

# Violence Against Women Services in Hamilton:

## Assessing Gaps and Barriers in Service

Prepared for the Woman Abuse Working Group by the  
Social Planning and Research Council of Hamilton

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## 1.0 INTRODUCTION

### 1.1 Background

The Woman Abuse Working Group (WAWG) is a coalition of more than twenty agencies working in Hamilton to end violence against women.

The WAWG's website states: "We are led by Violence Against Women (VAW) women's organizations, working with community and government agencies, individuals, service users and consumers, who are committed to the eradication of violence against women and their children. We strive to reflect and represent the diversity of our community.

Violence against women transcends all boundaries and stereotypes. It is found at all income and education levels, in all social classes, in all religions and in all races and cultures." ([www.wawg.ca](http://www.wawg.ca))

WAWG's Terms of Reference identify its mission as the creation of a community without violence, abuse, oppression, and exploitation of women and their children. Guided by an anti-racist, anti-oppression, feminist framework, WAWG supports efforts through advocacy, education and leadership to engage the community to end violence against women and their children by working to remove systemic barriers that perpetuate this violence.

The long term goals of WAWG are:

1. Educating service providers, professionals, and the general public regarding the causes and effects of woman abuse, systemic discrimination and oppression.
2. Actively support and engage in activities, which investigate and evaluate issues relevant to woman abuse.

Congruent to its goal of community education and service coordination related to violence against women, WAWG received funding from the Ontario Women's Directorate in 2014 to identify the assets and resources that exist in Hamilton for women who have experienced violence. The final document was completed in August 2015. (Violence Against Women Services in Hamilton: Mapping Community Assets, Social Planning and Research Council of Hamilton)

The second phase of the project was to provide a baseline system overview of intimate partner violence and sexual violence of adult women for the purposes of:

- Educating the community and improving system coordination, including identifying deficits and gaps
- Highlighting aboriginal, newcomer and francophone services

The Social Planning and Research Council of Hamilton (SPRC) was contracted by WAWG in year 2 to bring the project to completion. Some preliminary work had been done including defining the categories of services to be mapped and the scope of services being limited to those for women who are fleeing violence and not children.

The SPRC engaged with service providers, women with lived experience, and other community members to assess the barriers to service or challenges that exist for women experiencing violence in Hamilton. This report is the second phase of the community asset mapping project, which involves an analysis of the overall VAW sector in Hamilton.

The initial asset map outlines 33 services under 14 categories of service including: women's emergency shelters; 24 hour helplines; sexual assault and domestic violence medical/forensic services; women's counselling and support; sexual assault counselling and support; transitional support workers; second stage housing; transitional housing; family law services; criminal law and victim support; criminalized women and women involved in sex work; public health and sexual health services; immigration; settlement and newcomer support services; and Aboriginal support services. Each service in these categories was assessed for its accessibility to Francophone women. This report examines the services outlined in the asset map and provides recommendations from findings about those specified services.

## **1.2 Defining Violence Against Women (VAW)**

For the purposes of this report, WAWG's definition of abuse and violence against women was used to orient the project's goals.

**Violence Against Women** is the social and political conceptualization of women's experiences of abuse. VAW refers to the broad range of women's experiences of abuse and the support services aimed at addressing them. VAW within this report focuses on the community's orientation toward this social problem.

**Abuse** is any threat, act or physical force that is used to create fear, and establish control over the recipient. It can be manifested or experienced as physical abuse (i.e. unwanted physical contact such as kicking or choking), emotional abuse (i.e. fear, diminishing self-worth or degrading), sexual abuse (i.e. unwelcome or forced sexual activity), verbal abuse (i.e. the use of negative comments such as lying or name calling), financial abuse (i.e. reducing or eliminating financial independence), social abuse (i.e. causing isolation or alienation), religious abuse (i.e. power used over spirituality and religious orientation), environmental abuse (i.e. provoking fear toward her surroundings), and lastly, using privilege/social status (i.e. suggesting one is inferior due to their socio-economic status/race/sex etc.).

## **1.3 Overview of Domestic Violence Against Women,**

Family violence accounts for one quarter of all violent crime in Canada. Police reports of domestic violence against women have increased in Hamilton in recent years.

According to the Hamilton Police Service, nearly 6,500 cases of domestic violence occurred in Hamilton in 2014. However, only 1,600 of those were criminal events related to intimate partner violence. Out of those 1,600 events, 1,250 arrests were made with charges being laid in 1,207 of the cases. The majority of charges, 1,003, were laid against males.

Reporting the number of events of violence against women merely offers a partial overview of the scope to which women are actually experiencing this violence, as social service agencies and other provincial and national interest groups can only predict the numbers of women experiencing violence and abuse through service use and shelter stays.<sup>1</sup>

Ministry of Community and Social Services data shows that only 533 abused women requested and received service at one of Hamilton's four Violence Against Women shelters in 2013/14. Along with those 533 women came 596 dependent children also in need of support.

During that same year, women were turned away 4,541 times from the same four shelters because they were at capacity. In these cases, the shelter staff would assist women in finding space in another VAW shelter in a neighbouring community or would help them temporarily access a room in a motel/hotel. In some cases, seeking shelter in another community makes her work, doctor, or child's school inaccessible and, instead, she may choose to stay in her home with her abuser.

#### **1.4 Overview of Sexual Violence Against Women<sup>1</sup>**

According to the National Clearinghouse on Family Violence (2008), approximately 1 in 3 women will experience sexual assault in their lifetime. Sexual victimization rates for women are 5-6 times higher than the rate for men. (Statistics Canada 2008)

According to a 2004 Statistics Canada report, Criminal Victimization in Canada, only 8% of all sexual assaults are reported to police making it one of the least reported violent crimes. In 2008 Statistics Canada reported a majority of respondents (58%) said they did not go to the police because they did not feel it was important enough.

Sexual Assault is categorized in three ways. Level 1 is any form of sexual activity forced on another person (i.e., sexual activity without consent), or non-consensual bodily contact for a sexual purpose (e.g., kissing, touching, oral sex, vaginal or anal intercourse). Level 1 sexual assault involves minor physical injury or no injury to the victim.

Level 2 is a sexual assault in which the perpetrator uses or threatens to use a weapon, threatens the victim's friends or family members, causes bodily harm to the victim, or commits the assault with another person (multiple assailants).

Level 3 or aggravated sexual assault is a sexual assault that wounds, maims, or disfigures the victim, or endangers the victim's life.

In 2014, Hamilton Police reported three aggravated assaults (4 charges laid), seven level two assaults (3 charges laid), and 399 level one assaults (90 charges laid).

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<sup>1</sup> (The focus of this report is domestic violence which can, of course, include sexual violence. WAWG hopes to conduct a subsequent study and recommendations related to sexual violence in the future)

## 2.0 METHODOLOGY

The information for this report was gathered through the following methods:

1. Acquiring general statistics on the demographics of VAW services federally, provincially and municipally.
2. A survey of VAW service providers in Hamilton.
3. Two focus groups and three key informant interviews with women with lived experience of domestic violence and/or sexual violence.
4. One focus group and four key informant interviews with service providers that work with women who have experienced domestic or sexual violence.

Despite all efforts, there are various limitations to the work presented here. They are discussed in detail below;

1. This project undertaken by the members of WAWG occurred in addition to their mandated organizational work. This hampers the ability of the organizational representative to always participate as fully as possible in surveys, focus groups and/or key informant interviews.
2. This report looks specifically at women's VAW services and does not examine services in Hamilton aimed at children or services available for perpetrators of violence toward women.
3. Efforts were taken to engage with women with varying needs in service. However, the work may not adequately represent the interests of specific populations such as LGBTQ women, francophone women, immigrant and refugee women and other unique populations who access VAW services in Hamilton.

These limitations impacted the research process for this project. However, the findings and recommendations provided in this report are valued as reflecting the experience and knowledge gathered during the research process as an overview into women's experience of VAW service provision in Hamilton.

### 2.1 Quantitative Data

The quantitative data outlined within this report was acquired from WAWG resource members including Hamilton Police Service and the Ministry of Community and Social Service. In addition, WAWG service providers were asked to rank VAW service areas from poor to excellent (on a scale of 1 to 5) to gather additional data about the perceived effectiveness of services within Hamilton. This data offers some specifics about service usage within Hamilton, in addition to providing useful quantitative information about effectiveness of services.

### 2.2 Qualitative Data

In addition to quantitative information about the scope of VAW experiences and services within Hamilton, this report aimed to empower women with lived experience into decision making processes. Qualitative storytelling was an important aspect of information gathering through two focus groups and three key informant interviews. This data gathering focused on themes raised in the survey responses including:

- Meeting the needs of specific populations (francophone women, LGBTQ populations, criminalized women, women with addictions, rural populations, Aboriginal women)
- Effectiveness of coordination or collaboration between services
- Greatest assets and barriers within community VAW services
- Community supports for navigating legal systems in Hamilton (for example, legal advocates, victim services, crown attorneys, and court systems)

The qualitative findings were gathered to provide insights into how service users experience VAW services within Hamilton. The aim of the qualitative findings were to validate and/or challenge existing dialogues about how services meet women's needs or how there are gaps in supporting women who experience violence. The process of focus groups allowed for women with lived experience to be empowered in the research process. In addition, it provides distinct insights to the service providers about women's perceptions and experiences of services in the community.

Service providers were engaged in one focus group and five key informant interviews. The questions came from issues that arose through the initial survey and pertained largely to the coordination of services in addressing VAW in Hamilton.

The interviews were conducted by the lead and assistant researchers. Responses were transcribed and coded for thematic occurrences within the focus group.



### 3.0 RESULTS

#### 3.1 Statistics

Relevant statistics were acquired through WAWG members and community partners where available. These statistics provide a overview of the reality of violence against women in Hamilton and some of the support services available.

#### Table 1 - Agency Funding Sources and Designations

Various organizations included in the asset map receive funding from the Ministry of Community and Social Services (MCSS). The stream or designation of funding mandates eligible services and the requirements the organization must adhere to when working with clients. The following agencies receive the funding designation noted:

Funding Source and Designation	Funding Recipient/Funded Agencies
MCSS - Shelter Funding and Crisis Line Services	Native Women's Centre, Inasmuch House, Good Shepherd Martha's House, Interval House
MCSS - Transitional Housing Support Workers	Interval House, Good Shepherd Women's Services, Inasmuch House, Phoenix Place, Centre de santé, Native Women's Centre
MCSS - Child Witnessing	Catholic Family Services, Good Shepherd Women's Services, Inasmuch House
MCSS - VAW Counselling	Interval House (Women's Centre, North Hamilton Community Health Centre), Native Women's Centre, Good Shepherd Women's Services, Catholic Family Services, Elizabeth Fry, Phoenix Place, Centre de santé
Ministry of the Attorney General or Ministry of Health and Long Term Care - Counselling	Sexual Assault/Domestic Violence Care Centre (MHLTC), SACHA, Victim Quick Response Program – through the Hamilton Police Service; Centre de santé (MAG)

#### Ministry of Community and Social Services – Hamilton Data

The following chart was created using data collected from MCSS funded services in Hamilton. Centre de santé is funded to provide VAW counselling in Hamilton but will not be included here as data is tracked collectively for the Niagara and Hamilton regions.

Four VAW shelters are included in the data collection: Native Women's Centre, Good Shepherd Martha House, Mission Services Inasmuch House, and Interval House of Hamilton.

Six agencies were identified as providing VAW counselling supported through MCSS: Native Women's Centre, Good Shepherd Martha House, Mission Services Inasmuch

House, Interval House of Hamilton, Catholic Family Services, Elizabeth Fry Society and Phoenix Place.

Interval House, Martha House, Inasmuch House, Phoenix Place and the Native Women's Centre were identified as MCSS-funded Transitional Housing and Support agencies.

**Table 2 - VAW Shelter Data from MCSS for 2013/14** (selected categories)

<b>Service Data Elements</b>	<b>Shelters</b>	<b>Counselling</b>	<b>Transitional Housing/Supports</b>
Women experiencing abuse who requested and received service	533	1,127	857
Dependent children of women accessing services	576	104	N/A
Aboriginal Individuals accessing service	88	36	158
Francophone Individuals served	19	63	18
Individuals accessing services in languages other than English or French	55	60	39
Women who received services in French	227	35	13
Individuals referred/waiting: referred to more appropriate service	1,149	69	114
Individuals referred/ waiting: referred elsewhere, service at capacity	4,541*	0	54
Individuals Referred /Waiting -Waiting on a waitlist	0	139	25
Source of information/referral: Child welfare	44	58	41
Source of information/referral: Criminal justice	64	121	23
Source of information/referral: Housing provider	28	43	75
Source of information/referral: Mental health & addictions	544	29	17
Source of information/referral: Other	72	64	120
Source of information/referral: Other Health provider	51	38	42
Source of information/referral: VAW provider	599	116	246
Source of information/referral: Self/Family	817	417	178

\* Women may be counted more than once if they contact multiple shelters in a night, or the same shelter multiple times in a night

In the fiscal year of 2013-2014, 533 women experiencing abuse, and 576 dependents of those women accessed one (and possibly more) of the four shelters in Hamilton. Of these women, a total of 88 identified as Aboriginal. While 19 women identified as francophone, 227 women received service in French and 55 individuals received services in a language other than English or French.

Of those who contacted a shelter, 1,149 women were referred to a more appropriate service while 4,541 women were referred elsewhere or put on a waitlist due to limited shelter capacity. Women were most often referred to shelters by family or self-referral (information source not identified), VAW service providers, or mental health and addiction services.

There were 1,127 women who experienced abuse and requested and received services from one of the six MCSS-supported VAW counselling services. Of those women 36 were Aboriginal. While 63 women identified as being francophone, only 35 received services in French. Sixty (60) women received service in a language other than English or French. Of those who were referred to counselling services, 69 women were referred to more appropriate services and none were referred elsewhere as a result of reaching capacity. Women were most often referred to counselling through self or family referral, criminal justice services, and VAW service providers.

MCSS-funded transitional housing and supports were accessed by 857 women. Of those women 158 were Aboriginal. Eighteen individuals identified as being francophone while 13 women received services in French and 38 women received services in a language other than English or French. Of those who contacted transitional housing supports, 114 were referred to more appropriate services, and 54 women were referred elsewhere because of the service reaching its capacity. Women were most often referred to transitional housing supports by their VAW service provider, self or family referral, or by their housing providers.

### **Languages and Translation**

Social service agencies in Hamilton that require interpretation services can call INCommunities (Information Niagara Communities) to access interpretation services for women with specified language needs. From September 2014 to February 2015, the most highly requested languages in the Hamilton area were (in descending order) Arabic, Spanish, Mandarin, Vietnamese, Czech, Polish, and Albanian.

### **Prevalence of Domestic Violence and Sexual Violence Calls to Police**

The Hamilton Police Service publishes domestic violence statistics from the community. Table 6 below outlines the prevalence of domestic violence calls to HPS from 2007-2014.

**Table 6 - Domestic Violence Reporting in Hamilton, 2007-2014**

Year	Total Reported Events	Events where charges laid	Males		Female		Dual	
				%		%		%
<b>2014</b>	<b>6499</b>	<b>1207</b>	<b>1003</b>	<b>0.8309</b>	<b>147</b>	<b>0.122</b>	<b>47</b>	<b>0.039</b>
2013	6377	1217	1045	0.8587	222	0.182	46	0.038
2012	6371	1365	1122	0.8219	187	0.137	56	0.041

2011	6430	1090	942	0.8642	178	0.163	30	0.028
2010	3798	973	830	0.8530	143	0.147	29	0.029
2009	3534	845	726	0.8591	119	0.141	37	0.044
2008	2934	717	638	0.8898	79	0.110	29	0.041
2007	2189	782	684	0.8746	98	0.12532	19	0.024

Note: The spike in the numbers of Domestic Violence (DV) incidents from 2011 onward is due to a change in reporting practices which now includes more event types related to domestic incidents besides intimate partner violence.

### 3.2 Survey Findings

A survey of 18 questions was distributed to WAWG members. Each of these agencies was entitled to three survey responses. The questions asked respondents to rank on a scale of 1 to 5, 1 being poor and 5 being excellent, each of the service categories outlined in the asset map. The respondents were given space to provide qualitative commentaries on their rating of the service or other pertinent information necessary.

Example:

1. There are five **women’s emergency shelters** in Hamilton. How would you rate women’s emergency services? (1 being poor and 5 being excellent)

1      2      3      4      5      N/A

Comments on **assets and/or barriers** to emergency shelter services:

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Respondents were also asked to list the top three assets in VAW services in Hamilton and the top three barriers to VAW services in Hamilton.

Example:

Please identify the top three **assets** in the violence against women sector in Hamilton.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The survey yielded 32 responses from service providers in the community. The findings of this survey are outlined below.

**Table 7 - Respondent Role Identification**

<b>Job Title</b>	<b>Number of Responses</b>
Director	5
Front Line Worker	11
Counsellor	4
Manager	7
Outreach Worker	1
Legal Advocate	1
Educator	1
Client Advocate	2
<b>Total Responses</b>	<b>32</b>

The above table shows that most survey respondents work directly with service users in the VAW sector, so they likely have significant engagement with VAW clients on a daily basis. This data speaks to the expertise of these respondents in representing the interests of the clients who use these services.

**Table 8 – Service Areas and Average Ratings of Effectiveness**

<b>Area of Service</b>	<b>Number of Services Listed</b>	<b>Number of Responses</b>	<b>Average Rating by Respondents (scale of 1 – 5)</b>
Women’s Emergency Shelters	5 (4 VAW and 1 for single women)	33	3.75
24 Hour Helplines	9	33	4.0
Sexual Assault/Domestic Violence Medical/Forensic Services	1	33	4.28
Women’s Counselling and Support Services	15	33	4.07
Sexual Assault Counselling and Support Services	3	32	4.16
Transitional Support Worker Services	6	31	4.30
Second Stage Housing Services	2	32	3.62

Transitional Housing Services	2	29	3.76
Family Law Support Services	9	32	4.0
Criminal Law and Victim Support Services	9	31	3.76
Criminalized Women and Women involved in Sex Work Services	1	32	3.73
Public Health and Sexual Assault Services	4	29	3.65
Immigration, Settlement and Newcomer Support Services	7	29	3.96
Aboriginal Support Services	3	30	4.08
Francophone Services	2 Francophone specific services, 18 provide French language service offered.	30	4.18
Rural Population Services	1 located rurally	31	3.28

Note: Average ratings are calculated based on the ranking of the service area from poor (1) to excellent (5). These ratings are not based on performance of individual agencies, but rather the effectiveness of the service area. This speaks to the amount of resources allocated and the number of services in each sector.

Table 8 details the average rankings of services in Hamilton as being effective in meeting needs with each one ranked over 3 out of 5 and eight of the services receiving 4 or higher.

Transitional Support Worker Services were ranked as the most effective service (4.3) with Sexual Assault/Medical/Forensic Services coming close behind (4.28). Francophone Services received the third ranking at 4.18 and Sexual Assault Counselling and Support Services were also seen as highly effective receiving a 4.16 rating. This quantitative analysis of services offers insights about which service areas appear to be best meeting client needs according to service providers, as well as those service areas that might better support women in the community.

While Rural Services are ranked lowest in effectiveness at 3.28, the result seems most likely related to the lack of services rather than the effectiveness of the one rural service that exists to respond to VAW.

The qualitative information provided through service provider comments highlight key gaps and barriers in providing service. Respondents often highlighted the needs or interests of marginalized groups including LGBTQ people, women with mental health concerns, women with addictions, non-English speaking women, Aboriginal women and other groups.

Another theme that arose from the comment section involved working conditions for staff, including concerns about job security, poor wages and benefits, and overburdened staff in VAW services.

Other comments suggested service coordination could be improved through better intake processes and understanding how different service mandates can act as barriers to service. Some respondents noted limited long term supports were problematic particularly around the need for counselling. Limited transitional housing for women in need and a lack of follow up with clients was also mentioned.

Participants indicated the justice system is not responsive to experiences or risks that come with women's experiences of abuse. Women identified that stigma and attitudes about VAW concerns are still prevalent and impact service efficacy.

Respondents did identify specific services which are particularly successful at meeting client needs such as the importance of shelters to the community and the help they provide to women. Supports available in the community are viewed by service providers as culturally diverse. An asset to VAW services in Hamilton presented is the passionate and caring workers within the field and strong counsellors available to women in need.

The findings of the survey highlight that overall the 33 respondents think VAW services in Hamilton are effective, with the lowest rating 3.28 out of 5 and eight services rating 4 or higher. On the other hand, while there is a great need for effective VAW services in Hamilton the needs outweigh the services that are available to women facing domestic and/or sexual violence.

### **3.3 Focus Groups**

Three focus groups were conducted: two were held with women with lived experience and one was with WAWG members as representatives of their organizations. The focus groups were guided by questions informed by survey results and asked service users and service providers about specific areas of service and their experience with these services (See Appendices 1 and 2). Various themes arose from the focus groups around barriers and assets to VAW services in Hamilton and are captured below.

## **Services for Specific Populations**

Subgroups of women in the community, including but not limited to LGBTQ women, rural populations, francophone women, women with mental health concerns, Aboriginal women, were an important theme in focus groups. The reality of very limited resources for women who are single and without children was raised multiple times as well as an area that needed attention.

Housing services in Hamilton do offer low barrier access to housing both socially and physically (e.g. women with addictions, women with disabilities), as well as offering housing with harm reduction practices to mediate the needs of women in the community. These efforts, however, do not make housing entirely accessible or safe for all women. For example, women who are in recovery may find it a barrier to share space with those women who are still using.

***“Without safe housing, we don’t feel safe. I want it to change. I can build myself up and it’s hard when we keep having to face this. It’s degrading.”***

*Service user*

Women felt that French language services within Hamilton were not substantial enough to meet population needs. Although most agencies identify that they are able to provide French language services, the actual service efficacy might be diminished by having interpretation services involved, limiting rapport with clients, or the service is not competent in French language and culture to best support francophone women the way a language-specific service does.

The same is true for other women whose first language is not English and for whom service experience is impacted by the need for interpreters. Community service providers who do speak other languages say they end up supporting clients outside their organization’s mandates due to the language barriers experienced at other agencies.

Women identified that experiences with violence or abuse have significant influences on their mental health. Coping with maintaining their mental health in crisis of experiences of abuse or violence was presented as a barrier to accessing services and reaching out to other agencies when referrals were provided. For this reason, the maintenance of mental health was presented as a major concern for women who access VAW supports. There are various counselling supports for women in the community, however they involve long waitlists, are often only mandated for shorter term counselling and can be expected to manage additional supports outside of agency mandate due to established rapport with clients (e.g. provide housing information, offer legal supports, etc.).

There are significant barriers for women who reside rurally in Hamilton and area. The rural women who were engaged in this research were unaware of most services located within Hamilton. These women had only accessed two agencies within Hamilton. Rural women did not know WAWG existed or that there were opportunities for engagement with the group in various projects. There needs to be a greater connection with rural



women about available supports within the city and transportation barriers need to be addressed so rural women can access these services.

Within Hamilton, VAW services are seen as aiming to be diverse and inclusive. There are some services specifically for immigrant women, Francophone women, and Aboriginal women. Other areas are lacking, such as the unmet need for LGBTQ-specific services. Twenty four (24) hour helplines are viewed as an asset to the community for offering multi-lingual services for crisis and other anonymous supports as needed.

***“One person’s experience is not the rule for all – that is her real experience.”***  
*Service user*

### **Coordination or Collaboration between Services**

One of the more significant themes discussed by all focus groups was the extent to which agencies collaborate to improve efficacy of services for women in the community.

Within Hamilton, there are new and existing partnerships between agencies which specifically mediate service provision between agencies. For example, the community offers supports through a Diverse Communities Systems Navigator to help women with complex needs navigate the VAW system. During the referral processes, some service providers bring the external service provider into their offices to meet with a client rather than sending the client out.

Most agencies offer referrals where their organization cannot meet the needs of a client. In addition, there are new partnerships such as the SHARE program between the AIDS Network, Public Health and the YWCA to provide support and education around HIV/AIDS and harm reduction to women. Women identify that Transitional Support Workers are beneficial to women in that they are very knowledgeable and able to refer clients to services that will best meet their needs. Case workers are also identified as assets in facilitating collaboration between services for women, as they provide goal planning from a client centered, empowerment framework.

These efforts have helped improve collaboration between services in the VAW sector within the community, however there are still barriers to accessing services for women. There can be a lack of understanding by workers about the scope of their own practice therefore making it difficult to engage with or refer to other agencies appropriately. In addition, services face difficulties in holding different ideologies around best practices and what services are therefore made available to women. This was particularly noted by a participant when it came to hospital, health care and medical systems, where relationships to community health organizations did not facilitate respect and sharing of expertise between these systems.

Collaboration between services is viewed as an integral part of the VAW sector and it is seen to impact the effectiveness of service delivery to women. There are various partnerships that have been established to improve this engagement but the input from

focus groups reveal there are still more opportunities for agency collaboration for VAW in Hamilton.

While women value compassionate, understanding and trustworthy supports, they recognize the compassion fatigue faced by workers within the VAW sector. However, these women value those relationships and struggle with the turnover of the workers. Collaboration between services might alleviate this pressure or burden placed on staff, limiting their fatigue and turnover.

### **Attitudes/Perspectives on Experiences of Abuse and Violence**

Women noted some additional barriers to accessing VAW support services. Service users shared that assumptions about women's experiences with abuse or domestic violence are still prevalent within VAW services. There is a perception for some that they are not 'victim-like' enough (e.g. University graduate, employed full-time) or that a woman is responsible for not having left her abuser (victim-blaming). Most women agreed that nonjudgmental and supportive staff members are key to a woman having a positive experience with community VAW supports.

***“The first time you step into that place you feel safe. No matter how ugly I feel about my experience I know I am not going to be judged...You want to feel that this is a next-step.”***  
Service user

### **Navigating Legal Systems**

Reaching out to legal supports can be an intimidating process for women as, by its nature, the legal system is adversarial and not always best suited to addressing and resolving complex issues. Many women identified various legal supports do not have adequate training to best engage with women who have experienced abuse and offer trusting service to these women.

In addition, various services have policies that create barriers to women who seek VAW supports. For example, Legal Aid Ontario outlines specific requirements that limit women's ability to access these supports, in turn making some women less financially stable when leaving abusive situations.

***“When coming out of abusive situation, I need a lawyer who is on my side who will dot all the i's and cross the t's when I am in shock, I have been ripped out of my home...everything was up in the air. I am trying to trust people that I don't know.”***  
Service user

Many women face challenges in navigating various levels of the legal system, including family court, criminal court, OW and ODSP appeals, housing and tenancy issues, and custody and access. Women identify there is a significant feeling of vulnerability in engaging with these systems, making adequate and knowledgeable supports integral to their experience. In Hamilton, legal advocates help to provide supports to women to aid in their experiences with these systems. They can assist with preparing documentation

for court, connecting women with lawyers or consulting on their cases. Court Support programs are also beneficial to women in court so that they can receive information and support as needed through these processes. In addition, outreach work for criminal and family court systems is available to women in Hamilton as well as supports from the Diverse Communities System Navigator.

Victim support services, both provided through the Hamilton Police Service and the criminal court system are an integral part of women's court experiences. While some service users praised the support they received through these services, some women expressed that they were not notified of court dates and/or available supports moving forward in their legal cases and wondered if Victim Witness Assistance Program could do more to support them in that way.

Although legal advocates are beneficial to women, they often have very large caseloads, limiting the committed engagement with any woman's case due to time constraints. Also, the advocates work hours that can be a barrier to some women who work during the week. These barriers come as a result of limited funding availability for these services.

Some lawyers for women who have experienced abuse can also face challenges of large caseloads and time restraints to provide adequate and supportive services to women. Some women complained about having to choose a lawyer from a list of names without any information on their ability or understanding of VAW cases. Lastly, when the counselling notes of caseworkers are subpoenaed it can change the way women interact with their caseworkers in the future. While the notes may be necessary for legal support, service providers also hope to maintain therapeutic value of counselling sessions with women.

### **3.4 Key Informant Findings**

#### **Service users**

**1. Could you tell me about some times when services worked together or collaborated which improved your experience with these services? For example, help with intake processes, referrals, case managers connecting with other services through phone or transport. (What made them effective? What could be done better?)**

When asked about collaboration, each of the three service user key informants spoke about referrals between agencies. They liked the concept of referrals because navigating the system by one's self is difficult when a barrier is reached within a mandate. It was seen as positive that service users do not have to repeat their stories more than necessary, as a worker is there to speak to agencies on their behalf. Referrals made one key informant feel taken seriously as it validated the service and demonstrated respect and collaboration between agencies.

Improvements that were mentioned regarding referrals included concerns about workers misinterpreting what a client is looking to accomplish for themselves and the spread of misinformation about a client, as a result of interpretation or fragmented views of a client. Service users found it disempowering when workers made assumptions about needs, instead of confirming actual needs with the client. Another service user voiced that if misinformation about a service user is spread through agencies collaborating, it is very difficult for a service user to correct this information, as workers carry professional power and a client disagreeing about the truth of information does not carry as much weight.

If a service user feels labeled as being untruthful, it can lead to re-victimization and feelings of rejection. If a client's whole story is not told to each service provider, then they each have a fragmented view of the client, which can lead to incorrect judgments being made about a given client's needs and situation.

It was suggested that service providers that are each working on part of one client's case sit down together and actively collaborate, so that all information is correct.

**2. Some services for women are specialized, for example counselling services. Others offer more encompassing services for example, Transitional Support Workers assists with housing, legal/court support etc. What method of service provision has been more helpful to you? Why? What might improve this?**

Key informants felt that other types of services (those with encompassing mandates and those with specific mandates) can work well, as long as all workers involved are aware of a specific client's holistic case. Encompassing services were seen to be less confusing, and more time effective for client's as they save time accessing different services at each agency.

It was found that individual workers could significantly impact service experience with encompassing services, as what makes the difference is sometimes more than making phone calls on behalf of client. Experience depends on the commitment to empowerment that individuals' workers have; whether a worker is willing to go past a mandate, or if a mandate is more important than a client's needs.

**3. Many staff members are overburdened with large caseloads and limited knowledge. Can you tell me about a time when staff members have gone above and beyond to meet your needs? A time when they might have done more?**

All had experienced professionals going above and beyond for them- made them feel acknowledged, cared for, and that someone genuinely wants to help them in their situation. It was mentioned that it is important that workers know what "life is like in the rough", and that this understanding makes client's feel more understood.

Two key informants experienced times when it seemed a worker wanted to be able to offer more support for client, but her caseload was too high, or the need surpassed what

the worker could do within that agency's mandate/policies. One of these service users admitted to putting herself in a worker's shoes with this, and attempting to do what she can for herself to not overburden a worker.

Key informants have also noticed that some workers could do more, such as supporting them in their quest for a human rights lawyer, or abiding by comfort guidelines or accommodations a service user has laid out for the worker.

Informants agreed the longer a worker can be with her, the more hope she feels for her situation because of the presence of support when needed.

**4. Waitlists can be a real challenge for women trying to seek services. There are also a large number of service users who are facing challenges leaving these programs. Have you had any experiences graduating out of or leaving a program? If so, what did you do to meet your needs or what other services did you access?**

Concerns were expressed by some key informants about falling off track when a program ends. "Programs have timelines, but life doesn't follow a time line...it is unpredictable," said one participant.

There was another concern about programs being accessed ending. As a service user, one key informant didn't think she should have to worry about the program funding, on top of everything she has experienced. When this happens she feels rejected and re-harmed all over again.

When between services, weekly support groups were accessed, but these services were not seen as specific enough for women's needs (more general topics).

**5. Many women face difficulties navigating the legal system. If you sought out court support, victim witness or other legal supports, what made them effective in supporting you through these systems?**

Victim Services was identified as a good support in general but some concern was expressed about workers not always understanding the logistics and realities facing women living in poverty.

Two women felt that legal professionals were not well rounded in their knowledge. Some legal staff members face challenges in meeting the needs of clients while some were identified as empowering.

Another service user said, "The legal system makes women feel like it is them against the world and re-harms women. Legal professionals don't have a lot of patience for the emotion that is attached to telling one's story."

## **Additional themes**

Some issues with the police were identified by individual women when discussing the legal system. Concerns included: police may side with abusers; some police reports will identify mental health issues on a file without a proper diagnosis which could impact future interactions; more training is needed for police in terms of discrimination and issues facing visible minorities.

Lack of Francophone services when engaged in the legal system was noted as an area for improvement as women describe being denied francophone services several times.

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## **Service Providers**

**1. Please tell me some ways in which service providers for women facing violence in Hamilton have worked together or collaborated to improve the experience of women accessing these services? (For example, help with intake processes, referrals, case managers connecting with other services through phone or transport.)**

Women who have had CCAS or CAS intervention benefit from the VAW CCAS/CAS collaboration committee. This consists of a variety of community agencies (such as those from the legal sector, shelters etc.) coming together monthly to discuss 10 intersection points, what issues have arisen, and issues that aren't being tackled in the community. They have created a VAW training video with different chapters directed at select populations (such as indigenous, francophone; LGBTQ chapter soon to come).

CAS and CCAS have VAW consultants regularly come from Interval House of Hamilton and Good Shepherd respectively to meet with women and be a resource to the staff.

Shelters overall have done a good job collaborating and communicating, including transferring clients, making referrals when waitlisted, and sharing information about clients. Shelters have protocols that they follow with child welfare, schools, police, and have case conferences with OW, CAS and housing, as well as connections with legal aid and family court lawyers. Police high-risk team also collaborates with shelters, but the effectiveness varies between police officers.

According to one participant, the public board of education has improved their relationship with shelters.

**2. Please tell me some ways in which services providers could work better together to improve the experience of women accessing services. Do you have an example of when the lack of coordination impacted negatively on a woman's experience of accessing service?**

From a child protection worker perspective it is very difficult to get a woman into a shelter. The women have to call shelters while in crisis. If they are all full then they must call the first shelter they initially called to be connected with resources to be housed for the night. They may be set up in hotel rooms (no VAW services at a hotel), or sent to a neighbouring community shelter. This process contributes to women going back to their abusers. The shelter process can make child protection workers feel powerless, as they have the power to deem living conditions to be unsafe, but then struggle to place the women because of a lack of shelter space and affordable housing. It was strongly recommended that there be more affordable housing in Hamilton for this reason.

Two service providers suggested an overarching intake process connecting the shelters in Hamilton. This would involve a database with all current shelter information, and thus the need to only call one place, not four different shelters. It does not serve women to have a different intake process at every shelter. Because shelters are not connected they have a silo mentality for resources and information.

One service provider was concerned that recently there has been an atmosphere of shelters 'looking out for themselves' when requests for client transfers or switches are made, causing transfers to happen less frequently despite the needs of a client. This was thought to be attributed to the lack of resources (such as lack of beds and staff) they face as a result of funding. One shelter had experienced a woman being put in a cab and sent to them despite telling the other shelter that they were full multiple times. It was stated that all shelters are trying to do what they can with the limited resources they have.

It was suggested that agencies providing resources accessed by women who have experienced violence work well individually, but not collectively. There is no process to co-ordinate services officially, or to draw attention to gaps in service. Provider suggested a committee to discuss such matters, where a representative from each agency sit together and collaborate.

**3. Many service providers have very large caseloads. Can you tell me how staff has been able to provide good service despite the caseload? What are creative solutions that are used? What could service providers do to assist this reality? What could funders do?**

There was a general agreement that work caseloads are too high and funding is either not enough, or perceived as precarious. When caseloads are too high it makes collaboration difficult because agencies are playing catch up on their own work. There was a concern that since resources are so restricted, the quality of service suffers when resources are over capacity. There is an obligation to do what you can for clients, but stretching a service makes the quality suffer. Two shelter agencies reported using a couch in place of a bed on several occasions, as a result of high-risk cases coming in while over capacity. This creates issues with staffing, and exhibits a poor quality of service that shelters do not want to have to provide.

There was a concern of understaffing as a result of funding, with one agency only being able to support one worker a shift for intake as well as the care of present women. Staff is transparent with women, letting them know that they are the only staff member present, and that they are doing their best to meet their needs.

Child protection workers have roundtable meetings with their staff on cases with many intersecting factors so that they can network resources for their clients. These are difficult to schedule because of high caseloads. Shelter workers also described similar meetings, which include the sharing of life skills, discussions about work life, plans of care for clients, and discussions about what staff can do to move forward with better support. When stretching resources, agencies can be creative themselves, but they are not creative together.

There was consensus that funding received is never enough to do what an agency wants to accomplish. A child protection worker suggested their VAW CCAS CAS collaboration committee should have an evaluation, and if it is very effective, should have permanent funding. Year to year funding reviews make it feel precarious, which is stressful as it is a valued resource.

There was a concern that funders do not collaborate at a provincial level. The social service sector is expected to collaborate, but provincial departments do not.

**4. Legal advocates have been identified as very useful and supportive assets in VAW services yet many women face difficulties navigating the legal system. What are the challenges for women trying to seek court support, victim witness or other legal supports? What do you think are the assets in this area of service for women seeking VAW services?**

There was a general concern that the court system is an unfriendly place for women who have experienced violence, and that it re-harms women. Lawyers are viewed as out of touch with the realities of women's situations, and often encourage women to settle. The system becomes more complicated when mental health, addictions and issues of safety are involved. It takes a great deal of time and skills to support women with complex needs and these resources are not available.

Three providers mentioned that it is an asset that Victim Witness Assistance Program, Victim Services, transitional support workers, and the supervised access centre exist, and that they are free.

Several providers mentioned the need for more legal advocates, and it was suggested that Jared's Place, a legal advocacy and resource centre for women, have a lawyer on site. The Native Women's Centre cannot offer a legal advocate on site due to a lack of funding, so makes referrals elsewhere. More legal expertise in the topics of immigration and the criminal system are needed for legal aid.



It was noted there should be a shelter worker and a legal advocate working closely on police calls, as well as a police officer and shelter worker sitting on the family criminal court committee.

**5. Some service providers offer service to specific populations that seek out VAW services such as francophone women, LGBTQ populations, criminalized women, women with addictions, Aboriginal women, single women and women with children. In some cases, services face challenges in meeting the needs of these specific populations.**

The in-house skill and capacity of some agencies can be an issue. The social location of workers does not fully represent the diversity of the clientele. When this occurs, workers rely on collaboration with community services for help.

Two providers mentioned the lack of services for the LGBTQ community within the VAW service sector. French language service availability was also noted as a gap. The Native Women's Centre has difficulty accommodating those who do not speak English, as a translator is not within their budget. They sometimes rely on the internet for translation and communication which is not always accurate.

Police can take a long time to respond to women experiencing violence in rural communities because of travel time.

**6. It has been identified that long wait lists for most services, limited available shelter space, and limited longer term supports are realities for VAW services in Hamilton. As service providers, what action is taken in these situations to offer assistance to clients? Are clients' needs being met in other ways?**

There was a general consensus that waitlists are a critical barrier for women accessing services. Shelters are at capacity every day of the year. One service provider noted that in the past women have been barred from accessing hotels in place of shelters (when they are at capacity) because they have used that resource so many times.

Shelters do their best to reassure women that they are working to get them a safe place for the night by taking their information in the initial phone call (if at capacity), and communicating with women about their attempts to find space in shelters in a neighbouring community. There is an effort made to let women know that they have not forgotten about them, and that there is a worker attempting to find a safe place if a woman has been told by all other shelters that they are at capacity.

Counselling services have waitlists (an intake assessment is done and then woman will be put on waitlist). While waiting they are referred to drop-in services, or other resources pertaining to the clients specific situation. There is no capacity to respond to waitlist issue because of funding restrictions. Counselling services have suffered by replacing VAW counselors with transitional support workers because of the decreased

focus on counselling. One service provider stated it is ethically wrong to open someone up and then close them in 3 sessions. In these cases sexual trauma can be ignored.

Child protection workers have kept cases when it was no longer necessary so a family could access tools they needed for family court, otherwise they would be met with a long waitlist.

## 4.0 Recommendations

The following recommendations focus primarily on the issue of domestic violence in our community, although many are also relevant in responding to sexual violence. WAWG Hamilton hopes to create separate recommendations regarding sexual violence in a future report.

### 4.1 Accessibility

This research project has identified concerns about a lack of services for women from marginalized groups, including LGBTQ, disAbleD, Aboriginal, Francophone, non-English speaking, and rural women. In some cases, more information is required from the members of these communities to better understand their needs. One need that has already been identified is more variation in business hours for services, such as offering evening and weekend appointments to accommodate more women's lives and schedules. The research also shows the high demand for VAW shelter space that is not currently being met due to approximately 67% of the calls for shelter space being referred away/declined because the service had reached capacity.

- A. Recommendation:** Conduct a needs assessments of service accessibility for marginalized populations to determine if existing services should be more inclusive or if there is a demand for more specialized services. Target populations can include: LGBTQ, disAbleD, Aboriginal, Francophone, non-English speaking, and rural women.  
**Responsible:** Researchers, WAWG
  
- B. Recommendation:** There is a need for Hamilton-area services to improve their ability to serve clients in French and other non-English languages.  
**Responsible:** All community services
  
- C. Recommendation:** Increased engagement of rural communities to raise awareness within these populations of the services available for women.  
**Responsible:** All community services, WAWG
  
- D. Recommendation:** Varying availability of appointment times for VAW services, such as evening and weekend options.  
**Responsible:** All community services.
  
- E. Recommendation:** More research is needed into the impact and causes of lack of VAW shelter space in Hamilton.  
**Responsible:** MCSS, WAWG

## 4.2 Coordination

It has been identified by both service providers and service users that there is a preference for a “no wrong door” approach wherein women would be able access the shelter system and related services regardless of which agency they contact initially. In addition, services outside of the VAW sector often have limited coordination. The Transitional Support Worker and Diverse Communities System Navigator (DCSN) holistic models of wrap-around service delivery help meet women’s needs in navigating the various systems they interact with, however, the DCSN position no longer exists in Hamilton due to pilot funding ending and not being renewed. Further, there is a desire for increased coordination between VAW services and Hamilton Police Services, especially as it relates to the collection of statistics that apply a gender lens and accurately reflect the lived experience of VAW.

**F. Recommendation:** To adopt a “no wrong door” approach to shelter service when women call to inquire for space.

**Responsible:** All women’s shelters, WAWG

**G. Recommendation:** More services should adapt a holistic, wrap-around service model in which one system navigator can walk with the client through the process.

**Responsible:** Federal, provincial, and municipal governments, ministries, VAW shelters, all service providers

**H. Recommendation:** Hamilton Police Services should separate out statistics on intimate-partner violence as well as relevant gender information when reporting to the community.

**Responsible:** Hamilton Police Service

**I. Recommendation:** Research coordinated models of service.

**Responsible:** WAWG

## 4.3 Training

It has been identified through this research project that there are areas in which increased training can be provided to various stakeholders in order to improve VAW service provision. This includes more training for VAW agencies and staff about accommodating the needs of women with mental health and addictions. Agencies and staff also need to acknowledge the role of stressful working conditions and vicarious trauma, then implement strategies for minimizing the impact. This study found that women and service providers believe more training for legal professionals about the needs of VAW clients would be helpful. The justice system is challenging to navigate in general and the specific needs of VAW survivors are not always met by police, lawyers, judges, Legal Aid Ontario, and other legal professionals. Finally, all agencies and services interacting with VAW survivors should improve their training related to

documenting women's experiences, especially focused on strengths-based approaches, and more clearly explaining confidentiality limitations to women.

**J. Recommendation:** Improve accessibility to VAW services by increasing training for VAW service providers on mental health supports and/or addictions, and the needs of women experiencing these issues.

**Responsible:** WAWG member agencies

**K. Recommendation:** WAWG member agencies can make an effort to educate themselves on self-care and boundaries, and make a commitment to implementing those strategies in the workplace. Employers must make a healthy workforce a priority. Workplaces could have seminars on vicarious trauma and burnout, and commit to paying a living wage to reduce turnover and attend to quality of care standards.

**Responsible:** Funders, WAWG member agencies and their staff

**L. Recommendation:** More training about VAW is needed in legal sectors, such as police, lawyers, judges, VWAP, Legal Aid, etc.

**Responsible:** Provincial government, legal sectors and legal professionals

**Recommendation:** There is a need for service users to have more information about lawyers when they are choosing who will represent them. The existing domestic violence lawyers list put out by Legal Aid does not ensure lawyers are practicing in ways that meet the needs of VAW clients.

**Responsible:** Legal Aid Ontario

**M. Recommendation:** Improved training and guidelines for documentation, especially focused on strengths-based approaches, as well as explaining to service-users about confidentiality limitations.

**Responsible:** All service providers

#### 4.4 Funding

A clear theme of the research relates to a lack of funding for VAW services. This leads to inaccessibility or unavailability of services due to not being able to meet the demand, long waitlists, short-term support, and segmented services forcing women to access different agencies or workers for their various needs, resulting in frustration, confusion, and re-victimization. The distinct need for more affordable housing options for women who have experienced abuse was also identified.

**N. Recommendation:** Increased and sustainable funding for VAW services, including shelters, would allow them to expand to meet the demand for service, increase short-term supports to accommodate longer-term needs of women, and restore positions such as the Diverse Communities System Navigator that has been eliminated due to pilot project funding ending.

**Responsible:** Provincial government

**O. Recommendation:** Increase safe, affordable housing options for women who have experienced abuse.

**Responsible:** Federal, provincial, and municipal governments

#### **4.5 WAWG**

Through these conversations with service users and service providers, it has been recognized that WAWG has a significant role to play in working towards a community of services that is more responsive to the needs of VAW clients. WAWG is currently comprised of representatives who do not work in direct service provision, so the inclusion of frontline staff would allow WAWG to incorporate their knowledge and experiences into its understanding of the current landscape of service users and service providers. WAWG also has limited representation of the breadth of services VAW clients may be working with, and thus could benefit from increased membership of representatives from systems that are not specific to VAW. Finally, increasing the infrastructure of WAWG through more clearly defining member roles, expectations, and the functions of subcommittees would allow for members to be more informed about the various ways they can contribute to the efforts of WAWG moving forward.

**P. Recommendation:** WAWG should increase the number of front line staff participating in WAWG and its subcommittees.

**Responsible:** WAWG member agencies

**Q. Recommendation:** WAWG can continue to actively recruit new members of WAWG, expanding from the VAW sector to those associated with the sector.

**Responsible:** WAWG

**R. Recommendation:** Increased clarity about WAWG member roles, expectations, and subcommittees can be defined and provided to participants.

**Responsible:** WAWG

## 5.0 Conclusion

This report, “Violence Against Women Services in Hamilton: Assessing Gaps and Barriers in Service,” is phase two of the “Mapping Community Assets” report recently produced by the Woman Abuse Working Group. It is intended to provide a baseline system overview of intimate partner violence and sexual violence of adult women.

In particular there were two goals of this report:

- Educating the community and improving system coordination, including identifying deficits and gaps
- Highlighting aboriginal, newcomer and francophone services

The Community Asset Map created by the Woman Abuse Working Group identifies a seemingly robust set of services available to respond to women facing domestic and sexual violence with intimate partners. The asset map (found at [www.wawg.ca](http://www.wawg.ca)) outlines 33 services under 14 categories including: women’s emergency shelters; 24 hour helplines; sexual assault and domestic violence medical/forensic services; women’s counselling and support; sexual assault counselling and support; transitional support workers; second stage housing; transitional housing; family law services; criminal law and victim support; criminalized women and women involved in sex work; public health and sexual health services; immigration; settlement and newcomer support services; and Aboriginal support services.

Despite that long list, community consultation with service users and service providers highlighted numerous deficits and gaps in the areas of service coordination and in working with specific demographics, particularly women from Francophone, Aboriginal or LGBTQ communities.

Some of the recommendations created to address these gaps and barriers are broad-based and need the support of the whole community under the leadership of the experts in this area at WAWG. Other recommendations are more specific to the work involved with providing VAW services and need those most directly involved to come to the table.

The Woman Abuse Working Group remains committed to:

- Educating service providers, professionals, and the general public regarding the causes and effects of woman abuse, systemic discrimination and oppression and
- Actively support and engage in activities, which investigate and evaluate issues relevant to woman abuse.

It is hoped this report will assist in meeting those goals.

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<sup>i</sup> Statistics Canada. (2015). Family Violence in Canada: A Statistical Profile.