second survivor, shared her very powerful story and provided some additional comments.

Irene

- When services were needed, they were unaware they existed. Even if they had known about them, Irene would not have contacted them, because they thought the violence was somehow their fault.
- Once she did access services, it became clear more services are needed for survivors and for longer periods of time. Healing is a long-term process.
- Each case is individual, and all needs are unique. Services need to cover a wide range of needs, and be flexible and adaptable to the unique situation of each woman.
- More accountability is needed from perpetrators.

Janelle

- Janelle didn't think of their experience as abuse because they didn't believe it fit the profile of what DV/SV "looks like", even though Janelle was a student in Women's Studies.
- Janelle noted the many methods of sexual coercion in the relationship; at the time, however, they did not understand these behaviors or tactics as sexual coercion. Janelle also did not understand this relationship as abusive.
- As a result of this perception, Janelle never sought services related to the violence.
- Services need to connect with women where they are at – not all survivors perceive their experience as violence and they need support to recognize it and name it.
- We need more conversations and education about what healthy love is, and what healthy roles are within relationships.
- Janelle came to recognize this experience as violence after the relationship ended and when seeking counselling for other issues.

Sexual Assault by Intimate Partners

Dr. Janice Du Mont, of the Women's College Research Institute, presented some information from Canadian and American studies which contradict some myths about intimate partner sexual violence (IPSV).

- IPSV is more common than stranger rape or even acquaintance rape, according to some data.
- Women who experience sexual violence in an intimate relationship are more likely to face verbal coercion, physical violence, and completed vaginal and anal penetration, compared to survivors of stranger or acquaintance SV.
- IPSV survivors are also less likely to report, more likely to delay reporting, and less likely to receive STI or pregnancy prophylaxis, or HIV Post Exposure Prophylaxis counseling.
- 40% of IPSV survivors who presented in a hospital setting were referred to community services.

Discussion of the presentation highlighted a number of points, including:

- Intimate Partner Violence, Intimate Partner Sexual Violence, Partner – are these helpful terms? Do these terms obfuscate or minimize violence? Can we really characterize these assailants as “partners” if they are violent?
- Moving sexual violence services from a community setting to hospitals has created barriers. For some women, the institutional setting is intimidating or unwelcoming.
- Many SV and DV survivors do not access hospital or medical-based services. As a result, the experiences of some survivor populations were likely not captured in the research.
- It is important to re-frame the research using an intersectional approach. For example, there are high rates of HIV in the African-Canadian community. An important question to ask, in the context of HIV non-disclosure laws, is whether these high HIV rates are linked to SV.
- The massive scope of women affected calls for public engagement to empower women.

Reproductive Coercion

Dr. Wendy Norman, a family doctor specializing in family planning and Chair in Family Planning Research at the Canadian Institutes of Health Research, presented some information on reproductive coercion, which includes men coercing women to become pregnant, direct interference with birth control, and forcing termination or continuation of pregnancy against the woman's will.

- There are serious health impacts of unintended pregnancies both for women and for children born of these pregnancies.
- A suggested key question for frontline workers in many different services is to ask women they work with: Would you like to become pregnant in the next year? Based on the woman's answer, the service provider can empower women to carry out their choice through connecting them to information and services relevant to their wishes.
- Birth control methods that give control to women are ones that are effective (high success rate at preventing pregnancy), invisible (partner does not necessarily know the woman is using them), and forgettable (the woman does not need to remember every day to do something to prevent pregnancy).
- Cost of birth control can be a barrier to women's options. For example, IUDs are the most expensive, but also the most effective, invisible, and forgettable.

Discussion by participants raised a number of ideas and comments:

- Some communities have historical experiences of state violence and genocide through birth control, including African-Canadian women and Indigenous women.

We need to ensure we do not replicate this violence or implicitly support it, and instead focus discussion on violence prevention with women about choice and empowerment.

- It is important to openly embrace sex positivity in shelters.
- It is important to support all women in their choice and capacity to be mothers.
- "Forced sex" as used in the medical research community is a problematic term; it is either sex or rape.
- We need to have sensitivity to cultural teachings about the sacredness of children and how abortion/birth control may be seen, e.g. Haudenosaunee culture. This has a profound implication for how workers talk about issues of reproductive coercion (and strategies for solutions) with different women.
- HIV+ women have high rates of SV in part because of the threat of HIV criminalization.
- It is important to recognize that coercion can come from other family members as well.

Shelters: More Than Just a Bed

Dr. Nadine Wathen, University of Western Ontario, has been working with some OAIH Member Organizations in conducting research to document the considerable scope of work by shelters.

- System navigation is a core role of shelters.
- Shelter staff need to be aware of multiple factors that affect what services women need and how they interact with those services.

Connecting and correcting: shelters not only connect women with needed services, they also advocate to improve those services.

- Women who receive support and mentoring from VAW advocates become more able to navigate the systems themselves, and acquire “organizational literacy” which can then be shared with others in the community, creating social capital.
- Although the study did not research the SV sector, there are similar challenges in system navigation for SV survivors, and sexual assault centre advocates have similar roles in their work with these survivors.

Discussion raised a number of additional points:

- In addition to system navigation, DV and SV workers also connect the experience of women to a systemic analysis of the problem of violence against women – including critical analyses of and resistance to systems meant to support survivors – from a feminist, Anti-Racism/Anti-Oppression (ARAO) and intersectional perspective.
- Funding fragments us: MCSS, MAG and MOHLTC each fund different aspects of the VAW sector and the differential approach creates barriers between the DV and SV sectors.
- How good are we as shelters at working with young women? This varies a lot between shelters – some are more effective than others.

CAS plays a key role in a woman’s path and choices after experiencing violence and, therefore, needs to be part of the collaboration process.

WORKING ASSUMPTIONS

The second day started with establishing the following working assumptions prior to beginning the discussions.

- What we mean by “system navigation” may vary between SV and DV sectors, and within each sector. In addition, the term used to describe actively supporting survivors to navigate systems as a frontline worker may differ: i.e. we may call it advocacy, support, or something else.
- We use an intersectional/ARAO approach. (We also recognize that the participation at this meeting is not fully representative.)
- We work at the levels of individual women and services and system change.
- Women have complex and differing needs.
- We start where the woman is, whatever her needs, whatever door she accesses.
- This discussion is not intended to lead to merging DV and SV sectors.

MAPPING THE SYSTEMS SV AND DV SECTORS CURRENTLY NAVIGATE

Participants worked in two groups, one comprised of those from SV sector and one comprised of those from the DV sector. The two groups began by mapping out the services and systems they navigate with clients. Some participants moved between the two groups, as their agencies work in both sectors.

The work of the two groups is shown below in a combined format, illustrating the systems named by both sectors and the systems DV and SV engage with separately. This mapping is not exhaustive, and with more time and reflection, other services might also be added for one or both sectors.

Systems navigated by the DV Sector	Systems navigated by Both Sectors	Systems navigated by the SV Sector
Family Court	Child Welfare	Hospitality
Legal Aid	Healthcare	Women’s Groups
Partner Assault Response	Housing	Spiritual Institutions
Custody and Access	Income Support	Elders and Seniors
Public Health	Police	Aboriginal Health
Transportation	Family Court	Youth Organizations
Early Years	Criminal Court	Human Trafficking
Bands and Tribal Council	Education	Aboriginal Policing
Counselling Services	Settlement	Bystanders
Utility Providers	Sex Work	Tribunals
Landlords	Aboriginal Services	Prisons
Children and Youth Services		Group Homes
Day Care		
Eating Disorder Clinics		
Food Security		
Culturally Specific		
Probation		

To view the full list please see Appendix B

The mapping process demonstrated that:

Both the DV and SV sectors work with a vast range of services. To navigate these systems, staff must be knowledgeable about the specific services offered, eligibility criteria, access points and processes for each. In some cases, such as sexual harassment or human trafficking cases, it also requires knowledge of multiple complex laws and regulations. Oftentimes, workers are knowledgeable on these systems' processes for the purpose of sharing this information with survivors who are weighing their options and next steps. In this, workers' expertise serves to support survivors' self-determination, awareness of system options, and decision-making based on individual needs.

There are a large number of systems where both the SV and DV sectors are involved or engaged; there are also many services and systems that are specific to SV work or specific to DV work.

System navigation involves supporting women to understand and access the services they need. System navigation operates at several levels:

- a) staff assist individual clients in accessing services they need,
- b) they advocate on behalf of individual clients with those services, and
- c) they advocate at a policy or systemic level to enhance understanding of SV/DV and improve access to services and quality of services for all SV/DV clients.

Observations

Participants made a number of observations about the navigation process as they were mapping out the services and systems they interact with.

- System relationships vary by community: in some communities, relationships with key partners such as police and CAS have greatly improved while in others they have not. This is a critical issue.
- Staff must maintain good relationships with other services while at the same time be strong advocates for their clients. As the advocate, staff are sometimes seen as the “difficult” person, which can make it challenging to build relationships. At the end of the day, we need to work together for the good of the client. This means both maintaining positive relationships with other service providers as well as educating other service providers where improved support to survivors is needed.
- Although both sectors navigate some services in common, the way in which they do this might vary. The example was given of access to subsidized housing: it is sometimes more challenging to present the needs of a SV survivor to be eligible for priority status housing compared to the DV sector.
- In organizations that offer both DV and SV services, if a woman discloses sexual violence while she is using shelter services, the transition to SV counselling and services is simpler than a referral out to another service.
- Participants expressed that in some cases, there is financial incentive to retain the client for their own agency or refer to a fee-based service. This has implications for all service providers and survivors.

- In addition to established agencies, there are also contacts in the community who are small, informal groups of women, particularly in First Nations communities or rural settings. They are important in providing support to women, but are not necessarily part of the “system” of services recognized by funders.
- Some SACs noted that a large percentage – perhaps close to half – of their work is with women who do not self-identify as SV survivors. Some SACs also provide services to male survivors.
- Priority access to subsidized housing is important for women to begin re-building their lives, in the DV sector and also for some women who are survivors of SV. However, access to this priority option is uneven.
- Male allies play a helpful role in many communities, both in education and advocacy work that can contribute to improved access to services.
- Both DV and SV sectors are sometimes called upon to provide expertise at the national and global levels, e.g. through the UN or through Canadian-based international NGOs such as MATCH International.
- Many services in the community that both sectors work with lack an understanding of sexual violence/domestic violence. There is an ongoing need for training of staff in other agencies. Some agencies or sectors may include, for example, mental health agencies, youth-serving organizations, immigrant-serving organizations, justice-based agencies, and others.
- The DV sector is working with women who have experienced forced marriage.
- Indigenous women living on reserve face additional barriers and challenges, including:
 - There are no funded services on reserve for sexual violence survivors.
 - Lack of transportation creates barriers for clients in accessing services on reserve and also services in nearby towns.
 - Lack of trust of services off-reserve due to history of racism and lack of awareness by these services about the impact of intergenerational trauma.
 - Jay Treaty, which provides for unhindered flow across the US-Canadian border of First Nations, is not honoured by the Canadian Border Services Agency.
 - Impact of intergenerational trauma has repercussions for survivors of DV and SV. For example, children are triggered by learning of the SV against their grandparents in residential schools.
- There are issues and particular barriers specific to rural women:
 - Poor cellphone service coverage in rural areas creates safety issues, e.g. alert system does not always work.
 - Transportation is a challenge: public transit is not available; for women who have their own vehicle the travel times to access services can be a barrier.
 - Services are fewer and farther away from one another. It may take a survivor over an hour to travel to and from her appointment, for example. Sparser VAW services also means less opportunities for collaboration, case coordination or project-building for rural service providers.

- Immigrant and refugee women face particular challenges:
 - Sexual violence can occur during the migration journey, e.g. in refugee camps, and there is a lack of support services once they reach Canada.
 - The three-month wait period for health care in Ontario impacts women who have experienced sexual violence.
 - Women with precarious immigration status often will not report sexual violence/ domestic violence to police because of fear of deportation. There is a need for an “access without fear” policy to protect women.
 - Immigrant women who have experienced violence face different and more pervasive stereotypes about survivors and perpetrators of violence from service providers and systems.
 - It is important to counter Islamophobia to mitigate barriers to support for Muslim survivors of violence.

INTERSECTION OF DV AND SV SECTORS IN SYSTEM NAVIGATION

Working in small groups, participants explored some of the similarities and differences between the SV and DV sectors related to system navigation.

Both SV and DV sectors provide system navigation involving many services. Participants commented on the large number of systems that they both deal with, and also some important differences in terms of which services their clients access.

Differential relationships with the justice sector. The laying of charges is system-driven for domestic violence in the sense that mandatory charging is an established policy; this takes the decision out of the hands of the woman. In contrast, laying of charges is victim-driven for sexual violence. This distinction has a number of implications. For example, if sexual violence has taken place within an intimate relationship, this can lead to situations where charges are automatically laid for domestic violence, forcing women to testify in a sexual assault case against their will. Workers in the SV sector also shared that mandatory charging is inconsistently applied in this context.

Through understanding our work, how can we begin to address the implications and unintended consequences of victim driven and system driven charges?

Educating while navigating. Both sectors are constantly having to justify our analysis and our services. A common critique is “what about men who are abused?” (despite the fact that some sexual assault centres already serve men), and resistance from the public (despite much research and statistics noting prevalence) on the gendered nature of both DV and SV. Workers from both sectors experience the necessity to navigate services not only in the sense of connecting clients to services they need, but also explaining to other service providers some basic facts about gender-based violence, the underlying systemic causes and its pervasive effects on women and children.

Funding differences. Funding fragments and divides the two sectors. Shelters receive funding from MCSS, sexual assault centres from MAG, and the hospital-based DV/SA treatment centres from MOHLTC. Scarcity of funding, competition between organizations and sectors, and different funding parameters and criteria lead to different service models and staffing models, in which SV programs often seem to be short-changed. For example, sexual assault crisis lines are primarily staffed by volunteers, whereas shelters have funding for staff 24 hours/day because they operate 24 hours/day. In addition, fund-raising from the public is generally easier for shelters than for SACs. At least in part, we understand this to be because the public is more aware of and sympathetic to DV.

There is more resistance to and discomfort with talking about sex and sexual violence in public discourse, making it harder to appeal for public support for SACs.

Program standards. The introduction of standards in the DV sector has led to some concerns and challenges, e.g. participants expressed some women are not accepted into shelters but still need a safe place to stay – where do they go and how can the standards support improved service access? There are continuing challenges in the details of implementation of the standards. At the same time, there is now a process underway by MAG to develop standards for the SV sector. There may be opportunities to learn from the DV experience, and to collaborate between the two sectors in terms of the approach taken to implementation.

Record-keeping. Both systems provide confidential services but have somewhat different approaches to record-keeping (this includes between sectors and from agency to agency). Funder requirements for records are also different for each sector, and for each distinct organization depending on funding sources beyond MCSS/MAG. For example, some shelters destroy documentation after a client has left the shelter to prevent access to information by the woman's ex-partner for use in court. Alternately, some agencies keep little or no records at all.

Relationship between sectors. Participants reported that in some communities, the DV and SV centres work closely, while in others this may not be the case. Sometimes a SAC or shelter is not part of the collaborative VAW workgroup or partnership in the community; in other communities, both are participating at these tables. Sometimes a community may have multiple shelters. In one community, SAC and shelter staff were brought together at the beginning of an amalgamation process and soon realized how little they understood about the work of the other. There had been many assumptions that services were not the same, but they found significant cross-over and duplication. There were even survivors who were using services of both organizations without the workers realizing it.

Referring women to safe spaces. A system navigation challenge that both sectors share is when generic or mainstream services for a particular need (e.g. health, housing, counselling, etc.) may not be safe spaces for women who are marginalized or underserved: for example, immigrants, young women, transgender individuals, Indigenous women, etc.

Professionalization. Both sectors experience pressure to professionalize their services, and move to a clinical and/or regulated practice rather than a feminist approach. For some, this goes hand-in-hand with pressures to de-politicize their work and remove it from the social context of gender-based violence.

Integrating TRC recommendations. Both sectors need to do work to integrate the recommendations of the Truth and Reconciliation Commission as it applies to the issue of violence against women. This includes understanding intergenerational trauma as it may affect survivors of DV and SV, and the role of Indigenous cultural approaches in healing for survivors, as well as other considerations.

What can our sectors do to address and integrate the recommendations from the Truth and Reconciliation Commission?

Engaging survivors. For both SV and DV, it is critical to involve survivors in designing and improving the system of services, and in building the VAW movement.

COMMUNICATION AND COORDINATION

Participants again worked in small groups in the afternoon to explore opportunities for communication and coordination between the SV and DV sectors, when addressing system navigation with individual women and at a policy or sectoral level. The following key points emerged from the discussion.

Better collaboration with other services. Improved relationships and coordination with other services helps make system navigation easier.

- a) Trust and cooperation with CAS and police has increased in some communities as a result of establishing collaborative agreements with them. There is an opportunity for shelters and SACs to work together in these collaborative relationships.
- b) Look at hubs as a collaboration model. The co-location of multiple community services in one building makes for much easier access by survivors. Different services are on-site, and in some cases are located elsewhere but come to the site on a regular schedule for easier access. This is much simpler for women than having to travel all over the community to access services. The hub model has been implemented in some communities with the DV sector and could also be relevant to SV survivors. Another suggestion was the creation of Family Justice Centres as a “one-stop shop” to access DV, SV and related services.
- c) There is a need for clarification of the changeover from DVCCs to VAWCCs, as this is not being done in a consistent manner. SACs often work on community committees under the umbrella of, for example, DVCC. However, because the umbrella is perceived to be DV, the sexual violence work is often invisible in this larger process.
- d) We are aware that in some communities, DVCCs have not historically included sexual violence in their mandate, and sexual violence services may not be at the table, or their voices have minimal influence in terms of effecting a broader mandate for the committee to include sexualized violence.



Closer relationship between SV and DV sectors. Because of the many areas of common concern and similar challenges with navigating services and systems, there is an opportunity to build a closer relationship between the SV and DV sectors at all levels. The two sectors working together create a more powerful voice about violence against women.

- a) OCRCC and OAITH need to continue and strengthen the coordination of their public response to policy issues, such as joint briefs to government or joint media releases, e.g. responding to the Psychotherapy Act.
- b) It was suggested that the two sectors create a basis of unity, as a foundation for collaboration on system improvements, policy coordination, etc.
- c) It also may be time to have the discussion about the VAW sector overall: do we want two strong sectors and collaborate as needed? Or do we start to have the conversation about amalgamating at some point in the future? It may be helpful to have a think-tank to consider the options and implications.
- d) SV and DV sectors sometimes have similar positions on issues, but the sectors can also have different positions on important issues (e.g. sex work, pornography, serving men). This can cause difficulties in working together. It may be important to agree to disagree on some points but to collaborate and build strength wherever it is effective in specific and goal-oriented ways.
- e) There are also opportunities for joint planning of fund-raising and public events, or at least for coordination of separate events so as to avoid competition. For example, why are shelters having fund-raising events during Sexual Assault Awareness Month, or Walk A Mile in Her Shoes event in the same month as Take Back the Night?
- f) A joint strategy with respect to local funders can also be useful. For example, some United Ways are asking for “survivor stories” but this amounts to “victim porn” and harms women. Sensationalizing selected parts of some individual women’s stories

undermines women's dignity and reinforces damaging mythologies such as that sexual violence is extreme or exceptional, or that some women are more clearly 'blameless' victims. SACs and shelters need to work together to encourage the funder to use other ways of highlighting successful work by agencies. This can be supported by work at the provincial level addressed to all United Ways.

- g) We recognize there is a history between the DV and SV sectors in some communities, and personal differences may have become organizational differences. There is a need for trust-building and conflict resolution in the most constructive sense. We can sometimes be excessively critical of each other. Other partners in the justice system, may make extremely inappropriate comments and yet we continue to try to build relationships with them, even though we disagree profoundly with them. We need to show some latitude for each other within the DV/SV sector in the interests of building a stronger movement to end violence against women.
- h) When shelters are doing public education, staff can also mention sexual violence; and similarly those in the SV sector doing public education could also mention DV.
- i) As we build common ground between the DV and SV sectors, we need to be able to hold each other accountable through OAITH and OCRCC, recognizing that some centres and shelters are not part of these organizations.

Funding fragmentation. The difference in funding parameters between the DV and SV sectors is a source of difficulty. It will be important for the two sectors to bring a unified voice to government funders in addressing this issue. It was suggested that OCRCC and OAITH call a joint meeting with the funding ministries and begin to work out a more equitable and collaborative approach.

SUPPORTS FOR FRONTLINE WORKERS

The meeting developed suggestions about possible measures that would support frontline workers in their system navigation responsibilities.

Provide training and resources for DV and SV workers. It was recommended that the training be provided jointly to workers from both sectors, as a way to strengthen collaboration and share expertise between SV and DV service providers:

- Intersectionality and ARAO-informed services is widely supported throughout both sectors, however the understanding of this approach and its application is somewhat inconsistent. Workers in both sectors would benefit from an opportunity to explore further how to more fully integrate an intersectional, ARAO approach in our work.
- Media training, including how to respond to challenging questions on gender-based violence intended to generate conflict in our relationships with other services in the community.
- Self-care and boundaries for front-line workers.
- Legal consequences of advocacy.
- Record-keeping.
- Harm reduction.

Training and resources for frontline providers in all systems we navigate in the overall VAW sector. It was noted that one-time training has little effect and that whatever initiatives are taken in this regard need to be in the context of relationship-building and engaging in conversation with these other services over a sustained period. Training in and of itself is not sufficient without ongoing discussion.

The training would cover basic concepts, common myths and victim-blaming related to SV and DV. There was also recognition that survivors have valuable knowledge that is useful in training programs for service providers. One suggestion was to incorporate this training into the curriculum of the Ontario Police College.

Training for DVCCs (or VAWCCs) on sexual violence, as coordinating committees tend to be more focused on domestic violence and may not have as in-depth knowledge of the SV sector. The training could cover the continuum of sexual violence, and the intersection between SV and DV, among other topics. This is needed for all Coordinating Committees, and could be a standard training across the province. Using a collective impact model in the training could strengthen the role of coordinating committees, including both SV and DV sectors. Sectors also support better engagement of sexual violence support services on VAWCCs and shared leadership at VAWCCs between SV and DV stakeholders.

Action is needed to continuously maintain the implementation of and respect for inter-agency protocols and agreements. Many communities have collaboration agreements between DV or SV agencies and other service providers (e.g. police, CAS, hospitals, etc.) however these can fall into disuse.

RECOMMENDATION

Based on themes that emerged from the discussion, the following recommendations are proposed for OAITH and OCRCC:

Foster a culture to develop a basis of unity between the two sectors, and continue to facilitate discussions of a closer relationship between the sectors.

Identify areas of collaboration including joint or coordinated fund-raising; advocacy on common issues affecting both SV and DV survivors. This could be explored by the provincial bodies, or which the provincial bodies could encourage at the local level.

Explore with their members the interest in holding a think-tank about options for stronger collaboration and possibly amalgamation.

Hold discussions with MCSS, MAG and OWD about establishing a more consistent and equitable basis for funding for frontline agencies in the overall VAW sector.

Continue to collaborate on provincial level issues and opportunities with joint briefs and submissions on proposed legislation.

Provide leadership on opportunities to develop and deliver:

- a) training and resources for frontline staff in the areas highlighted above,
- b) training for VAWCCs on the spectrum of sexual violence and the intersection of DV and SV,
- c) resources and strategies that shelters and SACs can use to support the active implementation and renewal of inter-agency protocols and agreements.

Explore possibilities for public education, visibility and understanding of the services of both SACs and Shelters, and of VAW in its totality, including SV and DV.

APPENDIX A

Participants

PARTICIPANT	ORGANIZATION	SECTOR REPRESENTED
Sharon Floyd	Interim Place	DV (OAITH)
Jehan Chaudhry	Sandgate Women's Shelter	DV (shelter)
Denise Glasbeek	OAITH	DV (OAITH)
Marlene Ham	OAITH	DV (shelter)
Hilary Wilson	Leeds and Grenville Interval House	DV (shelter)
Sunny Murriner	Ottawa Rape Crisis Centre	SV (SAC)
Nicole Pietsch	OCRCC	SV (OCRCC)
Bev Ritza	Women's Sexual Assault Centre of Renfrew County	SV (SAC)
Erin Crickett	Sexual Assault Centre Hamilton and Area	SV (SAC)
Yamikani Msosa	Sexual Assault Support Centre	SV (SAC)
Jane McGregor	Sexual Assault Centre London	SV (SAC)
Michelle Schryer	Chatham-Kent Sexual Assault Crisis Centre	SV (SAC)
Christina Brant	Sexual Assault Centre of Brantford	SV (SAC)
Amber Wardell	Haldimand and Norfolk Women's Services	DV and SV (both)
Sly Castaldi	Guelph-Wellington Women in Crisis	DV and SV (both)
Lindsay McAllister	Timmins Women and Crisis	DV and SV (both)
Bernice Connell	Women's House Serving Bruce and Grey	DV and SV (both)
Michelle Batty	Sexual Assault Survivors' Centre of Sarnia-Lambton Women's Interval Home Sarnia-Lambton	DV and SV (both)
Carol Barkwell	Luke's Place	DV (Family Law emphasis)
Luwam Ogbaselassie	SA/DV Treatment Centres	DV and SV (both)
Nadine Wathen	UWO – researcher	DV, with perspective on intersection with SV
Robin Mason	Women's College Hospital	Health
Krittika Gosh	OCASI	Immigrant, refugee and non-status women
Helen Kennedy	Egale Canada	Queer and Trans* folk
Julia Bomberry	Ganohkwasra Family Assault Support Services Aboriginal Shelters of Ontario	DV (shelter; Aboriginal women and family violence)

APPENDIX B

Systems Navigated by Both Sectors

Children's Aid	Sex Worker specific programs
Healthcare/hospitals; Sexual Assault and Domestic Violence Treatment Centres (SADVTCs) and Provincial Network	Criminal Injuries Compensation Board
Social housing/homelessness services	Shelters (VAW, homeless)
Income support: Ontario Works, ODSP	Aboriginal Women's Group(s)
Police (multiple in rural areas)	Youth Bureaus, youth crisis services
Victim Services	Services related to criminalized women
Legal/Justice system (Family Court, Criminal courts, VWAP, Crown, Lawyers)	LGBT, Transgender, Rainbow groups
Education (schools, campuses, community)	Elected officials and legislators (MP's, MPP's)
Addiction services	Funders, at the local, provincial and federal levels
Mental health services	Allies
Government institutions and agencies	Social media
Settlement services (Immigrant/Newcomer settlement, Immigration and Refugee Board)	Media
Translation/Interpretation services	Coordinating committees (Elder abuse, Suicide Prevention, Migrant/Seasonal Workers)
	International agencies (UN, Match, Global Fund for Women)

Systems Navigated by the Sexual Violence Sector

Business, e.g. working with bars around drug-facilitated rape	Human Trafficking committees
Community based women's groups (Yoga/Meditation, quilting, book clubs)	Aboriginal Policing
Religion/Spiritual institutions (churches, mosques, synagogues)	Bystanders
Elders and seniors' agencies	Human Rights Tribunals
Aboriginal Health Centres	Prisons and other spaces where women are incarcerated
Big Brothers/Big Sisters	Group homes and youth residential spaces
	Hospitality sector

Systems Navigated by the Domestic Violence Sector

Family Court (Family Responsibility Office, Lawyers, Court Staff, FLIC, FCSW program)	Counseling services
Legal Aid	Utility providers
PAR Program	Private landlords
Supervised access	Children specific services (child witness, treatment services)
Public Health	Day care (subsidy, private)
Transportation services	Eating disorder services
Early Years Centres	Food security services
Band representative	Culturally specific service providers (e.g. residential school issues)
Tribal council, band elected council	Probation, Youth Probation

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