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Identifying the Potential for Collaboration between Women's Shelters and Sexual Assault Centres: Comparing and Contrasting the Service Delivery Needs of Clients

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Abstract

Many women experience *both* sexual and domestic violence throughout their lifespan, but do the services of women's shelters and sexual assault centres reflect this reality? Stemming from a joint recommendation, this research project was conducted in partnership by the Alberta Association of Sexual Assault Centres and the Alberta Council of Women's Shelters. Qualitative interviews were conducted with 24 service providers representing 19 Alberta women's shelters and sexual assault centres. The purpose of the study was to identify areas in which the needs of clients intersect or where they dictate distinct and specialized service delivery and to make recommendations regarding potential collaboration.

Introduction

Despite society's acknowledgement of the existence of domestic and sexual violence and the resulting development of treatment programs and services, incidents of domestic and sexual violence remain pervasive. The national Violence Against Women study conducted by Statistics Canada in 1993, concluded that 39% of Canadian women had experienced at least one incident of sexual assault in their lifetime. Likewise, the recent Canadian national study on domestic violence reported that 7% of women experienced spousal violence in the last five years, with Albertan women experiencing the highest rates of spousal violence in Canada at 10% (Statistics Canada, 2005). Examining both sexual assaults and domestic violence in combination from the most comprehensive study to date (Statistics Canada, 1993), 51% of Canadian women and 58% of Albertan women have experienced at least one incident of either physical or sexual assault since the age of 16. Again, Alberta had the highest rates in Canada.

Yet women do not always experience sexual and domestic violence separately. In reality, many women experience multiple forms of violence

throughout their lives, often concurrently. This raises many questions. For example, is there a relationship between occurrences of sexual and domestic violence? Do the services of women's shelters and sexual assault centres reflect this relationship and the needs of this group of women? Is there potential for service collaboration?

The Alberta Association of Sexual Assault Centres (AASAC) and the Alberta Council of Women's Shelters (ACWS) jointly recommended the need to explore these questions by comparing and contrasting the service delivery needs of shelter clients with those of sexual assault centre clients. The aim of this research was to identify areas in which the service needs of both client groups interconnect or where client needs require service delivery models that are distinct and specialized, and to propose areas for potential collaboration between women's shelters and sexual assault centres.

Intersections between Domestic and Sexual Violence in the Literature

Research to date has focused primarily on sexual and domestic violence separately, with the heaviest emphasis on domestic violence. Moreover, few studies have centred on the overlap or interconnection between multiple forms of violence. Those that have, typically focus on a connection between child physical abuse and later domestic violence or child sexual abuse and later adult sexual assault. While these findings have presented a significant contribution towards our understanding of violence, they have also created an artificial separation between domestic and sexual violence, a distinction that service models today largely reflect. It is necessary to further evolve our understanding of the complex relationship between domestic and sexual violence both in the research literature and in the delivery of service.

The term "intersection" refers to the possible connection between experiences of sexual violence with those of domestic violence and vice versa. Examining areas where domestic and sexual violence overlap in the lives of women, and the subsequent service implications of this crossover, could provide a necessary platform from which to explore the potential for service collaboration. Five intersections, and the subsequent service impacts, were identified in the research literature: Child sexual abuse within homes with domestic violence, child abuse and later adult sexual assault victimization, child sexual abuse and woman abuse, intimate partner sexual assault and lastly, the concept of cumulative trauma.

Child Sexual Abuse within Homes with Domestic Violence

Recent research from Statistics Canada (2005) indicates that family members perpetrated 32% of the sexual assaults that were committed against children/youth; of these, parents were the accused 40% of the time. A number of studies suggest that violent adult relationships and family dysfunction are a risk factor for child sexual abuse (Bowen, 2000; Dong et al., 2004; Kellogg & Menard, 2003; Gruber & Jones 1983; Ray, Jackson & Townsley, 1991) perhaps contributing to the prevalence of abusive family members.

According to Kellogg and Menard (2003), for example, 52% of sexually abused children (N=164) seen in a sexual abuse treatment clinic reported concurrent domestic violence. Over half of the adult sexual offenders of these children lived with the child and of these, 58% were also the perpetrators of adult partner violence. Most notably, 77% of these offenders were sexually abusing the child *at the same time* that they were perpetrating domestic violence. However, Shipman, Rossman and West (1999) found a lower prevalence rate of 9% of abused children in domestic violence households; but these children had been *both* physically and sexually abused. Further research is required in order to understand the nature of the relationship between child sexual abuse and domestic violence.

Child Abuse and Later Adult Sexual Assault Victimization

Research on the relationship between child sexual abuse and adult sexual assault is more prevalent in the literature than the role of differing forms of child abuse in adult sexual revictimization. According to a meta-analysis of 19 empirical studies conducted by Roodman and Clum (2001), child sexual abuse survivors are at a greater risk of adult sexual revictimization than those without a history of childhood sexual abuse. Yet, according to several other studies, the risk of adult sexual revictimization increases with multiple traumatic childhood abuses, not just child sexual abuse alone (Cloitre, Tardiff, Markuz, Leon & Portera, 1996; Janowski, Leitenberg, Henning & Coffey, 2002; Messman-Moore & Brown, 2004). Janowski et al. (2002) claim that, “Not only child sexual abuse alone, but additive traumas of physical abuse and witnessing domestic violence” (p. 242) are correlated with increased risk of adult sexual assault.

Messman-Moore and Brown (2004) concur. Using standardized questionnaires with 925 college women, these researchers 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, had later experienced sexual assault as adults. These results suggest an incremental rise in the prevalence of adult sexual revictimization in women as the number of childhood abuses increased.

Yet, other researchers speculate that the specific *combination* of child physical and sexual abuse is more indicative of adult sexual revictimization than child sexual abuse alone (Cloitre et al. 1996; Messman-Moore & Brown, 2004; Schaaf & McCanne, 1998; Smith, Davis & Fricker-Elhai, 2004). This is contrary to the bulk of research that discusses child sexual abuse and the resulting psychological sequelae as the greatest determiner of adult sexual assault. In their study with 475 college women, Schaaf and McCanne (1998) found higher rates of adult sexual revictimization among those who had experienced both child physical and sexual abuse. They concluded that, "Childhood sexual abuse alone does not increase risk for adult sexual or physical victimization relative to those who were not abused. However, when sexual and physical abuse are combined in childhood, the risk for adult victimization more than doubles" (p. 1130).

It is evident in the literature that child sexual abuse survivors are at an increased risk for later sexual revictimization. Yet, other studies suggest additional factors that contribute to the increase risk such as additional multiple childhood traumas, or the unique combination of childhood sexual and physical violence. Therefore, strictly focusing on the psychological sequelae of sexual abuse survivors and how these create sexual vulnerability in adulthood may be inadequate. Perhaps the unique interplay between sexual and physical violence in childhood, and the resulting accumulated trauma, holds a greater role. Further examination of this potential intersection is necessary to understand the complexity of revictimization.

Child Sexual Abuse and Woman Abuse

Several studies have indicated that women who are sexually abused as children have a higher likelihood of experiencing domestic violence in adulthood (Cohen et al., 2000; DiLillo, Giuffre, Tremblay, & Peterson, 2001; Messman-Moore & Long, 2000; Noll, Horowitz, Bonanno, Trickett & Putnam, 2003). In a sample of 240 women, 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 had not been sexually abused as children. Similarly, Messman-Moore and Long (2000) found significant differences between adult non-child sexual

abuse survivors and child sexual abuse survivors (N = 633) in the rate of domestic violence experienced. The survivors reported greater numbers of incidents of physical abuse, psychological maltreatment, verbal abuse, domination and isolation from their partners then non-victims in this study.

Recent research by Griffing et al. (2005) instead examined the rates of returning to an abusive partner in childhood sexual abuse survivors as compared to women with no history of child sexual abuse in 104 women's shelter residents. Disclosures of childhood sexual abuse, the majority of which was interfamilial, were made by 32.7% of the women. In comparisons using structured interviews and standardized testing, no differences were found between the "sexual abuse" and "no sexual abuse" groups in terms of the frequency and duration of domestic violence experienced. However, significant differences in the rate of returning to an abusive partner were identified such that childhood sexual abuse survivors had a greater number of prior separations than non-abuse survivors, and were more likely to have previously returned to their abusive partner. Griffing and colleagues provide evidence that "experiences of early abuse may play a critical role in the difficulty that many battered women have in terminating abusive relationships in adulthood" and will continue to be "vulnerable to an additional type of revictimization in the form of remaining with an abusive partner" (p. 345).

Intimate Partner Sexual Assault

Intimate partner sexual assault has received the most attention by way of research. Russell (1990) conducted one of the most commonly cited studies on the prevalence of marital rape in the United States. Findings from her randomized community sample of 930 women indicated that 14% had experienced completed or attempted rape by a husband or ex-husband. In comparison, the Violence Against Women Study in Canada (Statistics Canada, 1993) reported a lower rate of 8% of ever-married women being sexually assaulted by their partner. Yet, samples drawn from women residing in women's shelters however, uncover much higher rates of incidence. Between 40% - 50% of this group had experienced sexual assault by their abusive partner (Campbell & Martin, 2001; McFarlane et al., 2005; Pence & Paymar, 1993).

Importantly, though, determining the prevalence of intimate partner sexual assault is often limited by the definition utilized in the research (DeKeseredy, Rogness & Schwartz, 2003; Mahoney & Williams, 1998; Marshall & Holtzworth-Monroe, 2002). DeKeseredy et al., (2003) argue

that the description of sexual assault tends not to include all of the sexual victimizing experiences that abused women endure. Circumstances such as when the woman partner is too intoxicated to give consent, "blackmail rapes", "economic threats", sex out of a "sense of obligation" and sex because of threats to take custody of the children have not been incorporated (p. 679). They claim therefore, that the incident rate of intimate partner sexual assault is likely much greater. Criticism of the definition of sexual assault have also been advanced by others (Mahoney & Williams, 1998; Marshall & Holtzworth-Monroe, 2002).

Cumulative Trauma

In general, researchers suggest that experiencing multiple traumas, including traumas in either childhood or adulthood, or throughout childhood and adulthood, has a cumulative effect on victims (Follette, Polunsny, Bechtle, & Naugle, 1996; Fox & Gilbert, 1994; Messman-Moore & Brown, 2004; Messman-Moore, Long, & Siegfried, 2000; Schaaf & McCanne, 1998; Wind & Silvern, 1992). Follette et al. (1996), for example, calculated 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 had been traumatized once. These researchers 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" (1996, p. 33). Messman-Moore et al. (2000) found similar results. Both women victimized in childhood and in adulthood in the study, as well as those with multiple adult-only victimizations, experienced higher levels of trauma such as depression, anxiety, and Post Traumatic Stress Disorder then women with one form of abuse or no abuse history. The rate of recovery for women is consequently impacted by their cumulative reaction to a recent trauma (Follette et al., 1996).

Service Implications

The interrelationship of domestic and sexual violence in the literature supports the notion that women's shelters and sexual assault centres have unique and meaningful opportunities to collaborate. Many of these studies first suggest that services working with adult survivors of childhood violence need to assess clients for multiple forms of childhood abuses, as this client group is more likely to have increased trauma symptoms and may require more integrative treatment approaches (Follette et al., 1996;

Messman-Moore, et al., 2000; Schaff & McCanne 1998). By identifying the forms of abuses experienced, services can aptly respond, or provide appropriate referral.

Other studies provide recommendations that directly implicate women's shelters and sexual assault centre services, beyond that of assessment (see Bergen, 1996; Griffing et al., 2005; Mahoney, 1999). Griffing et al. (2005) concludes for example, that child sexual abuse survivors "experience a greater struggle in their efforts to permanently leave a battering partner" and therefore, may benefit from counselling that focuses on the connection between their child sexual abuse experiences and current adult abusive relationships (p. 345). Likewise, Mahoney (1999) argues in favour of developing "wife rape treatment programs and the coordination of the delivery of these services... [between] rape and domestic violence agencies" (p. 1013). Thorough assessment and the creation of innovative treatment models like those described above, are potential opportunities for women's shelters and sexual assault centres to integrate their expertise and provide meaningful treatment for survivors of domestic and sexual violence.

In sum, according to the literature, domestic and sexual violence exist within a very complex relationship. The review highlights the overlapping experiences of multiple forms of violence in many women's lives (Cloitre et al., 1996; DiLillo, Giuffre, Tremblay, & Peterson, 2001; McFarlane et al., 2005) and suggests that without connecting these multiple experiences of violence in treatment, women may not be able to achieve full well-being (Bergen, 1996; Follette, Polusny, Bechtle, & Naugle, 1996; Griffing et al., 2005). Instead, victims face an increased risk of further and continuous lifetime victimization (Griffing et al., 2005; Messman-Moore, Long, & Siegfried, 2000; Noll et al., 2003; Schaaf & McCanne, 1998).

Women's shelters and sexual assault centres have an opportunity to collectively improve the service response towards domestic and sexual violence, in ways that equate with the experiences of many women. However, little research has documented this potential or the impact of collaborative work by these services. The principal objective of the current study, therefore, was to consult with service providers from women's shelters and sexual assault centres about the collaboration potential between these two services with the hope of revealing findings that would provide a rationale as well as tangible strategies for developing service partnerships.

Methodology

Between November 2005 and February 2006, 24 senior-level management staff were interviewed representing 19 Alberta agencies (both Sexual Assault Centres and Women's Shelters). The interviews were semi-structured in format with questions related to current services and client groups, current level of collaboration, potential collaboration and the benefits and drawbacks of collaboration. The interview findings were analyzed using thematic analysis (Patton, 2002). This work is part of a larger study that included interviews with service providers across Canada, and in three American States, however the results that are presented here are from the Alberta interviews.

Results

Often the term "collaboration" is understood by service providers as "amalgamation", or more simply as, "merger". This was not the intent of the current research. For the purpose of this study, collaboration was loosely defined as efforts involving any form of working together ranging from informal information sharing and mutual referral, to the sharing of space and the creation of new structures. The study, instead, looked to the respondents to define if and how collaboration would work for their community.

Collaboration was first explored with service providers by identifying the differences between women's shelters and sexual assault centres. This generated a clear understanding of the distinction between the services and allowed us to frame the potential for group effort by acknowledging the unique role each has in supporting their communities. Next, similarities were discussed which created a shared position from which to begin to consider working together. Finally, the idea of collaboration was explored by discussing the benefits and drawbacks as well as tangible ideas for partnerships.

Differences between Women's Shelters and Sexual Assault Centres

Differences between women's shelters and sexual assault centres, according to the respondents, fell into two distinct categories: The services offered and the clients who access them. Service providers described how a women's shelter's primary function was to provide safety and shelter to women and children who are fleeing domestic violence. It was explained that this service supplies basic needs such as food, clothing, and personal items while also offering support for issues

such as parenting, housing, legal needs, finances and safety. One respondent eloquently described the services of a women's shelter as, "deal[ing] with a woman's life as a whole". However, another informant believed that, as a result, shelter staff were often "too busy dealing with the client's day to day situations so the client can leave" and often did not have time to support the emotional trauma in a way that is needed.

Service providers, in contrast, described sexual assault centres as services that deal exclusively with sexual violence and the resulting emotional trauma. Key informants explained that a sexual assault centre's primary function was to offer specialized crisis intervention and support to survivors of recent and past sexual violence. In short, women's shelters were described as broad in nature, while sexual assault centres were explained as more narrow in focus. Similarly, it was surmised that women's shelters work through a variety of issues in a shorter period of time, while sexual assault centres generally have the capacity for longer-term support with a heavier clinical focus.

The respondents, moreover, discussed how women's shelters and sexual assault centres also differ in the client groups that they serve. Many of those interviewed, concluded, that even though there was a subgroup group of women who experienced both domestic and sexual violence, many others did not. This thought is illustrated in the following two quotes:

> 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.

> There is no question that family violence can include sexual violence [but] all family violence does not necessarily include sexual violence.

This was an important distinction for the respondents in the study. Many felt strongly about recognizing that while a woman could be sexually assaulted by her partner, she could also be sexually assaulted by an acquaintance, a co-worker or a stranger and therefore, not require services of a women's shelter.

Another important client difference between women's shelters and sexual assault centres identified in the interviews, was that of gender. Some respondents highlighted that the services of sexual assault centres in Alberta are available to youth and adult male survivors of sexual violence, whereas, women's shelters generally did not support male victims of domestic violence. The Wheatland Shelter located in Strathmore, Alberta is one exception.

Similarities between Women's Shelters and Sexual Assault Centres

The interview participants also identified a number of similarities between women's shelters and sexual assault centres, the most prevalent of which was the acknowledgment of a group of women who have experienced both sexual and domestic violence in their lives. This recognition of the overlap between the two issues is illustrated in the following three quotes:

> [T]hese issues often go hand in hand.
>
> There is a high correlation of victims of sexual violence [that] go into battering relationships…so there is often that dual issue.
>
> A percentage of family violence makes up sexual violence.

Overall, the majority of participants emphasized that many abused women experience sexual coercion or rape within their abusive relationship and/or have histories of child sexual abuse.

Secondly, the informants recognized similarities in service delivery models between women's shelters and sexual assault centres. Some described how both agencies work with women in crisis by providing intervention and support and by operating within similar philosophical frameworks. Three respondents stated:

> 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.
>
> I agree to a certain extent that violence against women is violence against women…and I agree that if we look at it, it is on a spectrum and that it all has roots in oppression, power and control.
>
> We counsel the same way, we come from the same background 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.

Some study participants, emphasized the fact that the service models being similar does not mean a duplication of services. Unfortunately, some respondents had experienced this misperception by funding bodies and as a consequence, were not awarded badly needed funds.

Collaboration

The respondents stressed the importance of recognizing the many examples of collaboration already occurring in the province of Alberta. The forms of cooperation reported included sharing information, mutual referral, committee work and numerous one-time initiatives. A small number of participants noted that their centres are also engaging in collaboration at the direct service delivery level. For example, in one community, the women's shelter supports the sexual assault crisis line after hours as well as shares space. In another area, a counsellor from the sexual assault centre and a counsellor from the women's shelter co-facilitate a group for women who have experienced both childhood sexual abuse and domestic violence. Other examples of direct service delivery collaboration include outreach services into each other's agency, cross training of staff, and conjoint public education sessions. While some described well-established partnerships, others admitted that services were currently not collaborating or were doing so informally, and felt this could be greatly enhanced.

The key informants were also asked about their thoughts on working together. Many positive aspects of collaboration between women's shelters and sexual assault centres were expressed. Collaboration was described by many as a "need", "necessity", "must" and "benefit". Numerous participants deemed the meeting of client need as the greatest advantage of collaboration.

> 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 …I think if we could strengthen the linkage [between services], we may have more positive outcomes for women.
>
> We, in our own education, say that violence does not exist in isolation…why are we then providing a service to women in isolation?

> 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 her 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.

> It is important that agencies that might be working on one end of the spectrum be connected with agencies working on the other and that we can provide a fluidity of services to people.

The lack of relationships between women's shelters and sexual assault centres creates gaps in treatment for women according to the majority of those interviewed. The bulk of respondents commented that building a smooth continuum of services so that "nobody [is] falling through the cracks" could reduce fragmentation and work towards meeting all treatment needs for women.

Moreover, others perceived collaboration as having the potential to decrease service recidivism and the re-victimization of women. Many believe that women who do not receive the necessary treatment may, as a result, continue to be abused, and in turn, depend on services repetitively for help. This is illustrated in the following two comments:

> Many women are dealing with domestic and sexual violence issues…how does this impact the rate of recidivism back into shelters?

> Adult survivors of childhood sexual abuse may recycle the violence within their [intimate] relationship or find a new one to continue the violence.

In contrast, the informants also cited some challenges of collaboration. The majority of participants were afraid that sexual and domestic violence would "be lumped together" by the public, thereby losing the distinctions of the two issues. One respondent commented, "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 was a critical issue for interviewees, because of the implications for funding. Some informants worried that sexual assault centres would be 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 ones that are not funded". Respondents therefore felt that collaborative work would need to carefully consider these risks.

A final potential challenge identified by the interviewees was that of preserving services for adult male victims of sexual violence. In comparing the two issues, those that experience domestic violence and require emergency shelter and safety are overwhelmingly women. Conversely, a number of males have experienced childhood sexual abuse and utilize sexual assault centres for support. Several key informants were concerned that collaboration between women's shelters and sexual assault centres risked the marginalization of male sexual abuse victims. If structures are shared, for example, males may be reluctant to access the service, or may not know the service is also available to them.

Discussion

The results of this study suggest that collaboration between women's shelters and sexual assault centres is not only possible, but essential. The interrelationships between experiences of sexual and domestic violence is evident according to the literature and as a result, supports the idea that integrative treatment models for women may be very effective. The participants in this study shared similar thoughts, concluding that treatment models need to mirror women's reality.

Although the project found a variety of collaborative initiatives already under way in the province, the majority of the work seemed to occur away from direct client service delivery. Hence, such a finding implies the need for women's shelters and sexual assault centres to begin considering greater front-line collaboration. Sharing expertise and creating integrative treatment programs specifically for women who have experienced both issues, such as groups for intimate partner sexual assault or child sexual abuse/adult battering, may be the most needed.

However, despite agreement amongst respondents regarding the need to collaborate, another finding emerged from this study. While collaboration was identified as essential, so too was enhancing the specialized and distinct nature of the two services. Specifically, many respondents raised concern that with greater collaboration, a blurring of service boundaries could also result. Once this occurs, many feared that sexual violence would succumb to the larger issue of domestic violence. O'Sullivan and Carlton (2001) shared a similar apprehension, fearing that because domestic violence is such a massive issue, involving many social

sectors such as housing, child protection and family law, it had the potential to engulf the more stigmatized issue of sexual violence.

Maintaining the distinction and specialization of services was also deemed critical because there are many women who do not experience both domestic and sexual violence. Abused women without a history of sexual violence only require the services of a women's shelter, and likewise, sexually assaulted/abused women only need support from a sexual assault centre. Preserving the distinction between services, amongst all efforts to collaborate, protect what women's shelters and sexual assault centres are already doing well; providing services to abused women and sexual assault/abuse survivors.

In summary, women's shelters and sexual assault centres are providing excellent services to their communities in the province of Alberta. The findings from this study do not suggest a need for fundamental program change. Instead, it illuminates the importance of maintaining specialization and distinction, while simultaneously working together in unique and meaningful partnerships. Therefore, it seems that women's shelters and sexual assault centres face the challenge of creating an effective collaborative partnership while maintaining service distinction.

This exploratory study closes with the following questions: What do survivors think about the relationship between their experiences of sexual and domestic violence? What is their view of women's shelters and sexual assault centres working together? Further research is required to investigate this perspective. Additionally, research that examines the connection between experiences of domestic and sexual violence exclusively would be another crucial step towards increasing the knowledge base and creating meaningful and comprehensive treatment. This study proposes that innovative collaborative treatment models would better serve women who have experienced both forms of violence. Research evaluating the impact of this would also be a critical aspect of future work.

Collaboration between women's shelters and sexual assault centres holds the promise of addressing domestic and sexual violence in new and innovative ways. By targeting new collaborative initiatives at key areas of domestic and sexual violence intersection, such as intimate partner sexual assault and child sexual abuse and woman abuse, these two anti-violence groups have the potential to impact violence in a way our society has yet to experience. The ultimate outcome of such collaboration appears to be enhanced services for women, a goal that women's shelters and sexual assault centres have always shared.

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