THE INTERSECTION OF DOMESTIC AND SEXUAL VIOLENCE

A REVIEW OF THE LITERATURE

PREPARED FOR THE ASSOCIATION OF ALBERTA SEXUAL ASSAULT SERVICES

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EXECUTIVE SUMMARY

This updated literature review examines literature published since the release of the report entitled *Identifying potential for collaboration: Comparing and contrasting the service delivery needs of clients in women's shelters with clients of sexual assault centres in Alberta* (Identifying Potential for Collaboration Report, 2006) (Fotheringham, 2006) specifically with respect to the intersection between domestic and sexual violence as well as the area of uniqueness and needed specialization of sexual violence. Four recommendations are included in the spirit of supporting the Association of Alberta Sexual Assault Services (AASAS) vision of an Alberta free from sexual assault and sexual abuse.

Part One: Domestic and Sexual Violence: Snapshot since 2006

Domestic and sexual violence affect individuals, families and communities across all socio-economic, racial, ethnic, cultural, and spiritual spectrums of society; and is prevalent worldwide. Over the last thirty plus years, societal attention to violence against women has generated a number of policy and legislative initiatives as well as public awareness campaigns, and intervention and prevention strategies at local, provincial, national and international levels. While males are victims of domestic and sexual violence, victimization rates for women are significantly higher and are more serious in nature. In general, women experience more violence at the hands of a male partner than by any other perpetrator. As such, this literature review takes a gender specific approach addressing violence against women perpetrated by men which is not intended to obscure the fact that violence can also be perpetrated against males in same-sex or heterosexual relationships and women in lesbian relationships.

In the global context, the World Health Organization and other international bodies and forums have dedicated considerable efforts and resources over the years to identify and address domestic and sexual violence as a major global health problem and serious human rights abuse. To date, research studies from across the globe demonstrate that domestic and sexual violence are associated with adverse effects on morbidity and mortality rates, health and wellness, emotional and social well-being, education and employment outcomes, parenting practices, and are predictors for youth and adult offending behaviours, adult revictimization and polyvictimization. With specific respect to sexual violence, the World Health Organization has been a leader in raising awareness on the prevalence and devastating impacts of sexual violence and ensuring this public health issue is on the international political agenda. Sexual violence has been estimated to be among the most expensive interpersonal crimes in the world, costing billions of dollars in medical, social and legal costs as well as costs associated with lost earnings/productivity, and loss of quality of life.

Internationally, research continues to identify childhood abuse as a critical area to target for the prevention and eradication of domestic and sexual violence. Recent literature on the impacts of childhood sexual abuse, of particular concern for this review, has identified the importance of addressing childhood sexual violence when it occurs to ensure children's needs are met at that point in time and are identified within policies and services addressing sexual violence. Steps have also been taken to address the overwhelming violence against Indigenous women and girls worldwide. Additionally, the World Health Organization has provided the platform for developing a more global understanding of domestic and sexual violence by promoting empirically-based prevalence research with the goal of supporting the development of evidence-based policy directions as well as prevention and interventions strategies.

The importance of federal, provincial and territorial commitment to addressing domestic and sexual violence cannot be overstated. Statistics collected in Canada reflect the high rates of violence against women found in statistics measured elsewhere in the world. In Canada, the cost of domestic and sexual violence against women for health care, criminal justice, social services, and lost wages and productivity has been estimated in the billions of dollars per year. A number of provinces have adopted policy frameworks or strategies to address domestic and/or sexual violence in their jurisdictions. There are also a number of Canadian agencies, organizations and coalitions working at national and international levels to develop and promote evidence-based domestic and sexual violence prevention strategies.

Over the last several years Statistics Canada has reported that Alberta has some of the highest rates of violence against women in the nation. Community response to sexual violence in Alberta includes 7 sexual assault centres, 1 specialized program within a northern Alberta women's shelter and 2 agencies that offer specialized services in collaboration with other community agencies. All but two of Alberta's sexual assault services are members of the Association of Alberta Sexual Assault Services. Community response to domestic violence is led by the Alberta Council of Women's Shelters which is the umbrella group for 42 sheltering organizations in the province of Alberta. Response by the Government of Alberta (GOA) is found within a policy framework that identifies and views both domestic and sexual violence within a family violence lens: as such GOA takes a gender neutral approach to these issues. As part of the province's response, the GOA created the Interdepartmental Committee on Family Violence and Bullying (ICFVB), an initiative that comprises of nine GOA ministries. The GOA also supports and provides core funding to 29 women's shelters (no shelter is funded 100%), has fee for service agreements with 4 of 6 on reserve shelters and funds programming in two second-stage shelters. It provides limited grant funding to 9 sexual assault services and the Association of Alberta Sexual Assault Services.

Part Two: Intersections between Domestic and Sexual Violence

2.1 Witnessing and/or Experiencing Family Violence and Later Sexual Offending Behaviour

To date, research findings have consistently reported that children and youth who are exposed to domestic violence can exhibit a variety of behaviours including aggression, depression, low self-esteem, fear and anxiety. However there is also evidence in the literature that exposure to domestic violence may impact children to different degrees or not at all depending on what abusive behaviours they are exposed to, if they have been sexually, physically and/or emotionally abused by the abusive parent, their developmental age and stage, genetic predispositions and resiliency factors such as a positive self-image, positive sibling relationships or significant adult supports in their lives. The literature demonstrated that children who are exposed to domestic violence may also experience child abuse (physical, sexual and/or emotional abuse) at the hands of their parents and caregivers. This is an important area of intersection to explore given the evidence in the literature that supports both exposure to domestic violence and child abuse as independent risk factors for both the "experience and perpetration of intimate partner violence and sexual violence" (World Health Organization/London School of Hygiene and Tropical Medicine, 2010, p. 22).

Research since 2006 has identified the co-occurrence of exposure to domestic violence and one or more forms of childhood abuse in the backgrounds of juvenile and adult sex offenders. Further, some research has suggested that child abuse at the hands of a male caregiver as well as exposure to domestic violence by a male against a female caregiver may increase the probability of later sexual aggression in males. In general, the literature suggests that until causal relationships are established between risk factors and outcomes of sexual offending behaviour, any identification of perceived pathways needs to be seen as contingent on individual circumstances. In terms of informing assessment, treatment and policy directions, more research is needed on the individual factors that help explain the association between witnessing and/or experiencing family violence and later sexual offending behaviour. Research has also shown that sexual aggression or sexual offending behaviour does not typically occur in the absence of other problem behaviours such as substance abuse and other criminal activity.

2.2 Intimate Partner Sexual Assault

Research since 2006 on intimate partner sexual assault has examined a number of areas that have implications for research and practice. Intimate partner sexual assault has been identified as equal or more harmful to women's mental, physical and emotional health as nonpartner sexual assault, therefore, there is a critical need for future research and practice to "address the entire range of sexual abuse women in abusive relationships experience, with a particular eye toward the complexity and nuances of sexual abuse within a relationship with a violent partner" (Logan & Cole, 2011, p. 919). The literature

has indicated that definitions, measures and screening tools used to identify and explore sexual victimization are often limited to items on threatened or forced sex therefore if screening questions are not inclusive of sexual coercive acts, it may be difficult for a victim of partner sexual coercion to recognize her experience as sexual assault. Further, many women may believe that their partners have a right to sexual relations as part of marriage so they do not report when sexual victimization takes place. Research also found that many men do not see their actions as sexually abusive and may understand rape and other forms of sexual violence in intimate relationships to be acceptable or normal. Research has also identified shame as a critical factor that may be a barrier to disclosure and/or help-seeking by women who have experienced intimate partner sexual assault. Overall, research has pointed to the need for both offender treatment programs and services that support women in abusive relationships to utilize comprehensive assessment and intervention protocols that consider the effects of all forms of intimate partner violence, recognize they are often co-occurring, and that partner sexual victimization is often hidden or missed for the reasons indicated above. Sexual assault service providers, with their specialized knowledge in all forms of sexual victimization, are in an excellent position to provide training and support to those identified services.

2.3 Child Sexual Abuse in Homes with Domestic Violence

Both child sexual abuse and exposure to domestic violence are considered worldwide public health problems yet research on the intersection of child sexual abuse in homes with domestic violence has received little dedicated attention since the release of the Identifying Potential for Collaboration Report, 2006. In fact, the research that has been published in this area since 2006 most often cites evidence from studies conducted in 2003 or earlier. Recent research has, however, demonstrated that children exposed to domestic violence are at higher risk for experiencing physical, emotional and/or sexual abuse within their family setting. Since 2006, prevalence and incidence rates for sexual abuse against children and youth have established that sexual abuse of children is universally widespread and perpetrators are often family members, neighbours, peers or other persons known to the child or adolescent. Some researchers have suggested that childhood sexual abuse is frequently accompanied by other stressors in the home such as exposure to domestic violence and other forms of childhood maltreatment.

It has been suggested that experiencing sexual abuse in childhood may be better explained as a part of a more generally adverse early environment that is related to multiple problems in later life but the paucity of research in this intersection area continues to present challenges to inform policy and practice. Clearly, the co-occurrence of child sexual abuse with domestic violence and any other forms of victimization calls for a more comprehensive approach to the needs of children and families.

2.4 Cumulative Trauma

The literature has consistently demonstrated that exposure to trauma is frequently linked to poor psychological outcomes including depression, dissociation, aggression and post-traumatic stress disorder and poor physical health outcomes such as sleep disturbance,

chronic pain and substance abuse. Furthermore, individuals with trauma histories have rarely experienced only one traumatic event; rather they have likely experienced different trauma types and multiple incidents (with varying frequency, duration and severity) in childhood and/or adulthood. Research has also indicated that survivors of multiple trauma types, particularly adverse childhood events (ACEs), are more likely to experience chronic psychological and health problems over time than survivors exposed to a single trauma type.

There is no disputing that many abuse victims have experienced a number of incidents and types of abuse during childhood and are at greater risk of revictimization in adolescence and adulthood. Given the above, the costs associated with the physical and psychological outcomes of cumulative trauma are "profound in terms of both money and human suffering and situates abuse as one of the primary health issues facing women today" (Scott-Storey, 2011, p. 136). This suggests the importance of early identification and intervention before physical and psychological problems develop that may lead to chronic, negative health outcomes as well as become risk factors for adult revictimization behaviour. Trauma assessments and intervention strategies for children and adults need to consider both the immediate and long-term cumulative impacts of multiple forms of childhood abuse, the severity, duration and frequency of childhood abuse, possible inclusion of other family adversities including parental abuse history, as well as factors such as level of betrayal, trauma appraisals and cultural and/or social location of the victim/survivor.

2.5 Child Abuse and Sexual Violence Victimization

Numerous studies have demonstrated that women with child abuse histories, especially childhood sexual abuse, are more likely to experience victimization as adults. While the bulk of revictimization research has primarily focussed on childhood sexual abuse, a number of studies have examined revictimization involving physical abuse or physical abuse co-occurring with sexual abuse and/or other forms of child adversity. Cumulative trauma has also been identified as a risk factor to study for a number of childhood abuse survivor outcomes including adult revictimization. While some cumulative trauma research has suggested the more traumatic experiences an individual incurs, the greater their risk of being revictimized, some research expressed that abuse experiences are not homogenous and individual characteristics of abuse survivors are significant to consider when exploring impacts of multiple childhood traumas on adult survivors. Research in this intersection area has also demonstrated findings in regards to the impact of other variables (e.g., family functioning, parents' history of childhood trauma, coping styles, and parental support) associated with child sexual abuse and their influence on adult revictimization.

2.6 Child Sexual Abuse and Later Battered in Intimate Partner Relationship

Since 2006, a number of research studies have examined the relationship between multiple forms of child abuse and adult victimization and found that women with a history of childhood sexual and physical abuse and/or childhood exposure to parents'

intimate partner violence are at increased risk of adult revictimization by intimate partners. From a practice perspective, intervening directly with children who have experienced multiple forms of abuse is likely critical to decrease their risk of physical and sexual revictimization and the psychological distress associated with being a victim of intimate partner violence as an adult. Furthermore, research has suggested that violent revictimization may lead to negative outcomes such as increased trauma and increased difficulty with emotional regulation and mental health problems, including depression and anxiety. It has been proposed that survivors of childhood sexual abuse who are exposed to subsequent episodes of intimate partner abuse may be more likely to rely on disengaged coping strategies, placing them at elevated risk of psychological symptomatology. It has also been suggested that battered women with child sexual abuse histories "may benefit from more intensive therapeutic services than are ordinarily provided in domestic violence shelters" (Griffing et al., 2006, p. 38); signifying the need for specialized services that address sexual victimization across the lifespan.

2.7 Child Sexual Abuse and Later Perpetration of Adult Battering

Recent research exploring the link between men's childhood sexual abuse histories and later battering has suggested that it is difficult to "determine the specific impact of childhood sexual abuse on adult physical abuse perpetration" (Loh & Gidycz, 2006, p. 734). Reasons offered for this include research methodological choices where childhood abuse is either broadly defined to be inclusive of all forms of childhood abuse rather than strictly targeting sexual abuse or is primarily focussed on the effects of childhood physical abuse on later battering. Studies are also often conducted retrospectively and primarily with incarcerated men, which limits generalizability of research findings. As well, a generally perceived reluctance by men to disclose childhood sexual abuse has been observed in some literature as both a challenge to furthering understanding in this area and a barrier for men to seek help. Research has identified the need for more prospective longitudinal studies to study the link between childhood abuse and exposure to violence from childhood through adolescence and adulthood in order to better understand the association of intimate partner violence perpetration and childhood victim experiences.

In terms of policy and practice, Schwartz et al. (2006) asserted "with younger children, the experience of victimization may be expressed reactively in some maladaptive response almost immediately. Clinical practice and public policy, which seek to draw clear lines between victims and perpetrators, often fail to grasp their intimate connection" (p. 73). These authors suggested that protecting children and youth from sexual abuse also includes addressing and managing the precursors of the behavior rather than labelling and stigmatizing them.

Part Three: Recommendations and Discussion

Sexual assault services are an essential service component in the continuum of services addressing violence against women and children. In fact, research since 2006 has focused more attention on the complexity of sexual assault/abuse, its impacts on social issues such as mental health and addictions, and the need for specialized prevention, education, assessment, and early and long-term intervention strategies in order to safely support sexual assault/abuse survivors and mitigate negative outcomes that may arise later.

Recommendation 1: AASAS and Alberta's sexual assault services seek ways to promote their specialized and unique services with key stakeholders such as funding bodies, policy makers, researchers, and community with the end goal of delivering a continuum of sustainable sexual assault/victimization services to victims/survivors across the lifespan.

Recommendation 2: AASAS assume a leadership role in the collection of comprehensive, provincial statistics on sexual assault/victimization with both member and non-member agencies identified as key service providers in this area.

Recommendation 3: AASAS seek opportunities to collaborate with agencies such as the Alberta Council of Women's Shelters and other domestic violence services, Alberta Health Services, child protection offices, and other identified sexual assault and domestic violence service providers on cross-training and professional development opportunities.

Recommendation 4: Alberta's sexual assault services seek opportunities to collaborate with Alberta's emergency and second-stage women's shelters (adults, seniors and on-reserve shelters) and other domestic violence related services on identified areas of intersection to enhance service response for victim/survivors who have experienced both partner violence and sexual assault.

THE INTERSECTION OF DOMESTIC AND SEXUAL VIOLENCE:
A REVIEW OF THE LITERATURE

Preamble

In 2006, the Association of Alberta Sexual Assault Services (AASAS) in partnership with the Alberta Council of Women's Shelters (ACWS) undertook a literature review on the intersection of domestic and sexual violence. The project also included a survey with shelter and sexual assault service providers to examine potential for collaboration between the two service delivery areas. The information was analyzed and compiled into a report entitled Identifying potential for collaboration: Comparing and contrasting the service delivery needs of clients in women's shelters with clients of sexual assault centres in Alberta (Identifying Potential for Collaboration Report, 2006) (Fotheringham, 2006).

AASAS is currently involved with the University of Calgary's Brenda Strafford Chair in the Prevention of Domestic Violence (the SHIFT project), which made this a good time to update the 2006 literature review. This updated literature review examines the literature published since the release of the Identifying Potential for Collaboration Report, 2006 specifically with respect to the intersection between domestic and sexual violence as well as the area of uniqueness and needed specialization of sexual violence. The overall goal of AASAS in partnership with the SHIFT Project is to build a business case for funding agencies and the sector that addresses the intersections between domestic violence and sexual violence as well as the unique need for policies and services that address sexual violence across the lifespan.

PART ONE

Domestic and Sexual Violence: Snapshot since 2006

Domestic and sexual violence affect individuals, families and communities across all socio-economic, racial, ethnic, cultural, and spiritual spectrums of society; and is prevalent worldwide. The pervasiveness and impacts of domestic and sexual violence are frequently hidden, which results in a significant underestimation of the true level of harm caused by these forms of violence (World Health Organization/London School of Hygiene and Tropical Medicine, 2010). While males are victims of domestic and sexual violence, victimization rates for women are significantly higher and are more serious in nature (Basile & Hall, 2011; Purdie, Abbey & Jacques-Tiura, 2010; Romans, Forte, Cohen, DuMont, & Hyman, 2007). According to data from a number of population-based surveys on prevalence conducted in different countries, between 10% and 71% of women report physical violence by an intimate partner at least once in their lives and between 3% and 59% report sexual violence by a partner (Ansara & Hardin, 2011; Garcia-Moreno & Watts, 2006; Iverson, Jimenez, Harrington & Resick, 2011). In terms of non-partner sexual assault, a recent survey indicated that nearly 1 in 5 women in the

United States reported being raped at some point in their lives (1 in 71 men reported) (Black et al., 2011). In general, women experience more violence at the hands of a male partner than by any other perpetrator (Garcia-Moreno & Watts, 2006). As such, this literature review takes a gender specific approach addressing violence against women perpetrated by men which is not intended to obscure the fact that violence can also be perpetrated against males in same-sex or heterosexual relationships and women in lesbian relationships (See Alaggia & Millington, 2008; Ansara & Hindin, 2011; Ard & Macadon, 2011; Bogin, 2006; Carlson & Shafer, 2010; Carmo, Grams, & Magalhães, 2011; Chapleau, Oswald, & Russell, 2008; Christopher, Lutz-Zois, & Reinhardt, 2007; Douglas & Hines, 2011; Gannon & Rose, 2008; Hassouneh & Glass, 2008; Johnson et al., 2006; Light & Monk-Turner, 2009).

1.1 Global Context

Over the last thirty plus years, societal attention to violence against women has generated a number of policy and legislative initiatives as well as public awareness campaigns, and intervention and prevention strategies at local, provincial, national and international levels. Key influences that have moved violence against women from a private matter to a public one are the efforts of domestic violence advocates (such as women's shelter service providers) and the development of sexual assault intervention services and preventions strategies, legislation that criminalizes sexual assault, as well as education and awareness campaigns to dispel commonly held sexual coercion and rape myths (Macy, 2007; Macy, Giattino, Parish, & Crosby, 2010; Macy, Johns, Rizo, Martin, & Giattino, 2011; Martsolf, Draucker, Cook, Ross, & Stidham, 2010; Morrison, Quadara, & Boyd, 2007; Shlonsky, Friend, & Lambert, 2007).

The World Health Organization and other international bodies and forums have dedicated considerable efforts and resources over the years to identify and address domestic and sexual violence as a major global health problem and serious human rights abuse (Harvey, Garcia-Moreno, & Butchart, 2007) including more recently raising attention on research studies that examine the devastating public health consequences associated with all forms of violence against women (Garcia-Moreno & Watts, 2011). Violence against women has also gained increased visibility and prioritization internationally through the adoption of Resolution 12 during the 14th session of the Human Rights Council (June 2010) which reaffirms a 2008 resolution to eliminate all forms of violence against women as well as reaffirming the Vienna Declaration and Programme of Action, the Declaration on the Elimination of Violence against Women, and the Beijing Declaration and Platform for Action, among others (UNIFEM, 2010; United Nations, 2010; UN Women, 2012). Most recently, a critical step was taken at the international level to address the overwhelming violence against Indigenous women and girls worldwide. Indigenous women and girls face gender-based violence within multiple contexts of ongoing colonialism, discrimination, racism, social exclusion, and poverty. In January 2012 a meeting of the "United Nations International Expert Group Meeting on Combating violence against Indigenous women and girls: article 22 of the United Nations Declaration on the Rights of Indigenous Peoples' was held to examine the following themes: (1) Addressing violence against Indigenous women and girls as a Human Rights

Issue; (2) Contextualizing violence; (3) Manifestations of violence; (4) Issues of jurisdiction and policing and; (5) Anti-violence strategies (United Nations, 2012, p. 12). The final report and recommendations of the Expert Group Meeting will be submitted to the eleventh session of the United Nations Permanent Forum on Indigenous Issues to be held in May 2012 (United Nations, 2012).

To date, research studies from across the globe demonstrate that domestic and sexual violence are associated with adverse effects on morbidity and mortality rates, health and wellness, emotional and social well-being, education and employment outcomes, parenting practices, and are predictors for youth and adult offending behaviours, adult revictimization and polyvictimization (Basile, 2008; Becker, Stuewig, & McCloskey, 2010; Bonomi, Anderson, Rivera, & Thompson, 2007; Chan, 2011; Chan, Yan, Brownridge, Tiwari, & Fong, 2011; Choudhary, Coben, & Bossarte, 2010; De-Board-Lucas & Gyrch, 2011; Finkelhor, Ormrod, & Turner, 2007; Finkelhor, Ormrod, & Turner, 2008; Garcia-Moreno & Watts, 2011; Gavey & Schmidt, 2011; Gover, Kaukinen, & Fox, 2008; Hamby, Finkelhor, Turner & Ormrod, 2010; Iverson et al., 2011; Jouriles, McDonald, Slep, Heyman, & Garrido, 2008; Kracke & Hahn, 2008; Sousa et al., 2011; Taylor, 2011; White & Buehler, 2012). As such, given the consequences of these forms of violence, the development of evidence-based primary prevention strategies to reduce and eradicate domestic and sexual violence have taken centre stage in the global context over the past six years. Specific to sexual violence, some researchers have indicated sexual violence prevention efforts are in the midst of a transition from creating awareness of sexual violence to advancing comprehensive primary prevention strategies for community change. In this vein, sexual violence has been identified as a cultural issue and it has been suggested that solutions and strategies should promote behaviors and cultural norms that are healthy, such as egalitarian gender roles, gender equity, healthy relationships, and healthy sexuality (Bergen & Bukovec, 2006; Lalor & McElvaney, 2010; Lee, Guy, Perry, Sniffen, & Mixson, 2007; Ramírez, Pinzón-Rondón, & Botero, 2011).

In addition to a focus on primary prevention at the global level, numerous international reports since 2005 have placed particular emphasis on identifying, defining and addressing the occurrence and impacts of sexual violence against women and girls. In the past sexual violence was often neglected within research and public policy initiatives or subsumed under initiatives for domestic violence and while the two forms of violence may intersect or co-occur, there are areas of uniqueness that need to be acknowledged. The World Health Organization has been a leader in raising awareness on the prevalence and devastating impacts of sexual violence and ensuring this public health issue is on the international political agenda. It has done this in a number of ways including supporting research around the world to examine the root causes of sexual violence, identify risk factors and predictors, explore promising and/or best practices, and develop evidence-based primary prevention strategies to reduce and eradicate sexual violence (Garcia-Moreno & Watts, 2011). Reducing sexual violence has been recognized as a key strategy to achieve the Millennium Development Goals by 2015 (Sexual Violence Research Initiative, 2011, p. 4). Furthermore, primary prevention of sexual violence has been identified as a way to save lives and money (World Health Organization/London School

of Hygiene and Tropical Medicine, 2010). For example, a study from Australia on the ripple effects of sexual assault estimated sexual violence to be among the most expensive interpersonal crimes in the world, costing billions of dollars in medical, social and legal costs as well as costs associated with lost earnings/productivity, and loss of quality of life (Morrison, Quadara, & Boyd, 2007).

Globally, research continues to identify childhood abuse as a critical area to target for the prevention and eradication of domestic and sexual violence. Previously, the way child abuse or maltreatment was placed on the public and health agendas put a stronger emphasis on the adult consequences of abuse rather than on the immediate implications for an abused child. For example, literature on the impacts of childhood abuse largely focussed on the prevalence and identification of negative outcomes in adulthood on such quality of life markers as mental health, health risk behaviours, offending behaviours and intimate partner relationships. Literature on the impacts of childhood sexual abuse, of particular concern for this review, also largely focused on how issues from childhood manifested in adulthood. Internationally, this direction is changing. On October 11, 2006 the United Nations (UN) released the first *UN Secretary-General's Study on Violence Against Children*, which addressed violence against children within the family, schools, alternative care institutions and detention facilities, places where children work, and communities (UNICEF, 2006). This study was supported by the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the Office of the High Commissioner on Human Rights (OHCHR). Recent literature and international reports have also identified the importance of addressing childhood sexual violence when it occurs to ensure children's needs are met at that point in time and are identified within policies and services addressing sexual violence. Further, there is recognition that childhood sexual abuse is universally widespread and pervasive in families and communities; most often perpetrated by individuals known and trusted by child and adolescent victims (Finkelhor, 2009; Lalor & McEvaney, 2010; Schmid, 2012; Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). One report stated "the profound impact child sexual abuse has on victims, families and communities, demands that we prioritise both response and prevention efforts" (Sexual Violence Research Initiative, 2011, p. 20).

Also on the global front, reports such as: *World Health Organization: Primary Prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting May 2003, 2007* and *Preventing intimate partner violence and sexual violence against women: Taking action and generating evidence* (World Health Organization/London School of Hygiene and Tropical Medicine, 2010) have addressed domestic and sexual violence equally with reference to victimization and perpetration prevalence rates, and risk factors and causes across the life course. In the United States, the National Intimate and Sexual Violence Survey (NISVS) was launched in 2010 by the Centre for Disease Control's National Center for Injury Prevention and Control. Among other objectives, the NISVS serves to address gaps in such areas as: lack of timely, ongoing and comparable national and state-level data, impacts of these forms of violence on specific populations in the United States, health consequences of these forms of

violence and evidence on the extent to which rape, stalking, or violence by an intimate or sexual partner are experienced in childhood and adolescence (Black et al., 2011).

Of particular note, the release of the 2005 World Health Organization Multi-Country study on women's health and domestic violence against women (Garcia-Moreno et al., 2005) has provided the platform for developing a more global understanding of both domestic and sexual violence: violence prevalence studies have increased from 80 to more than 300 studies (Garcia-Moreno & Watts, 2011). The objective at a global level is on promoting sound empirical population-based prevalence research studies that also extend to countries that have not historically collected data. These research projects will enhance the global evidence base in areas that are impacted by domestic and sexual violence. This in turn will assist all countries to have access to well-researched tools for developing evidence-based policy directions as well as prevention and intervention strategies to support the elimination of these forms of violence across all nations and all peoples.

Since the release of the Identifying Potential for Collaboration Report, 2006 there has been a plethora of international activity on domestic and sexual violence. The above section attempted to highlight some of the key global initiatives and priorities that have been underway since 2006 to address and prevent domestic and sexual violence.

1.2 Canadian Context

Canada's anti-violence policy framework is fragmented by virtue of its federal system of government, which divides jurisdictional responsibilities between federal and provincial governments. This makes it more challenging to have a singular national policy or strategy adopted by all provinces and territories (Paterson, 2009). Commonalities do, however, exist in various provincial policies and legislation on criminal justice, social services, education and health and in theory, federal/provincial/territorial bodies work toward coherent policy directions on issues that cut across jurisdictional boundaries. The cost of violence against women in Canada for health care, criminal justice, social services, and lost wages and productivity has been estimated in the billions of dollars per year (Statistics Canada 2006). Given the fiscal restraint climate we live in, the economic costs alone should motivate all levels of government nation-wide to work towards a unified strategy to prevent domestic and sexual violence.

At the federal level, Status of Women Canada is responsible for promoting equality for women and focuses on three priority areas: ending violence against women, women's economic security and prosperity, and women in leadership and democratic participation. Canada, via this government agency, has recently reaffirmed its commitment to gender equality and to the empowerment of women and girls, the *Beijing Declaration and Platform for Action*, the *Convention on the Elimination of All Forms of Discrimination against Women*, the *Convention on the Rights of the Child*, and the *Millennium Development Goals* and to efforts to address violence against all women and girls, including those from Indigenous communities (Status of Women Canada, October, 11, 2011). Status of Women Canada, within its Women's Program, funds programs across

Canada that address violence against women, and among other initiatives, supports and participates in the worldwide *16 Days of Activism Against Gender Violence* (see http://www.unwomen.org/infocus/16-days-of-activism-against-gender-violence/) and recently launched a Call for Proposals to fund projects to address violence against women on Canada's university and college campuses (Status of Women Canada, November 25, 2011).

A number of provinces have adopted policy frameworks or strategies to address domestic and/or sexual violence in their jurisdictions (For example, see Government of Manitoba *2010 Domestic Violence Strategy*, http://www.gov.mb.ca/domesticviolence/; Government of Newfoundland and Labrador *2006-2012 Violence Prevention Initiative*, http://www.gov.nl.ca/vpi/). British Columbia also released a domestic violence framework in 2010 entitled: *Domestic Violence Response: A Community Framework for Maximizing Women's Safety* (Ministry of Public Safety and Solicitor General, 2010). The framework is intended to "assist communities in enhancing their coordinated response to domestic violence... The focus of this Framework is violence within intimate relationships, including both physical and sexual violence and the impact of such violence on children…" (Ministry of Public Safety and Solicitor General, 2010, p. 1). British Columbia has also recently published a report entitled *Stopping Violence Against Aboriginal Women*. This report addressed root causes of violence against Aboriginal women (such as intergenerational trauma stemming from Canada's residential school policy) and the existing vulnerabilities (such as poverty and substance abuse) that make Aboriginal women far more susceptible to being victims of violence than their non-Aboriginal counterparts (British Columbia, 2011).

Most recently, the province of Ontario has committed to ending violence against women and as part of this commitment, released its sexual violence action plan in March 2011 (Ontario, 2011). *The Changing Attitudes, Changing Lives: Ontario's Sexual Violence Action Plan* is a comprehensive cross-ministerial and multi-sectorial plan recognizing sexual violence as a gender-based crime most often perpetrated by men against women that requires a unique approach to ensure that "Ontario is a place where all women live in safety, and are free from the threat, fear or experience of sexual violence" (Ontario, 2011, p. 6). The plan builds upon Ontario's 2004 *Domestic Violence Action Plan* and takes into consideration language, culture, ethnicity, geography and other forms of diversity found in the province (for Ontario's Domestic Violence Action Plan, see http://www.women.gov.on.ca/owd_new/english/resources/publications/dvap/dvap.pdf). Equally important, Ontario has also committed to undertake separate initiatives to respond to violence against men and children and to work with Aboriginal communities and organizations to address the high rates of violence against Aboriginal women (Ontario, 2011). To this end, the Ontario government has endorsed the overall objectives and multi-faceted approach of the strategic framework entitled "*A Strategic Framework to End Violence against Aboriginal Women*" (Ontario Native Women's Association and the Ontario Federation of Indian Friendship Centres, 2007).

There are also a number of Canadian agencies, organizations and coalitions working at national and international levels to develop and promote evidence-based domestic and

sexual violence prevention strategies. These include the Public Health Agency of Canada, the Child Welfare League of Canada, Prevention of Violence Canada, and the Preventing Violence Across the Lifespan League. Internationally, Canada is a participant in the Violence Prevention Alliance (VPA). The VPA is a network of World Health Organization Member State governments, nongovernmental and community-based organisations, and private, international and intergovernmental agencies working to prevent violence by utilizing an evidence-based public health approach that targets the risk factors leading to violence and promotes a multi-sectorial global campaign for violence prevention (see http://www.who.int/violenceprevention/en). Other Canadian wide coalitions currently active in combatting gender-based violence include the Canadian Association of Sexual Assault Services: a Pan Canadian group of sexual assault centres advocating and campaigning in a number of areas towards prevention and eradication of rape and sexual assault (for a review of current campaigns see http://www.casac.ca). With respect to domestic violence, the Canadian Network of Women's Shelters & Transition Houses (est. 2009) provides a unified voice to create systemic change that ends violence against women in Canada and makes Canada a model for safety in the world (for a review of current projects see http://endvaw.ca/). To this end, the Canadian Network recently prepared an environmental scan on behalf of the Canadian Women's Foundation (Canadian Network of Women's Shelters & Transition Houses, 2011). This scan examined federal, provincial and territorial responses to violence against women (funding and policy initiatives) with particular attention on women's shelters (1st, and 2nd stage) and sexual assault centres and related services for the period of 2006-2011. A key issue identified in the scan was the erosion of funding to the violence against women sector (challenges with respect to government funding and fundraising). A number of important reports have been also released that address various forms of violence and injustices specific to children in Canada including the *Aboriginal Children, Canada Must Do Better: Today and Tomorrow* (Canadian Council of Child and Youth Advocates, 2011) and *The Sexual Exploitation of Children in Canada: The Need for National Action* (The Standing Senate Committee on Human Rights, 2011).

1.2.1 Snapshot of Canadian Statistics since 2006

The importance of federal, provincial and territorial commitment to addressing domestic and sexual violence cannot be overstated. Statistics collected in Canada reflect the high rates of violence against women found in statistics measured elsewhere in the world. Canada's violence and crime prevalence rates and related statistics are most often pulled from two sources of data collection. The Canadian Centre for Justice Statistics measures the rates of police-reported violence annually through the Incident-based Uniform Crime Reporting Survey. As well, Canada's rate of self-reported spousal violence is measured every five years by Statistics Canada in its General Social Survey.

In 2009 as in past years, Canadian women reported more serious forms of domestic violence than males; females who reported domestic violence were about three times more likely than males (34% versus 10%) to report being sexually assaulted, beaten, choked or threatened with a gun or knife by their partner of ex-partner in the previous five years and were also about three times more likely than men to be victims of spousal

homicide (Statistics Canada, 2011). Domestic homicides in Canada between 2000 and 2009 (738 homicides) represented 16% of all solved homicides and nearly half (47%) of all family-related homicides (Statistics Canada, 2011). As with overall self-reporting rates, young Canadians are both more likely to be victims of domestic violence and domestic homicide. Homicide rates peaked around 15-24 years of age and those aged 25 to 34 years old were three times more likely than those 45 and older to state being physically or sexually assaulted by their spouse in the previous 12 months (Statistics Canada, 2011).

According to Canada's most recently published survey statistics, females, youth and Aboriginal people were at particular risk of being sexually victimized (Brennan & Taylor-Butts, 2008; Perreault, 2011). Victimization surveys and police-reported data both indicated the rate of sexual victimization for females was about 5 times higher than the rate for males and higher rates of sexual assault occurred for Aboriginal people compared to Canada's non-Aboriginal people (Perreault, 2011). All data confirmed that those accused of sexual assaults were most often male, and the victim and the accused were, in the majority of cases, known to each other (in 51% of reported assaults) (Brennan & Taylor-Butts, 2008). Among all violent crimes reported to police in 2010, sexual assault was one of very few that showed an increase (+5%) in reported rates from the previous year (Brennan & Dauvergne, 2011). In addition, police-reported data likely under-estimate the true extent of sexual assault in Canada, as these types of offences are under-reported to police. According to Perreault & Brennan (2010), close to 9 in 10 sexual assaults were never brought to the attention of the police. Given the statistics demonstrate that most perpetrators are known to victims, some women may be concerned about reporting, especially if the perpetrator is a spouse, family member or friend. Victims may also not want to deal with the legal system or feel that their assault experiences do not merit reporting (Perreault & Brennan, 2010).

Statistics compiled on police-reported dating violence in Canada in 2008, showed that nearly 23,000 incidents of dating violence (non-spousal relationships) were reported to police across the country and women accounted for 8 in 10 dating violence victims (Hotton Mahony, 2010). These incidents accounted for more than one-quarter (28%) of police-reported violent incidents perpetrated by intimate partners and dating violence represented 7% of total violent crimes in Canada in 2008. Of note, rates of police-reported dating violence between 2004 and 2008 increased steadily for both women (+40%) and men (+47%). Approximately 57% of dating violence incidents coming to the attention of police were perpetrated by a former partner, occurring once the relationship had ended (Hotton Mahony, 2010).

According to recent police-reported statistics on family violence in Canada, nearly 55,000 children and youth were the victims of a sexual offence or physical assault in 2009 (Statistics Canada, 2011). Children and youth under the age of 18 were most likely to be sexually victimized or physically assaulted by someone they knew, with about 3 in 10 incidents being perpetrated by a family member. When children and youth were victims of family violence, a parent was identified as the abuser in 6 of 10 incidents, with children under three years of age being the most vulnerable to violence. In addition, the

rate of family-related sexual offences was reported to be more than four times higher for girls than for boys but boys and girls experienced similar rates of physical assault (Statistics Canada, 2011).

Canada also collects nation-wide data on Child Welfare investigations. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) is in its third cycle of national data collection on the incidence of reported child maltreatment and the characteristics of the children and families investigated by child welfare agencies in Canada (Public Health Agency of Canada, 2010). Previous collections took place in 1998 and 2003. The CIS-2008 data was gathered from 114 child welfare agencies/offices in every Canadian province and territory. Findings showed there were an estimated 85,440 substantiated child maltreatment investigations in Canada in 2008. Substantiated cases involved children of Aboriginal heritage in 22% of all cases (four times higher than for non-Aboriginal children). Exposure to domestic violence was identified as one of two most frequently occurring categories of maltreatment (neglect being the other category) and was identified as the primary category of maltreatment in thirty-four per cent of all substantiated reports (neglect was also at 34%). Sexual abuse was identified as a primary category of maltreatment in 3 % of substantiated investigations. All of these incidents, as the report cites, place these children at risk of significant impacts on their cognitive, physical, social and emotional development (Public Health Agency of Canada, 2010).

1.3 Alberta Context

Over the last several years Statistics Canada has reported that Alberta has some of the highest rates of violence against women in the nation. In 2007, Alberta had the second highest rate of police-reported spousal violence (249 per 100,000 population) of all provinces (Statistics Canada, 2008). In the 2004 General Social Survey, the highest self-reported rate of spousal assault in Canada's provinces was in Alberta (10% women; 7% men) (Statistics Canada, 2006). Further, the proportion of Alberta women in 2009 who self-reported at least one incident of spousal violence in the previous five years was over 9%, however the percentage of victims (women and men) of self-reported spousal assaults in Alberta has declined from 9.9% in 1999 to 7.6% in 2009 (Statistics Canada, 2011). This does not necessarily reflect a decline in spousal violence. According to Statistics Canada (2011) in 2009, victims of spousal violence were less likely to report the incident to police than in 2004. Police-reported data in 2007 indicated that total rates of sexual assault in Alberta were below the national average of 73 offences per 100,000 population (Brennan & Taylor-Butts, 2008).

In terms of a recent snap shot on numbers of women and children fleeing family violence in Alberta, eight of Alberta's women's shelters collected statistics for a promising practices project over a period of 11 months between October 1st, 2009 and August 31st, 2010 (Alberta Council of Women's Shelters, 2010). In that period a total of 4,010 admissions were recorded (2,177 admissions of adult women and 1,833 admissions of children who accompanied them). On average, women admitted to shelter were 32 years of age and approximately a third were 24 years of age or younger. In addition, 58% of women in shelters self-identified as Aboriginal, Métis, First Nations or Inuit and 9% of

all women represented other visible minority groups; as well at least 46% of women were living with their partners at the time of shelter admission (Alberta Council of Women's Shelters, 2010). Of note, women with addictions and Aboriginal women were at particular risk for femicide (57% and 55% respectively were in extreme danger) (Alberta Council of Women's Shelters, 2010). Additional statistics from this project are presented later in this review.

In terms of exposure to domestic violence by Alberta children, the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2003) found that exposure to domestic violence was the second most common form of substantiated maltreatment causing children to come into care, accounting for 23% of all substantiated cases in the province (neglect was the most common at 34%) (MacLaurin, et al., 2005). Sexual abuse was the primary category of maltreatment in 3% of all substantiated investigations. Overall, 46% of victims were girls and girls were a larger proportion of the investigated children in substantiated cases of sexual abuse (70%). Boys were more often victims in cases of physical abuse (53%), neglect (56%) and exposure to domestic violence (59%). In terms of age ranges, 72% of physical abuse child investigations and 80% of sexual abuse child investigations were for children between the ages of 8 and 17, whereas younger children were more often identified in cases of exposure to domestic violence (59% were 7 years old or under) (MacLaurin, et al., 2005). Aboriginal children were identified as a key group of children to pay close attention to because of the overrepresentation of Aboriginal children in care. Twenty-nine percent of substantiated cases involved children of Aboriginal heritage (MacLaurin, et al., 2005, p. 20). In 2008, as part of the CIS-2008 incidence study, an oversampling study was conducted in Alberta's child welfare system. The AIS-2008 report has been drafted and circulated to key stakeholders for review but has not been released to the public at this time.

At the community level, response to sexual violence in the province includes 7 sexual assault centres, 1 specialized program within a northern Alberta women's shelter and 2 agencies that offer specialized services in collaboration with other community agencies. All but two of Alberta's sexual assault services are members of the Association of Alberta Sexual Assault Services. Alberta's response to domestic violence has been led by the Alberta Council of Women's Shelters which is the umbrella group for 42 sheltering organizations in the province of Alberta that manage 53 women's emergency (including 6 on-reserve shelters), second stage and senior's shelters. In general, Alberta's sexual assault and domestic violence services continue to face the same challenges that were identified in the Identifying Potential for Collaboration Report, 2006 (Fotheringham, 2006) and consistent with funding and resourcing challenges identified in more recent publications such as *Measuring Progress: After the Roundtable* (Alberta Council of Women's Shelters, 2009) and the *Scan on Funding and Policy Initiatives to Respond to Violence Against Women* (Canadian Network of Women's Shelters & Transition Houses, 2011.

Other collaborative partnerships also exist in Alberta to support victims of sexual and domestic violence. For example, Connect Family and Sexual Abuse Network is a collaborative of 15 Calgary area agencies working together to improve access to essential

services and promote intervention and prevention of domestic and sexual abuse. The Connect Family and Sexual Abuse Network is also leading a pilot project that gives recent sexual assault victims an option to collect evidence and wait for up to one year before deciding whether to release that evidence to police. This is the first pilot project of its kind in Alberta and gives sexual assault victims an important option above and beyond the existing options of reporting to police immediately or not reporting at all.

The Government of Alberta (GOA) has developed a policy framework that identifies and views both domestic and sexual violence within a family violence lens: as such GOA takes a gender neutral approach to these issues. GOA has developed policies and protective civil legislation to support families impacted by family violence across the province. In general, the Ministry of Human Services (formerly Children and Youth Services) provides leadership to the province's family violence initiatives. It supports and provides core funding to 29 women's shelters (no shelter is funded 100%), has fee for service agreements with 4 of 6 on reserve shelters and funds programming in two second-stage shelters. It provides limited grant funding to 9 sexual assault services and the Association of Alberta Sexual Assault Services as well as a number of other family violence services. The Ministry of Human Services also leads the Interdepartmental Committee on Family Violence and Bullying (ICFVB), a cross-ministry initiative that comprises of 9 ministries that are involved in providing a provincial response to the prevention of family violence and bullying.

The next section of this review provides an update on research addressing the seven intersection areas between domestic and sexual violence that were identified in the Identifying Potential for Collaboration Report, 2006.

PART TWO

INTERSECTIONS BETWEEN DOMESTIC AND SEXUAL VIOLENCE

Research has suggested an intersectionality approach to domestic and sexual violence will help inform our understanding of risks, causes, experiences, consequences of, and responses to violence. Brownridge (2009) asserted "intersectional approaches have identified how examining the complexity of experiences of violence suggests important policy implications" (p. 13). As such, to provide a current state of research and supporting background for AASAS strategic planning directions, this section explores how intersections between domestic and sexual violence have been treated in the literature since 2006. The literature explored for the seven previously identified intersection areas comes from a number of disciplines including psychology, social work, and medicine. Key authors who have specialized in the study of childhood sexual abuse, exposure to domestic violence and other forms of child abuse, intimate partner violence, sexual victimization/revictimization, and perpetrator/offender characteristics were searched to obtain the most recent published literature.

2.1 Witnessing and/or Experiencing Family Violence and Later Sexual Offending Behaviour

Since the release of the Identifying Potential for Collaboration Report, 2006, research on witnessing and/or experiencing family violence and later sexual offending behaviour has continued to explore relationships and linkages between these factors (Burton, Duty, & Leibowitz, 2011; Finkelhor, Ormrod, & Turner, 2009; Hamby et al., 2010; Holt, Buckley, & Whelan, 2008; Jespersen, Lalumière, & Seto, 2009; Jouriles et al., 2008; Latzman, Viljoen, Scalore, & Ullman, 2011; Loh & Gidycz, 2006; Olaya, Ezpeleta, de la Osa, Granero, & Doménech, 2010; Schwartz, Cavanaugh, Pimental, & Prentky, 2006; Simons, Wurtele, & Durham, 2008; White, Mcmullin, Swartout, Sechrist, & Gollehon, 2008; White & Smith, 2009). Much of the research to date in this category has replicated and strengthened earlier findings that suggest a causal link between witnessing and/or experiencing family violence and later sexual offending behaviour (DeBoard-Lucas & Grych, 2011). Overall, researchers have cautioned that while many studies have added to the existing research in this category and may be consistent with the notion of a causal link between these factors, much more research is needed to conclude that the association between witnessing and/or experiencing family violence and later sexual offending behaviour is truly causal (Jesperen et al., 2009; Seto & Lalumière, 2010).

2.1.1 Children's Exposure to Domestic Violence

According to the United Nations Secretary-General's Study on Violence Against Children (UNICEF, 2006), between 133 and 275 million children worldwide are estimated to witness domestic violence annually (p. 13). Recent survey data from the National Survey of Children's Exposure to Violence (NatSCEV) in the United States showed that 1 in 15 children (ages 0-17) were exposed to some form of parental violence in the past year with father figures being the most common perpetrators (68 % children witnessed abuse by males) (Hamby et al., 2010). Research and population-based estimates have consistently demonstrated the interconnectedness between men's abuse of women and child abuse (Hamby et al., 2010; Holt et al., 2008; Jouriles et al., 2008). It follows then, when women are abused by their partners, there is a high probability that their children will also be exposed: "Research has contributed greatly to establishing the fact that violence against mothers is violence against children" (Øverlien, 2010, p. 2). In support of this fact, one Canadian study cited a national survey that found in one third of the self-reported cases of spousal violence, victims also reported that their children witnessed or heard the violence (Alaggia, Jenney, Mazzuca, & Redmond, 2007, p. 276). More recently, statistics in the CIS-2008 study reported that 46% of primary caregivers were victims of domestic violence including physical, sexual or verbal assault in a sample of substantiated child maltreatment investigations (Public Health Agency of Canada, 2010). At its most basic level, children exposed to domestic violence can be considered a form of emotional abuse, with potential negative implications for children's emotional and mental health and future relationships (Holt et al., 2008; Public Health Agency of Canada, 2010; Øverlien, 2010).

In recent literature, researchers and practitioners have more often than not utilized the term "exposure" to domestic violence rather than the term "witnessing" (De-Board-Lucas & Gyrch, 2011; Holt et al., 2008; Olaya, et al., 2010; Sousa et al., 2011). Children "exposed" to domestic violence takes into account that a child who has been a witness to violence occurring between the caregivers (or a caregiver and his/her partner) may be a direct or indirect witness. Exposure broadens the term to include situations where the child indirectly witnessed the violence (e.g. overheard the violence or observed the aftermath such as seeing physical injuries on his/her caregiver the next day and/or damage in the home) (Holt et al., 2008). Hamby et al., (2010) have broadened the definition further within the NatSCEV, which surveys children's exposure to intimate partner violence, assaults by parents on siblings of the children surveyed, and other assaults involving teen and household members. As such, this survey has the potential to assess exposure for all key relationships in a child's life (Hamby et al., 2010). To date, research findings have consistently reported that children and youth who are exposed to domestic violence can exhibit a variety of behaviours including aggression, depression, low self-esteem, fear and anxiety (Cunningham & Baker, 2007; De-Board-Lucas & Gyrch, 2011; Holt et al., 2008; Olaya, et al., 2010; Turner, Finkelhor, & Ormrod, 2010).

While the above research evidence is not exhaustive, it clearly illustrates that the consequences of intimate partner violence extend beyond the bounds of the couple relationship and demonstrates the need to support and protect children who are exposed to domestic violence (Øverlien, 2010; Sousa et al., 2011). Jouriles et al., (2008) reported "children in families characterized by domestic violence are at increased risk for adjustment difficulties … and it is difficult to imagine how repeated exposure to domestic violence could be benign" (p. 222). However there is also evidence in the literature that exposure to domestic violence may impact children to different degrees or not at all depending on what abusive behaviours they are exposed to, if they have been sexually, physically and/or emotionally abused by the abusive parent, their developmental age and stage, genetic predispositions and resiliency factors such as a positive self-image, positive sibling relationships or significant adult supports in their lives (Cunningham & Baker, 2007; DeBoard & Grych, 2011; Holt et al., 2008; Weaver-Dunlop, Nixon, Tutty, Walsh, & Ogden, 2006). The development of comprehensive national incidence surveys such as the NatSCEV will support researchers and practitioners to advance understanding on the degree to which exposure to family violence impacts children which in turn will strengthen opportunity to inform practice, advocacy and public policy in this critical area (Hamby et al., 2010).

2.1.2 Co-occurrence of Exposure to Domestic Violence and Child Abuse

The literature demonstrates that children who are exposed to domestic violence may also experience child abuse (physical, sexual and/or emotional abuse) at the hands of their parents and caregivers (Hamby et al., 2010; Jouriles et al., 2008; Turner et al., 2010; World Health Organization/London School of Hygiene and Tropical Medicine, 2010). For example, a national sample of children and youth (ages 2 to 17) in the United States found that exposure to multiple victimizations was common and the majority (86%) who

were identified as poly-victims (exposed to multiple forms of victimization) also reported witnessing parental violence (Turner et al., 2010). In another study, more than one third of youth who had witnessed parental violence in the past year had also experienced some form of maltreatment (Hamby et al., 2010). These authors also found that maltreatment co-occurring with witnessing parental violence tended to be more severe than maltreatment in the absence of exposure to parental violence (Hamby et al., 2010). It has also been reported that any form of child abuse in the context of domestic violence is not likely to be explained by "any single process" (Jouriles et al., 2008, p. 230). As such, this is an important area of intersection to explore given the evidence in the literature that supports both exposure to domestic violence and child abuse as independent risk factors for both the "experience and perpetration of intimate partner violence and sexual violence" (World Health Organization/London School of Hygiene and Tropical Medicine, 2010, p. 22).

There is still debate in some areas of the world about whether or not exposure to domestic violence constitutes a form of child abuse (Jouriles et al., 2008). In Canada, however, exposure to domestic violence is considered a form of maltreatment in child welfare legislation or policy in most jurisdictions (Public Health Agency of Canada, 2010). The recently released CIS-2008 reported that 18% of substantiated child welfare investigations across the country involved more than one category of maltreatment. The most frequently identified combinations were neglect and exposure to intimate partner violence (IPV) (3,773 investigations), emotional maltreatment and exposure to IPV (2,367 investigations), neglect and emotional maltreatment (2,295 investigations) and, physical abuse and exposure to IPV (1,484 investigations) (Public Health Agency of Canada, 2010). Of note, sexual abuse was rarely found in combination with the other categories of maltreatment reported in the CIS-2008. This data reflects what has been observed in the literature: exposure to domestic violence and child abuse are often co-occurring.

Research on the co-occurrence of exposure to domestic violence and child abuse has focussed largely on child physical abuse (Bourassa, 2007; Hamby, et al., 2010; Jouriles, et al., 2008; McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2009). Specifically, a number of research studies have demonstrated that exposure to parental violence and experiencing physical abuse as a child are linked to adolescent and adult abuse and aggression (Gover et al., 2008; Holt et al., 2008). Hamby et al., (2010) argued there is no theoretical basis to focus only on the co-occurrence of exposure to domestic violence with childhood physical abuse. These authors suggested "a parent who is willing to use physical violence against loved ones, or even a parent who is traumatized by victimization themselves, may have difficulty with other inappropriate and abusive behaviors" (Hamby et al., 2010, p. 735). Further, Turner et al. (2010) contested a singular approach to research on child abuse and argued that focussing on a single form of childhood victimization may overestimate the unique association between specific forms of victimization and negative outcomes. It also likely underestimates the full burden of victimization that children experience as well as incorrectly specifies the risk profiles of these children (Turner et al., 2010, p. 328). Therefore, it is critical to consider the complexities surrounding child abuse when exploring the impact of exposure to

and/or experiencing family violence on later sexual offending behaviour, particularly on the development of effective prevention, assessment and early intervention strategies to support high-risk children, youth and families.

2.1.3 Association with Later Sexual Offending Behaviour

As described above, the literature suggests that identification of key childhood risk factors may shed light on the developmental pathways of sex offending behaviour and inform early intervention and prevention strategies (Black, Sussman & Unger, 2010; Gover et al. 2008; Seto & Lalumière, 2010; Wanklyn, Ward, Cormier, Day & Newman, 2012). For example, findings that both juvenile and adult sex offenders are more likely than non-sex offenders to be victims of childhood sexual abuse have been quite robust (Jespersen, et al., 2009; Seto & Lalumiere, 2010; Simons, et al., 2008; Wanklyn et al., 2012). Research since 2006 has identified the co-occurrence of exposure to domestic violence and one or more forms of childhood abuse in the backgrounds of juvenile and adult sex offenders (Hamby et al., 2010; Johnson et al., 2006). Further, some research has suggested that child abuse at the hands of a male caregiver as well as exposure to domestic violence by a male against a female caregiver may increase the probability of later sexual aggression in males (Iverson et al., 2011; Simons et al., 2008).

Research on adolescent sexual offending has expanded since 2006 with a number of studies identifying sibling sex offending, exposure to pornography, and parental attachment as areas of importance for empirical study (Carlson, 2011; Krienart & Walsh, 2011; Latzman et al., 2011; Monahan, 2010; Schwartz et al., 2006; Seto & Lalumière, 2010; Vizard, Hickey, French, & McCrory, 2007). According to Seto & Lalumière (2010), some adult sex offenders report committing their first sexual offence before the age of 18 and some adolescent sex offenders begin sexual offending behaviours in childhood. As such, the study of risk factors associated with adolescent sex offending behaviour "might offer great promise for understanding the onset and course of sexual offending" (Seto & Lalumière, 2010, p. 527).

In a cross-sectional study that compared sexually victimized and nonsexually victimized male adolescent sexual abusers (n=325) on a number of variables, Burton et al. (2010) found that sexually victimized juvenile sex abusers were more likely to have had more exposure to violence in the home and more exposure to pornography before age 10 than nonsexually victimized juvenile sexual abusers. The results indicated that the sexually victimized sexual abusers had more severe developmental antecedents (trauma, family characteristics, early exposure to pornography and personality) and recent behavioral difficulties (characteristics of sexual aggression, sexual arousal, use of pornography, and nonsexual criminal behavior) than the nonsexually victimized group. Burton et al. (2010) suggested that future research needs to investigate the heterogeneity of sexual abusers in a number of domains including differences in risk of sexual re-offense, differences in treatment needs and family therapy models, and resilience and protective factors in order to better understand the typology of sexual abusive behaviours.

It has been suggested that approximately half of all adolescent-perpetrated sexual offenses involve a sibling victim (Latzman et al., 2011). In fact these authors reported that although sibling sexual abuse is estimated to occur two to five times more often than father–daughter incest, it does not receive the same empirical attention in research (Latzman et al., 2011; p. 246). As such, in an effort to identify various domains of risk and treatment needs for this population, Latzman et al. (2011) designed a study that compared sibling sex offenders and nonsibling sex offenders (n=166, ages 13-17) in a residential sex offender program across variables such as maltreatment (including sexual, physical, and emotional abuse; neglect; and exposure to domestic violence) as well as exposure to pornography. Results found that sibling offenders were significantly more likely than nonsibling offenders to have a history of sexual abuse and more exposure to pornography and were more likely to have been exposed to domestic violence. Latzman et al. further suggested that domestic violence is a more aggressive family dysfunction than, for example, low parental involvement and indicated that "more aggressive family dysfunction may be particularly elevated in families in which sibling sexual abuse has occurred" (p. 255). They offered the explanation that for sibling offenders, domestic violence may be a model for poor interpersonal boundaries and intrusive behavior, contributing to behavior consistent with the attitude that family members are appropriate targets of interpersonal violence (Latzman et al., 2011). While more empirical studies are required to confirm and expand on these findings, this study suggested exposure to domestic violence as well as exposure to pornography and/or childhood sexual abuse may render adolescents particularly at risk for perpetrating sexual violence (Latzman et al., 2011).

With respect to adult sexual offenders, recent research has explored the role of specific developmental experiences including exposure to domestic violence and child abuse (Simons et al., 2008). In a study on the developmental experiences of child sexual abusers and rapists (n=269), Simons et al. (2008), found that rapists (78%) reported more frequent experiences of witnessing parental violence mostly perpetrated by male caregivers and reported more frequent and severe physical abuse (68%) than child sexual abusers. Compared to rapists, however, child sexual abusers reported more frequent experiences of child sexual abuse (73% versus 43% for rapists), more early exposure to pornography (65% before age of 10) and an earlier onset of masturbation (60% before age of 11). Significantly more child sexual abusers reported having engaged in sexual activities with animals (38%) while rapists reported having perpetrated more physical cruelty to animals (68%). The average age of onset of sexual offending was 14 for child sexual abusers and 16 for rapists. Most of the offenders reported having insecure parental attachment bonds with 62% of child sexual abusers reporting anxious parental attachments and 76% of rapists reporting avoidant parental attachments. The authors suggested that offenders (in the rapist group) "who are dismissively attached (i.e., avoidant) display a lack of empathy for others, are more hostile, and are less likely to cultivate a relationship with their victim (e.g. stranger rape)" (Simons et al., 2008, p. 558). They further stated that notwithstanding limitations of their study:

> … findings suggest that through experiences of both indirect and direct abuse, sexual offenders develop a mode of thinking and relating to others that permits

> socially inappropriate means of achieving their goals. These individuals have observed and experienced violence as a means to achieve autonomy and sexual abuse to achieve intimacy…Without experiencing secure parental attachments, they lack positive "working models" to establish healthy relationships with others (Simons et al., 2008, p. 559).

While not specifically studying sexual offending behaviour, Sousa et al. (2011) explored the role of parent-child attachments as a protective factor against anti-social behaviour (including violence perpetration) for children and youth who have experienced abuse and exposure to domestic violence. Their findings did not indicate that lower attachment levels to parents put these children at greater risk for antisocial behaviour however the authors argued that being strongly bonded to parents in adolescence may lower the risk of delinquency and violence, which supports the parent attachment explanation in Simons et al (2008). Sousa et al (2011) argued that "preventing child abuse and domestic violence exposure and improving family attachments in adolescence may independently lessen the risk of antisocial behaviour during adolescence" (p. 129).

Not all victims of childhood trauma go on to engage in problem sexual behaviour (Vizard et al., 2007; Topitzes, Mersky, & Reynolds, 2012). In general, the literature suggests that until causal relationships are established between risk factors and outcomes of sexual offending behaviour, any identification of perceived pathways needs to be seen as contingent on individual circumstances. In terms of informing assessment, treatment and policy directions, more research is needed on the individual factors that help explain the association between witnessing and/or experiencing family violence and later sexual offending behaviour. Research has also shown that sexual aggression or sexual offending behaviour does not typically occur in the absence of other problem behaviours such as substance abuse and other criminal activity (Chiffriller & Hennessey, 2010; Chiffriller, Hennessey, & Zappone, 2006; Jesperen et al., 2009).

2.2 Intimate Partner Sexual Assault

Since 2006 intimate partner sexual assault research has focussed on a number of areas including methodology and definitional challenges (Basile, 2008; Camilleri & Quinsey, 2009; Cook, Gidycz, Koss, & Murphy, 2011; Logan & Cole, 2011; Logan, Cole, & Shannon, 2007; Martin, Taft & Resick, 2007; White et al., 2008), exploring the association between stalking and sexual abuse in partner relationships (Basile & Hall, 2011; Logan & Cole, 2011; Logan et al., 2007), as well as examining adolescent dating violence as a predictor of adult intimate partner sexual assault and surveying adult perpetrators to better understand the characteristics of men who commit sexually coercive acts against their partners (Basile & Hall, 2011; Bergen & Bukovec, 2006; Camilleri & Quinsey, 2009; Chiffriller & Hennessy, 2010; Chiffriller et al., 2006; White & Smith, 2009; White et al., 2008).

2.2.1 Methodology and Definitional Challenges

Sexual violence in intimate partner relationships has been recognized as a major global public health concern as well as a serious and prevalent form of violence that continues to be under-reported and narrowly studied (Basile, 2008; Basile & Hall, 2011; Bergen & Bukovec, 2006; Black et al., 2011; Martin et al., 2007; Morgan & Gilchrist, 2010; Puri, Shah, & Tamang, 2010). Recent literature has indicated the study of sexual violence in intimate relationships does not receive as much attention as other forms of intimate partner relationship abuse (Logan & Cole, 2011; Martin et al., 2007; Morgan & Gilchrist, 2010; Temple, Weston, Rodriguez, & Marshall, 2007). In acknowledgement of this, a number of methodological shortcomings have been identified by researchers in attempts to address what has been termed as "significant gaps in the literature on the understanding of rape and sexual abuse within violent relationships" (Logan & Cole, 2011, p. 905). Definitions associated with rape and other forms of sexual victimization in intimate relationships continue to pose challenges for practice, research, advocacy and legal communities across the world (Basile, 2008). The literature has stated it is time to move beyond the traditional definition of rape (threatened or forced penetration) to include coerced sex, which can occur without force, violence or threats (Basile, 2008; Camilleri & Quinsey, 2009). Coerced sex (or sexual coercion) is considered a common type of sexual violence in intimate partner relationships (Basile, 2008; Camilleri & Quinsey, 2009, p. 111). Several authors have argued that not enough has been done to study the etiology of partner sexual coercion or to acknowledge its occurrence and impacts (Basile, 2008; Camilleri & Quinsey, 2009). In conjunction with this, measures of partner violence used in research typically focus on only threatened or forced sex rather than on measures that incorporate a range of sexual coercive tactics (such as sexual degradation and verbal coercion) women may experience (Cooke et al., 2011; Logan & Cole, 2011; Logan et al., 2007). Logan & Cole (2011) argued that "not acknowledging these sexually abusive experiences or only counting forced sex as the indicator of sexual abuse leaves a gap in the full narrative of violent victimization experiences" (p. 905).

In a related theme, White et al. (2008) identified a separation between researchers who study physical aggression and those who study sexual aggression which "has resulted in little communication between the two research areas, and even less transfer of knowledge" (White et al., 2008, p. 339). Given that women are at the greatest risk of both sexual and physical assault by their male intimate partners rather than by a stranger (Tjaden & Thoennes, 2006), White et al. called for an integration of research on sexual and physical partner aggression that moves beyond research solely documenting the commission of sexual and physical aggression by the same men. The authors identified these men as "dual perpetrators" (White et al., 2008, p. 339). They suggested that reporting on prevalence rates and exploring correlations between the two types of aggression has the potential to increase knowledge as to why and when various patterns of aggressive behavior occur (White et al., 2008). Further, they argued that the commission of physical and sexual aggression by dual perpetrators needs to be explored to see how these men are similar to and different from men who commit only one type of aggression or who are not aggressive at all in intimate relationships (White et al., 2008, p. 339).

Other authors have expressed concern on how prevalence rates and risk factors for intimate partner sexual assault are collected, compared and interpreted (Cook et al., 2011; Martin et al., 2007). Martin et al. (2007) summarized methodological challenges as follows:

> Some of the important methodological issues facing researchers are that victims of marital rape do not always identify themselves as victims, researchers also differ on their definitions of what constitutes marital rape, and there are vast differences in screening techniques and sample populations used in this area of research. It is important to understand the limitations in this area since they directly impact not only the rates of marital rape, but also who is defined as a victim or perpetrator of marital rape" (p. 337).

These are important nuances to consider when referring to research on intimate partner sexual assault. As previously noted, sexual assaults are under-reported so addressing methodological and definitional concerns that impact how sexual victimization is defined, measured and screened is critical to advancing intervention, prevention and policy in this intersection area. As stated by Cooke et al. (2011), "progress in assessment ultimately sets the foundation for policy decisions that will ultimately lead to better treatment for rape survivors and improved methods for prevention" (p. 213).

Notwithstanding the methodological concerns identified above, published prevalence rates for intimate partner sexual assault since 2006 remain consistent with rates documented in the Identifying Potential for Collaboration Report, 2006 and other research studies, (Fotheringham, 2006; Garcia-Moreno et al., 2006; Martin et al., 2007). For example, the NISVS found that more than half (51.1%) of female victims of rape report that they were raped by an intimate partner (Black et al., 2011). This supports earlier rates from the National Violence Against Women Survey results where most female victims reported they were raped by a current or former intimate partner (only 16.7% of female victims were raped by a stranger) (Tjaden & Thoennes, 2006). The NISVS findings also indicated that nearly 1 in 10 women have been raped by an intimate partner in their lifetime and an estimated 16.9% of women have experienced sexual violence other than rape by an intimate partner at some point in their lifetime (Black et al., 2011). Further, among victims of intimate partner violence, more than 1 in 3 women experienced multiple forms of rape, physical violence and stalking (Black et al., 2011). In fact, since 2006 partner stalking co-occurring with sexual violence has received dedicated attention in the literature. (Basile & Hall, 2011; Logan & Cole, 2011). Logan & Cole (2011) reported that women in violent relationships experienced a wide range of sexually abusive experiences and found a significant association between partner stalking and partner sexual abuse beyond rape (p. 904). Their study also suggested that separation, partner stalking and rape are risk factors for ongoing violence. Basile & Hall (2011) found that stalking, sexual violence, physical and psychological abuse are correlated with each other and co-occurred for most of their sample of men (n=340) arrested for physical assault on their female partner or spouse.

Data from a recent initiative in Alberta's women's shelters found that women (n=350) reported they had experienced multiple forms of abuse in their intimate relationships with most women (96%) having experienced emotional/verbal/psychological abuse (stalking was not identified) and 45% of women having experienced sexual abuse (Alberta Council of Women's Shelters, 2010). Women were most often abused by their partners or common-law partners (51.4%), expartners or ex-common-law partners (14.16%), boyfriends (8.51%) or husbands (6.24%). Women also reported that sexual abuse occurred more frequently than physical abuse (at about 3 times a month when compared to about 2 times per month for some forms of physical abuse) (Alberta Council of Women's Shelters, 2010). As such, it is "critical to better understand sexual violence within the context of violent relationships because the consequences of physical and sexual violence have been found to be even worse than the consequences from physical violence without sexual violence" (Logan et al., 2007, p. 89).

2.2.2 Characteristics of Men who commit Sexually Coercive Acts against their Partners

Research has largely focussed on women's voices when exploring the behaviour and characteristics of intimate partner sexual abusers (Basile, 2008; Gelaye, Lam, Cripe, Sanchez, & Williams, 2010; Temple et al., 2007). According to some authors, there is a lack of research on male intimate partner sexual abusers themselves, i.e., research has not heard from these men directly (Basile & Hall, 2011; Bergen & Bukovec, 2006). Bergen & Bukovec (2006) suggested "it is problematic to singularly rely on women's testimonies of their abusers, for,…, it is unknown how accurately men's motivations and thoughts are reflected in their partner's accounts of their behavior" (p. 1377).

To address this gap in the research, Bergen & Bukovec (2006) conducted a study with men in an intervention program for abusive men that explored their sexually abusive behaviour against their intimate partner. Bergen & Bukovec found that 53% of men (n=229) in the program engaged in sexual violence against their partner at least one time in the relationship yet less than 8% of the men in the sample self-identified their actions as sexually abusive. Emotional coercion was reported by 40% of the men as the most prevalent strategy they used to force their partners to have sex. Use of emotional coercion is consistent with findings from studies noted in the previous literature review regarding women being emotionally coerced into sex with their partner out of a sense of marital obligation or wifely duty (Fotheringham, 2006). The findings also indicated that many men engaged in multiple forms of sexual violence against their partner ranging from emotional coercion to threatening to withhold money to use of physical force and weapons. The data also found an intersection between physical and sexual abuse in this sample. Of note, one third (33%) of the 53% of men who sexually abused their partner in this sample did so when their partner was asleep and therefore not able to consent. The data did not provide sufficient detail to suggest the motivation for that behaviour but the authors proposed it could be related to male feelings of entitlement to sex within intimate relationships or, as Martin et al. (2007) have suggested, "once a woman has consented to sexual activity she has given 'irrevocable' consent" (p. 332). Bergen & Bukovec concluded that men may understand rape and other forms of sexual violence in intimate

relationships to be acceptable or normal and went on to recommend that abusive men's intervention programs need to challenge men's understanding in this area (Bergen & Bukovec, 2006; p. 1383).

Camilleri & Quinsey (2009) conducted two studies that explored individual differences among partner sexual assaulters and non-sexual partner assaulters to see if psychological characteristics of sexual and violent offenders in relationships are different (p. 115). They found that psychopathy was a significant feature of men who sexually assault a partner versus men who are non-sexual partner assaulters. They suggested that their study provided a "first glimpse of individual difference characteristics of men who are interested in or commit sexually coercive acts with their romantic partners" (Camilleri & Quinsey, 2009, p. 125). Chiffriller & Hennessey (2010) found similar results in their study on the typology of batterers (n=201, men enrolled in domestic violence programs). Pathological batterers identified in the sample (high scores on personality and psychopathology measures) used more sexual coercion in their intimate relationships and were more jealous and fearful in their partner attachments when compared to men in subtypes identified as generally violent or family-only batterers (Chiffriller & Hennessey, 2010, p. 17). This study also identified two additional sub-types of batterers not previously reported in the literature: Sexually violent and psychologically violent men. Sexually violent batterers in this sample used the most sexual coercion and the most severe forms (including hitting, using weapons to force their partners into oral, anal or vaginal sex). They were the most physically abusive and jealous in their thoughts and behaviours in comparison with the other subtypes. Psychologically violent batterers were the most psychologically abusive in their relationships and were second only to sexually violent batterers in levels of physical violence in comparison to the other batterer subtypes. The discovery of two additional batterer subtypes suggests that the heterogeneous nature of male batterers is more extensive than the majority of batterer typology models have previously indicated and future research should assess causal models of aggression and their relation to the development of battering for each subtype (Chiffriller & Hennessey, 2010, p. 20).

Dating violence has also been identified as an area to explore in teens and young adults since patterns established in adolescent romantic relationships may continue into adulthood (Chan, 2009; White & Smith, 2009). From the perpetrator perspective, White & Smith (2009) reported a lifetime prevalence of 10.9% for commission of both sexual and physical aggression by the same men in a group of men followed in a longitudinal study from adolescence through the fourth year of college; 28.4% of the men reported committing at least one act of sexual aggression, and 26.5% reported committing at least one act of physical aggression by the end of the fourth year of college (White & Smith, 2009, p. 37). As such, increased understanding of male aggression in the teen and young adult age group could lead to intervention and prevention strategies that reduce aggression towards women in adolescence and adulthood, ultimately leading to more positive health and well-being outcomes for women across the lifespan (White & Smith, 2009, p. 25).

2.2.3 Implications

Research since 2006 on intimate partner sexual assault has examined a number of areas that have implications for research and practice. Given intimate partner sexual assault has been identified as equal or more harmful to women's mental, physical and emotional health as nonpartner sexual assault, there is a critical need for future research and practice to "address the entire range of sexual abuse women in abusive relationships experience, with a particular eye toward the complexity and nuances of sexual abuse within a relationship with a violent partner" (Logan & Cole, 2011, p. 919). The literature has indicated that definitions, measures and screening tools used to identify and explore sexual victimization are often limited to items on threatened or forced sex therefore if screening questions are not inclusive of sexual coercive acts, it may be difficult for a victim of partner sexual coercion to recognize her experience as sexual assault. Further, many women may believe that their partners have a right to sexual relations as part of marriage so they do not report when sexual victimization takes place (Puri et al., 2010). Research has also identified shame as a critical factor that may be a barrier to disclosure and/or help-seeking by women who have experienced intimate partner sexual assault (Logan & Cole, 2011; Wall, 2012). Agencies that provide medical, crisis intervention and counselling, advocacy, and legal services need to be aware of the "insidious and damaging role shame plays in sexual violence in order to provide supportive, compassionate responses to women who suffer because of it" (Wall, 2012, p.2). Overall, research has pointed to the need for both offender treatment programs and services that support women in abusive relationships to utilize comprehensive assessment and intervention protocols that consider the effects of all forms of intimate partner violence, recognize they are often co-occurring, and that partner sexual victimization is often hidden or missed for the reasons indicated above. Sexual assault service providers, with their specialized knowledge in all forms of sexual victimization, are in an excellent position to provide training and support to those identified services.

2.3 Child Sexual Abuse in Homes with Domestic Violence

Both child sexual abuse and exposure to domestic violence are considered worldwide public health problems yet research on the intersection of child sexual abuse in homes with domestic violence has received little dedicated attention since the release of the Identifying Potential for Collaboration Report, 2006 (Hamby et al., 2010; Holt et al., 2008; Morgan & Gilchrist, 2010; Ramírez et al., 2011). In fact, the research that has been published in this area since 2006 most often cites evidence from studies conducted in 2003 or earlier. Recent research has, however, demonstrated that children exposed to domestic violence are at higher risk for experiencing physical, emotional and/or sexual abuse within their family setting (Finkelhor, 2009; Hamby et al., 2010; Holt et al., 2008; Iverson et al., 2011; Jespersen et al., 2009; Jouriles et al., 2008; Morgan & Gilchrist, 2010; Robboy & Anderson, 2011; Turner et al., 2010; Vizard et al., 2007). For example, Jespersen et al. (2009) suggested that childhood sexual abuse is frequently accompanied by other stressors in the home such as exposure to domestic violence and other forms of childhood maltreatment. Hamby et al. (2010) reported in data collected from the NatSCEV that more than 70% of youth who were victims of sexual abuse by a known adult had also witnessed partner violence. Barrett (2010) found that women who

experienced child sexual abuse were significantly more likely to have also experienced physical abuse and to have been exposed to domestic violence than women who were not sexually abused as children.

It has been estimated that between 20 and 30 percent of all children and adolescents have been victims of some kind of sexual assault at some time in their lives (Schmid, 2012). Since 2006, prevalence and incidence rates for sexual abuse against children and youth have established that sexual abuse of children is universally widespread and perpetrators are often family members, neighbours, peers or other persons known to the child or adolescent (Barnes, Noll, Putnam, & Trickett, 2009; Lalor & McElvaney, 2010; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Schmid, 2012; Statistics Canada, 2011). For example, a recent study that surveyed more than 6700 school age students (ages 15-17) in Switzerland on their sexual abuse experiences, found girls were more likely to name a male relative, such as a cousin, uncle or brother, rather than their biological father as the perpetrator. An equally high risk applied for sexual abuse by a stepfather or a mother's partner. However, the results showed that adolescent victims named their peers, often partners in a relationship or dates, as the most common perpetrators of sexual abuse (Schmid, 2012).

In one of the few recent studies that have sought to expand existing literature on child sexual abuse in homes with domestic violence, Dixon, Hamilton-Giachritis, Browne, & Ostapiuk (2007) examined the characteristics associated with mothers and fathers who maltreat their child and each other in comparison to parents who only maltreat their child. Consistent with existing research, fathers were significantly more likely to maltreat both their partner and child than mothers were and mothers were significantly more likely to be victims of intimate partner violence than fathers. Fathers who maltreated their partners were more likely than mothers in the same category to engage in physical and/or sexual child maltreatment against their children. Mothers who maltreated their partners were more likely to engage in neglect of their children. The findings also indicated that fathers demonstrated significantly more antisocial characteristics, less mental health problems and fewer feelings of isolation than mothers in the same category (Dixon et al., 2007). The authors argued that their findings demonstrated the importance of adopting a holistic perspective of family violence: "While the study supports the high co-occurrence of partner and child maltreatment in violent families, and demonstrates that fathers are significantly more likely to perpetrate concurrent forms of abuse than mothers, it is evident that mothers do aggress against their partner, child or both" (Dixon et al., 2007, p. 686). Further, they suggested that an integrated or holistic perspective of child and domestic abuse will enhance interagency collaboration and integrative treatment for the family as well as inform prevention and intervention programming for men, women and children.

More recently, Ramírez, et al. (2011) collected data from1,089 families (surveying mothers) in Columbian communities (rural and urban) to determine the prevalence of child sexual abuse and examine child sexual abuse predictors from both family and community contexts as well as assess the role of parent-child interactions on the occurrence of child sexual abuse. The results indicated a 1.2% prevalence rate for child

sexual abuse. The authors suggested that the working definition they adopted for the study had an impact on the reported rates as the definition limited sexual abuse to serious events that were both recognized and reported by mothers (Ramírez et al., 2011). Family characteristics that predicted child sexual abuse were employment by mothers, mother's beliefs in "machismo" and intimate partner violence. These characteristics were statistically significant for this sample. The authors did not find an association between sexual abuse and physical abuse, psychological abuse or neglect and suggested that child sexual abuse may be responding to different causes and cultural influences in this sample. Community characteristics that predicted child sexual abuse were access to health and education: Access to both health and education were found to act as protection factors. In terms of assessing parent-child interactions on the occurrence of child sexual abuse, Ramírez et al. found that parental communication was a strong protection factor against child sexual abuse. The authors suggested:

> …children from households in which parents regularly ask questions and listen to their children are significantly less likely to become victims of child sexual abuse. It seems reasonable that parents who communicate regularly with their children are more likely to identify potential risks of child sexual abuse before these risks materialize. On the other hand, children who communicate more often with their parents may become better equipped to fend off situations leading to child sexual abuse (Ramírez et al., 2011, p. 1029).

This study demonstrated that families who experienced intimate partner violence were more likely to experience child sexual abuse. There were a number of limitations to the research and no causal relationships could be inferred however the authors asserted that the presence of child sexual abuse within the study population "is clear and requires action" (Ramírez et al., 2011, p. 1030). Their conclusion suggested that intervention strategies addressing child sexual abuse should include measures focused on enhancing parent-child communication. The authors also recommended that policies aimed at the prevention of intimate partner violence (including patriarchal attitudes where power may be demonstrated by sexual abuse) and better access to health and education services may support the reduction of child sexual abuse (Ramírez et al., 2011).

It has been suggested that experiencing sexual abuse in childhood may be better explained as a part of a more generally adverse early environment that is related to multiple problems in later life (Jespersen et al., 2009) but the paucity of research in this intersection area continues to present challenges to inform policy and practice. Clearly, the co-occurrence of child sexual abuse with domestic violence and any other forms of victimization calls for a more comprehensive approach to the needs of children and families.

2.4 Cumulative Trauma

Researchers have described cumulative trauma in various ways including cumulative abuse, polyvictimization, multiple traumas, and multi-type abuse (Briere, Kaltman, & Green, 2008; Clemmons, Walsh, DiLillo, & Messman-Moore, 2007; Turner et al., 2010).

The literature has consistently demonstrated that exposure to trauma is frequently linked to poor psychological outcomes including depression, dissociation, aggression and post-traumatic stress disorder (PTSD; Briere & Jordan, 2009; Cloitre et al., 2009; Martin, Cromer, DePrince, & Freyd, 2011) and poor physical health outcomes such as sleep disturbance, chronic pain and substance abuse (Campbell, Greeson, Bybee, & Raja, 2008; Maniglio, 2009). Furthermore, individuals with trauma histories have rarely experienced only one traumatic event; rather they have likely experienced different trauma types and multiple incidents (with varying frequency, duration and severity) in childhood and/or adulthood (Briere et al., 2008; Cloitre et al., 2009; Scott-Storey, 2011). Research has also indicated that survivors of multiple trauma types, particularly adverse childhood events (ACEs), are more likely to experience chronic psychological and health problems over time than survivors exposed to a single trauma type (Cloitre et al., 2009; Martin et al., 2011; Scott-Storey, 2011). In fact, Cloitre et al. (2009) asserted "the impact of sustained and chronic trauma (vs. single incident events) may not be so much in the duration or the repetitive nature of a particular trauma, but rather the presence of multiple co-occurring traumatic events (e.g., childhood sexual abuse, physical abuse and neglect), which, in turn, lead to symptom complexity" (p. 8).

Since 2006 research in this area has been critiqued on its methodological approaches, interpretation of results, varying conceptualizations, and on the lack of effective communication across and within academic disciplines of study, similar to criticisms described in this review regarding intimate partner sexual assault research (Briere et al., 2008; Clemmons et al., 2007; Maniglio, 2009; Scott-Storey, 2011). In a review of the literature on cumulative abuse and its impact on women, Scott-Storey (2011) suggested that while there is agreement that cumulative abuse has a negative impact on psychological and physical health, there is little consensus on what to call this phenomenon or how to study it (p. 135). Of importance, research critiques in this area have suggested that by not having consensus on how to approach and study cumulative trauma, we risk interpreting research results in ways that may not demonstrate the full picture required to inform research, policy and clinical practice directed at helping individuals who have experienced abuse. Consistent with this concern and in a review examining impacts of childhood sexual abuse on adult health outcomes, Maniglio (2009) stated:

> …although studies and reviews abound, the inconsistency in their conclusions along with their methodological differences and limitations may create interpretative difficulties, mistaken beliefs, or confusion among all individuals (including policymakers, physicians, psychologists, other professionals who treat children, and other individuals responsible for the welfare of children) who turn to this literature for guidance (p. 648).

Scholars have also stated evaluating the effects of these multiple traumas in their cumulative form is critical to inform policy and practice (Cloitre et al., 2009; Martin et al., 2011; Scott-Storey, 2011). Scott-Storey (2011) argued that research has generally focussed on studying the numbers of different types of cumulative abuse experiences without including the "individual and abuse characteristics as well as other life

adversities that need to be considered in order to fully understand the spectrum and magnitude of cumulative abuse and its impact on women's health" (Scott-Storey, 2011; p. 135). Briere et al. (2008) suggested that much of the cumulative trauma literature to date has focussed on predicting symptom severity (including PTSD, anger, and sleep disturbances) in relation to the lifetime number of different traumas experienced by an individual but has not explored whether adults with histories of multiple traumas experience different kinds of symptoms simultaneously than those exposed to fewer traumas (p. 223). As such, these scholars surveyed a community sample of young college women (n=2,453) and found a linear relationship between the number of trauma types experienced before 18 and symptom complexity (Briere et al., 2008). Cloitre et al. (2009) replicated and extended Briere et al.'s findings in two separate studies: One with a group of women (n=582), the majority of whom had histories of childhood sexual, physical and emotional abuse and family adversity as well as histories of adulthood traumas, with sexual assault as the most common adult trauma. The second study assessed children and adolescents (n=152) presenting to a child trauma clinic for trauma evaluation and treatment services. Of the 152 children and adolescents assessed, all but 19.1% had experienced more than one type of childhood trauma and adversity. Findings revealed that childhood cumulative trauma but not adulthood trauma predicted increasing symptom complexity in adults and cumulative trauma predicted increasing symptoms in the child/adolescent sample. The authors concluded that for both children and adults, greater trauma exposure is associated with more complex symptom presentation.

Other cumulative trauma studies since 2006 have explored symptom severity and duration among trauma survivors and found that psychological outcomes from trauma exposure varied from minimal or no adverse reactions to short-term or chronic manifestations (Briere & Jordan, 2009; Martin et al., 2011). According to Martin et al. (2011), "these inconsistencies highlight the nuanced and multi-dimensional nature of trauma and its sequelae, suggesting the possibility that additional factors be considered" (p. 1). In an attempt to extend the literature in this area, Martin et al. (2011) examined the role of cumulative trauma as a function of level of betrayal (relational closeness of the trauma survivor and the perpetrator), gender and the role of trauma appraisals on depression, dissociation and PTSD. In their sample of 273 college students, cumulative trauma at low, medium and high levels of betrayal was significantly correlated with depressive, dissociative and PTSD symptoms. Female students reported significantly more exposure to high levels of betrayals than male students but there were no gender differences in trauma-related symptoms. Interpersonal traumas were associated with stronger negative trauma appraisals. Martin et al. suggested survivors do not assess all traumas to be equal: Traumas where trust has been violated are more negatively assessed. Martin et al. asserted these findings have important implications for treatment applications. They recommended that regardless of the amount of trauma experienced, the manner in which trauma survivors assess their thoughts, feelings, and behaviours in response to trauma exposure is directly related to trauma symptomology (Martin et al., 2011, p. 8). Martin et al. indicated "these findings highlight the importance of considering not only the quantity of unique traumas experienced and the quality of the trauma survivors' relationship to the perpetrator but the appraisals of trauma made to better understand the long-term effect of trauma" (p. 8).

From a research perspective, cumulative trauma should not be addressed solely within the discourse on 'the greater the number of traumas, the worse the impact on health'. Scott-Storey (2011) strongly recommended "continuing to research cumulative abuse in the same way risks falsely contributing health outcomes to the sheer number of different types of abusive experiences, rather than a more complex interrelationship between the number of experiences, individual and abuse characteristics, and life adversities" (p. 145). Factors relating to race, social location, discrimination, and oppression have also been found to be independent predictors of trauma related symptomology (Black et al., 2011; Martin et al., 2011). For example, given the high rates of childhood and adult victimization experienced by Indigenous, African American and Hispanic women and children in North America, cumulative trauma research would likely benefit from including these factors (Black et al., 2011; Campbell et al, 2008; Martin et al., 2011).

In terms of implications for policy, clinical practice and intervention strategies, the literature reviewed on cumulative trauma suggested the need to develop comprehensive screening protocols, practitioner training and a continuum of services for children and adults exposed to victimization. Women and children's experiences of being victimized are often cumulative and varied. In most but not all cases, cumulative trauma has negative impacts on health and well-being across the lifespan. For example, posttraumatic stress has been associated with childhood (especially sexual) abuse both in children and later in adults (Briere & Jordan, 2009) and has been found to fully mediate the relationship between violence and physical health outcomes (Campbell et al., 2008). An association between maternal child sexual abuse history and poly-victimization of their children has also been identified as a critical research and practice area to expand (Robboy & Anderson, 2011). These authors found that adolescent girls with maternal child sexual abuse histories had experienced more forms of child abuse than those whose mothers had not been abused, and suggested that second generation childhood sexual abuse survivors are more likely to experience multiple traumas (Robboy & Anderson, 2011). Robboy & Anderson (2011) recommended: "To provide optimal treatment for abused children, we need to understand how parental abuse history may affect parents' reactions to their child's victimization and how best to support both parent and child in cases where intergenerational abuse is present" (p. 3536).

There is no disputing that many abuse victims have experienced a number of incidents and types of abuse during childhood and are at greater risk of revictimization in adolescence and adulthood. Given the above, the costs associated with the physical and psychological outcomes of cumulative trauma are "profound in terms of both money and human suffering and situates abuse as one of the primary health issues facing women today" (Scott-Storey, 2011, p. 136). This suggests the importance of early identification and intervention before physical and psychological problems develop that may lead to chronic, negative health outcomes as well as become risk factors for adult revictimization behaviour (Campbell et al., 2008). Trauma assessments and intervention strategies for children and adults need to consider both the immediate and long-term cumulative impacts of multiple forms of childhood abuse, the severity, duration and frequency of childhood abuse, possible inclusion of other family adversities including parental abuse

history, as well as factors such as level of betrayal, trauma appraisals and cultural and/or social location of the victim/survivor.

2.5 Child Abuse and Sexual Violence Victimization

Much of the recent research on sexual violence victimization has attempted to replicate and expand existing research on risk factors for sexual revictimization including how childhood and adolescent abuse can lead to increased risk for revictimization in adulthood. In fact, vulnerability to adult sexual violence victimization has been explained by some scholars as "an after effect of childhood victimization" (Basile, 2008, p. 30).

Numerous studies have demonstrated that women with child abuse histories, especially childhood sexual abuse, are more likely to experience victimization as adults (Barnes Noll, Putnam, & Trickett, 2009; Briere & Jordan, 2009; Campbell et al., 2008; Filipas & Ullman, 2006; Lalor & McElvaney, 2010; Maniglio, 2009; Robboy &Anderson, 2011; Widom, Czaja, & Dutton, 2008). In a study on childhood sexual abuse and revictimization factors, Filipas & Ullman (2006) found that 42.2% of women who reported a childhood sexual abuse experience also reported an adult sexual assault whereas only 14% without childhood sexual abuse reported an adult sexual assault. Campbell et al. (2008) reported "if sexually victimized in childhood and adolescence, women are at substantially higher risk of being physically and/or sexually abused in adulthood" (p. 194). Consistent with this, recent data collected by the NISVS indicated more than one-third (35.2%) of women who reported a completed rape before the age of 18 also experienced a completed rape as an adult, compared to 14.2% of the women who did not report being raped prior to age 18 (Black et al., 2011). As such, the percentage of women who were raped as children or adolescents and also raped as adults was more than two times higher than the percentage among women without an early rape history (Black et al., 2011, p. 26). The NISVS also identified sexual violence experienced by race/ethnicity: "approximately 1 in 5 Black (22%) and White (18.8%) non-Hispanic women, and 1 in 7 Hispanic women (14.6%) … have experienced rape at some point in their lives. More than one-quarter (26.9%) who identified as American Indian or as Alaska Native and 1 in 3 women (33.5%) who identified as multiracial non-Hispanic reported rape victimization in their lifetime" (Black et al., 2011, p. 3).

While the bulk of revictimization research has primarily focussed on childhood sexual abuse, a number of studies have examined revictimization involving physical abuse or physical abuse co-occurring with sexual abuse and/or other forms of child adversity (Fogarty, Fredman, Heeren, & Liebschutz, 2008; Widom et al., 2008). For example, a prospective cohort study by Widom et al. (2008) examined lifetime victimization in 892 individuals who had experienced sexual and physical abuse and neglect. Of this group, 55% had court-substantiated cases of three forms of child abuse (sexual abuse, physical abuse, and/or neglect). Data collected indicated that individuals who experienced childhood victimization reported a higher number of traumas and victimization experiences later in life compared to those without histories of child abuse. Some of

these revictimization experiences included being forcefully sexual assaulted (36% to 17%), being more physically harmed than individuals without a history of child abuse (75% versus 59%), and witnessing another person being sexually attacked (8% vs 2%). Furthermore, individuals with documented histories of multiple forms of child abuse reported the highest prevalence of physical assault/abuse (100%) and of sexual assault/abuse (66%) (Widom et al., 2008). Widom et al.'s findings yielded strong support to the hypothesis that childhood victimization leads to increased risk for lifetime revictimization, compared to non-victimized populations. Risks were confined to what the authors described as "interpersonal violence" such as physical assault/abuse, sexual assault/abuse, kidnapping and/or stalking, and having a family/friend murdered or commit suicide (Widom et al., 2008, p. 793).

Overall, research since 2006 has demonstrated childhood abuse is a risk factor for adult sexual victimization but generally with the same caveats that have been identified elsewhere in this review: Methodology and related issues remain a challenge to prove causal relationships between risk factors and outcomes (Filipas & Ullman, 2006; Macy, 2008; Scott-Storey, 2011). Barnes et al. (2009) stated, "In essence, the definitive long-term, prospective, longitudinal study of revictimization rates reported by victims of childhood abuse has yet to be accomplished" (p. 413). Some scholars have also noted the majority of studies focus on college and clinical samples in which minority women are underrepresented (Campbell et al., 2008; Widom et al., 2008). This sampling bias has been identified as a weakness that impacts our understanding of revictimization given the overwhelming sexual and physical violence worldwide against Indigenous women and children as well as other ethnic populations (for research in this area see Black et al., 2011; Chan, 2009; Collin-Vézina, Dion, Trocmé, 2009; Evans-Campbell, Lindhorst, Huang, & Walters, 2006; Paletta, 2008; United Nations, 2012; World Health Organization/London School of Hygiene and Tropical Medicine, 2010; Yuan, Koss, Polacca, & Goldman, 2006).

Cumulative trauma has also been identified as a risk factor to study for a number of childhood abuse survivor outcomes including adult revictimization. While some cumulative trauma research has suggested the more traumatic experiences an individual incurs, the greater their risk of being revictimized, Scott-Storey (2011) has cautioned that abuse experiences are not homogenous and individual characteristics of abuse survivors are significant to consider when exploring impacts of multiple childhood traumas on adult survivors (p. 139). Research has also demonstrated findings in regards to the impact of other variables (e.g., family functioning, parents' history of childhood trauma, coping styles, and parental support) associated with child sexual abuse and their influence on adult revictimization (Macy, 2007; Robboy & Anderson, 2011). For example, in a study with 577 female college students that examined the psychological sequelae of child sexual abuse and the factors that contribute to adult sexual assault revictimization, the only factor that predicted revictimization was the number of maladaptive coping strategies used (Filipas & Ullman, 2006). Briere and Jordan (2009) suggested that the presenting symptoms and concerns of a sexual abuse survivor may not be defined by only her sexual abuse history: "Also important may be other forms of maltreatment she experienced, the ways in which her family functioned before, during, and after the abuse,

her parents' level of psychological functioning, ways she coped with her painful childhood, and even her social status and access to economic resources" (p. 383). Any and all of these factors may contribute to adult revictimization so it is critical they are incorporated into research studies that will subsequently inform assessment and intervention strategies with both children and adults. Briere & Jordan (2009) stated:

> Abuse victims have an increased likelihood of being revictimized as adolescents and adults, and, conversely, many survivors of adult assaults were previously abused as children … For this reason, research on childhood events must take later adult experiences into account, just as investigations of adult trauma impacts (e.g., the effects of rape) must also evaluate the influence of childhood maltreatment experiences (p. 383).

2.6 Child Sexual Abuse and Later Battered in Intimate Partner Relationship

Women who have been sexually abused as children and/or adolescents are not only at risk for sexual violence, as evidenced in the previous section, they are also at risk for intimate partner violence (Barrett, 2010; Campbell et al., 2008; Filipas & Ullman, 2006; Hetzel-Riggin & Meads, 2011; Parks, Kim, Day, Garza, & Larkby, 2011; Vatnar & Bjørkly, 2008). For example, Campbell et al. (2008) reported in a study with 268 female military veterans that 59% had been sexually abused as children, 39% had been sexually assaulted at least once as adults and 74% had experienced at least one physically violent act in an intimate partner relationship. In the total sample, 28% had experienced both childhood sexual abuse and adult sexual assault and 49% had experienced both childhood sexual abuse and adult intimate partner violence (Campbell et al., 2008). In another study with 157 help-seeking women recruited from various community agencies, women who had been subjected to sexual abuse in their family of origin were at almost 25 times increased risk of intimate partner violence victimization in more than one partnership (Vatnar & Bjørkly, 2008). Moreover, the authors found that if the woman had been the victim of sexual, physical and psychological childhood violence, only sexual violence increased the probability for intimate partner victimization in more than one partnership. In a study on the mediating role of intimate partner violence between childhood sexual abuse and parenting, Barrett (2010) reported that mothers with a history of childhood sexual abuse were significantly more likely to report having experienced intimate partner violence in adulthood than mothers who had not experienced childhood sexual abuse (p. 336).

Since 2006, a number of research studies have examined the relationship between multiple forms of child abuse and adult victimization and found that women with a history of childhood sexual and physical abuse and/or childhood exposure to parents' intimate partner violence are at increased risk of revictimization (Alexander, 2009; Filipas &Ullman; 2006; Hetzel-Riggin & Meads, 2011; Iverson et al., 2011; Macy, 2007; Miller, 2006). In fact, Miller (2006) asserted "there is a profound effect on a child who is witness to violence in the family and when it is combined with sexual abuse the adverse effects are compounded" (p. 192). Renner & Slack (2006) reported that childhood sexual abuse, childhood physical abuse and exposure to parental violence were positively

associated with adult intimate partner violence. In fact, being physically or sexually abused as a child, or witnessing parental violence as a child, all increased the risk of adult intimate partner violence by 200% to 300% (Renner & Slack, 2006). Conversely, Vatnar & Bjørkly (2008) found that women who were exposed in childhood to parental physical violence experienced an increased risk of adulthood victimization more so than if subjected to childhood physical abuse. In another more recent study that examined the associations between childhood physical abuse, childhood sexual abuse and exposure to parental violence on the risk of adult intimate partner victimization, Iverson et al. (2011) found that exposure to parental violence was associated with a 2.4-fold increase in intimate partner violence for both women and men but childhood sexual abuse and childhood physical abuse were not significantly associated with intimate partner violence after accounting for the effect of exposure to parental violence (p. 73). By way of explanation, these authors suggested:

> Specifically, because the family represents the primary social context for learning intimate relationship behaviors, in the absence of alternative models, parental violence may provide subsequent scripts for violence as a means of conflict management. By witnessing parental violence, the child may come to accept as a norm the suitability of violence in relationships, which may impact his or her likelihood of becoming involved with an aggressive partner (Iverson et al., 2011, p. 83).

Various researchers have argued that childhood sexual abuse and, in many cases, other forms of childhood abuse and family adversities are predictors for adult intimate partner victimization. Parks et al. (2011) explored the relationship between multiple forms of childhood abuse and adult victimization (intimate partner and non-intimate partner) in a group of low income, urban women (n=477). Their results demonstrated that exposure to any form of childhood abuse was associated with increased risk for any form of adult violent victimization. In fact these scholars suggested that consideration of all forms of childhood abuse, not just sexual abuse, is crucial in targeting interventions to prevent subsequent adult violent victimization. This is consistent with an earlier statement by Renner & Slack (2006) who indicated that "interventions with children who are identified for one form of victimization should be assessed for other forms of victimization, and interventions should also address learned behaviors or beliefs associated with continued or future victimization" (Renner & Slack, 2006, p. 599).

Future research on the intersection of child abuse and later intimate partner victimization needs to replicate and expand upon existing literature. Fogarty et al. (2008) summarized future research needs in the following way:

> Future research should explore whether detection of abuse histories influences referral to treatment and prevention of severe outcomes, such as suicide. Other research should investigate risk and protective factors in the pathway between child abuse, adult IPV, and depressive symptoms, including family dynamics, coping styles, sexual and high-risk behaviors, and social support, as well as the efficacy of counseling, advocacy, and therapy for women who have sustained

> either childhood abuse, IPV, or both. Such efforts would improve programs to prevent, identify, and treat child abuse and IPV victims to minimize adverse mental health outcomes (p. 468).

From a practice perspective, intervening directly with children who have experienced multiple forms of abuse is likely critical to decrease their risk of physical and sexual revictimization and the psychological distress associated with being a victim of intimate partner violence as an adult (Fogarty et al., 2008). Furthermore, research has suggested that violent revictimization may lead to negative outcomes such as increased trauma and increased difficulty with emotional regulation and mental health problems, including depression and anxiety (Alexander, 2009; Fogarty et al., 2008; Griffing et al., 2006; Miller, 2006). Griffing et al. (2006) proposed that survivors of childhood sexual abuse who are exposed to subsequent episodes of intimate partner abuse may be more likely to rely on disengaged coping strategies, placing them at elevated risk of psychological symptomatology. They also suggested that battered women with child sexual abuse histories "may benefit from more intensive therapeutic services than are ordinarily provided in domestic violence shelters" (Griffing et al., 2006, p. 38); signifying the need for specialized services that address sexual victimization across the lifespan.

2.7 Child Sexual Abuse and Later Perpetration of Adult Battering

Recent research exploring the link between men's childhood sexual abuse histories and later battering has suggested that it is difficult to "determine the specific impact of childhood sexual abuse on adult physical abuse perpetration" (Loh & Gidycz, 2006, p. 734). Reasons offered for this include research methodological choices where childhood abuse is either broadly defined to be inclusive of all forms of childhood abuse rather than strictly targeting sexual abuse or is primarily focussed on the effects of childhood physical abuse on later battering. Studies are also often conducted retrospectively and primarily with incarcerated men, which limits generalizability of research findings (Fang & Corso, 2008; Johnson et al., 2006; Loh & Gidycz, 2006; Topitzes et al., 2012). As well, a generally perceived reluctance by men to disclose childhood sexual abuse has been observed in some literature as both a challenge to furthering understanding in this area and a barrier for men to seek help (Alaggia & Millington, 2008; Sorsoli et al., 2008). That said, Sorsoli et al. (2008) identified a number of themes from a previous study that explored men's reluctance to disclose: "inhibited or precipitated disclosure were sex or gender related—fear of being seen as homosexual, feelings of isolation due to the belief that boys are rarely victims, and fear of becoming an abuser" (Alaggia, 2005 as cited in Sorsoli et al, 2008, p. 334).

In terms of incidence of male childhood sexual abuse, data collected in a U.S. study on children's mental health services showed that 46% of the children receiving services were boys with a history of childhood sexual abuse (Walrath, Ybarra, Sheenan, Holden, & Burns, 2006) and in a study of incarcerated males in American county jails, 59% reported a history of childhood sexual abuse (Johnson et al., 2006). More recently, the NISVS reported that more than one-quarter of male victims of completed rape (27.8%) experienced their first rape when they were 10 years of age or younger (Black et al., 2011). In a study that surveyed more than 6700 school age students (ages 15-17) in

Switzerland on their sexual abuse experiences, 33% of boys said they had been victims of sexual assault at least five times or more (Schmid, 2012). These childhood sexual abuse incident rates for boys in conjunction with the evidence on the high rates of intimate partner violence perpetrated by men against women, clearly demonstrate a need for further research in this intersection area.

Some recent research has examined violence experienced as a child and perpetration of intimate partner violence in young adulthood (Fang & Corso, 2008; White & Smith, 2009). Fang & Corso (2008) used longitudinal and nationally representative survey data in the United States to investigate the direct relationship between neglect, physical abuse and sexual abuse and future intimate partner violence perpetration in both males and females. They found that childhood sexual abuse was "the strongest (i.e., largest effect size) direct predictor of IPV perpetration" (p. 303) for boys. Fang & Corso suggested that perhaps exposure to sexual abuse "teaches male children that violence toward an intimate is legitimate and therefore increases the risk that children will grow up to behave aggressively toward their intimate partners" (p. 310). The authors cautioned, however, that further etiological research is required to examine this theory of "family role perspective" (Fang & Corso, 2008, p. 310). Conversely, White & Smith (2009) conducted a study of male perpetration of physical and sexual aggression against intimate partners during adolescence and college. These authors wanted to explore if the patterns established in adolescent relationships persisted in adult intimate partner relationships (i.e., a developmental perspective). Using a longitudinal design, White & Smith found that experiencing parental physical punishment and witnessing domestic violence, but not childhood sexual abuse, best predicted coperpetration of physical and sexual violence in romantic relationships in adolescence in their sample (p. 39). Further, they suggested that the effect of childhood victimization may be strongest during adolescence therefore early intervention with boys known to have been abused and/or exposed to domestic violence should be targeted: "if we are able to prevent dating violence perpetration during adolescence, we may also be able to prevent much college dating violence and possibly adult domestic violence as well" (White & Smith, 2009; p. 40).

Fang & Corso (2008) recommended that because research on the impact of sexual victimization on males and later intimate partner violence is still in the early stages, results "must be interpreted with caution" (p. 266). That said, these authors also recommended that intimate partner violence prevention programs should begin early in school settings and boys who are victims of sexual abuse are good candidates for intimate partner prevention programs at a young age. Askeland, Evang & Heir (2011) identified the need for more prospective longitudinal studies to study the link between childhood abuse and exposure to violence from childhood through adolescence and adulthood in order to better understand the association of intimate partner violence perpetration and childhood victim experiences.

In terms of policy and practice, Schwartz et al. (2006) asserted "with younger children, the experience of victimization may be expressed reactively in some maladaptive response almost immediately. Clinical practice and public policy, which seek to draw clear lines between victims and perpetrators, often fail to grasp their intimate connection" (p. 73). These authors suggested that protecting children and youth from sexual abuse

also includes addressing and managing the precursors of the behavior rather than labelling and stigmatizing them. Topitzes et al. (2012) indicated that childhood interventions for children who have experienced early abuse that may lead to later violence need to be addressed in a coordinated service delivery model that "reinforces environmental supports and ongoing therapeutic inputs for children … For boys, this could help prevent future violence" (p. 21).

2.8 Future considerations

Each of the intersection areas identified research methodology and definitions as ongoing challenges to determining unique associations between the various experiences and outcomes arising from domestic and sexual violence. There was general agreement that longitudinal and prospective studies are the best approach to determine association or causal links but also the most difficult to implement (Kolivas & Gross, 2007; Martin et al., 2007; Scott-Storey, 2011). Many studies are characterized by design and measurement problems, including poor sampling methods, inconsistent operational definitions, narrowly defined screening tools, weak statistical methods, absence of matched comparison groups and inadequate control for effect modifiers (Cook et al., 2011; Macy, 2008; Maniglio, 2009; Martin et al., 2007). In general, the literature identified the need for research to develop enhanced methodologies to better inform policy and practice in areas such as interventions for perpetrators of dating violence and marital rape, the impact of childhood exposure to domestic violence including impacts on children who witness interparental sexual violence and marital rape, developmental and cumulative trauma, sexual coercion, prevalence and incidence rates within all areas of study on domestic and sexual violence, association between child sexual abuse and health and mental health outcomes, individual and contextual risk factors for victimization, revictimization and perpetration of sexual and domestic violence, role of parent-child attachment as well as the role of adversity/protective/resiliency factors and coping styles on victimization/perpetration and overall health and well-being outcomes across the lifespan.

Part Three

Recommendations and Discussion

This literature review has provided an update on research addressing the seven intersection areas between domestic and sexual violence that were identified in the Identifying Potential for Collaboration Report, 2006. That said, sexual assault is known to intersect with other areas and can have a profound and sustained impact on the health and well-being of survivors including an increased risk of subsequent sexual violence (or revictimization) (Macy, 2007; Macy, 2008; Martsolf et al., 2010; Sexual Violence Research Initiative, 2011). As such, sexual assault services are an essential service component in the continuum of services addressing violence against women and children. In the Identifying Potential for Collaboration Report, 2006, Fotheringham (2006) outlined the unique needs sexual assault services address including sexual assault/abuse and the resulting emotional trauma, provision of specialized crisis intervention services as well as

short and long-term individual and group therapy services to survivors of recent and past sexual violence. Suffice to say there remains a great need for specialized sexual assault services and if anything, research since 2006 has focused more attention on the complexity of sexual assault/abuse, its impacts on social issues such as mental health and addictions, and the need for specialized prevention, education, assessment, and early and long-term intervention strategies in order to safely support survivors and mitigate negative outcomes that may arise later.

The following four recommendations address areas of note as identified in the literature since 2006 and considered critical points of discussion by the author of this review. These recommendations are provided to AASAS in the spirit of supporting its vision of an Alberta free from sexual assault and sexual abuse.

Recommendation 1: AASAS and Alberta's sexual assault services seek ways to promote their specialized and unique services with key stakeholders such as funding bodies, policy makers, researchers, and community with the end goal of delivering a continuum of sustainable sexual assault/victimization services to victims/survivors across the lifespan.

Even though sexual violence is identified as a worldwide public health concern and human rights violation, prevention and intervention services for sexual violence survivors remain insufficient. Furthermore, the challenges facing sexual assault services to provide comprehensive responses to sexual violence, largely due to a less than adequate response by government funders and policy makers, may have profound consequences on individuals, families, communities and nations (Garcia-Moreno & Watts, 2011; Sexual Violence Research Initiative, 2011). Consistent with this, research on sexual assault and domestic violence services has identified a lack of attention and dedicated resources for sexual assault services even though these specialized and unique services serve a critical need for sexual violence survivors (Macy et al., 2010; Patterson, 2009). One participant in Macy et al.'s (2010) study aptly stated:

> If you can't get legislators to think (sexual assault) is an issue or you can't get community stake holders to buy in, or funders to buy in that (sexual assault) is an issue and needs money to get these services, then you can't do the outreach, you can't do the prevention, you can't do anything without money. And I do think the general public, for whatever reason—whenever you use a variety of different words, *rape*, *sexual violence*, *sexual assault*, *abuse* (is reluctant to discuss the issue) (Macy et al., 2010, p. 26).

Funding is critical to the sustainability of sexual assault services and the availability of comprehensive services for survivors. In Alberta, nine sexual assault services and AASAS are provided with limited funding from the Government of Alberta and are challenged, as are all not-for-profit organizations, to fund-raise and procure funding from non-governmental agencies in order to meet their service delivery mandates. In fact, in a recent environmental scan prepared on behalf of the Canadian Women's Foundation, it was stated "sexual assault centres in Alberta are seriously underfunded" (Canadian

Network of Women's Shelters & Transition Houses, 2011, Appendix E). Given police-reported sexual assaults in Canada in 2010 increased (+5%) from 2009 (Brennan & Dauvergne, 2011), rates of police-reported dating violence increased in Canada between 2004 and 2008 (Hutton Mahony, 2010), and nearly 55,000 children and youth were victims of a sexual offence or physical assault in 2009 (Statistics Canada, 2011), there is a clear need for policy and funding attention to be directed to sexual assault service delivery and this is with the knowledge that sexual assaults are actually estimated to be seriously under-reported. Macy et al. (2010) suggested the lack of sexual assault policy and funding attention strongly influences agencies services delivery practices including direct client services and the ability to increase public awareness on sexual assault/abuse. In fact, the literature reviewed suggested that sexual violence is conceptualized by risk and protective factors on individual, relationship, community, and society levels so it is critical to raise attention on sexual assault/abuse.

The literature also suggested that a comprehensive array of prevention, assessment and intervention strategies (i.e., a continuum of comprehensive services) is required to address sexual violence in childhood and across the lifespan. Holt et al. (2008) argued that "the timing of intervention responses is crucial, with research suggesting that when a child needs help, intervention should follow quickly and intensively" (p. 807). Campbell et al. (2008) emphasized the importance of early detection and immediate intervention for adult victims of sexual assault (intimate partner and/or stranger sexual assault) to mitigate physical and mental health problems and future revictimization. This suggests having the capacity to offer early intervention programming for both children and adults at the point of initial help-seeking which may not always be possible given the funding and resourcing challenges facing sexual assault service providers. In terms of sexual violence prevention activities, we need to include those that are aimed at addressing the domains of influence of potential victims, perpetrators, and bystanders (see the Sexual Violence Research Initiative (2011) for a global review of promising sexual violence prevention practices for consideration in the development of future policies). The research also clearly identified a need to have empirically-based ways to evaluate prevention strategies. For example, Lalor & McElvaney (2010) argued, "The literature is not lacking in helpful models and guidelines to inform prevention. It is unfortunately lacking in evidence for implementation of such models and in efforts to robustly evaluate those that have been implemented" (p. 20).

Primary prevention has received considerable focus in recent years however the challenges to get funding for any prevention programming can be daunting. Governments and other funding bodies that provide funding to sexual assault services may view primary prevention as "an unachievable goal, particularly in the short term, while responses (secondary and tertiary prevention) are easier to measure and brings immediate wins for policy makers" (Sexual Violence Research Initiative, 2011, p. 19). Funding for prevention, education and awareness activities are also usually the first to be cut from the public purse when governments need to reduce their spending. As an example of this, Alberta's Prevention of Family Violence and Bullying division was $1.5 million under budget in 2010-11 due to the deferral of planned initiatives, including

public awareness, education initiatives and evaluation activities (Government of Alberta, 2011, p. 39).

As such, AASAS and Alberta's sexual assault services would benefit by partnering together to develop a unified and strategic communication plan that pools their human and financial resources and utilizes identified strengths and capacities within the various sexual assault services to launch an advocacy and awareness campaign directed at government, other funding agencies, community and other identified stakeholders as one way to increase attention on funding and policy needs for addressing sexual assault/abuse. Linking with researchers exploring various aspects of sexual assault/abuse would be another way (albeit longer term) to advocate for increased funding and policy development to enhance service delivery in areas such as evidence-based therapeutic intervention practices for children, youth and adults, identification of childhood sexual abuse and revictimization risk factors, exploration of coping and resiliency factors, implementation and evaluation of sexual offender treatment programs, and public awareness and school education programs in such key areas as building healthy relationships, dating violence, and so forth.

Lastly, an important way for AASAS and Alberta's sexual assault services to achieve an end goal of delivering a continuum of sustainable sexual assault/victimization services to victims/survivors across the lifespan is with the development of a provincial sexual violence framework. The recent merging of the ministries of Children and Youth Services, Housing and Urban Affairs and Employment and Immigration into the Ministry of Human Services is intended to enhance inter-government collaboration and response to family violence in general but also in identified service gap areas such as Aboriginal and Immigrant communities, and affordable and permanent housing for victims of family violence. The province maintains its family violence and gender neutral lens with this amalgamation of ministries and while prevention of family violence is critical to achieve, there is a need to address sexual violence outside of the established family violence framework. The Minister of Human Services has been charged with leading the "development of a social policy framework to guide the alignment and redesign of social policy and programs to achieve better outcomes for children and families" (Mandate Letter from the Premier of Alberta, November 3, 2011). To this end, AASAS and Alberta's sexual assault services have a tremendous and timely opportunity within this new Ministry of Human Services mandate to open a dialogue on the development of a social policy framework that specifically addresses sexual violence. The cross-ministerial ICFVB, under the leadership of the Ministry of Human Services, is well placed to support the development of a sexual violence framework. AASAS and Alberta's sexual assault services could collaborate with the ICFVB and provide expertise and knowledge in identifying service delivery and structural policy changes required in a sexual violence framework that encompasses social, health, education and other issues arising from sexual violence in a way that reflects Alberta's reality.

The Ontario government's *Changing Attitudes, Changing Lives: Ontario's Sexual Violence Action Plan* provides an excellent example of leadership in this area (Ontario, 2011). The Ontario government has committed to ending violence against women and,

with the 2011 release of their sexual violence action plan, has acknowledged that sexual violence in all its forms is a devastating social problem with a long history that requires a distinct and coordinated response that goes beyond the family or domestic violence context (e.g., partner violence in intimate relationships). Perhaps most importantly for the purposes of AASAS and Alberta's sexual assault services, the Ontario government has acknowledged that sexual assault is a gender-based crime most often perpetrated by men against women that requires "a more responsive and supportive environment for women who have experienced sexual violence, promote understanding and prevention through public education and work towards ending sexual violence in Ontario" (Ontario, 2011; p. 21). To this end, the Ontario government, working within a cross-ministry approach and with provincial violence against women organizations, has dedicated $15 million over four years to implement public education campaigns, develop and deliver training and enhance the service system response to sexual violence. As experts in the field of sexual violence, AASAS and Alberta's sexual assault services are in a strategic position to utilize the recent political changes in Alberta's provincial government to their advantage as well as draw upon Ontario's action plan as an example of a government cross-ministry and multi-sectorial community collaborative sexual violence framework as the basis to advocate for leadership and a dedicated, sustainable resource commitment from the Alberta government in this critical area.

Recommendation 2: AASAS assume a leadership role in the collection of comprehensive, provincial statistics on sexual assault/victimization with both member and non-member agencies identified as key service providers in this area.

Collecting comprehensive, ongoing sexual assault/victimization statistics is acknowledged in a number of the intersection areas in this review as an important research and advocacy tool for funding, policy and evidence-based practice development. The collection of comprehensive statistics from across Alberta in identified and agreed upon areas of sexual assault/victimization will serve a number of functions. For example, trend analysis is an important tool for AASAS and Alberta's sexual assault services to develop and utilize. Funding bodies are generally more interested in quantitative statistics and analyses rather than qualitative reports even though it can be argued it is the narratives that tell the true story of the impacts of sexual assault/abuse. Province-wide data can be compiled and analyzed for trends including distinctions between rural and urban sexual assault/abuse survivor needs, demographics including gender, age, language and cultural background, revictimization types and rates, types of help-seeking requests/presenting issues, and so forth. Collecting statistics such as presenting issues or history of victimization from sexual assault services across the province may help identify sexual assault/abuse issues and trends that have not yet been identified in research or practice or at the very least, are under-identified. For example, recent research has indicated sibling sexual abuse is more prevalent than father-daughter incest but it does not receive the same research attention as father-daughter incest. Provincially generated statistics on sibling sexual abuse has the potential to inform funding, policy and service guidelines in this often overlooked area. Macy (2008) provided another example on the importance of collecting statistics for analysis. Macy argued that while sexual revictimization has received a lot of attention in the literature, there remain significant

knowledge gaps that need to be addressed with better research and statistical methods: "This information can help to explain the revictimization phenomenon, and such explanations can then be used to develop evidence-based interventions to prevent revictimization" (p. 1129).

It has been stated a number of times in this report that acts of sexual violence are under-reported, therefore, comprehensive and consistent data collection will, at the very least, provide a more concise portrait of those who seek help from Alberta's sexual assault services. This is another way to begin bridging some of the knowledge gaps to better inform sexual victimization policy and service delivery models. Recognizing that not all agencies may have the same resources and/or technical capacities to collect statistical information in a detailed fashion, it will be prudent for AASAS to identify aggregate data sets that are attainable to collect and compile to attract buy-in by member and non-member agencies AASAS identifies as key service providers in this area. In the database change from HOMES to Outcome Tracker in 2010, the Alberta Council of Women's Shelters initiated a data committee with representation from member-shelters that served to create the data set categories of collective data to be collected and shared for trending, advocacy and practice purposes. This may be a route for AASAS to consider for facilitating collaboration, partnership and consensus.

Collecting comprehensive, reliable, aggregate, province-wide data will also serve to strengthen advocacy platforms for funding, recommending policy changes/directions, drafting position papers and other service delivery areas including media communications/requests, fund-raising initiatives and public awareness activities. The author points again to the Alberta Council of Women's Shelters that has been collecting statistics from its member-agencies for funding, practice and policy development over a number of years. The Practical Frameworks for Change Report is an example worth noting in this respect (Alberta Council of Women's Shelters, 2010). AASAS would have enhanced potential to strategically plan and address identified areas of concern for sexual assault/abuse funding, policy and practice issues with the collection of comprehensive and reliable statistics from across the province. As well, it would enhance AASAS and Alberta's sexual assault service providers' advocacy strategies with specific Government of Alberta ministries on funding and policy issues that fall within their respective mandates. For example, given the high rates of sexual victimization experienced by Aboriginal women in Alberta, having current statistics from sexual assault services across the province can assist with specific funding and policy discussions, as well as potential collaborations or partnerships with Aboriginal peoples' service agencies on issues of sexual violence. As well, evidence that survivors of child sexual abuse are significantly at risk of a wide range of negative health outcomes is another area that would benefit from the collection of comprehensive statistics. Collecting reliable statistics in this area, for example, would support AASAS and Alberta's sexual assault centres advocacy actions with Alberta Health and Wellness and Alberta Health Services for funding and/or partnerships on early intervention services as a strategy to mitigate negative health outcomes.

Recommendation 3: AASAS seek opportunities to collaborate with agencies such as the Alberta Council of Women's Shelters and other domestic violence services, Alberta Health Services, child protection offices, and other identified sexual assault and domestic violence service providers on cross-training and professional development opportunities.

Specialized knowledge and training are essential for sexual assault service providers given the complex issues they address with child, adolescent and adult survivors of sexual victimization. In fact, research has suggested that a perceived lack of specialized training by professionals has been linked to "less comfort in interviewing/questioning possible victims…and to low levels of reporting and appropriately dealing with existing and potential sexual violence sequelae" (Martsolf et al., 2010, p. 490). In the domestic violence field, staff members of these agencies often are not trained in providing counseling, medical, and legal advocacy pertinent to sexual assault survivors given their mandate is first and foremost to provide safety to women and children fleeing domestic violence. Consistent with this, the Alberta Council of Women's Shelters (2010) suggested that a study on shelter capacity to address needs of women who have experienced sexual abuse as well as physical abuse would be of benefit based on findings from their Practical Frameworks for Change Project.

Cross-training has been recommended in services that may encounter victims/survivors of both domestic and sexual violence because survivors frequently experience both partner violence and sexual assault, sometimes as part of the same victimizing experience and sometimes over the course of their lives (Macy, Giattino, Johns Montijo, & Ermentrout , 2010; Macy et al., 2010, p. 5). Furthermore, when a sexual and/or domestic violence survivor seeks help from health care, mental health, substance abuse, or child protection agencies, there is no guarantee that violent victimization will be effectively addressed or even identified if service providers are not trained in these areas (Macy et al., 2010). Conversely, research has shown that sexual assault and domestic violence can have deleterious impacts on women's mental health but "domestic violence and sexual assault agencies are generally not prepared to provide mental health or substance abuse services because there are, to the best of our knowledge, no evidence based treatments or service guidelines for violence survivors who seek services from domestic violence and sexual assault agencies…" (Macy et al., 2010, p. 27).

Recent research has identified other areas important for cross-training and professional development including but not limited to: cross-cultural sensitivity training to ensure services are welcoming and responsive to all cultures (Macy et al., 2010); developmental traumatology that explores behavioural and emotional responses to physiological changes in the brain resulting from early onset, chronic abuse (Schwartz et al., 2006); education on vicarious traumatization for all professions dealing with sexual assault (Morrison et al., 2007); the range of sexual coercive behaviours that fall under sexual victimization (Basile, 2008); and understanding the role of shame in sexual violence in order to enhance supportive, compassionate responses to women who suffer because of it (Wall, 2012).

AASAS and Alberta's sexual assault services have expertise to share with other agencies in the field of sexual assault/abuse. As such, AASAS in its capacity as a provincial agency is well-positioned to provide leadership on the development of cross-training initiatives that serve to support enhanced services to sexual assault/abuse survivors, revictimized and/or poly-victimized children and adults. For example, AASAS could partner with Alberta Health Services to obtain mental health and addiction assessment training for sexual assault services staff in return for training mental health and addiction staff on how to assess for sexual victimization, which would be beneficial for all staff and ultimately, all service recipients. An exchange of knowledge in this way may also be cost-effective if staffing, infrastructure and financial resources can be pooled together. Furthermore, cross-training and professional development builds capacity (skills-based and self-care), confidence, and networking opportunities at the inter-agency level that can also lead to the development of collaborative funding and policy strategies over time in areas that mutually impact inter-agency service delivery mandates. For example, Macy et al., (2010) called for "funding and policy attention to the emerging area of trauma-informed services, including attention to facilitating collaborations among domestic violence, sexual assault, mental health, and substance abuse service providers" (p. 1156).

Recommendation 4: Alberta's sexual assault services seek opportunities to collaborate with Alberta's emergency and second-stage women's shelters (adults, seniors and on-reserve shelters) and other domestic violence related services on identified areas of intersection to enhance service response for victim/survivors who have experienced both partner violence and sexual assault.

The intersections between domestic and sexual violence are many and they can have profound impacts on victims/survivors. For example, recent literature has suggested sexual violence is critical to understand within the context of violent intimate partner relationships and may be equal or more harmful to a woman's health than sexual assault by a stranger (Logan & Cole, 2011) and battered women with child sexual abuse histories may benefit from specialized therapeutic services that are not ordinarily provided in domestic violence shelters (Griffing et al., 2006). Research since 2006 has identified collaboration as an important goal for domestic violence and sexual assault services to achieve for enhanced service delivery and positive outcomes for their respective clientele (Macy et al., 2010; Zweig & Burt, 2007). For example, where feasible, sexual assault centres could share promising practices, expertise and tools for assessing childhood sexual abuse history and related trauma/coping responses with women's shelters and other domestic violence agencies as a way to assist those services in their work with clients who are also adult survivors of childhood victimization and vice versa so that front line staff in both sectors are supported in their assessment and referral practices in intersecting areas, which research has suggested enhances outcomes for respective clients. In terms of therapeutic interventions, sexual assault services and women's shelters could commit to co-facilitation of therapeutic groups addressing childhood sexual abuse and intimate partner violence as an effective way to combine resources and expertise for the benefit of women who have experienced both forms of victimization. Macy, Giattina, Sangster, Crosby, & Montijo (2009) recommended that "service providers with distinct sets of expertise form collaborations, as either intra- or

interagency efforts, to provide survivor services, especially when a survivor is struggling with both types of victimization" (p. 371).

Collaboration on research projects evaluating joint prevention, assessment and therapeutic outcomes in service delivery could also be a way to partner with domestic violence agencies and the research community to inform policy and practice as well as support the development of evidence-based promising practices, which often poses inherent challenges for not-for-profit agencies to accomplish with their limited resources (Macy et al., 2009). Collaboration has also been identified as a goal for sexual assault services and women's shelters to work towards with other domestic violence related services including victim services, law enforcement, prosecution, the courts, and the medical community in order to comprehensively address the needs of victims/survivors and to hold perpetrators of domestic and sexual violence accountable (Zweig & Burt, 2007). Calgary's Connect Family and Sexual Abuse Network is an example of this type of collaborative partnership. An evaluation of Connect Family and Sexual Abuse Network client outcomes as a result of this partnership has hopefully been identified as part of an action plan as it can serve to provide learnings on the impacts of collaborative approaches to service delivery for victims and survivors of domestic and/or sexual violence.

Fotheringham (2006) explored collaboration between Alberta's women's shelters and sexual assault services in the joint research project that led to the Identifying Potential for Collaboration Report, 2006. In a recently published article on this project, Fotheringham & Tomlinson (2009) reported that sexual assault services and women's shelters were providing excellent services to communities across Alberta, illustrating the importance of maintaining specialization and distinction while also collaborating where appropriate to enhance services for women and children who experience both sexual and domestic violence. Fotheringham & Tomlinson suggested that "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 women abuse, these two anti-violence groups have the potential to impact violence in a way our society has yet to experience" (p. 14).

Further, joint collaboration can extend beyond direct client services to shared public awareness and education activities addressing all forms of violence against women and children in the province of Alberta. Cox, Ortega, Cook-Craig, & Conway (2010) have suggested that "…social change is beyond the ability of a single family social worker or organization; it requires the sustained, comprehensive, and coordinated effort of many individuals and organizations, representing diverse professions and interests" (p. 289). Drawing from the expertise and resources available in both sectors, joint activities could include development and publication of fact sheets, posters, position papers and joint presentations in schools, medical facilities, community and the private sector on issues that are still misunderstood or not consistently defined such as sexual coercion, intimate partner sexual assault, effects of child abuse and exposure to domestic violence on adult victimization and offending behaviour.

Clearly collaboration requires resources, time, and commitment on the part of AASAS, individual sexual assault services, women's shelters and other domestic violence related agencies. AASAS and Alberta's sexual assault services will have to define for themselves what collaboration means and how it could best unfold across the province. Each sexual assault service has unique characteristics and underpinnings that need to be taken into consideration in areas such as human and financial resources, strength of existing partnerships and community linkages, capacity for collaboration, rural versus urban realities, varying demographics of clientele and so forth.

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