Establishing an Effective Sexual Assault Service in Rural Manitoba: Lessons from the Past, Ideas for the Future

A Thesis Submitted To

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In Partial Fulfillment

Master of Social Work Degree

By

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OF

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Abstract

Establishing an Effective Sexual Assault Service in Rural Manitoba: Lessons from the Past, Ideas for the future

Sexual violence is a serious global issue primarily affecting women and children from all social, religious, economic and cultural backgrounds. In addition to the social, emotional, physical, and spiritual impact on victims, there are devastating consequences for those surrounding the victim including children, partners, extended family, friends, and the community as a whole. Being a "victim" of sexual assault carries fierce shame, and social stigma, which further discourages survivors from seeking help and support. Consequently, they continue to live with the trauma in fear and in isolation.

This study conducted interviews with key stakeholders in rural and urban communities in the province of Manitoba. The experiences of representatives from First Nation communities and from the medical, legal and social services systems were examined to garner their perceptions of what constitutes an effective and immediate response the devastating social issue of sexual assault.

Participants described the existing policies, procedures, and services for sexual assault survivors in rural Manitoba, and shared their perceptions of the limitations of these services. Respondents also provided information on the planning and implementation of service delivery and shared recommendations for future development based on their personal and professional experiences organizing within their own communities.

Implications for developing an effective community response to sexual assault includes: building community capacity through empowerment, community organizing, education and training. Grass roots consciousness raising, respectful communication, including a diverse community membership in various aspects of the planning, and consultation and collaboration were identified as essential steps in order to break the silence and provide hope and healing to individuals, families, and communities.

Chapter 1

Rationale and Nature of the Study

The main objective of this research is to be able to answer the following overarching question: "How can a rural community in Manitoba most effectively develop formalized policies and protocols that will best meet the immediate needs of sexual assault victims?" In order to be able to answer this question, I will address the following queries:

- According to key informants and written documentation, what are the existing formalized supports, programs or resources for sexual assault survivors in rural Manitoba?
- What are the perceptions of the key stakeholders who have been involved in the design, planning or implementation of service delivery for sexual assault victims in relation to:

a) the recommended steps involved in establishing an effective, immediate community response to victims of sexual assault in Manitoba;

b) their perceptions of the challenges and barriers involved in establishing a formal response in a rural Manitoba environment;

c) their recommendations for the effective establishment of service delivery in rural Manitoba?

Rationale

Violence against women is pervasive in our society, affecting women of all ages, socioeconomic backgrounds and ethnic groups (Thorne-Finch, 1992; Sexual Assault Crisis Program, 2004). Sexual assault is a violent act of aggression that takes power and control away from its victims leaving them feeling humiliated, degraded and violated (Hensley, 2002). The trauma of sexual violence affects women physically, emotionally and socially impacting the individual, the family and the community (Wallace, 2002). There is an identified absence of services available for women who have survived sexual assault in rural Manitoba (Sexual Assault Crisis Program, 2004). At present, women residing in the city of Winnipeg have the greatest access to post-sexual assault services, whether intervention is provided by a general social service agency or by a program that specializes in sexual assault such as the Sexual Assault Crisis Program (SACP) at Klinic Community Health Center. By virtue of geographical location, women living in rural areas throughout Manitoba are disadvantaged, in terms of accessing quality, issue specific service provision.

The thesis examined how communities have developed service delivery for sexual assault survivors through the review of existing written documents and websites. However, the bulk of the research focused on accessing information from key informants about existing supports and resources and information on the development of formalized policies and protocols that best meet the needs of sexual assault survivors in Manitoba.

The criteria by which I chose key informants included having some involvement in one of the institutionalized systems that deal with sexual assault. I interviewed 15 representatives from urban and rural systems including: medical/hospital, criminal justice system (i.e. police/RCMP,) and advocacy/support systems (i.e. social worker, counsellor, support, advocate). Of the fifteen participants interviewed, three were strictly from the Aboriginal community and were not representative of one particular system.

I interviewed representatives from communities that have established formalized protocols and policies in responding to the needs of sexual assault survivors. I contacted individuals from a community where a Sexual Assault Response Team (SART) was successfully planned and is in operation, and I also contacted individuals from communities where alternate routes to service delivery have been established. I chose respondents based on their professional roles and the institutional systems of which they are a part. Because of Manitoba's population, it is essential to interview individuals that can speak to the issues that relate to women of First Nations background. I wanted to identify, based on their experience, what recommendations they can offer in the development of sexual assault service delivery that would make it accessible and culturally sensitive to First Nation victims. I wanted to obtain information on their perceptions of the issue of sexual assault and the effect it has had on their community. I was also interested in learning their perceptions of the services that exist in their community, client reports on their experiences with them and whether or not they felt that such services were imposed on their people.

Planning for, and organizing a SART involves designing a protocol, which is a policy that outlines a formalized and standardized response of the systems typically

involved with individuals who present at a community hospital as a result of a sexual assault, either directly or indirectly (Campbell, 1998). Protocols essentially identify and describe the roles for members of each system (medical staff, police/R.C.M.P., and victim advocate). The objective of having a protocol in place is to establish better coordination among systems so that the process of intervention is efficient and effective. The development of a protocol involves ensuring that systems are aware of one another's roles and responsibilities. Training is offered to make certain there is full understanding and awareness of the nature of sexual violence, and sexual assault trauma. This includes having participants examine existing societal attitudes about rape, as well as challenging their own values and assumptions. The goal is to better understand how system responses can affect victims of sexual assault and can in turn impede either the reporting or medical processes. Each system receives training that would be relevant and useful to their task.

The mission of social work is to foster action, growth and change at the personal, familial, institutional, and societal level (Netting, Kettner & McMurtry, 2004). Social workers are advocates of community and legislative change directed towards the provision of services for victims and the elimination of violence against women. Empowering individuals to take greater control over the outcomes of their lives in a respectful, non-judgmental and supportive manner is one of the traditional values of social work (Dominelli, 2004).

There is evidently a match between the social welfare needs and the goals of such a program. The purpose of this research is to define accessible intervention in rural Manitoba and to identify what is involved in designing and implementing effective sexual assault services that will provide immediate support, advocacy and information to victims

of sexual violence that will restore some sense of their power and facilitate the decision making around difficult legal and medical decisions that will affect their emotional, psychological and physical health. Having a coordinated response to sexual assault that is supported by all the systems in a community will better address the immediate and longer-term needs of the survivors, thereby decreasing the level of stress and trauma.

Thesis Overview

Chapter two reviews the relevant literature surrounding the definition, prevalence, and impact of sexual assault. Ideological perspectives on gender-based violence and their relation to the effectiveness of sexual assault service delivery are also examined. Relevant characteristics of rural populations, education, and the role of volunteerism, are also explored in their relation to community organizing around the effective delivery of acute support services to victims of sexual violence.

Chapter three describes the methodology of the study including qualitative research methods, the context in which the research took place, and recruitment methods for gathering the research sample. Data collection and analysis procedures are described and discussed in detail and include the strengths and the limitations of the approach used.

Chapter four presents the findings of the study, focusing on describing themes that emerged from analyzing the interview data. Themes and sub-themes are described with a particular focus on the participant responses. Chapter five discusses the findings of the research in relation to the literature reviewed. Finally, further areas of research are identified.

Chapter 2

Literature Review

Defining Sexual Assault

Sexual assault has been defined as any unwanted act by one person to another ranging from unwanted touching of a sexual nature, to forced penetration or rape (Thorne-Finch, 1992). Specific legal definitions in the Criminal Code of Canada including a variety of acts that include the use of a weapon, causing bodily harm and making threats. The Criminal Code also includes the types of relationships within which sexual contact is or may be a criminal offence whereby one party is in a position of power, trust or authority over the other party. The penalties depend on the amount of physical force involved.

The Sexual Assault Crisis Program (S.A.C.P.) in Winnipeg proposed the following broad definition of sexual assault as "any violent or aggressive sexual attack of verbal, emotional or physical nature, all of which inevitably cause trauma" (2004:3.2). Many definitions from a feminist perspective place sexual assault in a social and political context. For example, feminists argue that rape is a consequence of deep-rooted social traditions of male dominance and of female exploitation, unequal gender roles and social stratification (Ward, 1995).

Prevalence of Sexual Assault

Sexual assault is a widespread issue, affecting women from all ages, races, religious backgrounds, socio economic backgrounds and abilities (Thorne-Finch, 1992; Brownridge & Halli, 2001; Hartman & Burgess, 1991; MacFarlane & Hawley, 1993; Johnson, 1996; Hensley, 2002). Over twenty-seven thousand (27 094) incidences involving sexual offences were reported to Canadian police in 2002 (Statistics Canada, 2003). Statistics Canada defines sexual offences as sexual assault levels 1, 2 and 3 as defined by the Criminal Code of Canada, and includes "other sexual offences" as a group of offences designed primarily to protect children from sexual abuse. The rates of sexual offences were the highest in 2002 in Nunavut (1,017 per 100 000 population) followed by the North West Territories and Yukon. Saskatchewan and Manitoba were the two provinces with the highest rates of sexual offences with a respective 160 and 139 reported sexual offences per 100, 000 population (Statistics Canada, 2003). In 2002, in Winnipeg alone, there were 701 sexual assaults (level 1, 2, and 3) reported to police departments, a rate of 104 per 100 000 population (Statistics Canada, 2003).

According to Statistics Canada (1993), fifty-one percent of all Canadian women have experienced at least one incident of sexual or physical violence and nearly sixty percent of these women have experienced more than one incident. Nineteen percent of women were assaulted by strangers (Statistics Canada 1993, 1), and 69% were attacked by males known to them (Ontario Women's Directorate (OWD1995,1). Thirty eight percent of victims reported being assaulted either by their husband, common law partner or boyfriend (OWD 1995, 3). Of all the incidents of sexual assault, 24% occurred in the

victims' home; 20% occurred in the perpetrators' home; 10% occurred in someone else's home; 25% occurred in a car and 21% occurred in a public place (OWD 1995,3).

According to Statistics Canada 1999 GSS victimization surveys, victims fifteen years of age and older, did not report 78% of sexual assaults to police that year alone. These findings are higher than unreported rate for robbery (51%), physical assault (61%) and break and enters (35%) (Statistics Canada, 2002). Police data significantly underestimates the incidence of sexual assaults. The Ontario Women's Directorate (1995) has estimated that only 6% of sexual assaults are formally reported to the police. Statistics Canada's (2003) estimation is that approximately 8% of sexual assault victims involve the police. Since many women do not report, it is difficult to provide accurate statistics. Moreover, victims of sexual offences are the least likely to seek help, either formally or informally, over any other victim of crime (Statistics Canada, 2003).

Sexual Assault Trauma

Sexual Assault is a life altering experience affecting its victims emotionally, physically and socially. Due to the violent nature of sexual assault, many survivors describe the assault as the most traumatic experience of their life, one that is both emotionally devastating and dehumanizing (MacFarlane & Hawley, 1993). A significant proportion of women who are sexually assaulted also experience Post Traumatic Stress Disorder (PTSD) (Hensley, 2002). PTSD is defined as the "development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience" (Wallace, 2002).

Survivors will experience symptoms and progress through a series of stages similar to PTSD known as Rape Crisis Syndrome or Rape Trauma Syndrome (Wallace, 2002). Rape Crisis Syndrome, also referred to as Sexual Assault Trauma, results in feelings of shame, humiliation, disjointedness, anger, inability to trust, guilt and withdrawal (Wallace, 2002; Sampselle, 1992; Thorne-Finch, 1992). The trauma disrupts physical, psychological, social and sexual aspects of one's life.

The initial phase often occurs immediately after the sexual assault and can last for several months. Feelings include intense fear of death or bodily harm, disorganization and disintegration, all characteristics of general stress response (Petrack & Hedge, 2002). High levels of physiological and psychological arousal such as numbness, disbelief, shock, fear and guilt are also common during this phase (Hartman & Burgess, 1991). The second stage of Rape Crisis Syndrome is the reorganization or resolution phase (Petrack & Hedge, 2002). During this stage, the survivor is able to deal with some of her feelings by restoring order and control in her life.

Trauma occurs in every case of sexual assault, however to varying degrees and at different times (Thorne-Finch, 1992). The most severe trauma appears to be within three to six months after the assault (Sexual Assault Crisis Program, 2004). A majority of survivors continue to experience fear, sexual problems and the restriction of day-to-day activities. There are however no appropriate or typical reactions to sexual violence. Everyone responds differently and the effects vary depending on: the survivor's value system, whether there is a history of abuse, the nature of the violence, whether the assailant is known, age of the survivor, how soon the survivor sought help and the effectiveness of the help sought (Thorne-Finch, 1992).

Hartman and Burgess (1991) conducted research on sexual assault survivors and found that four to six years after the assault, twenty five percent of survivors were still not recovered from the trauma. It is important to acknowledge that the degree of trauma does not always seem to be directly related to the nature of the assault. For instance, a touch to one survivor can be as traumatic as forced intercourse is to another (Thorne-Finch, 1992).

Ideological Perspectives on Gender-Based Violence

Valentich and Gripton (1984) identified three predominant ideologies on the sexual assault of women and linked them to existing theoretical explanations of sexual assault: the Conservative perspective, the Liberal Feminist perspective and the Radical Feminist perspective, and discussed their implications for service delivery.

The conservative perspective is described as maintaining an "anti-collectivist view" whereby individual self- reliance and a free capitalist economy are the main premises of a healthy society. Adherence to traditional values is important such as the strength of the family unit and its responsibility to support its members. Decision making power is male dominated in economic, political and social groups.

Biological explanations, "Situational" theories, and "Evolutionary" theories are some of the theoretical explanations consistent with a conservative ideology. Many of these explanations are victim precipitated whereby the victim's behavior is the basis for the assault. For example, Situational theory would attribute a woman's victimization to her unwillingness to conform to traditional or conservative norms of conduct and it is believed that perpetrators of rape act on biological impulses, which are out of their

control (Campbell & Landenburger, 1995). The evolutionary theory explains that males attempt to produce many offspring in little time and those with elevated levels of testosterone will have an increased "sex drive" and a decreased sensitivity to their environment (Nagayama, Hirshman, Graham, & Zaragoza, 1993). Individuals less favored by the opposite sex will instinctively act more aggressively due to the desire to reproduce their own genetic make up.

Preventative education is often the focus of service delivery from a conservative perspective. Educational programs that target young women are most common. Such programs outline precautions to avoid sexual assault and what to do if one occurs, such as how to contact the police. Program objectives may include altering dating behavior and sexual communication. Public education makes absolutely no reference to gender inequality, power imbalances in society, oppression or sexism.

Program planning, implementation and service delivery by males are not seen as a threat. Valentine and Gripton (1984) explain that these programs are comprised mostly of professional staff and there is less reliance on volunteers. Although counseling services are provided to survivors and their partners and relatives, the focus is on the individual's life crisis rather than connecting the trauma to existing societal factors.

Valentich and Gripton (1984) identify the Liberal Feminist Perspective as a "reluctant collectivist perspective" whereby collective action such as state intervention is necessary to provide the basic social goals. Sexual assault is viewed as the result of women's oppression in society. Theories consistent with a Liberal Feminist perspective would identify gender role socialization as a problem that creates a level of tolerance or even acceptance for certain levels of sexual aggression. Very early in life, males learn

that masculinity equals domination and rape is the ultimate act of domination (Sexual Assault Crisis Program, 2004). In addition to direct counseling, Valentich and Gripton (1984) explain that service delivery from this perspective includes an education component that focuses on developing awareness of gender role socialization, its implications and its consequences. However, services that fit under this perspective are less likely to encourage women to challenge patriarchy and a capitalist economy than an approach such as a Radical Feminist Perspective.

Valentine and Gripton (1984) describe the Radical Feminist perspective as "anti elitist and anti professional" with preference for social action over social service. Proponents of this perspective explain rape as a function of women's lack of political and economic autonomy. The focus of such service delivery is on consciousness- raising with strong opposition to patriarchy and male oppression of women. All services including the decision making power are delivered by women. Counseling services that are available are primarily delivered by "peers", or by women who have had similar experiences. A primary objective of counseling is to increase the survivor's awareness of her oppression in society. The primary component of service delivery however is on social action such as organizing public demonstrations and implementing poster campaigns. Programs than function under this ideology may sometimes have difficulty maintaining harmonious relationships with other systems such as hospitals, police or courts.

Although the institutionalization of Rape Crisis Centers began with grassroots activism, operating from a non-hierarchical, egalitarian approach through shared decision-making based on consensus, much has changed in terms of the "public thinking" about sexual assault over the last couple of decades (Matthews, 1994). In the later part of

the 1960's, the new feminist movement focused on the fundamental issue of violence against women and rape. Their social action efforts gave women the opportunity to speak out against social issues that were affecting them which eventually sparked changes in policies and laws and facilitated the development of services (Ristock & Pennell, 1996). Action was directed towards the institutions that primarily dealt with rape victims such as the police, hospitals and the criminal justice system because of the oppressive nature in which they treated victims (Ristock & Pennell, 1996) This was to secure victim rights and to ensure that they would get access to all the necessary information about their options concerning their health, safety and legal matters when they needed it.

Social action began as a struggle to promote the visibility of violence against women, to initiate changes in laws, establish harsher punishments for perpetrators and to set up services for victims. Today, rape crisis centers are state funded, exist nation wide and provide a range of services including counseling, advocacy and public education. They have become integrated into our social services as part of larger institutions like community mental health centers and hospitals or, as completely autonomous agencies (Matthews, 1994).

The literature identifies feminist theory as currently the most dominant theory for understanding rape (Valentich & Gripton, 1984; Matthews, 1994; Kathlene, 1995; Campbell & Landenburger, 1995; Thorne Finch, 1992; Nagayama et al., 1993; Brownridege & Halli, 2001; Riger, Bennet, Wasco, Schewe, Frohmann, Camacho & Campbell, 2002). Findings from historical and cultural analyses generally support the belief that violence against women is fundamentally related to patriarchal structures and attitudes in society (Campbell & Landenburger, 1995).

However, feminism does not reflect the dominant ideology among Aboriginal women. The feminist perspective has been criticized for failing to address inequalities based on race, class, age, sexuality and disability (Ristock & Pennell, 1996). Although there is consensus among Aboriginal women that abuse is about exerting one's power over another, power imbalances do not only exist between men and women. It has been expressed that the feminist perspective fails to identify systemic oppression exerted over Aboriginal peoples through colonial government policies and laws (Maracle, 2003). Examinations of power imbalances must include discussions about the internalization of violence experienced through colonization and the removal of Aboriginal children from their families and communities to residential schools. As a result, communities were robbed of their sense of purpose, their culture, their tradition and their value system (Maracle, 2003). Colonization brought with it a particular loss to Aboriginal women, as many Aboriginal cultures were matriarchal or partially so. They lost the equality and the political power they once had to the patriarchal practices that the Europeans brought through the fur trade, missionaries and government policies (LaRocque, 2002). It is therefore considered essential for colonization to be discussed to understand the consequences of being powerless (LaRocque, 2002).

The commonality between feminist and Aboriginal perspectives is their focus on the importance of empowerment both within the individual and the community. Many feminist-based programs operate from an empowerment philosophy such as women's resource centers, sexual assault programs and shelters (Ristock & Pennell, 1996). Empowering communities involves being aware of power relations in various cultural contexts and therefore consulting with diverse individuals, groups and communities to

achieve an analysis of power that is more encompassing and inclusive (Ristock & Pennell, 1996).

The notion of empowering individuals and communities to become self sufficient in taking greater control of the outcomes of their lives and becoming active in the healing of themselves and their families and communities is central to Aboriginal women's leadership styles (Maracle, 2003). Maracle gives the example of Aboriginal approaches to community development through sharing relationships and strong partnerships whereby a position of power is created and then handed over to someone else to carry it on.

The Caledon Institute of Social Policy examined studies conducted on gender-based violence and found that the roots of this societal problem are the attitudes, behaviors and institutions that sustain unequal power relations between men and women, women being considered the acceptable targets of violence and abuse (Simpson, 2000). Social learning theory would explain this cultural tolerance as learned behavior from repeated exposure and desensitization to the harm caused by sexual violence. Socio-cultural theories state that violence against women becomes acceptable and normalized through the media as most children grow up watching television shows and fairy tales that depict violence as typical behavior (Campbell & Landenburger, 1995). Historically, a common assumption of rape has been that the majority of women provoke rape by their appearance or behavior. Women are considered the property of men so that it is acceptable to use women as commodities for sexual gratification (Ward, 1995). These attitudes are generated by the acceptance of rape myths defined as "prejudicial stereotyped and inaccurate perceptions of sexual violence" (Ward, 1995 p. 38). Other

common rape myths cited by feminists are that women commonly make false reports of rape, that sexual assault is a crime of passion due to uncontrollable sexual urges and that rape is just sex so she might as well enjoy it. These attitudes hold the victim responsible and identify her as deserving of the crime. Such beliefs also question the victim's credibility and trivialize the level of violence involved. Feminist theory concludes that attitudes towards rape victims are strongly linked to attitudes towards women in general (Ward, 1995).

In order to incorporate a feminist analysis, educational programs must move beyond warning women about the danger of sexual assault and warning men about the criminal liability of their actions (Kathlene, 1995). Primary prevention must therefore focus on creating a total attitude change in societal values that can only happen through educating both males and females from an early age.

Communities need to work together to create a climate of nonviolence. Ward (1995) argues that strategies that challenge the views of men and society such as enhancing male's acceptance that a women's body is her own and sensitivity training for police officers, are more effective than strategies which require women to change their behavior, such as avoiding "risky" situations and taking self defense classes.

Pervasive values and attitudes are deeply ingrained in our culture and are therefore never questioned. The literature identifies that not only is there a strong relationship between attitudes and behaviors, but there are several major implications for women personally, politically and systemically. These implications include formulation of rape laws, likelihood of criminal convictions, institutional processing of rape cases,

community response to victims, policy decisions, quality of victim care, victims' well being and recommended provincial strategies (Ward, 1995).

Service Providers

The sexual assault survivor will likely need to come into contact with various systems as a result of her attack such as the medical system, the criminal justice system and the social service system. Survivors will most likely need some form of medical attention after an assault. She may need to receive treatment of internal or external injuries sustained during the assault. Depending on the nature of the assault, she may need a pregnancy test and a prescription for an emergency contraceptive pill, also known as the "Morning After Pill" (Campbell & Bybee, 1997). She may also need access to testing for Sexually Transmitted Infections and antibiotics if necessary. If the survivor chooses to formally report to the police, she has the option of having a "rape kit" or a forensic examination performed. This procedure is a medical examination that also collects evidence such as semen, blood, and samples of hair, fiber and skin for investigative purposes (Campbell & Bybee, 1997).

Police can be involved in a sexual assault case in a number of ways including a call by other service providers or a direct call from the survivor either immediately after the assault or later on. If the survivor chooses to make a formal report, a statement taking process will occur with police immediately, often at the hospital while the survivor awaits medical attention.

Victims' perceptions and definition of the attack interact with responses from community networks, known as "secondary victimization" or "the second rape"

(Kathlene, 1995; Matthews, 1994; Walker & Underwood, 2003). If women do not receive the services they feel they need or if they are treated insensitively through interactions with systems' personnel, they are more likely to internalize the assault and experience powerlessness, shame and guilt (Campbell, 1998; Boles & Patterson, 1997).

According to Pamela Cross (2000), one of the reasons why rape remains the most underreported crime in Canada is because women fear that they won't be believed. Cross explains that this fear is a result of the reports made to them by other victims on the way they were treated by medical and police personnel. An examination of police response to violence against women in British Columbia concluded that overall, victims were reluctant to seek police assistance because they did not feel supported or believed and that engaging with the criminal justice system causes re-victimization, worse than the original incident (Jiwani & Buhagiar, 1997).

Women who fear that the police will not take the report seriously and women who feel that the criminal justice system is not effective are not likely to report (Thorne Finch, 1992). A study conducted by Golding, Siegel, Sorenson, Burnan and Stein (1989) found that the police are the least likely of all sources to be described as helpful when compared to physicians, mental health professionals, rape crisis centers, and friends and family of the survivor. Victims of sexual assault report the fear of being blamed, discredited, and re-victimized by the system for what happened far more that any other "public" crime (Cross, 2000; Koss & Harvey, 1994 as cited in Hunter, Smith & Walsh, 2000). The presence of negative and prejudicial attitudes towards victims of sex offences will impact the manner in which they are treated. As cited in Ward, results from a survey conducted in 1985 on over 2000 American police officers revealed that many adhered to

stereotypical myths about rape and therefore had a strong tendency to trivialize sexual violence. Many officers agreed that females provoke rape by their appearance (Ward, 1995). These officers also held stereotypical views of the perpetrators of sexual crime such as the belief that rapists were only men who were psychologically disturbed. Ward (1995) also found that victim behavior and the relationship they have with the offender, has had an affect on professionals' definition of rape, perceived credibility and responsibility (Ward, 1995). Campbell (1998) also found that police response was determined by the nature of the assault and the characteristics of the victim. For example, assaults that involve the use of a weapon and result in physical injuries were more likely to be pursued. The more a victim "resists" rape, the more credible she is. Moreover, victims who were perceived as less credible were more likely to have their cases rejected. "Good victims", defined as visibly displaying more expressive signs of trauma such as crying and who were receptive to help from system personnel were thought of as more credible (Campbell, 1998). Given what we know about the nature of sexual assaults and the various forms of trauma, it is likely that a large proportion of victims may not be taken seriously and may not receive the level of support they deserve. Jiwani (1998) uses the example of Aboriginal women and discusses how the history and violence of colonialism and racism continues to impact the relationship between Aboriginal women and agencies of the criminal justice system.

According to the final report and recommendations put forth by the Aboriginal Justice Implementation (AJI) Commission in 2001, Aboriginal women surveyed by the Indigenous Women's Collective reported that they did not seek help from the police as police were not always receptive to their previous complaints. Moreover, women

reported feeling discouraged due to the police response received by other women known to them who had complained of a lack of sensitivity and understanding.

The Canadian Council on Social Development (CCSD) reports that perceptions about police are less favorable among immigrant and visible minority populations (Smith, 2004). For example, only one in ten immigrant and visible minority women who had experienced partner abuse had reported the abuse to police compared to 12% of "other" women. Focus groups conducted with front line workers identified several reasons why their clients chose not to involve the criminal justice system including: concerns about their sponsorship agreements, lack of access to information on legal and support services, a mistrust of the police and judicial system, oppression and marginalization of immigrant services. Racism was identified as a key barrier to reporting to police as women reported that they were afraid that the offenders from their communities would be unfairly treated (Smith, 2004). "If only 10% of white women report sexual assault, then considerably less than 10% of Aboriginal victims report. And of course, the conviction rate is dismal" (LaRocque, 2002: 152).

According to Underwood (2003), dissatisfaction with the law is often the result of cultural and personal factors and negative feelings towards the police is rarely the determining factor influencing the victim to involve the criminal justice system. For example, people living in impoverished or unstable neighborhoods are often the most dissatisfied with police (Underwood, 2003). "The reluctance or inability of police to deal with systemic issues within their forces, issues like how police behave towards each other and how, especially in "high crime areas" they interact with the public, has permitted and institutionalized the growth of resentment and grievances" (Capponi, 2000: 94).

Due to what is perceived as a lack of knowledge and awareness of sexual assault, officers can lack the sensitivity that is required in dealing with a traumatized woman in crisis. Boles and Patterson (1997) explain how over-interviewing commonly occurs which adds stress and trauma causing secondary victimization. It has been common practice for police officers to question victims of crime immediately after the incident. However, due to the strong emotional reactions that result from rape such as shock, disorientation, and confusion, prolonged interviews and repeatedly asking the same questions in different ways may not help officers find the information for which they are looking. Rather than giving the victim a day or two to rest and regroup, over-interviewing decreases cooperation with the criminal justice system causing frustration for both the investigators and the victims (Boles & Patterson, 1997).

Going to the hospital after being raped can be a harrowing experience. Care in the emergency room is often fragmented and necessarily assessed in a manner of life or death. Triage nurses are most often harried and are required to assess all incoming patients on arrival to determine acuity levels and subsequent dispositions; therefore victims often receive little if not any emotional support or intervention specific to their needs (Campbell & Landenburger, 1995). Survivors can expect to endure a lengthy wait until they are seen. Procedures are quite invasive, especially when one has been violated and is feeling vulnerable. Survivors will have to disrobe, hand over their clothes for criminal evidence, endure lengthy and uncomfortable if not painful pelvic examinations, while doctors and nurses come in and out to take blood and urine samples and to administer medications (Riger et al., 2002). Given that a victim's body has become the scene of a crime, collection of evidence may also include combing and sometimes

plucking of head and pubic hair, scraping underneath fingernails and taking vaginal, anal and/or oral swabs (Sexual Assault Crisis Program, 2004).

Often interventions are grossly ineffective (Landenburger, 1995 as cited in Campbell, 1998). Although there has been little research on whether or not hospitals offer thorough medical attention to survivors, historically it has been found that many of the recommended practices and policies are not followed in emergency medical exams (Campbell & Bybee, 1997). The National Victim Center of the United States conducted a survey on female survivors of sexual violence in 1992 and found some inconsistencies in what information is being shared with those presenting at hospital. Sixty percent of sexual assault survivors were not advised about pregnancy testing or how to prevent an unwanted pregnancy. Although 43% of the women were concerned about HIV, 73% were not given information about testing and 40% were not given information about risk of contracting other Sexually Transmitted Infections (Campbell, 1998; Riger et al., 2002).

More recently, women who have presented at the emergency departments in British Columbia as a result of violence have reported the minimization of the abuse, and their subjection to blame and disbelief by medical staff (Jiwani, 2001). Stereotypical societal attitudes and beliefs about sexual assault have also affected the manner in which care is provided within the medical systems. Some physicians believe that a healthy woman can resist rape and many are also likely to perceive rape as precipitated by the victim's personality and behavior (Ward, 1995). Observational and archival data concluded that many physicians believe that victims lie to either get back at their partners or to cover up another lie (Ward, 1995). Such examples of victim blaming views or even general disbelief of patients will surely be evident in the level of support and care offered.

A survivor's race and class can also affect the manner in which she will be treated. The FREDA center for research on violence against women and children reported that responses by physicians in British Columbia were of poorer quality for immigrant women of color and Aboriginal women. For example, Aboriginal and immigrant women were less likely to be believed and their trauma was dismissed and attributed to the use of alcohol or drugs (Jiwani, 2001).

Inadequacy within the health care system perpetuates anger on the part of the survivor, which may be directed towards hospital staff. Anger may be released in the form of noncompliance with remedies offered, which further discredits a victim and somehow justifies the blame service providers place on them. Victims' perceptions of negative reactions by doctors, is related to the level of stress and psychological symptoms experienced (Ward, 1995). An older study by Golding et al. (1985) found that physicians were described as helpful by slightly over half of the survivors consulting them, a rating higher only than that of police. More recently, a study conducted by the FREDA center for research on violence against women and children in British Colombia identified a need for physicians to employ a socio-ecological model in understanding and treating violence (Jiwani & Buhagiar, 1997). The need for an increased availability of alternative models that incorporate cultural, more holistic ideas of health care were also identified (Jiwani, 2001).

Institutional responses can affect a victim's self-concept and psychological well - being. Interactions with police and the legal system can have a direct influence on victims' mental health. It has been argued that positive experiences with police lead to better adjustments (Ward, 1995). When systems lack encouragement and support,

survivors quickly internalize the experience and blame themselves (Riger et al., 2002). Stigmatized or disadvantaged groups such as visible minorities, or individuals from lower socioeconomic backgrounds, have received worse treatment by societal systems (Campbell, 1998).

Rape crisis counselors are more likely to view causes of sexual assault as an extension of the socialization process whereas police, prosecutors and judges often attribute the cause to a woman's behavior. Ward (1995) explains how behavior is related to knowledge. She argues that the more knowledge an individual has about the characteristics of rape, the more supportive their attitudes will be towards victims.

Ellis and Hart (2003) discuss the issue of homophobia among a significant number of helping professionals; they state that training and education are the only ways to break down barriers so that appropriate interventions can be more accessible to lesbian, gay, bi-sexual and trans-gendered populations. There is a lack of understanding about the common feelings of isolation and shame that greatly affect the level of victimization survivors experience. Education is necessary to challenge the attitudes, beliefs and behaviors of service providers who are responsible for the delivery of vital services of such a sensitive nature (Ellis & Hart, 2003).

Training for service providers on the extent of trauma is crucial. Learning how to reduce the impact of the effects of violent crimes with appropriate crisis response can help prevent secondary victimization (Walker & Underwood, 2003). Underwood (2003) states "crisis response skills are essential for any practitioner who works with victims of crime, regardless of the length of time after the victimization" (p. 240). Having

information about available services and community resources is essential for service providers to pass on to their clients (Smith, 2004; Ellis & Hart, 2003).

In order to better understand and serve the population as a whole, social service agencies should be required to partake in cultural sensitivity training (Smith, 2004). Agencies could offer in-services and workshops that address sexual violence as well as learning to recognize issues pertaining to First Nations and Métis women (LaRocque, 2002). This would include learning about traditional Aboriginal values and teachings such as healing circles and ceremonies that should be considered as options or resources for clients. Not only does this information allow social service agencies to be more inclusive and to provide more comprehensive services, it can also minimize the fragmentation of services while promoting better inter-agency coordination (Baskin, 2003).

As a basic premise of an Aboriginal perspective on violence, abuse in all its forms is an ailment not only within the perpetrator; it is within the family and the community as a whole. It is understood that violence affects everyone therefore requires the entire community to engage in the process of change (AJI, 2001). This perspective goes beyond blaming the victim, or individual perpetrator noting that there are implications for society as a whole. Therefore, work needs to be done within the systems that further exacerbate the problem. Baskin (2003) gives the example of the treatment of women and children being influenced by the treatment of Aboriginal peoples in a broader context. Institutional racism and classism make it acceptable to take power and control away from individuals based on their ethnicity. In our culture it is acceptable to exert power over those deemed less valuable due to racism, sexism, homophobia and other examples of hate bred from

ignorance. Therefore education is prevention, but only if it is accepted within the very institutions that breed such hate.

Effective delivery of services

The literature points to several important elements in the effective delivery of services to sexual assault survivors (Campbell, 1998; Campbell & Ahrens, 1998; Smith, 2004; LaRocque, 2002; O'Sullivan & Carlton, 2001; Boles & Patterson, 1997; Underwood, 2003; Ellis & Hart, 2003; Maton & Salem, 1995; Summerson Carr, 2003; East, 2000; Chastenais, 1993; Martin, 1983). These include coordination of community services, a feminist understanding of rape with focus on empowerment, advocacy and education and the role of volunteers or citizen participation.

Findings from the literature indicate that interventions need to consider how factors impact the fit between victims' needs and system responses (Smith, 2004; LaRoque, 2002). Community resources are often uncoordinated and defined as different systems with different functions. A coordinated response to sexual assault brings multiple service providers together to assist the survivor. The efficacy of how a system responds depends in part on the availability of resources, but more importantly, how well embedded that system is within a network of social agencies (Campbell, 1998). Interactions between advocates and agency personnel allow for an opportunity for each system to learn more about agency procedures and to build trust. This facilitates collaboration between systems so that brainstorming ways to improve services and prevention programs can occur (O'Sullivan & Carlton, 2001). Communities are then

better equipped to identify gaps in the system, critical information necessary in advocating for more resources and additional services (Boles & Patterson, 1997).

Boles and Patterson (1997) explain that interdisciplinary teams of representatives from various systems provide more effective and less traumatic responses to victims and their families. Professionals can work along side one another to provide an integrated approach, which proves to run more smoothly for the victim and the system. The primary goals of interdisciplinary teams are to eliminate the duplication of efforts by professionals, to protect crime victims from further trauma, to achieve successful investigation and prosecution of offenders, and to assure that the services best meet the needs of victims (Underwood, 2003; Boles & Patterson, 1997).

Survivors who were taken to hospitals that had a sexual assault response team (SART) available were more likely to receive treatment as well as information on physical and psychological health effects of sexual assault (Campbell & Bybee, 1997). This increased the likelihood that injuries and potential infections were treated before they worsened and that clients received the information and the appropriate intervention for sexually transmitted infections.

Due to the evidence that coordinated community resources will enhance service response some authors feel that it should be mandatory for police to contact a rape counselor and medical staff as soon as possible. This would ensure that the survivor is being counseled about her options, is being provided with in depth literature and is being assessed for victimization immediately (Kathlene, 1995; Underwood, 2003; LaRoque, 2002; Smith, 2004).

However well designed the implementation of policies responsive to sexual assault at the administrative level, they will likely fail without careful training of the people the survivor may come into contact with for help (Ellis & Hart, 2003; Smith, 2004; LaRoque, 2002; Kathlene, 1995). Victims of violence such as sexual assault are by definition involved in a "power dynamic" whereby one person takes power away from another. As cited in Busch and Valentine, many social work professionals consider women an "at risk" population due to their limited access to resources as they are "systematically excluded from positions of power" (2000:85). Sexual assault is merely an extension of powerlessness as a patriarchal belief system influences attitudes and behaviors of various response systems.

Feminist ideology maintains that one of the initial steps of healing from such an attack is to take some of that power back in the effort to restore some sense of control. Psychological empowerment has been defined as "the participatory process of gaining resources or competencies needed to increase control over one's life and accomplish important life goals" (Maton & Salem, 1995: 632). The idea is that people have the right and the ability to influence and shape their own environments by identifying and ultimately meeting their physical, emotional and spiritual needs (Preyde & Gorey, 2004). Individuals are ultimately responsible for decisions that affect their lives. Therefore it is essential for any social service to not only increase individual choice but to incorporate accessible, relevant information that facilitates informed decision-making. However, the examination of a person's relationship to her environment provides a larger context from which to understand social problems and the need for more macro-level change (Preyde & Gorey, 2004). This helps individuals decipher between what they are responsible for

and have the power to change, at least at the micro-level and what is out of their control, at least for the time being. Many theorists focus on the stage of "conscientization", the intensive reflection of oneself in relation to society whereby individuals come to understand the "political dimensions" of their problems and act accordingly (Summerson Carr, 2003:9). Summerson Carr explains empowerment as a process that individuals need to define so that they can implement ways to access knowledge and power to develop greater control in their lives.

Empowerment theory has much in common with the key principles in feminist theory. East (2000) identifies some of the common themes including: having a voice and being heard, taking control of one's situation, communication, support, commonality, knowledge, taking responsibility for oneself and for others and having someone else believe in you. The literature also recognizes important psychological changes that occur in people's lives that have been empowered such as developing a greater sense of self esteem and self image, discovering the use of their inner strength and having the ability to make new and more healthy choices in one's relationships and careers (East, 2000). Additional psychological changes that occur include a decrease in self-blame and an increase in personal responsibility (Busch & Valentine, 2000). This is evident when survivors learn that they are not responsible for the violent behavior of the perpetrator but that they are personally responsible for their future through seeking help and developing coping tools.

Having a social support system and/or having access to an empowerment advocate in a human service agency is important as it can contribute to empowerment through providing emotional support in dealing with the challenge and stress of trying to

regain control in one's life (Maton & Salem, 1995). Busch and Valentine (2000) explore four practice strategies: enabling, linking, catalyzing and priming which are consistent with the principles of empowerment that bring about changes at the micro, mezzo and macro level. For example, enabling identifies the strengths of an individual or group such as providing them with options and allowing them to make the best choices for themselves. Linking may include the development of community resources so that individuals can connect with others who share common issues or barriers. Catalyzing could provide additional resources that would facilitate independence and power such as service expansion or development of new services. Finally, priming would involve public education and awareness programs that could educate systems personnel about the barriers that disempowered individuals face. Thus one of the objectives of the intervention is to not only empower the individual but to move beyond the microsystems level to empower social service agencies and the community as a whole to address and resolve the issue of sexual violence.

Although we already know that most sexual assaults are perpetrated by someone known, rapes between known parties are often met with skepticism (Campbell, 1998). There are certain factors that our social systems use to decide how to respond. Findings from the literature suggest that victims need to fit a particular mold in order to get the services required. This is merely one example of when the need for advocacy arises. Advocacy has been defined as an "attempt to protect the rights of rape victims to receive adequate, humane services and to combat sexist attitudes and stereotypes which serve to maintain the status quo in relation to inequality between men and women" (Davenport & Davenport, 1979: 36). Legal and medical advocacy is thought to be the most challenging

piece in trying to prevent the "second rape" of survivors through insensitive and victim blaming responses from community system personnel (Riger et al., 2002). The role of the advocate is to explain medical procedures and help victims restore a sense of control by giving them factual information necessary in making decisions regarding their medical care. Working with a medical advocate appears to increase the likelihood of receiving needed services. For example, Campbell and Bybee (1997) found that 67% of survivors who wanted information about sexually transmitted infections received it and 70% of survivors who wanted information about pregnancy received it, yet only 38% of those who wanted the morning after pill received it despite the efforts of their advocates.

The challenge is to avoid having others define appropriate responses to sexual assault and rape prevention. For example mental health systems often view sexual assault as an individual psychological trauma requiring professional counseling whereas the criminal justice system's expectations of victim services is to encourage reporting to the police (O'Sullivan & Carlton, 2001). Advocates also provide information about legal options so that survivors have the facts necessary to make the best, informed decisions possible. One of the roles of a S.A.R.T. would be to routinely contact advocates or support workers once a survivor of sexual assault presents at the hospital. Advocates could present themselves to the survivor and ascertain whether or not she would like them to stay after they have explained their role. This would prevent victims choosing not to have an advocate called as a result of not wanting to inconvenience anyone (O'Sullivan & Carlton, 2001).

Education

Public education about issues of violence and sex is important at an early age and should be included in the educational curriculum of all schools (Smith, 2004; LaRocque, 2002; Forsdick Martz & Saraurer 2002). LaRocque (2002) explains that education needs to address more than the physiology of sex and needs to include information on self-esteem and respecting appropriate boundaries, sexual responsibility, and healthy relationships as well as on pregnancy, reproductive choice, birth control and safe sex. This will ensure that youth receive important information that could greatly affect their physical and psychological well being as opposed to relying on information from the media, popular culture, misinformed individuals or offenders themselves (LaRocque, 2002). It is essential to encourage discussion in order to break the silence to allow victims the opportunity to disclose their stories and heal. Creating awareness and increasing the visibility of this issue decreases the level of tolerance for violence (Forsdick Martz & Saraurer, 2002).

LaRocque (2002) identifies the need to address the "mis-education" of Aboriginal culture that resulted from colonization. Classroom discussions need to incorporate real Aboriginal issues and history as well as providing culturally relevant information and skills. Taking a holistic approach that focuses both on the education of males and females, victims and offenders prevents isolation and allows for individuals, families and communities to learn non-violent ways of communicating with one another (LaRocque, 2002).

Building awareness through education is one of the most effective ways to empower communities and build capacity (Bopp & Bopp, 1997). Community education

is a particularly important piece of service delivery to sexual assault survivors, especially in terms of prevention. Public education and awareness increase contacts with police, hospitals, schools and human service agencies thereby providing indirect victim support (O'Sullivan & Carlton, 2001). For example, whether a survivor turns to her friend, family member, teacher or physician for help, that person may know how to be supportive by recalling what they heard in a presentation or by knowing to call a rape crisis center for information, support and advice.

Education also aims to change attitudes that encourage sexual violence or that minimize its consequences. This provides opportunities to: publicize available services, reach sexual assault survivors, increase awareness as a community problem, educate citizens about how hospitals and the criminal justice system handle sexual assault cases and influence attitudes of people including those in potentially powerful positions such as future jurors (O'Sullivan & Carlton, 2001).

Volunteer roles

The literature shows that trained and supervised volunteers are frequently used for staffing hotlines, peer counseling, advocating, and community education as most centers or programs cannot afford to have staff available 24 hours a day (Smith, 2004; Sexual Assault Crisis Program, 2004; Campbell & Ahrens, 1998; Campbell, 1998). Having a pool of volunteers allows a program to make more presentations, reach more diverse communities and receive more feedback on community issues, which allow programs to extend their influence into communities and raise more awareness of the issue of violence against women. There are other benefits outside the direct work as they educate and

sensitize the general public about the clients they see and the kind of work they do within the organization (Chastenais, 1993). Due to the level of education and training on sexual assault and its effects, O'Sullivan and Carlton (2001) note that as a result, volunteers have formed opinions about the causes and responses to sexual assault, which further motivate change in their communities.

Smith (2004) identifies the need for services for female victims of violence such as shelters and counseling, and states that networking between the criminal justice system and the volunteer sector would sustain the delivery of such programs. Ethno-cultural communities for example, are one potential pool of support workers that could be used to help ensure that the needs of immigrant or visible minority women are appropriately addressed (Smith, 2004).

Although collaboration between professionals and volunteers has proven to be complementary, simply involving a new member on the team can produce a certain amount of tension (Chastenais, 1993). Chastenais goes on to explain that there is often a perception among professionals that the volunteer is interfering, perhaps because it is perceived that the volunteers' role is somehow diminishing their responsibilities. Chastenais (1993) concludes that integrating employees and volunteers is a process that occurs in stages and involves a great deal of time and energy, but as long as an organization can carefully define roles so that there is a significant amount of certainty in knowing the importance of that role, professionals will be open to working with volunteers. Taking on a volunteer component demands certain skills from staff. Training on how to supervise and support groups of volunteers as well clearly defining their roles, expectations and objectives will provide the foundation from which to coordinate a group

of volunteers (Martin, 1983). Given the opportunity, volunteers can become just as committed as paid staff, which greatly enriches the services being offered (Chastenais, 1993).

Relevant characteristics of the rural population

Statistics Canada defines rural population as the rural fringes of census metropolitan areas (CMAs) and census agglomerations (CAs) as well as populations living in rural areas outside CMAs and CAs. A CMA or CA is an area consisting of one or more adjacent CAs, and the urban core must have a population of at least 10,000 (Statistics Canada 2002 b & 2001 b-as cited in the Romanow Report, 2002). According to the Canadian Census conducted in 2001, the population of Manitoba is 1,119,000 people, 314,000 of whom live in rural areas.

Rural areas are not all alike. They differ in terms of population, population densities, socio-cultural, and economic factors (Websdale, 1998). However, there is often a certain amount of homogeneity about rural areas in terms of rural culture. I will briefly identify several relevant characteristics of rural populations and rural settings and discuss their implications for violence against women.

The Caledon Institute of Social Policy (2000) conducted studies on gender based violence in Canada and found that rural or isolated communities including Aboriginal communities are considered high risk or high need communities whereby the personal security risks are high. The Romanow report (2002) concluded that rates of violence are higher in smaller communities. As many Canadians live in isolated and remote communities, it is difficult to ensure that all have access to health care services regardless

of where they live. The Aboriginal Justice Implementation (AJI) Commission noted that one in three Aboriginal women experience spousal abuse, a rate much higher than in non-Aboriginal communities. Fifty-three percent of Aboriginal women who responded to a survey by the Indigenous Women's Collective for the AJI said they had been physically abused and 74% of them said that they had not sought help. Furthermore, the AJI reported that the situation of Aboriginal women in remote communities in rural areas is even more precarious as calls to police may not be answered for one to two days. Offenders are often released back into the community, without treatment and without any warning given to the victim (AJI, 2001).

In addition to geographic isolation, rural areas pose unique challenges for accessing services for sexual assault. Compared to urban dwellers, most community members know one another, are related to one another or know one another's business (Websdale, 1998; Forsdick Martz & Saraure, 2002). Due to their patterns of social interaction, there is a lack of confidentiality and anonymity is almost impossible (Davenport & Davenport, 1979; Websdale, 1998; Doctoroff, 1995; Anderson, 1999; Forsdick Martz & Saraurer, 2002; LaRocque, 2002; Ellis & Hart, 2003). Many citizens play more than one role in their community. Most professionals know one another personally and will socialize and interact within the community. If a survivor of sexual assault seeks help, it is likely that the sensitive details of the assault will become common knowledge to the community and it is therefore difficult to seek any form of assistance (Anderson, 1999; Forsdick Martz & Saraurer, 2002).

Rural areas often have a greater reliance on informal social control such as gossip and shaming (Doctoroff, 1995; Forsdick Martz & Saraurer, 2002). Findings from studies

also suggest that due to the socio-cultural homogeneity and geographic isolation, patriarchal values combined with conservative ideology, religious beliefs and traditional gender role socialization are articulated more forcibly than in urban settings (Websdale, 1998; Jiwani, 1998; Forsdick Martz & Saraurer, 2002). Anything that challenges these beliefs is often met with backlash. For example, women in rural areas of B.C. tried to come together to raise awareness about gender-based violence and their communities responded with denial, anger and minimization (Jiwani, 1998). Such patriarchal attitudes affect police responses, contributing to victims' reluctance to report to police in rural areas (Jiwani, 1998). This conservative force creates a certain level of tolerance of gender-based crime rendering women more vulnerable to violence in rural communities (Websdale, 1998).

Rural areas tend to be characterized by isolation and lack of professional resources. There are fewer adequately trained staff. Professionals often feel that there is a lack of on-going training and professional support making it difficult to continue to carry out responsibilities. As a result, there are high turnover rates due to burn out, and secondary trauma symptoms and recruiting and retraining become yet other issues to overcome (Anderson, 1999; Doctoroff, 1995). Existing resources are stretched out as many are limited to geographical catchment areas, which primarily serve urban populations (Forsdick Martz & Saraurer, 2002). Rural women therefore have limited access. Moreover, when workers from the city make periodic visits to rural communities, relationships with clients often reveal a lack of trust and rapport due to their unfamiliar nature (Forsdick Martz & Saraurer, 2002).

Due to transportation issues and systemic boundaries, accessing legal, social or medical services has proven to be confusing (Ellis & Hart, 2003; Forsdick Martz & Saraurer, 2002). Women of Aboriginal descent face additional barriers when leaving their communities to seek assistance in urban centers. They must leave their homes, communities and what is familiar, and fear the possibility of encountering racism, judgments, stereotypes and indifference in a foreign environment (LaRocque, 2002).

Unsurprisingly response times for emergency personnel in rural areas are quite delayed (Ellis & Hart, 2003). This along with the fear and isolation felt by so many victims of gender-based violence in rural areas may greatly decrease the reports made to police (Forsdick Martz & Saraurer, 2002). Services that are close and immediate are essential to prevent isolation of women from their social support systems (Forsdick Martz & Saraurer, 2002).

Power struggles between systems occur in both urban and rural communities. However, there is a theory that power and control issues or "turf issues" are more prevalent in less populated areas affecting coordination efforts between prosecutors, police and social workers (Anderson, 1999). In other words, the fear that one group may gain power at the expense of another is thought to be more prevalent in rural communities. This means that the various systems a survivor has contact with after a sexual assault may avoid working together as a team because they see one another as having different agendas. Rather than networking and working together so that the survivor can benefit without added stress, it is more likely that various service providers would rather work independently. An example may be that the investigating RCMP officer in a rural area would be more likely to refuse the accompaniment of a support

worker during the statement process out of fear that she may "interfere" with the process rather than seeing her presence as a calming factor for the survivor. If there is a better understanding of the systems' roles, then it would be understood that having a support during an emotionally exhausting experience would likely aid or speed up the process. Regardless where the community is located, coordination and cooperation among key members is essential. This involves a great deal of pre-planning about the approach that will be used. Bopp and Bopp (1997) explain that having a fundamental understanding of one another's roles and responsibilities ahead of time is vital or a power struggle will ensue over how to handle a sensitive situation. If roles haven't been negotiated ahead of time, "turfism" will play out in front of the client, creating a potentially precarious situation if her needs aren't attended to (Bopp & Bopp, 1997).

Social services in rural areas have also been critiqued for having weak protocols, poorer boundaries and unclear roles among workers (Anderson, 1999). There are often differences in the way agencies interpret roles and decide how to respond. It has been observed that individuals behave based on how they themselves define and interpret their own roles (Anderson, 1999). There is a lack of culturally sensitive services for Aboriginal women. According to Hart (1995), as cited in Jiwani (1998), most Aboriginal women relied on family and friends because of fear and mistrust of mainstream agencies.
Few rural communities have resources for a full time rape crisis service. Due to the barriers associated with living in geographically isolated areas, there are fewer choices of programs and specialized services available to victims of sexual violence (Anderson, 1999). As mentioned above, community responses to a sexual assault do impact the

survivor's degree of trauma experienced. Therefore, it can be argued that rural rape can be more damaging to a woman's emotional and psychological well being.

The National Strategy on Community Safety and Crime Prevention (2000) issued a policy framework in August of 2000 that outlines some of the work that is required in rural areas in Canada including public awareness and education, especially to youth, to change attitudes and behavior that contribute to gender-based crime. These include innovative and creative demonstration projects and evaluation research with a gender sensitive approach to prevention and intervention. Existing studies indicate that tools and resources are required to empower communities to improve the security of women and girls in varying circumstances. Suggestions included the development of resource manuals, support groups, workshops and educational programs to address barriers ranging from sexist attitudes to geographical isolation. It is also necessary to have every service providers' roles defined and keep roles clearly delineated (Anderson, 1999).

Community Organization

This research takes a community organization approach in that I looked at how rural communities can establish successful intervention services for sexual assault survivors through the consideration and planning from key stakeholders in the community. The objective was to pool community resources representing various systems so they can share their knowledge and expertise and network to strengthen community capacity. It is helpful to know how to engage participation to avoid either the fragmentation or the duplication of services. I reviewed the traditional and more feminist methods of community organization that revealed diverse strategies in problem solving

and program development to cope effectively with social problems that primarily affect women, such as sexualized violence.

Models of Community Organization

The literature review of community development found Rothman's categories of locality development, social action and social planning as the those most well known for community organization practice (Netting, Kettner & McMurtry, 2004; Wharf, 2002; Rothman & Tropman, 1987; Gambrill, 1997; Hardcastle, Wenocur & Powers, 1997; Lee 1999; Wharf, 1979). Each approach has opposing assumptions about the nature of society in terms of the distribution of power (Wharf, 1979). These models also differ among a number of dimensions including the goals of community action (Gambrill, 1997).

Locality Development, commonly termed "community development" (Rothman & Tropman, 1987; Rothman, 2001) is based on the assumptions that those in power, either at the municipal or provincial level, will respond to the requests made by community members. Wharf (1979) uses the example of neighborhood associations that identify and resolve problems cooperatively.

Community residents must be involved in the identification of need. Their involvement in all the steps ensures that their values are respected (Gambrill, 1997). Netting and her colleagues (2004) explain that community change must include broad participation of various segments of the community as a whole, along with the partnership of members of the power structure. The goal is to develop community capacity and integration through self-help as the assumption is that a considerable percentage of community members need to engage in problem solving (Netting et al.,

2004; Rothman, 2001). The focus is on altering attitudes and behavior patterns through methods that enhance self -development and human development such as education (Rothman & Tropman, 1987) to strengthen community competency and enhance social integration (Rothman, 2001).

This model defines the social worker as the "enabler" who coordinates and negotiates the participation of volunteer and self help groups (Hendricks & Rudich, 2000; Rothman & Tropman, 1987). The practitioner also functions as a teacher of problem solving skills and ethical values (Rothman & Tropman, 1987). For example, this includes neighborhood work programs, volunteers in service to America and self-help and informal helping network activities (Rothman & Tropman, 1987).

Rothman (2001) points out that certain ideologies inherent in this approach are in violation of the principles of community development. For example, many projects are funded externally and therefore pose a threat as outside groups maintain a considerable amount of power and control over the project's process and outcome goals. Gambrill adds that the emphasis on self-help and social support may encourage victim- blaming thinking so that those who cannot help themselves will be further marginalized (1997). Locality Development has also proven to be time consuming and the assumption that change can occur through consensus rather than confrontation has not always proven to be true (Netting et al., 2004).

The **Social Action** approach holds opposing assumptions to Locality Development. This approach evolved from more radical movements of the 1960's and it is mainly related to the organizing of disadvantaged segments of the community

(Martinez-Brawley, 1982). Netting and colleagues (2004) state that this approach is based on conflict, power dependency, resource mobilization and theories of power and politics. The assumption is that certain communities are oppressed and therefore lack the resources necessary to thrive (Wharf, 1979). Disadvantaged populations need to be organized and network with others in similar positions so that they can advocate on their behalf and make demands for increased resources and social justice (Rothman & Tropman, 1987). The goal is to make basic institutional changes by shifting societal power (Martinez-Brawley, 1982). It is essential to make a shift in community relations and behavior patterns to promote the redistribution and control of community resources such as social power (Hardcastle et al., 1997).

Tactics that embarrass those in power, such as public demonstrations are strategies often used (Wharf, 1979). The kinds of groups that engage in social action include pressure groups, citizen participation groups, citizen action groups and community groups in which clients are viewed as co-participants (Gambrill, 1997). Feminist action groups, gay and lesbian organizations and civil rights groups are some examples of groups that use this approach (Netting et al., 2004). Beneficiaries of this type of intervention are often perceived to be victims of an oppressive power structure. Community based social action usually addresses specific issues such as mental health issues (Rothman & Tropman, 1987).

In this approach, social workers plan and evaluate programs and analyze policies whereby clients become co-participants. This allows individuals who may have been stigmatized, labeled or disadvantaged the opportunity to give back to their communities such as providing services to rape victims, the homeless, and runaway youths (Gambrill,

1997). Empowerment is achieved when individuals who usually lack societal power feel as though they can influence community decision- making (Netting, 2004).
This approach has been described as energy draining and time consuming (Gambrill, 1997). Netting et al. (2004) explain that when the goal is confrontation, the process can be easily forgotten and therefore, this approach is only recommended when others fail.

Although the **Social Planning** approach does not deny the importance of self-help, its emphasis is on program development objectives and problem solving approaches in voluntary and governmental organizations and is associated primarily with the rise of the welfare state (Martinez-Brawley, 1982). Building community capacity and working towards fundamental change is not a primary objective of this approach (Rothman & Tropman, 1987). Social Planning relies on a rational approach to gathering information and presenting solutions based on research (Gambrill, 1997). It is a problem solving process relating to substantial social problems such as delinquency and housing, and people are viewed as "consumers" or "recipients" of the service (Gambrill, 1997). Community participation varies depending on how the problem presents itself and what organizational variables are present. For example, expert planners are required to initiate change in complex organizations due to their abilities to deal with large bureaucratic organizations (Rothman & Tropman, 1987). The planning phases include analysis, program design, implementation and evaluation (Gambrill, 1997).

The emphasis is on the need to cope more effectively with social problems while addressing the development and coordination of community agencies and services to meet community functions and responsibilities and to provide for its members (Hardcastle et al., 1997). The objective is to avoid fragmentation and duplication of

services by bringing better coordinated service delivery with integrated programming and "inter-service teams" (Gambrill, 1997). This approach engages participants, empowers them and informs them about their service choices (Netting et al., 2004).

Dunbar and Morris (1984) identify several limitations of this approach including its emphasis on technology and the management of larger systems that make its suitability for work in rural areas questionable. Although community participation is included, it focuses on data compiled by "experts" and the technical planning they derive, which may not necessarily reflect the needs of the community. Formal policies and their cost effectiveness seem to be of central importance (Rothman, 2001). Local citizens are often not well informed, sometimes deliberately, so that large organizations can maintain control of the planning process (Dunbar & Morris, 1984).

Rothman (2001) points out that these models are "ideal types" and they can interrelate and overlap in many ways. For example, the **Pragmatic Approach**, suggested by Bill Lee (1999), incorporates elements of the locality development and social action models. The Pragmatic Approach provides a base of a model that can be used with a variety of communities, issues and situations (Lee, 1999). Lee explains that while working in a community, a worker cannot simply follow one particular model when attempting to deal with real people and real issues. Community work requires the development of skills and strategies to work with people and to influence aspects of their environment.

While working in a community, especially where there are disadvantaged people, there is often external oppression, serious conflict and misunderstandings between groups that need to be addressed. Community work involves complex dynamics, therefore one

intervention and one-dimensional thinking will not suffice (Lee, 1999). Change must be community directed and community building is central. Conflict cannot and should not be avoided. There is a need for clear and direct communication and respectful relationships.

Many traditional approaches to community development such as the Rothman framework have been criticized for the lack of consideration given to issues such as class, race and gender (Dominelli, 1990). Feminist community organizing always includes an analysis of gender and a commitment to social movements (Callahan, 1997). In relation to sexual assaults, emphasis is placed on connecting local efforts with similar groups in other regions and at various levels to strengthen grassroots organizing, social planning and social action to enhance services for sexual assault and domestic abuse survivors (Callahan, 1997).

Participatory Change, as discussed by Castelloe, Watson & White (2002), is a community practice methodology that incorporates the integration of three approaches: community organizing, popular education and participatory development. Community organizing focuses on capacity building within a community, either geographical or functional, to come together to discuss, strategize, and develop skills that will support and sustain long-term grassroots efforts without dependence on external organizers. Popular education occurs through reflections and discussion about people's experiences and their connections to the broader political, social and economic contexts resulting in critical consciousness. Participatory development emphasizes the importance of the people within the community to guide and direct the planning that will ultimately affect their lives. If they live with and in the context of a particular social issue for example, they

understand it and would therefore have the insight to problem-solve and the right to control it. In general, the role of the participatory change practitioner would be to facilitate change within a community by asking questions, guiding, and supporting so that communities can build and sustain their own grassroots groups (Castelloe et al., 2002).

Community Organization and Sexual Assault Services

Community organization is essential for the efficient and effective delivery of sexual assault services. For individuals wishing to report to police, the 48 hours following a sexual assault is crucial in gathering the evidence necessary for the investigation to proceed to court so that a conviction can still be a possibility. Time is also a significant factor in administering preventative medications for sexually transmitted infections and pregnancy. Providing a formal statement to the police, if the victims so chooses, and undergoing a "rape kit" or a forensic examination, having blood tests taken to determine what medications need to be administered can take several hours to complete.

Given that shock, disorientation and confusion are normal reactions to surface immediately after a violent sexual crime, it only makes sense to have an organized system of response that incorporates the various systems that the victim would need to contact. This gives the client the maximum benefit of all the options available to her, even the time sensitive ones.

Reactions from supports, either formal or informal will ultimately affect the level of trauma a victim experiences. Given the delicate nature of this work, this all has to be done in a manner that has the least impact on the victim. Appropriate organization of the community in advance should consider how the various systems can work together so

that the survivor has the option of accessing police services, medical services and resources for emotional and psychological support services. Moreover, proper organization of teams could also offer the assistance of a support worker or an advocate that can spend time with the victim, explain her options and offer support throughout the entire process. This can only happen with careful consideration and planning from key stakeholders in the community that can represent each system, including the representation from groups closest to the issue, and share their knowledge and expertise. As Underwood (2003) states, multidisciplinary teams are essential in order to obtain necessary information and address victim needs from a client-centered and problem solving approach. These teams can facilitate interview processes for investigative purposes while assessing victim needs, establishing safety and comfort and facilitating the decision-making process around reporting options, medical decisions and safety planning (Underwood, 2003).

As the literature suggests, there are important factors to consider when delivering any acute sexual assault response, many of which incorporate involvement of law enforcement and health and social services. However, each community is unique and identical approaches towards service coordination or policy and program development may not be appropriate for every one. It is therefore logical to explore what members belonging to a particular community identify as a need as well as potential solutions. I feel an approach that engages members in community organizing through education and on-going dialogue about their experiences and their ideas has far-reaching benefits, not only to plan a time-limited project for example, but to empower an entire community and build from its strengths to achieve sustainability.

The Participatory Change approach to community practice is the model that I feel is most inclusive and appropriately suited to working with various communities. This approach acknowledges the importance of examining values and beliefs and understanding it's relation to behavior, attitude and action. "If our values or our beliefs are incongruent with our words or our actions, then the people we working with will know it" (Castelloe et al, 2002;24). There are ten core values that guide a community practitioner's interactions with grassroots groups and they include: participation, justice, capacity building, putting the last first, community control, power, broad contexts, sustainability, grassroots organizations and the long haul. These values are what guide behaviors that encourage relationship building, respect and mutual learning. This allows communities to uncover their strengths and draw from their wisdom to participate in the development and the realization of a shared vision. This approach highlights the importance of not only acknowledging the power and value of personal life experiences but recognizes this as the potential foundation for creating community change (Castelloe et al., 2002).

There are significant elements of the Social Planning model that bear some influence on my idea of an appropriate approach to the delivery of sexual assault services in rural Manitoba. The belief is to focus on the need to cope more effectively with existing social problems through the coordination of community services to avoid fragmentation and duplication of services. This model focuses on program development and problem solving through networking between governmental organizations and the volunteer sector. The Social Planning model also maintains a politically neutral position in that it can include advocacy and consider politics, but the focus is really on

collaboration with other systems to be able to provide as much service as possible with the least amount of hassle and strain on the victim. The action-based models are valuable approaches that aim to shift societal power and mobilize resources among disadvantaged segments of the population. However, the focus on direct conflict is not compatible with the goals of a sexual assault response program.

Developing a community response to sexual assault is about empowering communities, engaging members and encouraging participation. The Participatory Change approach focuses on popular education and creates further visibility of the issue of violence against women. It promotes the discussion of it and may help others break the silence, disclose their stories and possibly seek help if members are more informed about the issue and services.

The main objective of the research was to be able to identify recommendations for communities considering change. The hope was that the findings would spark discussion and ultimately disseminate information so that communities can begin identifying their strengths, pooling their resources and working together towards enhancing sexual assault services for their own communities. As Callahan (1997) explains, this process can only begin by listening to what key community members are identifying as the specific issues and then working at a pace with which they are comfortable. Traditional models of community development have typically involved sending a paid professional, usually a male from an outside community, to show members how to deal with the problem. This approach does not empower communities to become self-sufficient, an important value reflected in more feminist approaches. As Callahan and Dominelli stress, feminist community organizing always includes an analysis of gender, class and race, and these

fundamental issues must be taken into consideration in the planning and provision of social services, especially with respect to sexual violence. Furthermore, the Participatory Change approach is consistent with a First Nations perspective in that it focuses on building community capacity within a group's own theoretical framework. This is important as it encourages members of the community to take control of their own well-being by becoming self-sufficient and healing within their own guidelines (Maracle, 2003).

Gender-sensitive research

As stated in Letherby, "Feminist researchers start with the political commitment to produce useful knowledge that will make a difference to women's lives through social and individual change" (2003: 4). Although there is no such thing as a feminist method, feminist research practice is certainly recognized (Letherby, 2003). Feminist research means more than simply conducting research on women. It is about the approach that is used whereby the researcher uses "feminist epistemological and methodological frameworks" to guide the research (Hesse-Biber & Leckenby, 2004). Moreover the literature suggests that feminist research studies longstanding political issues that have traditionally affected populations that have been marginalized based on their gender or gender-identity, socio-economic background, disability, sexual orientation, and ethnic background (Letherby, 2003; Hesse-Biber & Leckenby, 2004; Ristock & Pennell, 1996).

Hesse-Biber and Leckenby (2004) discuss how feminist research often looks at the appropriateness of the methods they are using so that qualitative methods, for example are not merely a tool to access a wealth of data in a relatively short period of

time. They are methods that allow respondents to share their life histories and unique experiences which allow the researcher to uncover important social experiences by focusing on the whole person. Qualitative methods are sometimes preferred because they focus on the subjective experience of women, giving their voice power and meaning while paying attention to issues of patriarchy and oppression.

Participatory research solicits involvement of ordinary people, especially groups that have been disenfranchised and marginalized by society and encourages them to become active in social welfare provision. The gathering of knowledge to change conditions of individuals' lives by bringing important issues to the forefront is what Ristock and Pennell (1996) call "community research as empowerment". The goal is to gain the required knowledge to be able to critique dominant ideas and to challenge what experts, often White male leaders, have already identified as reality. Challenging assumptions, critically analyzing power and working with people in their own communities are catalysts for change because they essentially allow the researcher to truly understand and appreciate the fundamental issues of social problems (Ristock & Pennell, 1996). Such research connects diverse groups of people and encourages the examination of alternative views in order to avoid overlooking or ignoring the voices that many traditional methods have done (Ristock & Pennell, 1996).

Both feminist and aboriginal perspectives have argued that the experiences of certain populations, including women have often been distorted, made invisible or over simplified. As a result women's political issues have always been marginalized (Sohng, 1998; Maracle, 2003; Tuhiwai Smith, 1999). Both perspectives recognize the importance of "polyvocal discourse" and the need to deconstruct the category of women to

understand and appreciate that not all women are the same and oppression is a consequence not only of gender but race, class, ability and sexual orientation (Tuhiwai Smith, 1999; Sohng, 1998; Ristock & Pennell, 1996).

According to Sohng (1998), research that has a "transformative capacity" becomes a strategy of empowerment when it has the potential to reduce oppression and injustice. Such research allows groups that have historically been marginalized to gain an awareness of the depth of social issues in all their contexts. The premise is that the more information they have, the more power they have to analyze social problems and influence the decision making that ultimately affects their lives (Sohng, 1998).

Empowerment oriented programs provide information so that clients have the knowledge required to be able to make their own decisions and life choices. The helping process is focused on: giving the client a voice by providing critical information, sharing power and control between workers and clients, focusing on client and community strengths and teaching useful skills (Gutierrez, Parsons & Cox, 1998). Workers take on multiple roles including educator, supporter, advocate and negotiator. Through the process of collaboration, these skills are modeled by workers and learned by clients (Gutierrez et al, 1998). The sharing of power and control between worker and clients however, needs to be supported by educators and managers so that interventions can be empowerment oriented (Gutierrez et al, 1998).

Letherby states that feminism, both in theory and practice, "challenges the silences in mainstream research both in relation to the issues studied and the ways in which study is undertaken" (2003:4). Researchers are conscious of how respondents may be affected by the process and therefore conduct research in a sensitive manner. Feminist

research is also about choosing "the method that is most likely to uncover the real experiences" (Letherby, 2003:87), meaning that it is important to use the method that has the best fit with the project, whether it is of a qualitative or quantitative measure. Any style of research can produce knowledge and if information on struggle and conflict is gathered, analyzed and disseminated, that knowledge becomes power if the outcome facilitates the mobilization of resources (Sohng, 1998). What a researcher chooses to uncover and how she chooses to study it is intrinsically political, but what can be done with the information and whom it benefits is what Sohng refers to as the "ultimate test" of research as empowerment. Simply uncovering social inequalities isn't enough. Research findings should be disseminated to systems such as policy makers so that there is a connection between research and action (Sohng, 1998).

Theoretical influences on research design

My project combines both feminist and First Nations perspectives and incorporates elements from the social planning model of community organization. Sexual assault is not only devastating and dehumanizing, but it is a serious social issue affecting all women. A feminist perspective understands this and defines rape as a consequence of deeply ingrained attitudes and behaviors in our institutions that sustain unequal power relations between men and women as being tolerated and even accepted. Sexual assault is an example of female oppression in society and gender role socialization is just one example of a tool that is used to keep it that way. This perspective recognizes the need for society to begin accepting responsibility for what will continue to happen as long as patriarchy and power imbalances thrive. This would involve making communities, and

ultimately the state, more responsible. One of the many ways communities can take action would be to implement coordinated responses in accordance with their own philosophy so that victims receive the most sensitive and attentive intervention as soon as possible.

The conservative perspective on the other hand, identifies the victim's behavior as the basis of the assault. This irrevocably places blame on the victim, alleviating the responsibility from the perpetrator and deeming his actions as biological impulses. The premise of this perspective is that victims of sexual violence are simply not conforming to their traditional gender roles and as a result must deal with punishment. Such interpretation of rape puts the onus on the victim for not protecting herself and is therefore, deserving of the "attention" and of the violence. It is believed that only certain women get sexually assaulted. Therefore this perspective advocates for prevention education aimed at changing the potential victim's behavior.

Social action in the form of consciousness raising and demonstrations are an essential part of prevention and, as a premise of the radical feminist perspective, can initiate change. However, the objective of this project was to coordinate with other systems in order to be able to provide immediate crisis support. The victim relies on various systems for medical care, emotional support and possibly to press charges and hope for a conviction. In order to ensure this, systems need to develop cordial working relationships, which is exceptionally difficult to maintain when operating from the radical feminist perspective. Tensions between support workers and other systems can create added stresses for the victim. The social planning approach however, is based on inter-facility networking, especially between governmental and voluntary sectors to develop

programming based on relevant information collected. In this project, I gathered information that could help communities share resources and organize themselves to deliver a service they feel is meaningful and indispensable. This model is the most suitable because it engages participant involvement thereby building community capacity.

This project functioned in accordance with the basic assumptions of both feminist theory and First Nation perspectives including strength and empowerment. The research was of a qualitative nature. According to Have (2004), interviews are the most popular approach to gathering qualitative data as they can offer a less restrictive, and quasi-natural way of having either a one-on-one or group discussions covering a number of topics. The assumption is that "societal actions can be best understood in terms of the opinions of individual persons" (Have, 2004: 85). Interviews were a semi-structured format so that there was an allowance to go into greater depth into the experiences of the participants. This format allowed for a freer exchange of information as its structure is much less rigid and its objective is to explore a given topic more openly and in more detail (Esterberg, 2002). Furthermore, feminist scholars consider in-depth interviewing as a good way to study groups and topics that have historically been silenced or considered unimportant, by giving marginalized groups a voice and encouraging them to tell their story in their own words (Esterberg, 2002).

The outcome of my research findings specifies recommendations that communities may find helpful throughout the planning process. From these recommendations, I hope that a comprehensive module can be designed and used as a tool that will facilitate the development of rural sexual assault service delivery. The idea

is to disseminate information to empower communities to identify their own special needs and to take responsibility for the development, implementation and maintenance of such a program.

Chapter 3

Methodology

Personal worldview

I have been involved with the Sexual Assault Crisis Program (SACP) at Klinic Community Health Center in various capacities, in both volunteer and paid positions, for over ten years. I have experience in: answering the 24-hour Sexual Assault Crisis Line; providing medical and legal support and advocacy; facilitating trainings and workshops on related issues; providing one-on-one counseling; conducting intake assessments for survivors of sexual violence looking for services; and supervising volunteers who provide direct service on a 24-hour basis. Creating awareness about gender-based, sexualized violence and working towards its eradication is clearly an issue I am passionate about. I strongly believe that we live in a culture that is conducive to the perpetuation of these forms of violence and I am frustrated that the state refuses to accept this responsibility. The lack of funding and resources allocated to intervention and awareness is one example of this.

In addition to the crisis calls that the Sexual Assault Crisis Program receives on its toll-free 24-hour line from victims living in rural areas, staff in the program frequently respond to calls from service providers in rural communities, including social workers, support workers, teachers, health care staff, and RCMP officers looking for assistance in dealing with rape victims. Most often issue specific services in or around their communities do not exist. The majority of women's services that exist are mandated to provide shelter and support to women who have experienced violence within a domestic

partnership and are therefore not always able to accommodate them. Furthermore, the SACP receives several requests a year from diverse rural communities wanting training and or help to create policies and procedures related to the provision of effective, efficient and sensitive care of sexual assault survivors in their communities. With funding for only two full-time staff positions and a budget for a small casual replacement list of workers, fulfilling these requests to the maximum potential isn't always realistic while managing a 24 hour sexual assault response service in the city. This is the context from which my research topic was created. I wanted to learn from the individuals involved in providing direct service and especially from those involved in various phases of the development of related services. Furthermore, I wanted to hear and compare the thoughts and ideas of representatives from Manitoba's Indigenous women regarding sexual assault service development and implementation affecting their communities. My hope was to uncover a foundation from where to begin. The objective is to document lessons, ideas and recommendations so that communities interested in organizing themselves would have helpful information and direction.

Upon reviewing the literature on sexual violence, its impact on individuals, families and communities, and the various perspectives on addressing the issue, my personal values on what exacerbates an already tragic experience were invariably confirmed and validated. Attitudes, or beliefs about what sexual assault is, who sexual assault victims are, and who perpetrates it and why are determinants for the value placed on addressing this issue. Awareness of the severity of the issue and its implications are a fundamental first step in acknowledging that this is a social issue affecting individuals, communities and our culture. Personally I believe that because sexual violence has

always largely been an issue that affects females, especially females belonging to groups historically oppressed, little attention has been placed on addressing this issue in a more preventative way.

Theoretical framework

Women's experience of gender and gender inequality are issues that are at the heart of most feminist research. Even if the research doesn't exclusively focus on women, or involve female participants, it is still grounded in women's experience (Skinner, Hester & Malos, 2005). Sexual violence is gendered violence given who it pervasively affects and by whom it is primarily used.

Some feminist research has also been described as the "rejection of the standard academic distinction between researcher and the researched" and "enabling the voices of women and other marginalized groups to be heard and their experiences valued" (Skinner et al, 2005: 11-12). Although this study primarily targeted representatives from various systems involved with service delivery to sexual assault survivors, I tried to include participants who perhaps didn't have formal education or direct experience in service provision, at least not in the Western sense, but had invaluable information to share about what they have observed in their communities.

I chose to include in my data, the stories that women from marginalized groups agreed to share for the purpose of research, regardless of their disinterest in totally conforming to standard institutional requirements or practices. Just because they weren't comfortable being audio-taped or signing consent forms, does not mean that they were resistant to participating. For example, one participant invited me into her home and

chose to share her thoughts and her beliefs after being well aware of the purpose of the research. Although she may have refused to be audio-taped, she wanted to have a voice and she wanted to be heard. I didn't want to prevent that just because I could not tape and transcribe her words nor did I want to lose the invaluable information from her wealth of life experience.

Including history in research is extremely important from a First Nation's perspective. As Tuhiwai Smith (1999: 34) states: "coming to know the past has been part of the critical pedagogy of decolonization". She explains that revisiting a historical context challenges the Western view of history thereby granting us with alternative knowledge. This provides the basis for new ideas and suggestions. Therefore, she believes it is essential to include history in the research, analysis, findings, and ultimately in the recommendations of a study.

Tuhiwai Smith explores the belief that Western views are the "center of legitimate knowledge" and identifies the "globalization of knowledge" as a way of denying other perspectives of historical facts. For example, "colonial education" or residential schools are obvious examples of how "paternalistic and racist policies" excluded certain cultures and denied their truths. Western knowledge and the process of educating and disseminating information comes from a practice that was used to destroy identities and alternative ways of knowing by silencing non Western beliefs and ideas (Tuhiwai Smith, 1999). Using research methodologies that "decolonize" is about reclaiming specific historical facts and giving voice to groups of people oppressed simply because their culture had another way of seeing and interpreting the world.

Responses from Aboriginal participants focused on the historical social context and the importance of justice. They shared stories highlighting the implications of colonialism, racism, the histories of First Nation women, and how these differ significantly from the histories of white women. This context is significant for understanding and appreciating the struggles and the barriers for developing and delivering a service that is respectful, accessible and culturally proficient. This knowledge is indispensable and provides an alternate perspective to community organizing that may not have been explored by mainstream agency representatives. "Telling our stories from the past, reclaiming the past, giving testimony to the injustices of the past are all strategies which are commonly employed by indigenous peoples struggling for justice" (Tuhiwai Smith, 1999: 35).

One of the themes in the epistemology and methodology of feminist research is reflexivity. Reflexivity is "the process of standing outside and gazing back to see what we can from a far" (Skinner, Hester & Malos, 2005: 15). It includes discussing how the researcher impacts on the research process and vice versa. The researcher needs to demonstrate a willingness to openly discuss the effects of power relations on the research process and how the power can be shifted or minimized. This includes acknowledgement from the researcher of her own assumptions, beliefs and biases.

Given that most of the participants became aware that I was also working in the Sexual Assault Crisis Program at Klinic Community Health Center, I needed to understand firstly what that would mean to them, to their willingness to participate, and to the depth of information they would be willing to share. I realized that for some respondents, it may mean that my research would be perceived as more legitimate,

credible or important which facilitated an initial connection and subsequent commitment to involve themselves in the research. However, given participants' history or involvement with one another, I emphasized the confidentiality of their responses.

For other respondents, it may have meant that they would be more suspicious and less inclined to participate in research if it was assumed to be connected with Klinic. I am aware that Klinic has been perceived by some communities as a mainstream agency that employs mostly white middle class individuals and that hasn't always been accessible to First Nation and Immigrant or Refugee communities. I felt that with certain respondents, it was important to acknowledge this issue as a legitimate struggle and articulate why I felt it was necessary to hear the voices of representatives from other communities that may not work as closely with Winnipeg's existing Sexual Assault Program. I also needed to make certain that respondents understood that although I am employed by Klinic, I am not doing the research for Klinic, but to fulfill the requirements of the Masters of Social Work program at the University of Manitoba.

Ristock and Pennell (1996) identify reflexivity as a staple of feminist research methodology. They state that it is "is critical to understanding the very complex negotiations that occur not only between researchers and participants but also between participants and other stakeholders" (p. 101). In order to understand the nature of the relationships between systems for example, it is essential to understand the root and the history of these relationships. It is important to understand how these have developed and what challenges there have been to be able to really understand how to work together now and in the future. Examining these relationships is an important factor to consider when planning a service from the community development perspective.

Stereotypical beliefs about the origins of rape and who is responsible will affect how institutions respond to rape and its victims, impacting the services and support they receive. A community that fails to acknowledge the issue will risk having no resources, leaving victims alone with minimal opportunity for healing.

Individuals who never have the opportunity to challenge the myths about sexual assault that they were taught will impact the victims they have contact with either formally or informally. A lack of awareness about the trauma that results from sexual assault and, personal and systemic reactions that intensify that trauma cause what has been termed "secondary rape" or "secondary victimization". Such systemic reactions have deterred victims from coming forward and having a voice, from seeking medical attention, emotional help or justice, from having choice and from regaining control of their lives.

Rationale for the design

A common theme around attitudes and behaviors is knowledge or awareness through education, however it is delivered. Through grassroots efforts, individuals from various communities have persisted in fighting for this cause, whether they were part of a feminist community, or a First Nation community; whether they were a police officer or a social worker, whether they were a senior program manager or a social activist. Whether their experiences were on the front-line or on a planning committee, their knowledge from the lessons they learned will provide ideas and hope for the future.

That is why I chose qualitative research as the method to understanding this topic. I wanted to be able to understand in depth the process that participants went through in

organizing, planning and implementing service delivery. I wanted to know what the barriers were, including the ones that may reflect poorly on the status quo. I wanted the opportunity to be able to probe and dig deeper to uncover the richness of people's experiences to hopefully discover information I may not have known to look for. I wanted the opportunity to learn from them in a way that feels less restricting or limited.

One of the strengths in using qualitative research methodology during the process of data collection is the use of open-ended questions that allows the researcher to explore, in depth, the unique experiences each respondent brings to the research. This gives respondents the opportunity to voice what they think is important, perhaps uncovering issues the researcher hadn't thought of.

In order to understand, to the best of my ability, the information respondents shared, qualitative methods gave me the opportunity to clarify data provided, therefore relying less on my own assumptions. A large majority of the qualitative research also involved collecting data through face-to-face interviews, which can facilitate rapport building with respondents. Establishing rapport with respondents usually means that respondents feel more comfortable and trusting and thus are less likely to hold back information.

Limitations

Most of the participants represented various institutional systems that respond to victims of sexual assault. Each system has a unique function, operates from a different philosophical foundation, and therefore operates quite differently from the other. Nevertheless, their world views are inherently the same as they are all governed by a

"Western" school of thought. I feel that I learned more "new" information from the First Nation respondents which expanded my perspective and broadened my understanding of potential alternatives. In hindsight, including more representation from this perspective would not only have strengthened my findings, it would have provided a richer learning experience.

Although the sample size was appropriate for the design, the degree to which my findings can be generalized to reflect other communities is questionable. Manitoba is a vast province and each rural community is unique. Although several respondents interviewed, worked and lived in rural communities, they certainly cannot be the voice for all individuals and for every rural and isolated community in this province.

Research Population

The population from which I wanted to draw key informants included people involved in one of the institutionalized systems that deal with sexual assault such as the medical/hospital system, the criminal justice system and social services or a system that provides advocacy and support for victims. This included respondents that have been involved in the design, planning, implementation and/or evaluation of sexual assault service delivery in any community in Manitoba. For example, I interviewed individuals who had experience in establishing Sexual Assault Response Teams (SARTs) in their communities, both in rural and urban Manitoba. This included professionals, practitioners, counselors, advocates and agency representatives that have had close contact with the target populations and therefore have particular knowledge of the

problem. Some were part of an advisory committee or a planning committee that assembled a SART in their area or in a neighboring community.

The population also included individuals that have worked directly with survivors of sexual violence or their friends and family members and who have been responsible for delivering post-assault services to victims in the form of medical, legal and emotional support. For example, members of the Winnipeg Police Service, the Sex Crimes Unit, the R.C.M.P., Victim Services (both rural and urban), Klinic Community Health Center's Sexual Assault Crisis Program (SACP), Health Sciences Center's (adult emergency and Children's Hospital), and Winnipeg's Sexual Assault Nurse Examiner (SANE) program. The population also included advocates and elders from Manitoba's First Nation's community with experiences both in urban and rural settings within the province. Finally the individuals involved in the recruiting, screening, training, and/or evaluation of volunteers who provide support and advocacy to survivors were also interviewed to garner important information about how programs select individuals, train them, and supervise their work.

Sampling, Recruitment and Selection

I chose a purposive strategy of sampling 15 individuals in order to interview people from the above groups to solicit different and specific perspectives on the topic (Esterberg, 2002). I began by interviewing a sample of accessible individuals that matched the criteria outlined above. According to Soriano, careful selection of an initial small group of respondents can generate a more representative sample and can also result in higher participation rates among those recruited.

I initiated contact by sending a letter of information (see appendix A) that introduced myself and explained my role in the research. I explained what I was proposing to do and the role of potential respondents in the research. I specifically explained the nature of information that I wanted to gather and what I was ultimately hoping to do with it. Given the anticipated difficulty I thought I may have in soliciting participation from some representatives, I arranged to have a letter of endorsement written by Lorraine Parrington, the coordinator of the Sexual Assault Crisis Program at Klinic Community Health Center in Winnipeg. Lorraine is a veteran in the area of service delivery and policy planning and implementation for survivors of sexual violence. She has had many years of experience networking with other agencies and representatives from various systems across Manitoba. I felt that her acknowledgement and support of this research would validate its importance and encourage participation. Lorraine also discussed the research at one of her inter-facility committee meetings that she attended where she presented committee members with information letters (see appendix A) regarding the objectives of the research and also made copies of my proposal available for those interested. Several days later, I followed up with either a phone call or an e-mail to arrange an in-person meeting. Ultimately, the letter of endorsement was not needed.

I found that interviews with representatives from Manitoba's First Nation's community were the most challenging to arrange. I received several contact names and numbers of individuals with a great deal of experience working with Indigenous populations, many of whom are impacted directly or indirectly by sexual violence. This contact information was emailed to me by a well-known, socially and politically active woman in the community who had given me permission to use her name when

introducing myself to potential participants. Despite this informant's efforts, some of the calls were never returned. When they were, it was difficult to arrange a meeting time as hectic schedules and what appeared to be under-resourced agencies did not allow time for one more student doing social research.

It was noted that when I did have the opportunity to arrange an interview, I was asked several questions about who I was and why I was doing this research before respondents agreed to participate. These participants appeared suspicious of my intentions or perhaps of my ability to hear them and to properly represent their voices. Although initially frustrated for my own selfish reasons, I soon realized the basis for this lack of trust. I am a Master's student in the Faculty of Social Work, one of the many institutions that have "researched" the Aboriginal community to the point of saturation. Despite all the time and energy given for the sake of research, individuals who have participated have often been left feeling vulnerable, exposed and exploited, especially if they don't benefit from the experience, and don't notice any progress for their communities.

Recruitment was an on-going effort over a period of nine months from March, 2005 until December, 2005. During this time, I used the snowball sampling method to recruit others who met the selection criteria. Participants often recruit others whom they know and can convince to participate (Soriano, 1995; Esterberg, 2002; Neuman & Kreuger, 2003). I asked participants if they could identify what they felt were appropriate and important services from which potential respondents should be contacted. When given the names of potential respondents, I asked the participants' permission to give their names to lend credibility. For those interviews deemed appropriate, participants

agreed to contact the potential respondents first so that they would have time to think about it and would likely feel more comfortable committing to this research process.

Interviews

Most of the interviews were done within the environments where participants worked. I went to various office buildings that were part of the Health Sciences Center, the Public Safety Building, the RCMP-D Division building, and Klinic Community Health Center. I also conducted interviews at the homes of a couple of respondents. Mostly, I went to them. One phone interview was scheduled to occur in Lac De Bonnet. Due to the weather and poor driving conditions, we arranged to conduct the interview via telephone as we had already rescheduled this particular interview once before. A conference call was arranged so that our conversation could be audio-recorded. Before commencing the interview, I read the consent form aloud, obtained verbal permission from the interviewee and later faxed the consent form so that she could sign it.

Prior to initiating interviews, participants were required to read and sign the consent forms (see Appendix B) so that they were fully aware of the nature of their involvement with the study and so that they could be assured of the confidentiality of their responses. This also served as a reminder that they had the right to withdraw from the study at any time or to decline responding to any questions without consequence. The respondents' permission and signature on the consent form was also required to tape record interviews. This allowed me to be an active listener, freeing up time to listen carefully and observe respondents' non-verbal behaviors (Witkin & Altschuld, 1995). As Witkin and Altschuld note, taping may inhibit free expression from respondents. I

explained to participants that this method was used only to ease the analysis and aggregation of data and that no unauthorized persons would have access to the tapes. Most of the participants did not seem to have any concerns about having the interview audio-taped. Two participants who did consent to having me ask them questions related to the research did not however, allow me to audio-tape them. One of the two respondents provided verbal consent to ask her questions related to the research study and agreed to have me take notes on her responses but refused to sign her name on the consent form. She felt that signing her name was not necessary and her word should count as consent. She playfully added "if they (the University of Manitoba) don't believe you, they can call me". After discussion with my advisor, we chose to include this data as it was important and not provided by anyone else.

Interviews were guided by an interview schedule, a list of questions to be explored during the course of the audio-taped conversation with respondents (see Appendix C). The interview schedule was prepared ahead of time to ensure that basic information was obtained from all the participants. The list of questions included a standardized set of open-ended questions, written exactly how they were to be asked, and included probing questions to allow the interviewer to expand on points of the interviewee. For example, the interview schedule included the following question: "Please tell me about the history of the development of sexual assault services in your community and your role in it?" Examples of probing questions included: "How did it get started?", "What were the initial steps?", "Who was involved?", "How has it evolved?".

Documentation

I reviewed existing protocols in the form of written policies and procedures for the following regions: North Eastman (still in draft format), Brandon, Interlake, Burntwood (draft format), and the city of Winnipeg.

I read the Sexual Assault Response Protocol sample guide created for use by remote First Nations communities in northern Ontario written partly in response to recommendations by the Jury of the Coroner's Inquest into the death of Selena Sakanee. The Chief and Council of Sandy Lake First Nation have formally approved this document and share it with other First Nations undertaking similar initiatives. I focused on comparing the various protocols, looking for similarities and especially for differences.

Data Analysis

My data analysis methods were based on the work of Kirby and McKenna (1989). According to Kirby and McKenna (1989), the focus of qualitative studies is to be able to organize, sort through, and constantly reflect on the patterns that emerge in the data. "The other part of the dynamic is created by the researcher's constant moving, back and forth, between data and concepts, and between individual ideas and the research explanations in order to fully describe and explain what is being researched" (Kirby & McKenna, 1989: 129).

The data collected from audio-taped interviews were transcribed verbatim in order to provide a context from which to better understand the meaning of the data. I personally transcribed all of the interviews which provided an overall introduction and familiarity with the data. I kept a journal of the data collection process that documented dates and

locations of the interviews with each participant, reflections of the process and potential themes or "highlights" of each interview. During the interview, I recorded key points emphasized by the participants during the interview which helped with the consideration and subsequently the identification of potential themes in the data analysis process. I also recorded my personal observations of each interview afterwards. This included initial findings as well as my reflective notes on the meaning of this experience for the respondent. I thought that this could provide the context from which to compare and contrast findings between rural and urban respondents from various systems, and between Aboriginal and non-Aboriginal informants.

I began with a preliminary review of the transcripts as an opportunity to further familiarize myself with the data Transcripts were read a second time at which point I divided the data into what Kirby and McKenna (1989) refer to as "bibbits" or passages of information that stood out for me. These units of information consisted of a few words to full paragraphs describing a particular event or phenomenon. While reading the transcripts over a third time, notes of initial impressions, or "characteristics of bibbits" were made in the margins, to which codes were gradually assigned. As I noticed the similarities and differences between the codes, I began to identify and label relevant categories that emerged across the interviews. I highlighted codes and jotted down major themes in the margins concurrently. This process of the analysis done by hand was on-going for a period of several months. I kept a separate list of emerging theories and categories on a handwritten visual outline where codes were assigned under one or more relevant categories. Each code included a reference number that allowed me to quickly locate the interview and transcript page number attached to each bibbit. Over time,

categories were constantly being revised, with new ones emerging and former categories collapsing and merging. I then sorted information into common useful themes until a workable set of themes arose with relevant subcategories under each theme. For example, categories such as "Liaisons", "Links with Community Members", "Relationship Building" and "Teamwork" became sub-categories of "Coordination and Networking". I followed the same process while reviewing several documents. As the analysis proceeded, several key themes emerged based on the comparison and integration of categories. The revision process included re-labeling and reducing the number of key themes. For example, initial themes "Strengths", "Needs" and "Lessons Learned," were reduced to the key theme of "Recommendations". Through the process of reducing the data I was then able to summarize the analysis and look for additional interconnections and overlap between categories.

According to Letherby, "feminist research practice can be distinguished by the questions feminists ask, the location of the researcher within the process of research and within the theorizing and the intended purpose of the work produced" (2003: 5). As Hesse-Biber & Yaisir (2004) note, many feminist researchers conduct their studies with the intent of building knowledge and uncovering "political underpinnings" in order to challenge dominant paradigms. This research was conducted within a feminist framework, reflected in; the research topic chosen; the intentional inclusion of specific respondents; and the commitment to building knowledge aimed at benefiting women and other marginalized groups at higher risk of being sexually victimized or experiencing "secondary rape" from systems set up to help.

The notion of reflexivity involves a fundamental understanding of the dynamics of power and incorporates acknowledging and shifting these power dimensions within the context of the research setting. Reflexivity is about "research positionality and power deconstructed either implicitly during the research or the way it is written up" (Hesse-Biber & Yaisir, 2004:218). I wanted to ensure that this research incorporated representation from groups that haven't traditionally been included in social policy and administrative development, such as Indigenous women and elders. I chose to redefine my criteria to include the valuable information that would be lost if there wasn't any representation from a First Nation perspective. The deconstruction of "key informant" meant that there are more experiences to uncover from a population that may not fit in one of the "formal systems" involved in the development, implementation, delivery or evaluation of sexual assault services. Value and worth are explicitly placed on the voices of those representing institutions that invariably support the status quo. Listening to women's observations of what is happening in their own communities and understanding their beliefs and perspectives about what is needed is at the heart of uncovering potential solutions. Cognizant of the power dynamics that have always existed between dominant, Western institutions and marginalized communities, the data analysis and presentation of the findings from First Nation respondents was given precedence. According to Kirby and McKenna (1989), "inter-subjectivity" or giving priority to voices from the margins and critically reflecting on the social reality is part of a "constant comparative method" of conducting and analyzing research to ensure that researchers are better able to understand, appreciate, and convey the words and the experiences of the research participants.

If a community can make the commitment to acknowledging the issue, recognizing the importance of it, and challenging their cultural beliefs about it, then it is possible to work together to address the issue on all levels, personally, socially, and politically. I believe that we can learn a lot from their efforts, their experiences, their victories and their mistakes. My hope is to be able to interpret their stories, explain the data and organize the findings in the form of recommendations as a way to facilitate some form of social response.

Chapter 4

Description of Findings

Introduction

The primary goal of this research was to obtain an understanding of how rural communities in Manitoba can most effectively develop formalized policies and protocols that will best meet the immediate needs of sexual assault victims. This study also explored the experiences and perceptions of key informants involved in the development and/or service provision of any sexual assault related service in their own rural or urban communities. Their perceptions of the barriers involved, as well as their recommendations for overcoming these challenges and effectively establishing sexual assault service delivery in rural Manitoba are also examined. This chapter will provide a description of the findings of the study focusing primarily on participants' responses to the interview questions (Appendix C). Several regional protocols, or existing policies and procedures for Sexual Assault Response Teams (SARTs), or the delivery of acute medical, legal and support services to victims of sexual assault, were also reviewed and incorporated into the findings. These include: the North Eastman Regional Health Authority, the Interlake Regional Health Authority, the Brandon Regional Health Authority, the Winnipeg Regional Health Authority and the Burntwood Regional Health Authority.

The following sections constitute the findings of this study:

- Services: Existing Sexual Assault Support in Rural Manitoba
- Planning: Steps Involved in Establishing Sexual Assault Services
- Challenges and Barriers for Rural Communities
- Recommendations

The content included in each of the subheadings reflects the responses of the participants as well as the themes discussed during the interview. Themes emerging from a review of existing protocols, or written policies and procedures for sexual assault service delivery are also included. The findings are organized under the four sections outlined above: Services; Planning; Challenges and Barriers; and Recommendations.

1. The content under **Services** includes themes related to the nature of sexual assault services in rural Manitoba. This section reviews and compares programs and approaches within diverse community settings. The theme Protocol explores examples of formalized policies and procedures, their function, and their approach. The theme Philosophy explores the operating principles and overall vision of the services. This includes identifying various philosophies of service delivery according to the participants interviewed and what is meant by a "victim-centered" approach. Limitation explores the weakness of existing protocols and is related to the theme of Indigenous women's experiences.

2. A discussion of the overarching theme **Planning** includes the following themes: Do Your Homework, Consult, Call a Meeting, Network, Committee, Philosophy, Volunteers, and Training. A discussion of the theme Do Your Homework describes what community members are encouraged to think about if they are considering developing a

community response to sexual assault. The theme Consult describes the initial steps, or pre-planning component of identifying and exploring approaches to program or policy development. Call a Meeting explores the initial stages of community involvement and identifies representation. The section Networking explores inter-systemic relationships, their evolution, and the benefits of inter-agency coordination and collaboration. This section also defines the function of various committees initially, during the development of a particular project and after its conception. The Volunteers theme examines how programs have utilized volunteers and identifies how they were managed (recruited, selected, trained and supervised). Training examines the role, purpose, and focus of training within the various systems.

3. The overarching theme **Challenges and Barriers** includes the following sub-themes: Lack of Coordination; Size (with sub-categories experience, privacy, safety, accessibility, patriarchal/racist attitudes); Lack of Awareness; and Lack of Support (with related sub-categories training and territorialism). This section describes the challenges and barriers involved in establishing a formal response in a rural Manitoba environment, according to the perceptions of key stakeholders. Lack of Coordination explores the limitations to service delivery and longevity due to a lack of communication, understanding, relationship building, and networking. Size describes the threats to implementing effective sexual assault service delivery in rural Manitoba, all of which are related to community size, geographic location, and degree of isolation. Lack of Awareness explores the lack of visibility on the issue of sexual violence and its implications. Academic, social and emotional levels of support and their relation to rural

communities are described in Lack of Support. Perspectives on the cause and effect of territorialism were also looked at.

4. The theme **Recommendation** explores the perceptions of key stakeholders according to the recommendations for the effective establishment of service delivery in rural Manitoba. Do Your Homework, an over-lapping sub-theme, explores important issues and questions for communities to consider. Recommendations in relation to Networking and Coordination; using a Multidisciplinary Approach; Training; Cultural Awareness; Volunteerism and Support are also examined. This section includes an exploration of building capacity from a First Nation perspective.

Following a description of the participants, the findings are divided into four sections, all of which relate to acute sexual assault service delivery in rural Manitoba

1) Services: Existing Sexual Assault Support in Rural Manitoba

2) Planning: Steps Involved in Establishing Sexual Assault Services

3) Challenges and Barriers for Rural Communities

4) Recommendations

The findings are represented by theme headings following the section heading. Participants' quotations appear in italics.

Participants

Urban

I interviewed three key informants from the medical system attached to the Health Sciences Center (HSC) in the city of Winnipeg. One of these respondents, "Kate" is a nurse in the Children's emergency department. She has had experience assisting doctors

and then doing forensic examinations on children victims of sexual assault. As a representative of the pediatric community, she has experience working on an inter-facility committee for Winnipeg's Sexual Assault Response Team (SART). "Arlis", the second of the respondents from this system, also a nurse, is very seasoned in the area of forensic nursing. She has had experiences working with the SART and developing policy within the context of the inter-facility team she is a part of. The final representative from the urban medical community, "Lina" is a senior administrative manager at HSC who helped take on the concept of championing a formalized program for nurse examiners with stable funding, which would allow them to start building the nurses' resources on a consistent basis.

Three of the respondents, were key informants from Winnipeg's First Nation's community. "Melanie" had a couple of decades of experience working as a peer counselor with Aboriginal women and youth as well as service development and capacity building in her community. Two of these of respondents, "Madeline" and "Maureen" shared their experiences living on reserves in rural communities and dealing with issues of sexual violence, racism and lack of resources. "Madeline" is an Elder in the community, referred to me by a previous participant in this study because of her wisdom and knowledge of issues affecting Aboriginal peoples. Two of these respondents were not comfortable being audio-taped but both were welcoming and shared their thoughts and opinions. Although one of the respondents did not agree to sign the informed consent form, she did however want to participate with the research and agreed to speak with me.

I was also able to interview two veterans of the Winnipeg Police Service (WPS) and one key informant from Victim Services ("Vicki"), a support service for victims of

crime who involved the criminal justice system by formally reporting an incident to the Winnipeg Police. Two of these participants, "Matt" and "Marco" have had many years of experience as uniformed police officers, investigators and sergeants of departments within the WPS. In addition, all three key informants have worked very closely with the inter-facility committee on policy development around the SART in their community.

Another key informant from the social service community who is also a representative of Winnipeg's SART and sits on various inter-facility or inter-agency committees related to sexual violence, allowed me to interview her. "Sylvia" provided me with hard copies of protocols or drafts of protocols for sexual assault service delivery in Winnipeg, and in rural communities. Aside from her front-line experience, this key informant also has experience in the re-evaluation, improvement or revision of the Winnipeg Regional Health Authority (WRHA) protocol or policies and procedures for attending to survivors of sexual assault at HSC. This respondent also has ground-level involvement with some rural communities in Manitoba to help develop their own SART.

Rural

One of the rural key informants in the area of social services, "Jenny", is a social worker, now working in the city of Winnipeg. However, she used to live and work as a social worker in Thompson, Manitoba. Her experiences include providing direct service to survivors of sexual assault as well as researching, corresponding with various systems, and planning around service creation and policy development for victims in Northern and rural areas.

"Anna", one of the rural respondents from the North Eastman Health Authority (NEHA) has been a key player in the development of the SARAH (Sexual Assault Recovery And Hope) program that is presently in operation out of the hospitals in Pinawa, Pinefalls and Beausejour, as well as the SADI (Sexual Assault Discussion Initiative) in these communities. Her experiences vary from delivering direct service, policy development and implementation, public education and awareness in the area of sexual violence, and volunteer management and coordination.

I also interviewed a key informant from the RCMP who, while stationed in Winnipeg, gives assistance to all their rural detachments. "Marisa" also does a great deal of work with the Winnipeg Police Service's Child Abuse Unit. Her experiences include working with remote, fly-in Aboriginal communities, working with different shelters in rural Manitoba, and lecturing within the national police community.

"Sadira", another one of the participants, now living in Winnipeg, drew from her experiences working with victim services. Although she worked with Winnipeg Police Victim Services, her more recent roles include coordinating and managing for rural RCMP detachments in Manitoba. Her experiences include the provision of direct service, such as information, support and referral services to women and young girls who were sexually assaulted, usually after they had already reported to police, but not limited to that. In this position, she also provided information and referrals to service providers from other rural areas, including reserves.

Finally, I interviewed "Christina", another representative from the legal system who lives and works in rural Manitoba. Her experience also includes front-line work and

program development in the areas of sexual assault victims and domestic violence for crisis centers and safe houses in rural parts of the province.

Section 1: Services-Existing Sexual Assault Support in Rural Manitoba

This section of the findings focused on themes related to the first research question: **According to key informants and written documentation, what are the existing formalized supports, programs or resources for sexual assault survivors in rural Manitoba?**

According to key informants, rural services specific to the needs of victims immediately after a sexual assault vary widely and depend on in which region of the province the assault occurs. The more north or isolated a community, the less access there is to a wider, comprehensive range of services. Theoretically, all victims of sexual assault in Manitoba, regardless of age, gender, sexual orientation, ability, race, religion or culture should have access to at least law enforcement (police or RCMP) and the medical system (hospitals, nursing stations, health centers) so that they have the opportunity to receive medical attention and the option of making a formal complaint to launch an investigation with the criminal justice system. However, access to pertinent information on trauma related symptoms, alternative legal options such as completing anonymous reports, referrals, and other forms of support are often dependent on where in the province the victim resides and the nature of services that exist in her area. Completing an anonymous report is an option that is given to sexual assault survivors who have for one reason or another, chosen not to report their sexual assault to the police. Survivors can attend the

Sexual Assault Crisis Program at Klinic and fill out an informal complaint that documents all the details of the assault and the alleged perpetrator without requiring any personal information about the victim. There is no time limit for filling one out. Reports are then photocopied and one copy is sent to the Winnipeg Police Service's Sex Crimes Unit for their information only, and another copy is sent to the RCMP crime lab and entered into a national database that profiles perpetrators of violence. Not every community has access to support workers or advocates who specifically work with clients while they are engaged with the medical or legal systems. The biggest discrepancy between communities across Manitoba is the level of skill, communication and coordination that exists between the systems involved in providing acute care to sexual assault victims. This ultimately affects the provision of timely, effective, comprehensive, and compassionate care to women, men and children who have been sexually victimized.

Protocols

According to archival records, formalized policies and procedures currently exist in the form of written protocols. I reviewed protocol documents for the following regions: North Eastman Regional Health Authority (still in draft format), the Interlake Regional Health Authority, the Brandon Regional Health Authority, the Winnipeg Regional Health Authority, and the Burntwood Region of Northern Manitoba.

Protocols were developed in the respective communities based on the expressed interest for training on how to effectively handle survivors of sexual assault. These communities identified a need to train nurses, police and anyone who would have contact upon disclosure to enhance their skills in responding to sexual assault victims, for

example, training on the use of the "rape kits" for both nurses and police so that samples of DNA are collected, bagged and stored properly without the contamination or destruction of evidence. Another objective of training included gaining knowledge on the impact of victimization on the survivor (for all systems) in order to be able to support, advocate for, communicate with, and/or interview the victim in a sensitive manner in order to decrease further trauma. There was also an expressed need to educate the community as a whole on the issue of sexual assault, the nature of available resources for victims, and the process of the protocol.

Steering committees were developed in each area so that a core group of representatives from a larger team of various systems including health, justice and social services met regularly and consistently to explore alternate ways to provide a more consistent and sensitive approach. However, not all of those working groups coordinating sexual assault responses remained cohesive and functional as some completely disbanded once policies and procedures were drafted.

Sexual assault protocols always include philosophy statements towards sexual assault and sexual abuse beginning with similar definitions that address its extensive and violent nature and the emotional, physical, psychological and social impact it has on individuals and communities. These protocols require team members to work toward helping victims re-claim their autonomy by supporting and respecting individuals and their decisions, to believe and not to blame them, and to understand the nature of trauma and varied individual responses to it. Additional values from which protocol implementation operates include understanding victim rights and their right to choose, for

example whether or not to report the incident to the police, and approaches working with victims in order to provide them with the privacy, dignity, and respect that they deserve.

All protocols outline the roles and functions of the Sexual Assault Advisory Committee organizations which differ slightly from region to region, but include representatives from all the systems that respond to victims within 48 hours (acute phase) of a sexual assault. For example, the Sexual Assault Nurse Examiner (S.A.N.E.) is a registered nurse who has had specialized training in the area of sexual assault and related trauma in order to be able to provide a more sensitive response that reduces the psychological trauma that victims experience. Moreover, S.A.N.E.s also receive advanced education and clinical development in forensic examinations of sexual assault victims, a role traditionally performed exclusively by physicians. SANEs are still relatively rare in Manitoba and don't exist in every community.

Protocols also include procedures for conducting forensic examinations on victims who report sexual assaults to police and who consent to having one completed. Forensic examinations are medical examinations designed to ensure that the victim's physical needs are attended to and treated. Forensic evidence is also collected for the purpose of a criminal investigation. DNA is collected by obtaining clothing samples, head hair and pubic hair samples, finger nail scrapings, and through oral, anal, and vaginal swabs In addition to the collection and labeling of specimens, S.A.N.E.s obtain blood and urine samples as well as provide post-exposure prophylaxis (for pregnancy and Sexually Transmitted Infections such as Hepatitis B and C, Gonorrhea, Chlamydia, Syphilis, Trichomonas, and HIV). Protocols also outline agency roles and the process by

which each system (including medical, legal and social services) remains accountable to the guidelines of the policies and procedures stipulated therein.

Philosophy

Urban and rural key informants involved in the development of their community's SART claim that one of the major outcomes of the evolution of the inter-systemic working relationships is a much more victim-centered approach to service delivery. As outlined in all of the protocols reviewed, one of the primary goals becomes working towards responding to victims of violence in a way that will help to restore some sense of control, power and dignity. This involves ensuring that policies and protocols protect victim's rights, offers relevant information, respects individuals' right to choose and supports whichever decisions they may make. One urban legal informant explained the importance of reviewing and refining the section on "philosophy" because it guides the operating principles and the overall vision of a response team. *Matt* notes:

> *"Just in the last year re-writing the protocols, we've really tried to incorporate the philosophy behind the team so hopefully there will be better education within our individual organizations."*

Findings from a review of the sexual assault protocols in all the regions indicate that in order to work from a victim-centered philosophy, service providers working with victims of sexual violence, particularly during the intervention phase must have a thorough understanding of the nature of sexual assault in order to avoid further trauma,

also known as the "secondary rape". This involves learning about the root causes of sexualized violence as well as the breadth of emotional, physical and social trauma it creates in order to understand how to perform their respective roles sensitively, effectively and efficiently.

Firstly, the foundation to appreciating the seriousness of this crime and its' implications, is to understand the definition of sexual assault, outside of what may have been learned through socialization to distinguish between fact and myth. Although played out in a sexual nature, sexual assault is about aggression and violence. Victims do not consent to being degraded, humiliated and violated. Regardless of what a person was wearing, how much they had to drink, where they were or what their sexual history is, this does not devolve the perpetrator of any responsibility for his actions. This belief is fundamental to a victim-centered approach to delivering services to victims of sexual violence.

Having awareness about sexual assault trauma is crucial when working with sexual assault survivors and will encourage sensitivity in the approach taken by service providers. Using a more sensitive approach begins with being aware of the way you communicate verbally and non-verbally, what your intentions are and how that may be perceived by the victim. This may include acknowledging feelings a victim may be experiencing and helping her identify them, explaining why it is necessary to ask certain questions and clarifying your intentions. For example, victims of sexual violence normally experience and internalize extreme feelings of guilt, shame and blame and are hyper-vigilant about judgment from others. Regardless of intention, behavior that may appear or be interpreted as blaming intensifies their self-blame and becomes a major

barrier in communication with the victim therefore hindering service delivery. As a result, victims may refuse to stay and wait for the entire medical examination compromising their medical needs or they may be less likely to "cooperate" with police after they have decided to report the crime.

Secondly, working as a team that operates from a victim-centered approach allows individual players to see their roles in the broader context of responding to victims of violence and encourages their approaches to include more than simply fulfilling their respective roles as police officers or medical professionals for example. In addition to focusing on their mandated functions, workers can begin to appreciate the broader implications of how this is done. For example, simply focusing on bringing the perpetrator to justice without taking into consideration victim's rights and needs may be perceived as a threatening experience for the victim. Not only may she decide to back down from completing a report she will likely share her experiences with others, deterring future victims from coming forward and seeking the help they need. The following quote from *Matt*, a representative of the criminal justice system reflects this idea:

> *"From the perspective of investigation, you even start to think differently and look outside the box because of that. That has made us better police officers and probably better support personnel, and better medical people. You are seeing a bigger part of the picture and you know how one part of the puzzle can support the other."*

Having information about all the options and being given choices was identified as major strength of existing programs or services such as SARTs in both rural and urban communities. Operating from an empowerment model, the belief is that the only experts are those who live in and live with the experience. Individuals are able to make their own choices for decisions that affect their lives. Respecting a victim means respecting whichever life choices she makes without judging or punishing her. This idea is reflected in the following quote from *Sadira*:

> *"I think our strength (the victim services worker in a rural community) was our ability to walk with people to ensure that they understood from beginning to end what was going to be happening. Wherever there is an opportunity for them to make a decision, let them make a decision and have a choice"*

A rural key informant explained how eliminating a victim's right to choose can intensify the emotional reaction and therefore decrease her level of cooperation. *Christina* notes:

> *"I recall, the hospital in _____, for instance, if a woman presented with a sexual assault, they would immediately call the police thus eliminating her choice about having that kind of intervention and having that system kick in. I know that was very upsetting for some women I dealt with and then they would be hostile with me afterwards."*

Both urban and rural social service informants, two urban-medical participants, and one rural-legal respondent explained that information and education are used to ensure that victims are aware of their rights and responsibilities in order to make informed decisions. For example, as cited in the Sexual Assault Crisis Manual (2004), according to the Criminal Code of Canada, an adult has the right to choose whether or not they want to inform the police of a sexual assault and involve the criminal justice system. However, once they make that decision to complete a formal statement, they no longer have the right or the option to change their minds. The Crown Attorney or the police ultimately decide whether an investigation proceeds or whether it does not. If there is sufficient evidence beyond a reasonable doubt that the alleged offender is guilty, the case will proceed to a trial unless the prosecutor and the defense attorney agree to a plea bargain. What victims are often not aware of is their legal obligation to testify as a witness if the trial goes to court. For some victims, having this information is crucial in order to be able to make a choice, particularly for those who are ambiguous or who are being pressured to by family or others to report. Consistent with the philosophy of a SART for example, the role of a support worker is to also act as an advocate to ensure she is aware of her rights and her responsibilities.

Advocacy ensures that a victim's voice is heard and that her wishes are respected. This role is essential in delivering effective sexual assault crisis services and is best fulfilled when the advocate is not tied to the medical and especially not to the criminal justice system. The sole purpose of the advocate is to act on the client's behalf with no other agenda besides meeting her emotional needs at that time. This is done by believing her story, not blaming or holding her responsible for what has happened and not judging

her regardless of the situation. It is not up to the advocate to obtain a detailed account of what happened nor to determine whether or not she is telling the truth. The function of the advocate or the support worker is to provide as much information as possible so that victims can make the best informed decisions that will affect them now and in the future. It is the fundamental right of sexual assault victims to make choices for themselves and have these choices respected. Moreover, support workers are there to clarify information and mediate between her and other systems involved.

A rural legal informant noted the importance of providing options. *Marisa* stated: *"We had the ability to walk through, explain what it means for people, to go through the system and where they have options and where they have choice and to be able to say at some point in time, stop the process, this is not mandatory, I wish to withdraw my complaint."*

Similarly, *Christina* explains: *"Sometimes if women feel that they are being protected and helped, they are more willing to cooperate, more willing to go ahead with the prosecution and more willing to get unstuck from a really unhealthy place."*

SARAH - North Eastman Region

The most organized and coordinated service delivery for rural sexual assault victims was found in the North Eastman region. This appears to be the only rural area that has maintained an active sexual assault advisory committee leading to greater inter-

systemic communication, consultation and collaboration than other areas. Furthermore, at the present time, this is the only rural area that, in addition to the medical and legal services, operates a SART that includes immediate contact with, and the presence of an advocate at the hospital, a crucial component of the response. Other rural area responses to sexual assault don't consistently offer emotional support workers, especially advocates that are not already connected to the medical or legal system. Although some communities routinely involve Victim Services workers, they are connected to the legal system, governed by Manitoba Justice and are often contacted only when there is police involvement. Furthermore, other protocols don't stipulate the immediate and mandatory 24 hour contact of support workers or volunteer advocates to accompany victims while at hospital or at RCMP detachments.

Operating since 2003, this region has the SARAH program, the Sexual Assault Recovery And Hope program, which offers a more consistent approach for anyone who presents to a North Eastman Health Association Acute Care Emergency Department, with or without police officers and is alleging sexual assault. The SARAH program, for individuals living in and around the Pinawa, Beausejour and Pinefalls areas, was modeled partly after the Sexual Assault Crisis Program (SACP) and the Sexual Assault Response Team (SART) used by the Winnipeg Regional Health Authority (WRHA), in Winnipeg. It is contacted immediately after a sexual assault victim reports to a hospital in the region. SARAH volunteers are subsequently dispatched to accompany survivors and provide support and advocacy in the immediate post-incident period. These three areas are coordinated by one body and each area has its own pool of volunteers. The volunteers are trained in sexual assault crisis intervention and respond to local hospitals and RCMP

detachments, to provide clients with emotional support, information on sexual assault trauma and contacts for local and provincial support services. The volunteers' roles include providing information on a victim's legal and medical options and to advocate and protect their best interests when working with police and medical staff.

The North Eastman region has also formed a sexual assault advisory committee that meets approximately four times a year. This advisory committee includes representation from any system or agency that may have contact with a sexual assault victim in the acute post-assault phase including mental health workers, nurse examiners, care team managers or head nurses at each hospital, victim services, North Eastman's ambulance group, Child and Family Services and SARAH. Initially, there was representation from Winnipeg's SART to help facilitate getting the program started.

The Regional Health Authority and the RCMP support this initiative so that a protocol involving the roles of health, justice and social services was developed resulting in a protocol for their region's own Sexual Assault Response Team (SART).This protocol outlines the roles and functions of the medical, legal, and social sectors within the community as they relate to sexual assault victims. The protocol identifies the three main organizations involved (SARAH, RCMP, North Eastman Health Authority), clearly defines each of their roles, and outlines how to respond to victims of sexual assault in a consistent, collaborative and sensitive manner. The document includes: the appropriate response when someone alleges sexual assault, how representatives from organizations work as a team, and when additional agencies should be contacted, for example Child and Family Services.

When a survivor presents at one of the hospitals in Pinawa, Pinefalls, or Beausejour as a result of a sexual assault, the hospital contacts the SARAH program and a SARAH volunteer will attend the hospital to provide information on sexual assault trauma, medical attention, police or reporting options, and community legal and emotional referrals. SARAH workers can provide emotional support to the victim at the hospital and during medical and/or forensic examinations and police statements if the victim so chooses. The SARAH program also offers to call victims a couple of days after their hospital contact to follow-up.

In addition to providing medical and forensic examinations, treating clients medically, and providing preventative medications, the medical system also does a follow up involving test results, physical health concerns and additional testing if necessary. If the victim chooses to involve the police, then charges are laid once the perpetrator is identified. If there is sufficient evidence to continue the investigation, clients are referred to victim services where they will receive legal support and information throughout the investigation up to and including the preliminary hearing and trial if needed.

Since 2004, SADI, the Sexual Assault Discussion Initiative, has also operated in that region. SADI offers educational workshops on topics related to sexual violence in local schools (grades 8-12) and to regional service providers. Workshops focus on the root causes of sexual violence with the goal of changing beliefs and attitudes that contribute to sexual violence. Workshops include healthy relationships, sexual harassment, homophobia, self-esteem, healthy communication, gender stereotyping, relationship violence, helping a friend, internet relationships, date rape and date rape drugs. Service provider workshops focus on defining and exploring the root causes of

sexual violence, and identifying the best practices for supporting victims of sexual violence.

Northern Regions

According to key informants who have had the experience of working in more northern areas such as Thompson, there isn't a formal coordinated or specialized response to victims of sexual assault like there may be in more southern regions. If people choose to access a health facility for medical attention, if there is in fact one in their area, it doesn't necessarily mean they will be treated for sexual assault, especially if patients don't directly identify as victims of sexual assault. Similarly, it seems that if a victim chooses to contact the police, referrals and support are really up to the attending officer's discretion, time and awareness.

Although there seems to be more of an awareness of the unique physical and emotional needs of sexual assault victims now more than there ever before, the systems continue to work more or less independently. One of the major consequences of this is that the less interagency sharing of information and resources, the less equipped individuals are in providing a comprehensive approach. It is virtually impossible to thoroughly attend to a victim's medical and physical needs, carefully collect forensic evidence, obtain a medical history, interact with the legal system and attend to her emotional needs all at once and as quickly as possible. However, the comprehensive and cooperative nature of working as a "team" is what tends to decrease the level of trauma and discomfort for victims as much as possible thereby facilitating the process for the various systems involved, and ultimately for the victim. According to key informants, the

level of support again depends on who is delivering the service, their comfort and their level of understanding of the issue, particularly if they are required to do so independently. Moreover, there isn't a greater body that governs such service delivery and ensures its consistency, which raises questions concerning accountability.

Jenny shared her thoughts about the struggles of working in a northern community:

> *"One of the things than happens when you don't have that is that maybe you encounter a doctor who's not comfortable with sexual assault or not familiar with the rape kit, so that without intending to there can be further traumatization or further victimization and the survivor begins to feel awkward. I think that was one of the important things that we were trying to address is that we would make it so that the people dealing with the person who had been sexually assaulted was someone who understood the issue. I'm not sure that that happens all the time. Now I think it's who ever happens to be on duty."*

Larger versus smaller centers

The province of Manitoba only has one comprehensive Sexual Assault Crisis Program (SACP) that covers the range of services for victims of sexual assault and it is located in the city of Winnipeg. Access to on-going sexual assault specific counseling depends on how near a survivor is to the city. Although there are individuals that drive an hour or so for weekly counseling appointments, it isn't convenient for the majority of rural victims. More remote or isolated communities wouldn't have that option. For some,

the only opportunity for confidential counseling is through the toll free 24 hour sexual assault crisis line, provided survivors have access to a telephone.

Victims that live in and around larger rural centers such as Selkirk, Dauphin, Portage La Prairie, Thompson and The Pas have access to services such as safe homes and women's shelters so that they can access information and emotional support. Occasionally workers will be able to accompany victims to a hospital or nursing station if necessary or to the RCMP. However, it is common for shelters to turn away victims if their presenting issue is not related to domestic violence as it is outside of their mandate and they are frequently over capacity. It is not uncommon for victims who don't live with their perpetrator, to be given the toll free sexual assault crisis line number. Access to free, confidential, on-going, in-person sexual assault counseling does not seem to exist in these larger centers, let alone in smaller, isolated communities.

Smaller rural areas often very isolated and referred to as "fly-ins" such as Bearen's River, Oxford House and Blood Vein do not have any specific sexual assault services. Victims in some of these smaller communities may have access to nursing stations, but if the client wants to have a forensic examination and thus press charges, it is suggested that she be "medi-vaced" or flown into Winnipeg's Health Sciences Center. Although RCMP would have access to "rape kits", they don't perform them, only physicians or SANEs do.

There are only a few hospitals in Manitoba where nurses have had specialized training and have therefore been granted permission to perform forensic examinations. However, many physicians have never had the experience of conducting such an exam. Without the experience and the proper training, examinations can be more awkward,

uncomfortable, lengthy and traumatic. Moreover, if samples are not properly collected, cross contamination can occur for example, thus sometimes crucial evidence becomes inadmissible in court. The way DNA is collected, bagged, labeled, handed over to police or RCMP, and stored is also important to avoid destroying evidence.

The following comment made by a key informant is in reference to attending to sexual assault cases in remote and isolated communities. *Sadira* states:

> *"Sometimes there is a community worker, but in those instances the police in general become the jack of all trades and if it is necessary, they will help make arrangements if the victim needs to come out of the community, if it is safer [for her] ... So sometimes what we have to resort to doing is going to family or relatives or friends to try and provide the services that are not there in the community. It very much depends on where you are."*

Limitations to Formalized Protocols

Although formalized policies for responding to victims of sexual assault do exist in some rural regions, there are several limitations even with respect to more coordinated service responses. For example, given that the North Eastman's SART is relatively new in existence, consistency seems to be a struggle. Even though policies regarding the care of victims exist, if written copies are not distributed and discussed adequately in training to ensure staff is familiar with all aspects of the protocol, the expected outcome isn't always achieved. Therefore the systems don't always respond in a coordinated fashion. For example, the attending medical staff at the hospital may not contact the SARAH

volunteer, therefore a support worker or advocate would not be present at the hospital, meaning the "team" approach is not initiated. The implications of her absence include the lack of emotional support, information or advocacy necessary in dealing with the aftermath of a sexual assault and the decision- making concerning medical and legal options. When service providers work completely independently from one another, the service provision is often piecemeal and the victim's emotional well-being is ultimately affected. *Anna* shared her frustration:

> *"It is hit and miss....there aren't a lot of services available and we are having a hard time finding out what services there are so we can make referrals for people. All of these services are acting independently most of the time. Unless the SARAH program is specifically involved in sending people off in the right direction, it is pretty uncoordinated."*

Furthermore, less training has been correlated with less sensitivity around the issue. Without protocol training, workers are less likely to operate from the same set of values further inhibiting a consistent response. One of the greatest concerns expressed by rural informants is the nature of the interactions victims experience at the hospital by staff, RCMP officers or social services. Victims frequently report feeling blamed, discredited and re-victimized by the various systems they come into contact with. The less training and experience a service provider has with victims of trauma, the less likely they will respond effectively and respectfully. Consequently, victim's experiences are more traumatizing.

As *Matt*, an urban legal key informant explained, *"I mean its generally the police that they are apt to be dissatisfied with... somebody from general patrol who maybe once or twice a year they come across one of these investigations...perhaps you get some overzealous officers who are looking to try to take control of this the way they would in different kinds of investigations. Maybe not show a degree of sensitivity they could."*

One very obvious struggle in rural communities is the lack of existing services. Those that do exist seem to operate independently so the likelihood of gaps or duplication of services continues even in communities with the most resources. Moreover, due to common rural barriers, further addressed in section three of the findings, respondents indicate that rural services are constantly changing which makes it challenging for service providers themselves to know what kinds of referrals would be helpful to provide clients let alone survivors trying to access help on their own. This becomes a major obstacle in accessing services and adds to service overlap. *Anna* states:

"We have to do a lot of asking around to find out what is available and if it is still up and running or if something new has started. It is a constant battle to figure out what's out there and what has collapsed and gone. That's all services, the ones that are private and the ones operated by the Regional Health Authority or Child and Family Services and any of the government stuff. Even those aren't coordinated as far as I can tell."

Indigenous Women: Experiences and Protocols

When asked where Indigenous women who are victims of sexual violence are going for help in rural communities, several participants stated "*They're not*!" *Sadira* stated:

"*I don't think there is a whole lot of services out there, appropriate services, counseling services, training services for Aboriginal people in rural areas.*"

When sharing her experiences working on 5 different reserves in Manitoba, *Sadira* stated "*there is no sexual assault counseling per say within the community that is purely women focused*".

Christina stated: "*Every program that I know about in any of the communities that I work with have primarily been set up to get the accused out of jail. Doesn't matter what the crime is. Jail is not the right place for him. I agree to some extent that these programs need to be in existence but the consequence is that women who are victims of these offenders have no other resources to use because all of the programs are set up within one facility and are operated by the same people*".

Findings from the data indicate that the more isolated a community, the less information and treatment are available to victims of sexual assault regardless of age. The

more remote their community is, the more difficult it may be to come forward and endure a long often lonely trip to a foreign environment hundreds of miles away so many, if not most women do not come forward.

An examination of a protocol created for remote First Nations communities in Northern Ontario and the more mainstream protocols used in Manitoba was that the former protocol looks at ways to support the alleged abusers and their families as well. This reflects a major philosophical difference reflecting an Aboriginal focus. This perspective focuses on responding in a more holistic manner that includes an approach to healing the entire community. As opposed to supporting only the victim and her family, intervention is also focused on healing the offender with the hope of breaking the cycle of violence so that patterns of abusive behaviors don't continue to affect his family and the community. One of the goals of intervention is to "promote the restoration of peace and harmony in the community". The protocol states that mental health workers "work closely" with the perpetrator's family, as well as the victim and her family in both cases of sexual assault and child sexual abuse. Furthermore, the Northern Ontario protocol addresses male victims of sexual assault and sexual abuse and their potential need for "gender-specific support" at the time of disclosure, whereas none of the Manitoba protocols refer to the need for male supports.

This particular protocol also specifically addresses the survivor's safety through the consideration of removing the victim from the community if necessary, especially in relatively smaller, perhaps close-knit communities that may have fewer resources and where everyone knows one another. This may also be considered for medical reasons so

that victims are transported to bigger health facilities in order to get appropriate medical attention.

The protocol for Northern Ontario also makes references to the importance of providing "culturally sensitive care and support". For example, the planning process includes obtaining endorsement and support from the Chief and council to promote healing and reconciliation through healing circles as well as providing financial support for transportation and hotel accommodation for medical and safety reasons. One of the core objectives of the protocol is to create public awareness about the issue of sexual assault but to also learn about the First Nation residential school experience and its connection to violence.

Section 2: Planning: Steps Involved in Establishing Sexual Assault Services

The findings in this section reflect themes from the data related to the following research question: **What are the perceptions of the key stakeholders who have been involved the design, planning or implementation of service delivery for sexual assault in relation to the recommended steps involved in establishing an effective, immediate community response to victims of sexual assault in Manitoba?**

Do Your Homework

Participants with experiences of initiating new projects within a community emphasize the importance of "*doing your homework*" and talking to people first. One of these key informants referred to this as the "*pre-contemplative stage*". All the respondents referred to the process of consultation within the community as an essential

"*first step*" or a "*respectful*" approach to community organizing. This pre-work involves having conversations with as many people as possible and asking a lot of questions. It is important to have a sense of the politics within the community, to brainstorm related potential issues and to confirm whether or not there is community support as this may determine the approach used. This involves the consideration of personality issues, territory issues, suspicion, and potential strategies to overcome them. One urban respondent explained that pre-work involved putting yourself out there and articulating your intentions to avoid negative assumptions. *Sylvia* states:

> *"Getting to know people so that they know that you are not out to get them out of a job, you're out to broaden a set of services. But they are not going to know that from a stranger."*

Both urban and rural respondents identified the need to identify the stakeholders and the potential related issues. This phase could involve brainstorming many questions and searching for as many possible answers in order to fully appreciate the need in the community, the process by which to address those needs and the potential viable outcomes. Several urban respondents and all the rural informants emphasized how it is crucial to know and understand the community. This could involve finding out what services already exist within the community. When trying to identify potential stakeholders, it is helpful to think about who might have contact with victims, particularly when they are entering the system. For example, doctor's offices, hospitals, nursing stations, RCMP detachments, mental health centers, child welfare offices,

community centers, women's shelters, and crisis units. This may help identify who should be involved in some part of the planning process, at least to begin to define community needs.

It is important to get buy in from all the stakeholders and key players involved. A rural key informant emphasizes the importance of getting buy in from the Regional Health Authority and the RCMP detachments especially. However, depending on the community, data shows that support from the Band Council and Chief is vital if the program covers delivering service within a First Nation community. It is important to know the Aboriginal communities within the region very well to understand their own approaches as they may be very different than what is used in non-Aboriginal communities.

Consult

Several informants (4 urban and 3 rural) referred to the importance of consultation outside the community and explained that it is essential to identify and understand what exists in other regions. One key informant who has assisted rural communities during the initial phases of developing policies or programs referred to this as the "*contemplative stage of the process*". These respondents suggested that there is no need to exhaust energy and resources by "*reinventing the wheel*" so it is important to consult and collaborate with other communities that already have something up and running. *Christina*, a rural key informant involved in both the social service and the legal systems states:

"To reach out and talk to people who have done this kind of work before to eliminate some of the painful birth processes".

This phase includes consulting with existing services to learn from their experiences and from their mistakes. Respondents representing both rural and urban social services explain that this can help identify an overall objective or goal and then help break that down into sub-goals, or action steps. *Sylvia* explained that this can help to strategize how you will approach the community and stated:

"Asking the questions once you have the idea is important because then you are going to increase the likelihood that you are going to have a successful implementation as opposed to it is going to crash and burn."

Considering costs and sources of funding or financial support were identified by almost all the urban and rural respondents as one of the initial planning processes that must be worked out ahead of time. This may involve considering a volunteer component in delivering the support services for example. If so, three respondents identified brainstorming questions related to recruitment, selection, screening and training of volunteers as necessary. *Sylvia* stated:

"If your community decides to develop some sort of service or program, it is helpful to know what you want to say about it and from what philosophical foundation."

A rural informant supported this idea and added that queries include determining whether or not it will be a women's only program and if so defining the parameters for what that means.

Call a Meeting

Once key players have been identified and approached to share their thoughts and ideas, both urban and rural informants representing all three systems indicated that the next logical step would be to call a regional meeting of interested service providers and community members. A rural informant added that inviting an "*established*" person from the community is often helpful as their presence legitimizes the cause and therefore is more likely to encourage community involvement. *Anna* notes:

> *"Have somebody already established in the community organize that stuff so that people who are deciding whether or not they want to get involved, they'll see that there is a legitimate backing."*

As recommended by several rural, urban and Aboriginal respondents, representation at the table should be as inclusive and representative of the community and the region as possible, inviting more than just service providers from particular systems or members of just one town. *Marisa*, a rural key informant representing the legal system stated:

"...where you are looking at a First Nation community is definitely to involve the Chief and council or a delegate from the council because someone on that council is usually responsible for certain services and definitely involve all the community players." All rural informants identified the need to involve the Chief, Band or council of neighboring First Nations reserves.

Sadira added that it is important to include individuals who have an *"awareness of the dynamics of sexual assault"*. This will provide the opportunity to educate and raise awareness about the reality of sexual violence and to provide information on what involvement and participation can accomplish.

Two representatives from the social service system (one urban and one rural) stated that the objective of this initial meeting is to solicit thoughts, feelings, ideas and suggestions from those in attendance and does not mean that those present must commit themselves to a committee or a working group. This is merely an opportunity to give interested community members a voice and solicit their feedback. Moreover, this provides an opportunity for individuals to become better acquainted with one another which may increase the likelihood of their support and future involvement of the project.

Working groups are established in the form of "*inter-facility*" committees, also known as "*inter-agency*", "*advisory*", or "*steering*" committees as referred to by most of the respondents. Committees of this nature are designed to focus on a particular area such as developing and revising policies, procedures and protocols or providing direct follow-up on service provision. Membership could include a wider range of service providers for example. Therefore members come and go and particular people are invited to the table

for special projects. One of the functions of a steering committee for example, is to re-visit the goals of the group to ensure that things are running smoothly or to take on new projects related to the overall objective of the group. The inter-facility committee in Winnipeg for example, spear-headed the development of the "sexual assault suite", a new more private space separate yet near the emergency room of HSC. Representatives at the table brought forth suggestions from those doing direct service that a more comfortable and quiet space for counseling, police statements and medical and forensic examinations at the hospital was needed. The advisory committee of the North Eastman region for example, is currently reviewing and finalizing a draft of the protocol to be followed by hospitals, as well as RCMP detachments and the SARAH program in their area.

Network

Inter-agency coordination in the form of communication, networking, consultation, and collaboration was identified as the foundation of service development and was a collective theme that instantly emerged in the data. Networking or creating liaisons within and between systems begins with basic dialogue. Developing an interest in what others are doing through back-and-forth conversations helps develop relationships. Relationships that have been built on genuine trust are much more likely to evolve and strengthen over time. The nature of these relationships is the foundation of strong partnerships, proven to be essential for delivering services for several reasons.

In relation to crisis response for sexual assault victims, two major examples of inter-systemic coordination include SARTs and inter-agency committees. Data analysis reveals that coordination in the form of a SART for example, is beneficial as it provides

clear guidelines and directions on how to manage survivors when they arrive at the hospital. *Sylvia* states:

> *"You've got a medical person dealing with the medical needs, potential collection of physical evidence and exhibits, you've got the police doing more of the investigation piece, we do the support counseling. So we really do work in that team kind of thing".*

All of the urban and rural informants from the medical, legal and social services systems who have been involved with their community's SART indicated that another benefit of on-going communication and cooperation between systems is the development and enhancement of service provision. *Christina* explains:

> *"Having people that can come in and provide the support to the victims and explain the process, sometimes in a way that the officer is incapable of explaining it, not because they don't care enough, they just don't have the language, like their motivation is so different for like a SARAH or a Klinic person. So to have that additional explanation becomes really valid to the officer. It also means that the officer is then free to concentrate on other parts of the investigation which may expedite the completion of the investigation rather than having to sit for 2 or 3 hours trying to work out how the statement is going to be. If the client is well-prepared to provide the statement...then the actual statement taking becomes so*

much easier. More and more officers are beginning to appreciate that so they are more welcoming of the support."

Almost all of these respondents noted that once working relationships have been established and a sense of trust is felt, members of a working group begin to identify as a team, and work on a common goal and a shared vision. Furthermore, this provides a working environment that is conducive to focusing on the overall objective and therefore individuals are less likely to become defensive or protective of their respective agencies or systems. Most of the urban informants representing systems connected to the city's SART feel that this encourages hearing other perspectives and challenging personal attitudes and beliefs, facilitating a willingness to provide and receive feedback. Meeting somewhat on a regular basis increases the likelihood that feedback is received quickly and directly. Service provision can only improve when corrective measures are dealt with immediately if and when the need arises.

An urban-legal informant discusses the inter-agency committee in his community and describes the benefits of the evolution of this inter-systemic relationship. *Matt* states:

"We discuss specific problems that we may have had on an on-going basis. In between that time, if there is a bad police response for instance, we will get a call from the hospital or Klinic within a couple of days and we will work through that particular set of circumstances and rectify whatever the problems were. At the same time, we try to draw lessons learned from that so at monthly meetings we'll see if we can sort of change the big picture the next time around...there is a real

cooperative spirit that exists there and everybody is very open...highly successful...absolutely necessary. I think we would be taking a huge step back if we didn't have something like we have here."

Several of the respondents, from both urban and rural communities, indicated that over time, on-going inter-agency communication helps to flourish relationships based on mutual respect. *Lina* noted:

"The inter-agency communication is more than just communication, it is a relationship. It's based on mutual respect, trust, confidence that mainly everybody is working for the patient, based on what the patient wishes."

This also provides a safe and comfortable environment that allows committee members to not only share helpful information, but to debrief experiences related to the work involved. Urban respondents from all three systems added that this provided them with the opportunity to discuss difficulties they may be experiencing, express ensuing feelings, explore potential solutions and identify personal and professional needs that may arise. Therefore in addition to simply venting, members have the opportunity to explore what they have learned emotionally, intellectually and experientially from their shared experiences.

Kate stated: *"If things don't go well, there is a forum for us to come together... operating kind of on the grassroots level of issues, so that we can brainstorm and*

address problems...so we can improve the next time and its not an academic far-removed managerial discussion, it's people right at the grassroots that can implement change so in that way I think its better".

Communication in the form of information sharing and debriefing allow members to more clearly understand the role and function of their counterparts which not only facilitates working together productively as a team but also fosters individual growth both personally and professionally. As a result, representatives from all three systems, both in rural and urban communities feel that such collaboration allows for a more holistic and client-centered approach to service delivery.

Planning

Two rural informants involved in planning a SART in their communities explained that careful consideration and selection of committee members accountable to the service is of the essence. They explained that individuals who sit on various committees must be prepared to work as committed and aggressive working groups are more likely to accomplish what they set out to do. Two additional informants supported their beliefs that smaller working groups are usually most efficient.

The following quote from *Lina*, an urban medical respondent reflects this idea: *"We have a fairly small working group and people know each other fairly well. If there are issues, then you know who to call and how to access the right people. So*

if there are systems problems...you are able to identify ways to address those so that they don't become long-standing issues."

Volunteers

Given that funding will always be an obstacle, according to urban and rural social service representatives, the volunteer pool is a major resource and is the foundation for programs that deliver support and advocacy specifically to sexual assault victims in Manitoba, especially during the acute phase (within 48 hours). Klinic's SACP in Winnipeg, the SARAH program in the North Eastman region of the province, and Victim Services in Winnipeg depend mostly on volunteers to deliver the services within their mandate. The SACP in Winnipeg has two full time staff and approximately 55 volunteers, SARAH has one staff person and approximately 15-20 volunteers, and Victim Services has 4 staff and approximately 60-65 volunteers.

Klinic's SACP and the SARAH program recruited volunteers to provide 24 hour crisis intervention to victims of sexual violence. This includes providing information, support and advocacy solely to sexual assault victims and their families either over the phone or in-person at the hospital or in a police facility. Volunteer roles can include comforting victims, supporting them through medical and forensic examinations, police statements and court hearings as well as providing over the phone and on-going, in-person counseling. All the volunteers that take on this role are women, a deep-seated policy in working and or volunteering in these particular programs.

Arlis, an urban medical informant comments on the importance of the role of the volunteer and states:

> *"Having someone always available to be with the survivor...because they need someone to be that support person even if that girl is just sitting there beside them, at least it's somebody there that they can talk to. The exam is very traumatizing itself and they need somebody there to talk to them."*

Although none of the respondents opposed a volunteer component to delivering social supports to victims of sexual assault, one urban medical informant expressed concerns she had in the past regarding volunteers not being familiar with all the processes, options and services specific with a "pediatric" population, or dealing with those ages 12-18. *Kate* states:

> *"...like when kids are getting HIV prophylaxis, we made sure they knew about getting application forms for compensation for victims of crime so that it wasn't a huge outpour of money. We would make an initial phone call to their office so we could start processing the claims right away so that people wouldn't run out of medications before the five days (of free medication) was up. When this first moved over to the adult section, the workers from Klinic (volunteers) were not familiar with that process because it was not something that they have even dealt with so they didn't know how to bridge the gap."*

Individuals, both male and female, volunteer for Victim Services in Winnipeg during business hours (Monday through Friday, from 9 a.m. until 5 p.m.). The volunteers offer support, information, and referrals for victims who have reported any crime to the WPS such as, physical or sexual assaults, home invasions, and theft. Most contact volunteers have with clients occurs over the phone, where they would offer a victim of any crime specific information about the progress of their police investigation, information about the courts, finding out what gaps exist in terms of social service provision and look to "*fill those gaps*".

The training and supervision of volunteers requires time, guidance and expertise. Interview questions addressed issues related to volunteer management such as the recruiting, selection, and training of volunteers. Four of the respondents have had a lot of experience in their respective programs. I asked these particular questions as I felt they may solicit helpful and insightful information for communities starting from scratch. I focused primarily on the responses that would be specific to volunteerism in the provision of sexual assault services.

Recruitment of volunteers

Recruiting sexual assault volunteers occurs over the internet on agency websites and at universities and colleges. It is also done less formally through word of mouth and in public awareness campaigns and workshops. According to several rural key informants who have had previous experiences with volunteer management, "*creative measures*" may be necessary to recruit in less populated areas communities. In addition to word of mouth, putting up posters and articles in the local newspaper, and advertising on local

Aboriginal radio-stations were identified as helpful recruitment sources. A benefit of living in a smaller community is that people know one another or at least they are quite familiar with one another's family. A recruitment strategy that has proven to work really well in smaller communities usually begins by identifying those who you feel can fulfill the responsibility and the commitment of doing sexual assault crisis work and then approaching them in person and asking them if they are interested. It was found that potential volunteers were more inclined to sign up when they were personally approached and asked as opposed to reading recruitment letters in a community bulletin for example. Approaching and talking with individuals from small organized groups on reserves, from Child Find clinics set up in the region, from church groups or from the Salvation Army, is key to finding people who naturally want to help.

Selection of volunteers

Volunteer selection is not an especially challenging endeavor as women who come forward are generally interested in the issue of violence against women and therefore uphold a different kind of commitment. Moreover, the commitment to support, counsel and advocate for victims in crisis usually attracts dedicated, compassionate and respectful individuals that are willing to volunteer their time in this way. The existing programs in Manitoba who manage volunteers as sexual assault support workers always select women to fulfill that responsibility. *Sylvia* states:

"That is important because primarily you are dealing with women and most of the men we work with have been victimized by other men. That is a huge piece, to be able to continue in that fashion."

Due to the nature of the work and the access of personal information volunteers may have, all the informants who have had experience managing a volunteer program of this nature strongly encouraged criminal record checks, child abuse registry checks, and personal and professional references as standard screening practices. All of these respondents discussed conducting background checks in the form of having discussions about the motivation for volunteering in order to become aware of a potential volunteer's personality, values and qualifications. Two of these four informants identified that exploring what motivates a person to commit themselves in this way is helpful in uncovering personal experiences they may have had with sexual violence and understanding whether or not they have dealt with them sufficiently to be able to work in traumatic and perhaps triggering environments. Sometimes this isn't quite evident until training process begins, which can also be considered part of the selection process. Recently, the training of both rural and urban volunteers recruited to provide in-person support and advocacy to victims consisted of intellectual, emotional and experiential learning. Two representatives from the social services system (one rural and one urban) indicate that the detailed information of its content can be overwhelming on its own. Other components to training include videos that contain somewhat graphic visual imagery that may be difficult to view and role playing potential scenarios that may arise while at the hospital in order to prepare volunteers for what they may have to see, hear,

smell, or feel. Those who partake in the training often get a better sense of what it would be like to fulfill this obligation and whether or not they feel able and ready to make a commitment of this nature.

> *Anna* states: *"I use the training weekend also as a filter...I think every time I've done training, a person does not make it through. People are pretty good at weeding themselves out. Once you sit down with them and talk about the kinds of things they will have to do and the information that they will have to pass on, most of them figure out pretty fast if they can do it or not".*

Uncovering and exploring a potential volunteer's value base is a significant component of the screening process. According to an urban informant, people do not have to identify as feminist but explains that it is imperative that they accept certain principles attached to feminism such being pro-choice, not just in terms of reproductive health issues, but in terms of their options about how to proceed after an assault and whether they want to involve the criminal justice system or not. Several urban and rural respondents (mostly representing the social services system) state that having an analysis of violence and an understanding of what perpetuates violence against women is essential in order to work with victims in a supportive role. Two informants state that they must not have a blaming attitude towards victims of sexual assault and must understand the importance of empowerment. *Sylvia* added:

"It is not expected that volunteers come with all the training, but that they come with an openness to challenge their own attitudes and beliefs and learn what it means to be non-judgmental".

Volunteer management

Three rural key informants indicated they had staff from the SACP at Klinic visit their communities to provide training to their volunteers around the issue of sexual violence, the definition of sexual assault, sexual assault trauma, how to be supportive, resources, protocols and related issues. One interviewee discussed how the training provides information on the legal system, the justice system and all the options that survivors have to choose from. One respondent stated they her community received a 2 ½ day training or 17 hours of training from the SACP for each new pool of volunteers they have had. *Sadira* stated:

"I didn't develop any of my own material. I relied on Klinic a lot".

The regional health authorities in each of these rural regions funded the costs of the trainings, at least compensating for facilitator's expenses such as mileage, accommodations, and providing a per diem.

In terms of the supervision of volunteers, having a buddy system so that more seasoned volunteers could be paired up with newer volunteers when attending hospital calls is preferred. This could be considered an extension of training as it would allow newer volunteers to observe how their more experienced partners juggle supporting

victims and communicating with systems. However, due to low numbers in rural areas, this hasn't been an option.

Supervision of volunteers in the form of check-ins and debriefings is an essential component of any volunteer program and will likely need to be taken on by the coordinators of the rural programs, for example, reviewing volunteers' files or reports and providing feedback based on their paperwork. It is also helpful to take the opportunity to observe volunteers while they are fulfilling their roles in order to offer additional tangible and concrete feedback. Other examples included supervision groups whereby volunteers meet on a regular basis to share their experiences and learn from one another. This time together is an opportunity to pass on feedback from other systems, provide additional information and training such as changes to policies or other protocol developments.

Debriefing is a vital component of supervision and occurs in pairs or in groups. This is not only an opportunity for workers to vent their frustrations about a particular situation but to also encourage the identification of how the experience made them feel, what they did well and to challenge themselves regarding what they could have done differently. Debriefings should also encourage people to assess what they need now in order to cope and therefore be able to more effectively fulfill their roles. It is a guided discussion that explores what workers have learned intellectually, emotionally and experientially not only about their roles but about themselves.

It became obvious just how challenging yet vital volunteer management is in general, especially so for rural communities with even less access to resources and funding than in the city. Although effective recruiting, screening, selecting, training, and

supervising of volunteers may appear to be time-consuming, the investment could sustain an entire program with lasting benefits for individuals and communities. As *Vicki* notes:

> *"The bulk of the work is done with trained, dedicated volunteers. It is an incredible resource and you've got people who are really committed, wanting to do this, making a difference and also from a wide range of backgrounds."*

Importance of Training in Service Delivery

The data reveals that training and education is an essential component in delivering any sexual assault crisis service regardless of the system to which the worker belongs. This assures a team of people, such as the Sexual Assault Advisory Committee members or the Sexual Assault Response Team members get the same training and therefore have the same expectations of one another. Moreover, this ensures that all members are working from the same set of core values. Consequently, delivering a more prompt and consistent response becomes primary. As *Matt* states:

> *"There is a team of people who have had the same training so that there is the same expectations of the service they will provide."*

Ensuring a respectful approach to initiating training in any community is imperative. This can begin by creating awareness through public education and discussion about the issues affecting the community. It is also suggested that the key

stakeholders are invited to the table to share their experiences regarding community issues, needs, and expected outcomes, as well as how they propose, collectively, to work together to achieve their goals. Each system is able to identify their developmental needs and areas of interest. Beginning by addressing these requests for training is a good start and will hopefully encourage on-going professional education. Networking inter-systemically can provide the opportunity to shape more reciprocal relationships between agencies and programs in order to pool together and share information and resources. For example, *Christina* said:

> *"Make sure you do the education with the police before you start the process... I think it would be a discussion on the problems that they have with sexual assault victims. Find out from them, where they think they need help. Where they think a group could be useful because you can always build on what they think they need. But if you start off with 'we don't want you here because all you're gonna do is cause problems' you're never gonna change it".*

> Protocols for Sexual Assault Advisory Committees state: *"When possible, on-going inter-agency training will take place in order to maintain a common approach and to facilitate an understanding of the roles of all organizations involved on the committee as well as on the team".*

In addition to learning about the roles and responsibilities of each organization on the advisory committee and the SART, training also includes: protocol awareness; and

information on sexual assault, sexual assault trauma, and medical and legal procedures. Information is also made available in a handout package form.

Aboriginal informants indicated that in order to ensure that services are providing culturally sensitive care and support, learning about the First Nation residential school experience and its connection to sexual violence is imperative and should be a part of, or at least in addition to workshops on sexual assault awareness. This idea was also supported by two rural informants.

To ensure that all members of the team are working from the same set of core values, an overarching theme in the general sexual assault awareness training includes teaching the value of empowerment. This would begin by uncovering and examining personal attitudes and biases about rape and rape victims as well as the potential effects it has on one's ability to attend to them in a sensitive manner. Educating participants on victim rights includes providing victims with the information and the choices they are entitled to. Discussions related to using non-judgmental behavior would include the importance of not blaming victims and respecting them and the choices they make.
In addition to the overall, more general training, each agency would receive specialized training specifically related to their area of expertise. Education topics for Sexual Assault Nurse Examiners for example would include using the forensic kit during sexual assault examinations, filling out forensic forms and paperwork, data collection, post exposure prophylaxis, and conducting pelvic examinations. Training for police officers could cover a range of topics including how to deal with the best interests of the victim, profiling of perpetrators, coordination of exhibits, interviewing and identifying suspects. Training for support workers or advocates would include crisis theory and suicide intervention

training, sexual abuse and sexual assault counseling skills, and effective mediation and advocacy.

Urban key informants from the medical and legal and social systems indicated that specialized training on the above topics could be arranged through their respective institutions or agencies. Staff from Winnipeg's SANE program and Klinic's SACP have traveled to rural communities in Manitoba to provide workshops and related trainings. Training for RCMP officers could be negotiated by contacting Winnipeg's Sex Crimes Unit. However participants would be required to attend trainings in Winnipeg. An urban informant explains how her program has utilized experts and has reached out to similar programs across Canada and into the United States requesting their training manuals in order to incorporate the material into their training outlines. *Vicki* explains:

> *"We have people in from programs like Klinic, or like Compensation for Victims of Crime to train our volunteers. We don't try and do it ourselves. We are not the experts in everything. I encourage programs like Klinic to call out police officers to do their training. Don't train your volunteers about what the role of the police is, because we have officers that will go out and will be happy to do it. Likewise when we train recruits, we call these programs."*

Another urban legal informant spoke of the importance of *"cross-training"*. *Matt* stated: *"It's one thing for somebody to get up and say here is the police perspective on things but if you have individual questions, you really need to get*

those answered to sort of build some confidence...I would really like for police to be able to come in there to be able to answer questions".

One rural and two urban informants suggested several ways to maximize the effects of training by including experiential components in addition to lecturing and discussion. One of the urban informants uses pre-written role plays with well thought out scenarios, which allows workers to practice the tools necessary to effectively problem solve. Some participants for example, occupy roles that include providing significant information while providing support and comfort to victims needing to make immediate decisions of great consequence. The second urban informant described the role of a support person as overwhelming and challenging but that with practice in an environment where feedback is given directly and respectfully, trainees have the opportunity to broaden and strengthen their skill set. She explains that as a result, people generally feel more confident in their skills, and subsequently in their roles, thereby provide a better service.

An urban legal informant described training as an opportunity to practice thinking in advance about how participants would deal with unusual, unexpected and perhaps confrontational situations. *Matt* states:

"*This may include rehearsing the language and the skills helpful in sharing perspectives in a meaningful way. This fosters assertive communication and a respectful approach to collaboration*".

Several respondents made reference to the belief that communication training can also prevent obstacles to service delivery such as suspicion or de-escalate issues related to turfism, two of the common barriers to coordinated agency response that the following research question explores.

Section 3: Challenges and Barriers for Rural Communities

The findings presented in this section relate to the following research question: **What are the key stakeholders' perceptions of the challenges and barriers involved in establishing a formal response in a rural Manitoba environment?**

There doesn't seem to be much certainty about what is being offered in various communities across the province. Most of the participants including all of the rural informants reported inconsistency, and lack of continuity and stability in the way that sexual assault survivors have been cared for and managed across the province. The quality of service provision appears related to who delivers it, the areas of interests, how confident and comfortable they are in fulfilling their roles, and the availability of time and resources.

Lack of coordination

This can be attributed to many different factors, one of which primarily relates to the overarching theme of inadequate networking and coordination. Due to the lack of coordination between agencies, communication related to information sharing breaks down thus creating a general unawareness of both existing and needed resources. As a

result, there is a considerable amount of wasted time and energy that goes into researching possible referrals. It is therefore more probable that service development is duplicated or that there are gaps in service delivery.

> *Anna*, a rural informant representing the social services system states: *"Because everybody is operating independently, I think there is a lot of overlap, and then there are a lot of services that are not in existence that people need. We have to do a lot of asking around to find out what's available and if it is still up and running or if something new has started. It is a constant battle to figure out what's out there and what has collapsed and gone".*

Furthermore, without appropriate inter-systemic communication, agencies continue to perform their roles independently without understanding the roles of other agencies involved which, has always been a common struggle for both urban and rural communities. This breakdown in communication makes creating inter-systemic relationships built on trust nearly impossible to do, creating a variety of service delivery barriers.

Geography and Size

Inter-systemic coordination can be particularly challenging in small, sparsely populated, and isolated communities. These rural challenges create problems for service providers and victims related to lack of experience, lack of privacy, lack of safety and lack of access.

Lack of Experience

In comparison to urban incident rates of sexual assault, rural rates appear less frequent. This may be due to various factors such as population size and the possibility that victims in rural areas do not access services immediately after an assault. However, key informants mentioned that rural service providers such as medical staff or RCMP may not have dealt with cases of this nature often enough to gain the experience to feel competent in performing their roles. Given that the nature of sexual assault work is emotionally consuming, fear of doing the wrong thing can cause discomfort and an unwillingness to participate or perform roles in their entirety, greatly affecting service provision. It is believed that a lack of opportunity to strengthen their skills through experience, contributes to higher staff turn-over rates in rural hospitals and in RCMP detachments within certain regions of the province. As *Marisa* noted:

> *"Because rural police or RCMP would have less experience attending to survivors of sexual assault, spelling out all options to survivors is not always done because the police don't know".*

Similarly, *Arlis*, an urban medical informant stated: *"I think you really need the hands on experience of working with the patient, doing the forensics, experience in courts. So if you don't get that experience, then it's very challenging to be successful in this role".*

Maintaining a volunteer component to service delivery can be a challenge in rural areas because of the small population and the lower frequency of reported assaults. A tremendous amount of commitment and time goes into planning and implementing a volunteer program. Resources for volunteer recruitment, selection, training and supervision alone are scarce. However, due to relatively low rates of sexual assault, volunteer retention also becomes problematic. If volunteers are rarely called, they begin to feel unproductive, and their interests in remaining involved may dwindle. Furthermore, if they are not given the opportunity to apply and strengthen their skills after training, volunteers will likely experience heightened stress and anxiety in fulfilling their roles as support workers. This idea is reflected in the following comment made by *Christina:*

> *"I think that the reasons why people volunteer are primarily for their own benefit and wanting to do something for their community. And if their services aren't being utilized, then they lose interest. They don't feel they are getting anything out of it and they don't think they are contributing anything and because ...these crimes make it very difficult for people to report in the first place, when the numbers of people that are reporting are very limited, which do not provide sufficient work for volunteer organizations that is committed to only one type of service".*

Privacy issues

Another issue related to the small size of many rural communities is the additional threat it poses to privacy. All of the respondents identified issues related to a lack of

confidentiality and anonymity as common struggles in delivering services of this nature in small communities. The smaller the community, the more challenging it becomes. *Anna* explained:

> *"When you attend hospital, half of the community knows you went out in the night, and they are wondering why you were there. Now they know you are part of the _____ program, they know there has been a sexual assault. Natural curiosity, who was there?"*

Threats to anonymity and confidentiality further increase the levels of fear normally experienced by victims thereby heightening their experience of trauma. Fears of exposure, gossip, judgment and retaliation are very real threats. Consequently, perceptions of fear become very difficult barriers to overcome in trying to make any service accessible. It is less probable that victims of sexual assault seek help and information. As a result, they are less likely to get appropriate medical attention and are more likely to internalize the anger, shame and guilt normally experienced through trauma. A rural respondent from the legal system spoke of this in relation to reserve communities. *Marisa* stated:

> *"There are issues with counseling services on a reserve because often times they employ people from the same community, they may have family connections, be too inter-related, maybe the accused relatives that work there as a counselor. Of*

course all the people that work there are all professional or para-professional, there is a perception that their anonymity couldn't be guaranteed".

This idea was also reflected in the comments made by all three Aboriginal respondents and two other rural respondents. However, this issue is common to any small rural community as noted by a rural service provider connected with the legal system. *Sadira* noted:

"In small communities, there is a barrier because they're worried that people are going to find out that this has happened and view them and judge them a whole lot differently. There is an element of truth to that in a small community. A woman who was sexually assaulted at a party didn't want to come forward because she had enough and everybody already knew about what happened so what was the point of making it more public? In urban areas, you have a little more anonymity until you go to court and it becomes public there".

Safety concerns

A lack of confidentiality, isolation and few resources pose grave safety issues for women. We know that most sexual assaults occur by someone known to the victim therefore many rural communities have a serious safety issue by virtue of their size. In "*fly-ins*", or extremely isolated communities where air is the only means of transport, it is almost impossible to provide and ensure the necessary protection for those whose physical safety is at risk. A key informant working as a victim services worker for the

RCMP in a rural community provided examples of working with women in small communities who were in grave danger from partners who were physically and sexually abusive and who would return to their communities after fulfilling their prison terms for domestic violence. These women, often caring for children, had no access to cars or phones so the only option around a safety plan would be to have a relative move in, which often failed to prevent subsequent violent incidents.

Accessibility issues

Accessibility to services is also dependent on where people live, how financially stable they are individually and as a community. A lack of access to money and funding is a major barrier especially for communities that struggle with poverty, isolation and abuse and don't have the technology of phones and ease of transport. *Christina* notes:

> *"We have some wealthy areas, we have some very poor and low academic areas. The service provision is always easier the wealthier and the more educated the people are that you are providing services to. There is always more accessibility because most people have a phone, most people are able to read, most people have a means of transport, and a means of communication. It becomes increasingly more difficult, the lower those standards evolved".*

Another rural informant comments on how the level of education and literacy rates can further increase isolation and decrease the accessibility of services. *Sadira* stated:

"Inaccessibility also has to do with funding, literacy rates of people and just getting the information out there. In Dauphin for example, there are a lot of rural farm women of an age that wouldn't even think to access a service, they wouldn't even know it exists. They get all of their information from their spouse or their family. They don't go into town and if they do, they view those services as not for them."

Another rural informant connected with the legal system explains that access to services in First Nation communities is further complicated due to factors such as a lack of trust and the lack of transportation. *Marisa* explained:

"The problem that I am finding, and it doesn't matter on what the type of climate, even if the support services themselves are within the community, they are not trusted by the people that are accessing them because invariably, the people that are providing the service are connected either to the offender or the victim. So the role in making services available is incredibly difficult. If the service is outside of the community, access becomes a problem because people don't have the means to where the services are. They don't want to travel."

Patriarchal and Racist Attitudes

Sexism

Given that sexual assault is a gender-based crime that disproportionately affects females, historical patriarchal attitudes have always been a major barrier in planning,

organizing and delivering services of this nature, in both rural and urban communities. However, this data reveals that traditional sexist attitudes are particularly pervasive in smaller, isolated communities. *Christina* commented:

> *"So the attitudes that we have been fighting to change for 20 or 30 years, are alive and kicking in these small communities."*

Jenny, another rural informant from social services stated: *"Depending on the attitudes about sexual assault and a person's ability to contact resources, there may be more barriers to accessing resources than there is help."*

These attitudes, a reflection of the learned and entrenched myths and stereotypes about rape further discourage victims from coming forward and seeking help. Sexual assault victims, far more than victims of any other crime, fear that they will be judged or that they won't be believed or understood. This is often reflected in the negative perceptions that victims have of police officers. Too often, this perception is based on fact and experience. *Sadira* shared her beliefs about why people don't want to report in rural areas:

> *"People still feel that they won't be believed and if they go the police, they won't be taken seriously. Constantly that is what I hear from women all the time."*

The observation that victims fear they won't be believed was also expressed by all the Aboriginal respondents and several urban informants of their experiences with victims in the city as well.

An urban key informant representing the legal system explained that many violent sexual assaults are perpetrated against women working in the sex trade. *Marco* states:

> *"these women (women in the sex trade) are very reluctant to come forward because of the way they were treated by police in the past... when they (police officers) have made comments like 'what they didn't pay the bill?' that are just completely outrageous."*

Racism

In addition to sexist attitudes, all of the Aboriginal participants and two rural respondents commented on the systematic and institutionalized racism experienced by First Nation communities. This longstanding issue remains a significant challenge in ensuring services are accessible and inclusive. Given the historical cultural struggles that Aboriginal people have had with institutions, many women in the community are afraid to come forward because of what they have heard, seen or experienced themselves. As *Sadira* notes:

"I think that a lot of Aboriginal women are afraid to come forward and report because of the long standing historic issues that Aboriginal people have had with policing and police services."

Melanie, a First Nation informant explained that in addition to overt racism, she views the way that institutions such as the justice system, the health care system, the education system, and the social service system function, operate from a value base that is inherently racist because of their belief that this is the "*right way*" or the "*only way*". She notes that social services for example are often imposed upon First Nations people even though they don't fit with the community's culture or belief system. *Melanie* states:

" ...non-Aboriginal people who are the primary people in control of these systems, all of the systems,...and the clientele base are Aboriginal...so society provides a lot of institutional support for these structures but Aboriginal people don't go. We don't go because AGAIN you are always having to fit yourself into something that doesn't fit...I think you have to have a range of options that are more culturally based and culturally appropriate because for people who don't know a lot about the residential schools system, or the impact of colonization, or know anything about what it means to be First Nations, or not even conscious or aware of their own racism, you know because there is a lot of unconscious racism that goes on, and that is not a blaming thing, that's just a product of this society...racism is about integrating your notions of superiority, including this whole notion that the only education is Western education, the only analysis is a

clinical approach...racism is also not having any relationship or knowledge about the people that you are working with and still feel that you can still service them as a counsellor".

Lack of Awareness

An Aboriginal informant explained that there is a general lack of awareness around sexual assault, and therefore many victims don't always have the knowledge or the language to name it rape. For example, if the victim was drinking before the assault occurred or if the perpetrator is a friend, partner or acquaintance, victims may assume more responsibility for the attack than if he were a stranger. The less this awareness exists, the fewer the people who understand that a range of acts constitute sexual assault, even under the Criminal Code of Canada, more than only "rape", or "forced penile-vaginal intercourse". As *Marco* notes:

"There are still the myths and stereotypes out there that I was drinking so therefore it doesn't count or I said no but no doesn't really mean no and for the amount of public education that has been done I still think that those are barriers for adult women".

A lack of information regarding legal and medical options and post assault procedures creates fears and resistance to accessing acute sexual assault services. For example, *Christina* stated:

"So I think we have a difficulty getting the message out to recognize that this happened to them, that they would be able to choose the path. When it does happen to them, they do rely on T.V. myths...some of it is understanding that maybe you may be forced to go through a process and you have a lack of control over choice once you enter that process".

Lack of Support

Lack of acknowledgement

Overall, data analysis reveals that there is a shortage of resources for sexual assault services in general in terms of funding and support. As *Jenny* stated:

"The problem is that none of the systems in rural Manitoba really support a good sexual assault service. It is always an addition to something else so sometimes it is the first thing to go. It is not at the forefront like a service for people with intellectual disabilities or mental health. It is just always added on".

Two respondents (one rural and one urban) identified sometimes hierarchical nature of hospital environments as an additional barrier to acknowledging the need for sexual assault service development and exploring potential ideas or solutions. Reports included frustration over the lengthy waits to even simply present these issues at regional hospital board meetings. It is felt that in addition to hectic agendas within the health system, the ideas and concerns expressed by nurses regarding enhancement of sexual assault services are often given less priority.

Five respondents (3 rural and 2 urban) feel that there is a lack of total support or "*buy in*" from all key stakeholders representing the relevant systems attached to acute sexual assault services in rural communities. Consequently, working together is extremely challenging and supporting any kind of a service such as a SART for example, is nearly impossible. There is a reluctance to participate in rural community organizing around sexual assault services due to skepticism about the entire process. Based on comments from key informants, there is a level of frustration felt regarding the unclear reasons behind the lack of support. One of these rural informants, *Jenny*, stated:

> *"I mean it's always anecdotal skepticism. They never come at you with hard facts or statistics or anything that you could deal with. It's always anecdotal stuff so you have to have the anecdotes to counteract the anecdotes that they have. It is the only language that they understand at that point."*

Lack of training

Service providers in rural communities do not receive sufficient systemic support in order to carry out their responsibilities with ease and confidence. It was reported by one Aboriginal informant that some rural communities, particularly those further north, did not have any trained or skilled workers in sexual assault stationed there. This idea was also supported by many of the other respondents. There are serious ramifications for service delivery when training needs are unmet including working from unclear objectives and responsibilities. As a result, services continue to be piecemeal and inconsistent.

A lack of access to resources for skill development training is a major barrier. Low staff numbers makes training staff from systems that operate on a 24 hour basis a logistical nightmare. One key informant gave the example of the lack of training on existing protocols. She explains that her community had worked hard on the development of their protocol, however, service delivery doesn't always happen the way it should because not everyone has had the training on how the protocol works. *Anna* stated:

> *"There are still quite a few out there that are oblivious to what is going on. A team approach doesn't always kick in because some people are not aware of protocols."*

Christina noted: *"If triage nurses don't have the appropriate training, they may not ask the important questions necessary to make an accurate assessment, and thus may not know when they have to refer to protocol".*

Territorialism

Turfism, or territorialism is an example of what happens when there isn't a common understanding of one another's roles, expectations, and overall objective of a team approach. As *Vicki* stated:

> *"Sometimes, there truly is a sense that we can provide a better service, so the reason why we want to hang onto it is because we're not convinced that those people will do as good a job as we would...so I think that that sometimes can be*

misinterpreted as territorialism, when it's really not a clear understanding as to what the level of training and expertise of the caregivers."

Representatives from each of the three systems (both rural and urban) alluded to this phenomenon. Each individual party operates from their own set of guidelines without considering alternative or additional perspectives. This discourages the examination of the overall value or efficiency of existing policies or procedures and the overall vision is missed. The following quote illustrates a community's struggle with turfism while working hard at trying to encourage the development of a tri-partite response to acute sexual assault care. *Jenny* explained:

"I think one of the issues that sort of got in the way that made it difficult for us to sort of move ahead was a bit of a disagreement on who should attend first.. Whether it was someone from the sexual assault program, whether a volunteer would meet with a survivor and go through some of the options in terms of reporting or not reporting and process wise, if they wanted to go through an examination or if the RCMP should attend first. ...and I think one of the other things that made it difficult was in the RCMP and in all those programs...there seems to be a high turnover so you are dealing with different perspectives and start over again, but the feeling from some RCMP was that if a volunteer from the sexual assault program attended first, that there might be contamination of the statement maybe without intending to and that the volunteer would somehow influence the statement. So they wanted the right, the people involved with the

RCMP, to attend first and that was something that we were still debating and it was at that time that it sort of got taken out of our hands."

Turfism also exists within systems. This occurs both within and between the hierarchies of titles and positions, for example, physicians who do not completely accept or trust the competency of sexual assault nurse examiners to thoroughly and accurately collect forensic evidence without their guidance and supervision, even though there are several SANE programs across Canada. A resistance to relinquish some responsibility is perhaps simply a resistance to relinquish power. However, working in isolation from a larger and perhaps more diverse professional community, rural service providers may not be as frequently exposed to alternative perspectives. In addition to being overworked and under-resourced, they may not be particularly encouraged or motivated to challenge their personal and professional ideologies or beliefs. For example, *Arlis* pointed out:

"Physicians basically have to be willing to accept the fact that the nurses can do the exam and that they are not going to be taking over their territory for doing their job. We are simply doing medical exams to look for injuries and we do a speculum exam that is forensic evidence, its not ....that we are trying to diagnose something. We are just doing forensic evidence. They need to be willing to accept us in our role as doing that. Quite often that is a barrier because physicians are not used to nurses taking up that role and doing that sort of thing."

Sometimes, turfism has nothing to do with fundamental, philosophical or logistical disagreements nor is it necessarily related to power struggles. One Aboriginal respondent, three rural respondents and two urban informants identified "*personalities*" as a barrier to either the development or coordination of sexual assault services. Clashing personalities with co-workers and colleagues that don't get resolved, or at the very least contained, can become a major obstacle in remaining organized, focused, and productive. Sometimes the combination of personalities becomes detrimental to the realization of program goals and objectives. Although power and control issues occur in both rural and urban environments, the city of Winnipeg has a longer history of experience working to cope with this issue and has evolved further along, partly because of that time. Therefore with respect to the province of Manitoba, issues related to turfism and sexual assault service coordination are more pronounced in rural communities.

Section 4: Recommendations

The following section identifies themes and sub-categories related to the following research question: **What are the perceptions of key stakeholders according to the recommendations for the effective establishment of service delivery in rural Manitoba?**

Do your homework

Three respondents (two rural and one urban) strongly recommend putting considerable time and effort into "*thinking*" about what kind of service or program you want to implement in a community before beginning the process. *Sylvia refe*rred to this as

the "*pre-planning*" or the "*pre-contemplative phase of the project*". There is a substantial amount of leg work involved in the development of possible ideas for a sexual assault service. This phase involves doing research regarding potential stakeholders, key players, and the potential issues involved. Although perhaps tedious and time-consuming, preparing to brainstorm copious numbers of questions and working on generating some answers to these questions is essential even before recruiting volunteers or organizing trainings and other implementation tasks.

The following are examples of recommended questions for communities to consider:

1. Who does the program want to attract?

2. Is this going to be a women's only program?

3. How will you be funded?

4. Will there be a volunteer component and if so, how will you recruit?

5. How will volunteers be screened? I.e. criminal record checks? Child abuse registries?

6. Is training required and if so, for whom? How much, what kind and by whom?

7. Who are the key stakeholders? Who are the key players?

8. Are there territory issues or political issues? If so, how will you deal with them?

Two social service informants (one rural and one urban) explained that the more answers you have to begin with, the more smoothly the transition is from design to implementation and the easier it will be to solicit support from the individuals and community agencies, organizations and institutions. One of the respondents, Sylvia, states:

"The more buy in you get from the beginning, not just a small group of people, remember the community is going to go to a wide range of people around this issue, you kinda want buy in right from the beginning from a lot of service providers, in terms of referrals, awareness, all of that stuff."

It is also recommended that communities hoping to establish a Sexual Assault Response Team for example, plan it very carefully as if they only have one opportunity to do so. As the same respondent noted:

"If it messes up really big the first time, I'm not sure the community is going to be so forgiving to give you a second chance the year after. So my belief is that you kind of want to know that going in and strategizing along the way because we really want to make this a success."

Networking and Coordination

Respondents also all agree that developing relationships built on respect, honesty, and direct communication is vital as it encourages a more holistic model of care which facilitates good decision making. Patience is important as trust takes time to build but has proven to be the catalyst for strengthening relationships in order to achieve the collaborative, supportive and respectful nature of a working group. This encourages consultation so that systems remain focused on the common goal of serving the victim to

the best of their abilities. *Marco* speaks to a successful example of networking and relationship building in his communities SART.

> *"I have certainly seen an evolution over time. I'm certainly happy with what we have now and I don't know if we could get it a heck of a lot better than it is already. I mean the cooperation is huge in terms of making sure we are doing the best things possible for the victims."*

Inter-agency coordination begins by identifying and defining boundaries. Understanding one another's roles and limits helps outline specific and realistic expectations. Participants note that communities who have focused on this task right from the beginning have found it beneficial and productive. Initiating a process whereby there is a clear understanding of one another's roles sets the tone for accommodating relationships.

Networking builds close working relationships between systems. Service providers then become known to one another, contacts become more frequent, consultation increases and so does coordination and cooperation. As a result, when the opportunity arises, it becomes natural to work as a team so that services are less piecemeal. Ultimately, there are fewer obstacles in the service provision such as extremely long waits, tension between service providers, and inconsistency, all of which cause additional strain on the victim. Thus, the focus remains on how to meet the client's needs in the best way possible.

Arlis explains that due to better communication and coordination, *"police...have taken people down to the Public Safety Building, done their interviews...and then come back here (to the hospital). Or with the advent of the new room, they have been using the room for interviews. The victims aren't left high and dry, waiting forever as they once were."*

Networking in the form of cooperation among agencies can prevent or at least help overcome issues related to "*turfism*" or territorialism due to enhanced levels of shared decision-making and inter-agency communication. *Marco* states:

"One point in time, we believed that we were the lynchpin of these things and if it wasn't for us, this thing wouldn't happen. I mean we aren't so arrogant to believe that this is even close to reality so we are just one piece of the much greater puzzle and the cooperation of the committee members is what has evolved over time..."

This respondent went on to explain that the nature of the relationship between the Winnipeg Police Service and social services like Klinic has evolved over time due to the effort in communication and although the relationship today is a strong one, initial contacts did not reflect respect or trust. *Vicki* and *Sylvia* referred to the dynamics between police and the sexual assault program as adversarial at best. *Marco* stated: "*you could have cut the air in the room with a knife...the tension was so huge*" when referring to inter-agency meetings in the past.

Networking also has a preventive function if it happens in informal ways between more formal meetings so that issues can be addressed promptly, resulting in fewer long standing issues. *Anna* observes:

> *"People know each other fairly well. If there are issues, then you know who to call and how to access the right people...No matter how policies and procedures are written, there are human beings who fill those positions and problems do happen so we need to address them early on so they don't become bigger systems issues".*

Networking is important to do on a continuous basis as there are different ways to do it, and various benefits that ensue. Networking outside of your community, and even outside of your province is beneficial because it can help you assess what is a trend in your community allowing comparison with other jurisdictions. Information on what has and has not worked for other communities provides insight into strategizing approaches. Internet and email are important tools that allow programs to network in ways that are more affordable. *Sylvia* states:

> *"Most people are hooked up to the internet and it gives a kind of freedom of communication, connection and access to information that before, you needed to shlep to another library and you can pull up the Criminal Code of Canada, the child welfare guidelines. So there is a whole lot of accessibility to also a wide*

range of clinical policy....there is a way to be less isolated because of some of that stuff."

Building a list of contacts and available resources that exist outside of your community is another function of networking. It is advantageous for communities to be familiar with outside resources. When the need arises, communities can draw on their knowledge of potential resources to better make referrals that are appropriate. It is important to use the expertise from other regions, particularly with cases involving safety concerns. *Marisa*, a rural legal key informant notes:

"We can't guarantee how long an offender may or may not be out of the community and some people abide by restrictions of various orders and some don't, so the group working in the community still need to know what some of their outside resources might be like, a place in Winnipeg that you could send someone if you had to. Can they send someone else with them?"

Multidisciplinary Approach

Experienced key informants also highly recommend when delivering services of this nature to incorporate an approach that engages all the key players. This means involving segments of health care, mental health, police and the Aboriginal community. This begins by ensuring there is appropriate representation on the working committee.

Committee representatives

All the key informants, Aboriginal, rural and urban, observed that appropriate representation on the working committee is an important first step to ensure networking and collaboration between systems. This should include representation from all the agencies that have involvement with survivors of sexual assault, even those with limited roles.

It is most helpful to include credible representatives that have clout within their own organizations and for whom this reflects their job description. This will increase the likelihood that representatives are able to access essential information within their respective organizations and that they will also have the clout to follow-up concerns originating within their programs. Such representation will also ease the dissemination of information back into their proper organizations.

Given that funding was consistently identified as a huge barrier or "*nearly impossible*", it was also recommended to gather a group of people skilled in fundraising and filling out funding applications, preferably people who have contacts within government organizations as government networking is essential.

Networking in the form of dialogue and discussion was identified by every participant as essential both within the community and externally with others. For example, establishing stronger links with community members including the Aboriginal community, the Chief, and the band council is highly valuable. It is also suggested that communities utilize their Regional Health Authorities, referred to as "*centers of excellence*". Several informants noted that the more often advisory committees convene

the more proficient they will be. Consequently, it is encouraged to meet once a month if possible.

If possible, five respondents (3 urban and 2 rural) recommend soliciting involvement from the Crown Attorney's office. Winnipeg informants noted the lack of representation from this area of the criminal justice system is a limitation of the SART in Winnipeg. Medical and social systems in both urban and rural areas feel there is a lack of productive communication with, and feedback from, the Crown prosecutor's office. When a survivor decides to report their assault to the police, they have relinquished any control over the process after signing a formal report. The assumption is a victim that has now made a commitment to follow through with whatever is asked of her by the criminal justice system including additional interviews by police, meetings with Crown Attorneys, and testimonies at preliminary hearings and trials. This includes having to answer difficult and private questions in a court room and being expected to endure rigorous attacks on her credibility through cross examinations from the defense council. Victims undeniably report feeling re-victimized by the criminal justice system and it isn't surprising given the lack of power they have over it.

Three key informants noted the importance of giving feedback to the victim by having more access to information regarding her case, such as: her probability for conviction and questions she would likely be asked and why. These could help her interactions with the law feel a little less violating. Having representation from the Crown on the committee could at least clarify and disseminate key information among those who provide front-line acute sexual assault services to victims. One of these key informants, *Sylvia*, goes on to say:

"I think a lot of the times victims don't feel like they get the kind of feedback from the system. What they get is an outcome. It's a guilty or a not guilty or whatever and there isn't necessarily the time spent on the victim. For instance, if it's a not guilty plea, why was that? What was the failing of it? I think people need to be believed. So they can walk away not feeling believed when in fact it was a procedural point of law that caused the court case to break down... It may be witness assistance person who may be able to relay the crown's position but I think that part of it needs to be improved a lot."

Working as a team

Working from a multi-disciplinary approach encourages working together towards a shared goal. Protocols, or policies and procedures planned and written collectively, and disseminated throughout member organizations are helpful in providing workers with specific guidelines and in fostering an appreciation for the roles of workers from external agencies. As a result, less time is spent arguing about who should or shouldn't be doing what and more time is spent focusing on how to fulfill responsibilities.

A "SART", a tri-partite crisis response to sexual assault victims involving the medical system (hospital), the legal system (police) and the social system (advocate), was mentioned throughout the interviews as an example of a multi-disciplinary approach that works efficiently and effectively. Communities that support a SART referred to the strength of cohesive relationships that develop and flourish, with the client and within

community partnerships. Furthermore, they note that individuals interested in working as part of a SART, whether in a paid or volunteer position, usually sign themselves up because they genuinely care about the issue of sexual violence and the people it affects. Therefore SARTs are usually composed of outstanding people in the community who involve themselves for the right reasons.

SARTs in Winnipeg and some rural areas operate from a "*nurse management model*" or a "*nurse forensic perspective*" meaning that specific nurses are trained to do basic medical and forensic examinations. If a patient is medically stable, the procedure is implemented entirely independently from physicians and other hospital staff, aside from consultation so waiting times for survivors significantly decreases. A prompt response with fewer interruptions means more time spent with the client and a greater continuity of care. *Lina*, an urban medical informant notes:

> *"The nurse does totally look after the patient...so once you establish a relationship and trust with that patient, they are able to carry through totally and independently with that patient without having all sorts of players coming back and forth cause that is a very vulnerable time".*

One of the benefits of having specially trained nurses conducting all the forensic examinations is that they invariably obtain a wealth of experience and knowledge, not only by performing numerous medical and forensic examinations, but also through their experiences with the court system. They quickly become seasoned and can therefore provide insight into the purpose and careful procedure involved in evidence collection.

Overall, respondents report that people who have had contact with a SART in the city and in the country articulate feeling supported. Informal feedback key informants have received from those attended to in rural areas for example, has been positive, particularly for information provision, for decision making and for helping survivors feel supported for which ever options they choose in the legal process. *Anna* noted:

> *"When protocol kicks in and everybody works as a team, I think the client feels supported...they tell us they are happy we are there and the information we provided is useful."*

Similarly *Kate* said: *"They do feel that they are in control, that they have choices about how they want their care and what avenues they are going to pursue as they go through this and go through their personal healing".*

Training

Skill development and on-going training in relation to sexual assault awareness and sensitivity is imperative for everyone who may be delivering support and service to individuals affected by sexual assault. This includes local police and the RCMP, physicians and nurses, support workers and advocates. Training would include for example, how to conduct forensic and medical examinations or interviews and formal statements effectively and efficiently, while being sensitive to the emotional and physical needs of the victim. Other areas could include working with adolescents, with family members, and with offenders. Informants recommended that training needs be assessed

within each community. Each system can identify the areas for which they need additional information and what they believe would be helpful for others to receive. Participants also noted that training does not need to come from external sources. It is important to assess what internal resources a community has and to share knowledge, skills and expertise. Whenever necessary, external agencies mandated to provide training can be booked for workshops, in-services or lengthier training.

In a similar vein, three rural informants and one urban respondent noted that all communities have internal resources, whether they are obvious or not and recommended identifying the community's strengths and incorporating them in the development of services, policies or programs. For example, many rural communities are small in size and population. One advantage of this is the ease of communication and the speed within which information is disseminated. *Anna* notes:

> *"If there is a call out and somebody doesn't know what's going on, the rest of them sure figure out oh, you should have done this and if that happens to me, I'll do that. In that way, it is easier to spread the word because it is smaller. They seem to want to make the mistakes first and then figure out how to correct it (laughs). I'm finding that with the police too."*

The other two rural informants spoke of the ease in which relationships can flourish, both personally and professionally, in smaller communities. They expressed that the more comfortable workers are with one another, the more productive the "*team*" can be. As *Sadira* notes,

"In a smaller location, you may work together during the day but your kids may be playing baseball together in the evening and we have that contact in smaller locations more than you do in a larger center."

Similarly, *Christina* states, *"Nature of relationships was excellent in terms of communication. Again in small towns, it is easy to do that. You go to the store, you interact with their family, their kids. It is a natural, normal thing to do...it comes down to a trust factor."*

Furthermore, it was noted that due to the nature of smaller communities, boundaries regarding service provision aren't as restrictive as they would be in larger centers which benefits under-resourced areas that have to make-do with what they have. This could allow for services to share their resources to avoid additional "gaps" in the delivery of care and support. An urban social service informant spoke of her past experience living and working in rural Manitoba and found that urban services are strictly required to adhere to program mandates, and may not have the same flexibility as some rural communities do. *Jenny* explains:

"Knowing people can be a plus. People can be more open to going outside of their narrow boundaries. In the city, programs are much more aware of what their specific mandates are, and may not be open or able to go outside of what their mandates are."

Cultural awareness

Culture is an essential factor to consider when planning any kind of service or policy that affects the community as a whole. When considering the cultural composition of the community, it is essential to explore factors such as languages spoken, religious ideologies, beliefs about family and community, historical factors and struggles particular to that group. A number of rural communities in Manitoba are composed of Indigenous people or are at least located near a First Nation reserve, while other rural areas are also composed of diverse religious and cultural communities such as the Mennonite community, and recent immigrant and refugee populations.

As the Aboriginal informants emphasized, the cultural context has important implications for: how a particular social issue is perceived and defined, the approach used to uncover and discuss the matter, the identification of goals, and the methods and the means by which to achieve them. Culturally proficient service development and provision includes addressing internal and systemic racism in order to understand how to work from a philosophy that is respectful and appropriate for all members of the community.

Capacity Building from an Aboriginal Context

According to my findings, building capacity within an Aboriginal context means letting Aboriginal people design, operate and control their own programs or services so that the experience of Aboriginal consumers is reflected in the integration of an Aboriginal staff, board and curriculum. The premise behind this is that a counselor

should be of the culture and have the experience of growing up Native in a Western world.

Aboriginal participants shared examples of how inappropriate services imposed upon Aboriginal people fail to address the root causes of many social issues affecting their community today. Referred to as a "*missionary*" approach, focusing on the deficits of the community without acknowledging its strengths, continues to remove control from its members contributing to feelings of powerlessness and helplessness. Similar intrusive measures of relating to Aboriginal people still exist today despite historical evidence that these fundamental principles are destructive to peoples' culture, sense of purpose, and therefore healing. Commenting on this repeated pattern, *Melanie* shared her views on this approach.

> *"And so why would you do more of what is not working? You know Einstein said: 'the definition of insanity is do things the same way over and over and over again, and expect different results'."*

> Later she states: *"The biggest impact on the reduction of abuse and suicide is not better services, not recreational services, is not better counseling services, it's the degree to which First Nation people control their lives. That we run our own counseling services, that we run our own show...I really REALLY believe fundamentally, that non-Aboriginal organizations do not have a right to develop more programs and services that affect our people."*

Another Aboriginal informant also expressed her belief that many of the social services that exist are not appropriate for First Nation communities. As *Madeline* stated:

> *"We are not white people and even after 500 years of trying to shape us into white, we're still not white people."*

Aside from self-governance, participants offered ideas about how to support victims in a culturally sensitive manner and opinions that about how to ensure services are accessible and inclusive. At the very least, it is imperative to provide a range of options for service that are more culturally appropriate. Creating cultural awareness involves being open to perhaps a different understanding of what healing is and being open to different mechanisms to achieve it. For example, sweat lodges have had powerful therapeutic benefits for people who have been sexually victimized. Learning about more traditional healing practices and ceremonies such as sharing circles and smudging, and encouraging victims to return to or discover their heritage is a beginning. These ideas were also reflected in the comments made by two rural informants. *Sadira*, representing the legal system stated:

> *"You have to take the time to find out what other people's perspectives are. For any team of sexual assault response, I think the people that respond from any system, health care, policing, have to have an understanding of the culture and of the population of the folks they are working with. When people are seen as resistant and unwilling to participate may not mean that they are resistant. There*

is something culturally that is driving them to make certain choices. You can't be frustrated with that. We have to be supportive of choices. That only comes from education and from having very strong people sitting at the table saying yes I know a bit about it, I get it and I'm not going to judge that. Aboriginal women will pick up on that really quickly if they feel that a system is not responding because they are being judged."

Confronting Racism

Before even understanding or appreciating what it means to be First Nations, *Melanie*, an Aboriginal informant stated that non-Aboriginal people need to be aware of their own racism including their unconscious racism, an inevitable product of living and learning in our Western society. Racism is not always revealed in an overt way. Believing that your knowledge is superior, right and the only way is an example of how racism becomes institutional and systemic. For example, she notes that our medical model acknowledges the importance of mental health services through the arrangement of and funding for psychiatric services. However due to "*cultural arrogance*" or "*structural racism*", resources are not set up to fund transporting individuals to Sun Dance or meetings with Elders. This further alienates people from their cultural context. She further notes that uncovering everything there is to know about that culture is fundamental in providing a culturally appropriate service. For example, in order to consider providing sexual abuse intervention counseling in or with a First Nation community, there needs to be a profound understanding of issues related to residential schooling, colonization and its relationship to sex and sexuality.

Aboriginal informants recommend that learning about colonialism better connects a community worker for example, to the experiences and therefore perspectives of the target population. This understanding creates an intellectual and emotional connection so that workers are more open to challenging existing beliefs and practices and exploring other approaches. This would include learning about and encouraging Aboriginal clients to seek out traditional beliefs and practices and sharing information about the existing Aboriginal community resources.

> *Jenny* states: *"One of the things I felt was more pronounced in Aboriginal communities is that it really didn't make sense to focus on the health of the woman in isolation of the relationship or the community that she is a part of. So if you had people delivering the service that were really sort of militant in saying that people who sexually assault other people are really bad and we have to keep them apart and there is the good person over here and the bad person over here. It really didn't work...I think that one of the challenges was how do we blend together an individual response to sexual assault and kind of a community response to the issues that is much bigger than just this one ...how do we understand sexual assault in the Aboriginal context where there is such a history of sexual abuse, sexual assault and violence? How do we do that in a way that doesn't alienate people anymore? I think it's about partnerships. It's about language. It's about how we talk about people, how we talk about offenders, how we talk about survivors."*

Further, having and showing respect is an essential component of community organizing and developing capacity within an Aboriginal context. Respect includes being an ally by learning about the history and culture of a community, and supporting community-initiated programs and services. As *Melanie* stated:

> *"Respect is knowing if I'm going to be in a relationship with you, especially in a therapeutic relationship or a training relationship, is to know everything there is to know about you or else not to have that relationship".*

Recruiting and Selecting Volunteers

In terms of the recruiting and the selecting of volunteers, experienced respondents recommend trying to find individuals who have an awareness of the issue of sexual assault and an understanding of its dynamics. Familiarity among people living in a small community serves as an advantage when it comes to asking for assistance and receiving it. Rural key informants recommended approaching those who would fit with a particular role on the team. This has proved to be a prosperous recruitment effort in some rural communities. The women themselves, living in rural communities, no matter how small, and no matter how remote, and whether they identify as survivors or not, are an enormous source of strength and are a hidden and untapped resource. *Sadira* notes,

> *"There is almost this hidden group of women that support each other like it was like for domestic violence victims in the late 70's and early 80's in these*

communities. They go to meetings where they are baking muffins, and that is what they are doing as far as their offenders know."

Supporting Service Providers

Several respondents from all three systems representing both urban and rural communities recommended having a support system in place for those doing front-line work. For example, support within systems (such as scheduled forums or peer-consults for nurse examiners), inter-systemic support (such as combined trainings), support from other regions, and support in terms of available handouts and pertinent literature.

Given the nature of the work of law enforcement, hospital staff, and victim workers, it is important to have the opportunity to debrief their cases. Three respondents report that the medical and legal systems don't always incorporate times for debriefings due to heavy caseloads and long hours. Debriefings provide opportunities to vent, to problem solve, and to learn personally and professionally. The group dialogue that often ensues provides helpful learning experience. Support in the form of peer consultations for nurse examiners as stated below are recommended for every system. *Lina* explained:

"There really isn't a forum for nurse examiners to ever get together to discuss issues and problems and learn from each other so you tend to work in isolation. If someone has had an experience, you might be able to learn from it but you never get a chance so there really isn't that sharing. I find that in this environment, you are always learning from your colleagues. If something happens, how do they react? What do they do? Who do they call? How is it managed? Otherwise every

time you come up against something, it's the first time. There are never two cases that are the same so I think it would be helpful to have some kind of a forum with some case discussions, case reviews."

A final recommendation in relation to support, relates to the importance of acknowledging that working in the area of sexual violence has human impact that can take an emotional and physical toll. *Sylvia* notes that some form of support must be available to those affected by the issue or impacted by the work. Setting up a sexual assault service in a community may mean that more victims will come forward and more people in the community will become aware of the issue. One important function that an inter-facility group such as the advisory committee should provide is a venue to support one another and allow time and space for debriefings.

"Recognizing that the reality of sexual assault isn't an easy thing to look at day in and day out, the inter-facility group is a support for us. It wasn't always but it is now because we can strategize around difficult scenarios. We can strategize around ways to provide effective feedback. We can support each other when we've had an incredibly busy month. A true team approach isn't just playing nicely in the sandbox."

Additional approaches to managing compassion fatigue, burnout or other reactions to vicarious trauma, include participation in community organizing. As two respondents (*Sylvia* and *Jenny*) note, going back to the roots of consciousness raising and

grass roots community organizing, action oriented activities that focus on what we are doing to help eradicate violence against women is an incredibly empowering experience. Organizing, or taking part in political action such as Take Back The Night marches, the December 6th vigils, petition signing, media-watch, or the week without violence initiative, are ways that workers or community members can restore a personal sense of control.

Although crisis intervention work is crucial, it can also be perceived as "*band aid*" solutions by front-line workers and can therefore feel endless and emotionally taxing. However, if there is a balance with opportunities to create awareness, challenge policy, or influence any change, the work will feel more rewarding. By incorporating public education and advocacy for example, intervention services can also take on a more pro-active role in raising awareness as prevention. As *Sylvia* articulated below, the need to address the emotional demands on workers is very important.

> *"For this to continue long term, people have to find a way to manage hearing stories of cruelty and frustration in a way that doesn't burn you out. Whether it's a policy writer or protocol setter upper, or a person providing support at the hospital, you need to find a way to find out what is happening and put a spin on it that doesn't suck you dry."*

Chapter 5:

Discussion and Conclusion

The goal of this study was to determine how rural communities in Manitoba can effectively establish acute sexual assault service delivery. Existing services, key informant perceptions' of the barriers and challenges involved, and their recommendations were also examined. Several conclusions emerging from the study will be discussed including what this study tells us about community organizing, the development of collaboration and coordination, and its significance to sexual assault service delivery. The importance of education, training, awareness and its relation to empowerment and community capacity building are also explored, from both feminist and First Nation's perspectives.

There is a strong relation between the findings of this research and what Castelloe, Watson and White (2002) identify as participatory change. The literature recognizes participatory change as an integrative approach to community practice combining the three approaches of community organizing, popular education and participatory development, all of which are connected to sub-themes of the findings.

Community Organizing

In order to successfully implement a participatory approach to service or policy development, the findings indicate there are several important components to consider. The foundation to community organization is to identify, research, and work through a series of questions during various phases of planning. "Asking good questions, continually and in different ways, is the key to drawing out the wisdom that people have

gained from their experiences." (Castelloe, Watson & White, 2002 p.26). Identifying clear roles and discussing responsibilities for all stakeholders is also an essential step in the preliminary phase and should be reviewed periodically.

Fostering relationships built on trust is one of the core behaviors in the participatory change methodology and another determinant of how well systems will be able to work with one another on a common goal (Castelloe, Watson & White, 2002). Mutual respect among committee members for example, is developed by listening carefully, communicating directly and respectfully, as well as teaching and learning from one another. Working on strengthening all relationships was identified as a worthwhile investment as it became the foundation for collaboration, cooperation and integration throughout every phase of participatory change and development.

According to the findings of this research and consistent with the literature (Campbell, 1998; Campbell & Ahrens, 1998; Smith, 2004; O'Sullivan & Carlton, 2001; Boles & Patterson, 1997; Underwood, 2003; Kathlene, 1005; LaRoque, 2002; Baskin, 2003), a multi-disciplinary approach is fundamental to providing a service of this nature. The findings clearly point out that working in isolation and independently from one another creates accessibility problems due to service duplication and gaps in the continuity of care. Without networking and consulting with existing services and systems that work with victims of violence, there is no awareness of what the resources are and how they can be used to develop and strengthen the community's assets.

Participants stated that communities can save on time and energy by consulting with and soliciting support from other regions that have already developed similar projects thus avoiding "*re-inventing the wheel*". A major finding from a report published

by the W.K. Kellogg Foundation and cited in Castelloe et al. (2002), discovered that grassroots projects are most likely to succeed when there is support from outside organizations. For example, rural communities who have been encouraged and directed to focus on their greatest assets in the community found that they had access to a pool of volunteers who could potentially provide a central component of the service on a twenty-four hour basis.

Key informants, particularly those identifying with a grass-roots philosophy stressed that part of the commitment to do work of this nature is to also take on the responsibility of looking at ways to help eradicate gender-based, sexualized violence. Crucial as they are, post-assault intervention services alone are only a band-aid solution to violence against women. Consciousness-raising was identified as the only means of prevention. Advocacy, education, and lobbying government were identified as some of the ways that communities can take action against violence in the form of prevention. Moreover, action in the form of education must uncover, acknowledge and explore the implications of power imbalances between the groups in our society. The eradication of violence that primarily targets women will not occur without the eradication of racism, sexism, ableism, heterosexism, classism, and ageism.

One of the benefits of networking and collaborating is the opportunity to raise awareness about the issue of sexual violence and educate one another on what it means to provide effective service. Creating a forum in which open discussion on delivering a consistent and humane approach for victims was encouraged by many participants. This includes having inter-systemic dialogue on what is considered "helpful" and in the best

interest of the victim based on client-centered perspectives. Policy development would include examining, challenging and perhaps revising existing policies.

Education and Training

The issue of sexual violence primarily affects specific populations and therefore may not be considered a worthwhile investment of time and resources. By society at large, born with privilege, individuals or groups in control who manage power and resources may not be aware of the breadth of physical, mental, emotional and spiritual impact of sexual violence on victims, their families, and our communities. Feminists argue that without the understanding of the root cause of sexual violence and the dynamics of gender-based violence, a community is not able to effectively design and plan a sensitive approach to helping victims in the aftermath (Kathlene, 1995). Consistent with a feminist philosophy, unraveling the context from which sexual violence originates, there are important societal factors that create a tolerance for and sometimes almost an acceptance for violence (Simpson, 2000; Ward, 1995; Busch & Valentine, 2000). Through the socialization process, we have all been affected by dominant, patriarchal, Western perspectives on sexual assault (Campbell & Landenburger, 1995). However, according to a First Nation's perspective, there is a belief that violence against Aboriginal women is related to the history, process and aftermath of colonization, a problem more complex than the "universality of patriarchy". Therefore it is felt that the feminist movement "falls short of providing a meaningful analysis of the historic, interactive nature of power, race, culture, and social class" (NWAC, 1993: 22).

Personal values, often overtly reflected in behavior, hold significant implications for support and service delivery. These same attitudes, or mistaken beliefs about sexual assault, or what many feminists may call sexist, racist, and classist assumptions, permeate every institution including the family, the health care system and the criminal justice system (Ward, 1995; Kathlene, 1995; Matthews, 1994; Walker & Underwood, 2003; Campbell, 1998; Boles & Patterson, 1997). Given the significance of these interactions in the aftermath of a sexual assault, exploring and challenging attitudes and beliefs is fundamental (Jiwani & Buhagiar, 1997). According to Castelloe, Watson and White (2002), addressing attitudes and behaviors on a particular issue is necessary to implement change.

Education, an over-arching theme in the research, was identified as a significant need for all involved. Regardless of how well services are planned and coordinated, the literature supports the notion that without careful training on how to respond to victims in a sensitive manner, the service will likely fail (Ellis & Hart, 2003; Smith, 2004; LaRocque, 2002; Kathlene, 1995). Consistent with the feminist perspective, this includes open discourse on public beliefs and attitudes that exist and that create further barriers not only to delivering effective sexual assault services but also in the prevention of this crime.

According to the literature, a strong relationship exists between attitudes and behavior (Ward, 1995; Jiwani, 2001; Ellis & Hart, 2003; Walker & Underwood, 2003). What people believe about the nature of sexual assault and their values regarding whose responsibility it is for its prevention, inevitably plays out in the way they show their support, or lack thereof, to individuals who have experienced it. As reflected in my

findings, it is not uncommon for victims of sexual violence to be treated insensitively by the systems from which they seek help, whether or not it is the service provider's intent. Service providers who don't specialize in the area of sexual violence may have never challenged their own belief systems concerning sex and violence. Perhaps their training didn't include sexual assault awareness or perhaps due to their gender, it may not fall within the realm of their experiences. Thus they may not fully understand the immensity of the issue or how powerfully they can impact a survivor by the way they interact with them.

Consistent with the literature, education is prevention (Smith, 2004; LaRocque, 2002; Forsdick, Martz & Saraurer, 2002; Bopp & Bopp, 1997; O'Sullivan & Carlton, 2001). However, in addition to learning about sexual assault and trauma, education within institutions must also address issues of racism, sexism, and homophobia. This can be done by engaging a wide-range of members from within the community in the process of change to ensure that training is culturally sensitive, for example. Involving real and inclusive representation from the community, learning about traditional Aboriginal values and teachings and as Larocque (2002) articulates, addressing the "mis-education" of Aboriginal culture that results from colonization are part of the overall objectives. According to Larocque and consistent with my findings from two interviews with Aboriginal women, this involves taking on a more holistic approach to awareness that feminist trainings has done. This is because it focuses on the education and the support of both victims and offenders in order to avoid isolation to help individuals, families and communities learn non-violent ways of communicating with one another.

Contrary to traditional and sexist prevention methods, more recent literature explores the idea of early education for both males and females on factors that create an atmosphere conducive to sexual violence, which includes exploring the origins and the consequences of power imbalances from which a rape culture is formed (LaRocque, 2002; Forsdick, Martz & Saurauer, 2002; Smith, 2004). The Sexual Assault Discussion Initiative (SADI) in the North Eastman region of the province aims to do exactly that by visiting schools and raising awareness about racism and sexism and discussing its connection to violence. Education is about creating awareness that stereotypical and often erroneous beliefs about the dynamics of sexual assault create dangerous societal conditions conducive to the perpetuation of sexual violence (Sexual Assault Crisis Program manual, 2004). Moreover, public discourse about this issue alleviates shame, assigns societal responsibility, and motivates community participation in the eradication of sexual violence (O'Sullivan & Carlton, 2001).

On-going inter-systemic networking facilitates mutual support and resource development. Findings reveal that training was offered by existing services on how to ensure effective service delivery. There are various services such as the Sexual Assault Crisis Program (at Klinic Community Health Center), the Sexual Assault Nurse Examiner program (at Health Sciences Center), the Winnipeg Police Service, as well as other social service agencies and First Nation community organizations that are mandated to provide outreach with a public education component. Training can be arranged for communities with diverse needs and objectives as topic areas include: sexual assault awareness, cultural sensitivity, investigative techniques, and forensic evidence collection. Through networking existing resources are strengthened and new ones are created.

Building Community Capacity

The findings support Castelloe, Watson, and White's (2002) model demonstrating that inclusion of all the necessary stakeholders through participatory group methods is essential for change and is part of participatory development. Respondents argue that in order to fully appreciate what a community needs and how it will be able to meet those needs, the core planning and working group must be representative of the community as a whole. One participant provided examples of ineffective programs staffed mostly with white middle class or European descendents who counsel or help mostly First Nation peoples. The management of such programs is also overseen by groups of individuals that do not reflect the population served. This then raises questions about the accessibility, inclusivity and the appropriateness of these existing programs and services. The same respondent suggested that if a program serves a population that is 80% Aboriginal for example, then the same ratio should be reflected among those serving the community or at least those in charge of making the decisions that ultimately affect that community. The idea, consistent with a feminist philosophy, is that the only experts are those who live with their own reality (Klinic, 2005). A sexual assault advisory committee composed mostly of white middle class heterosexual males for example, will not be able to accurately reflect the experiences and therefore the needs of victims of sexual assault who disproportionately belong to groups with the least power in our society such as women, children, individuals with disabilities, indigenous people and other visible minorities.

Moreover, a committee or core-working group that is more reflective of those who live in the community, will likely have insight to be able to identify and include some of its hidden resources and assets. A key informant discussed how focusing on a community's deficits becomes a great barrier in the development of service in both rural and urban areas. Capacity building in communities facilitates self-sufficiency. Aboriginal stakeholders for example, could identify and therefore incorporate the strengths of its community through the inclusion of traditional aboriginal healing practices and the involvement of elders. "Participatory change aims to build the power-individual, group, and regional power-needed for grassroots groups to shape the decisions that affect their lives" (Castelloe,Watson & White, 2002: 25). According to Castelloe et al (2002), grassroots groups and individuals from marginalized communities have the right and responsibility to direct their own development. "The people living in those communities know best what their community needs and how to provide it, and they have the skills, wisdom, vision, and capacity to create fundamental social transformations" (Castelloe et al, 2002, p 26).

Soliciting and providing on-going support for individuals and groups involved in the planning, policy development, direct service delivery, and the evaluation of such work was also a significant theme of my findings. Debriefing through clinical supervision, peer support and consultation, and trainings were identified as essential in order to ensure the longevity of a program or service of this nature. The literature shows that supervision has administrative, educational, and supportive functions concerned with meeting specific needs relative to various aspects of program development, implementation, and management (Kadushin, 1985). "The quality of supervision is a

significant factor in professional socialization, social work job satisfaction, and job turn-over" (Kadushin,1985: 1). Debriefing in various forums not only allows participants affected by this work to process their emotions, it also encourages participants to identify developmental needs, personally, professionally and inter-systemically.

Empowerment

The theme of empowerment, a key value of feminist and anti-colonial theories woven throughout the findings, was repeatedly referred to by respondents in various forms as one of the fundamental objectives of whatever service, program or policy that develops (Maracle, 2003; Ristock & Pennell, 1996). Empowerment was identified as key in terms of delivering an effective service that provides support and fosters healing. Participants discussed having a "*client-centered approach*" that was "*pro-choice*" in terms of developing a response that supports a client's right to make her own choices regarding her medical, legal, and reproductive health options. Community organizing in the form of collaboration and capacity building was identified as the means to achieve this goal. Key informants also focused on the importance of using a strength-based approach and recommended that rural communities look at utilizing the resources they already have within the community as well as the resources that surround them in neighboring communities.

Based on feminist theory, one objective is to avoid the imbalance of power that traditionally exists between the client and the helper by teaching and empowering individuals, particularly women, who have been historically oppressed, based on their gender, orientation, age, ability, color and religion (Busch & Valentine, 2000).

Empowerment fosters healing by encouraging victims of sexual violence to be able to take responsibility for what they have control over and for having choices and making decisions over what ultimately affects their lives (Maton & Salem, 1995; Preyde & Gorey, 1997; East, 2000).

All of the participants stressed the importance of empowerment and particularly highlighted the importance of looking at policies and procedures that attempt to restore a victim's sense of control as much as possible. For example, this includes the provision of information to survivors as soon as possible so that they are able to make vital decisions concerning their physical and emotional well-being, as well as supporting survivor's choices whatever decisions they reach. One respondent referred to this as being "*pro-choice*" not simply in terms of reproductive health rights, but also with respect to the involvement of the criminal justice system and medical and forensic options. The role of the "advocate" or the "support worker" seems to be an essential part of the service provision. As the literature demonstrates, sexual assault is a violation of power and control over one's body, leaving victims feeling degraded, humiliated and powerless. The role of the advocate is to believe, support and to offer as much information as requested to the victim. Being provided with choices over what happens next is an essential component in, and catalyst for the healing process.

> "Within this model, empowerment is explicit in the decision-making process, and for all the phases of the work. Clients are ultimately responsible for all the decisions which affect their lives. Workers assist clients in gathering relevant information necessary for making informed choices. They may then also support

clients in their life space to follow through as well as assess each decision's appropriateness. The entire process is viewed as a normative growth experience. Less than desirable outcomes are not viewed as 'mistakes,' but rather, as learning experiences." (Preyde & Gorey, 1997: 132).

Similar to the findings, the primary objective of any intervention should include the four practice strategies identified by Busch and Valentine (2000); enabling, linking, catalyzing, and priming. One of the themes of the research is the importance of an "advocate" whose function is to include them in their practice strategies. For example, an advocate would "enable" a victim by identifying their strengths, providing them with information and options and supporting whichever choices they make. "Linking" would involve participating in the development of community resources and ensuring that clients have access to them. "Catalyzing" involves focusing on the service development or expansion, and policy revisions for example, in order to facilitate capacity building and to strengthen the independence of communities. Finally, "priming" stresses the importance of public education and awareness. According to the findings of this study, participation in consciousness-raising is a central theme for not only advocates, but for all service providers and community members. Consistent with the findings, service provision that includes advocacy increases the likelihood that survivors will receive what they need without being re-traumatized (Riger et al, 2002). This is more likely to occur if interventions, such as SARTs, routinely contact advocates to attend the hospital or the police station during the acute post assault phase (O'Sullivan & Carlton, 2001).

Feminist and First Nations Perspectives

Whether or not respondents identified with a feminist perspective or an Aboriginal perspective, or neither, they collectively identified and mutually agreed upon the principle values articulated in this work. This included: developing working relationships built on respect with openness and a willingness to learn from one another; challenging workers' own assumptions and beliefs; including community members whose interests are in developing a service or a policy that supports victims' choices; and delivering services in a respectful and compassionate manner to restore the victim's sense of dignity.

However, the feminist perspective is not the dominant ideology among Aboriginal communities because it fails to fully explore the profound impact that colonial government policies and laws have had on Aboriginal values, culture and traditions. Moreover, it minimizes the interconnectedness of the relationships that women have with men, with extended family, and with the entire community, particularly for woman who were raised on or live in small communities or on reserves (NWAC, 1993). According to key informants in my research, feminist ideologies have been criticized in their communities for failing to address inequalities based on race, class, age, sex and disability. Their experiences prove that equality does not exist between women so to strive for equality between genders seems futile and for some, irrelevant. According to NWAC (1993), it is essential to appreciate that being a non-Aboriginal woman is very different than being an Aboriginal woman. While feminists may focus on the empowerment of women, a First Nation perspective would focus on the empowerment of Indigenous families (NWAC, 1993).

NWAC (1993) identifies "cultural arrogance" as the erroneous belief that the root of problems is the same cross-culturally and that all women have the same aspirations such as the desire for equality. First Nations perspectives seek what has been defined as more holistic approaches to planning and organizing in order to restore harmony and balance within their communities as opposed to searching for "sameness". This view is articulated by one of the Aboriginal respondents.

> *"I think it (feminism) really is not an analysis that is really applicable in a First Nation's context. Not to say that it isn't appropriate within certain cultural groups, but it's really not appropriate because...to separate the perpetrator from the victim and doing the work ...and to support, educate, advocate for women...If you are looking at different, other types of oppression, like racism, men are affected. Aboriginal men have been just as impacted as Aboriginal women. There are some significant differences. You can't transfer that analysis and have it appropriate within an Indigenous context. Some of it is because some of it we do, like in women's political work in the Aboriginal context, we are always looking at a gender-based analysis, because of patriarchy, we are not high on the agenda, we are always relegated to the back of the pack. So I guess it could be called a kind of work of feminist. But not totally appropriate."*

As articulated by an Aboriginal respondent and two rural informants, culturally appropriate counseling and therapy means including traditional healing and spirituality in that process. For example it is important to include sweats, talking circles, smudging and

sweet grass ceremonies in order to teach or re-affirm the Aboriginal culture and therefore increasing self-esteem, self-efficacy, self-confidence and control (NWAC, 1993). When delivering support and advocacy to sexual assault victims from a feminist perspective, the women-only rule would not fit with a First Nation's perspective. As my findings indicate, the use of elders, regardless of gender, is highly revered and is considered sacred and healing. Many of the existing shelters in Manitoba where sexual assault victims may need to access support, have policies that prohibit access to males. Furthermore, a feminist analysis is interpreted as a judgmental view of Aboriginal ways of thinking, being and healing because of the lack of understanding why women would want to return to their homes or to their communities (NWAC, 1993). As an Aboriginal key informant explained, when developing services,

> *"We only look at it from a very deficit based approach. That is how services get developed here. If you are a Western person of privilege looking at the Aboriginal community, all you can see are deficits."*

According to a report commissioned by the Native Women's Association of Canada (1993), Indigenous women have a distinct worldview, partly due to traditional teachings and partly due to a profound mistrust of the Canadian government. They also report that feminism refuses to accept First Nation's women's understanding and truths and therefore cannot fully meet their distinct needs. Recognizing the importance of, and including the extended family in service provision is seen as a way to provide "connectedness" and a sense of "belonging", empowering communities to assume control

and thrive (NWCA, 1993). Although the community has seen, experienced and appreciates the destruction caused by patriarchal ideology, the non-patriarchal Native traditions that pre-dated European arrival and the subsequent colonization, still exists and the feeling is that feminism refuses to accept that.

The findings from this research project reflect the experiences and the voices of those who have dedicated themselves, in their personal ways, to the eradication of sexual violence in their respective communities. Although separately, systems may disagree on the approach, they share a common goal. The objective of a SART for example, that reflects the police, hospital and social service systems, is to provide a consistent, compassionate and caring response to all human beings affected by sexual violence. I believe that this is consistent and reflective of the objective of all of respondents. The goal of the research was not to develop one module suitable to every rural community in Manitoba. Each and every community is distinctive with its own set of challenges and it own unique strengths. As NWAC (1993) states, there are alternate routes to achieving a common goal. The objective was not to enter communities and dictate needs, goals, and plans of action, but to offer information, resources and support while they develop and strengthen their own. Overall, the process of this research attempted to reflect an Indigenous philosophy of developing relationships based on reciprocity, trust and respect, collaboration and sharing that are the spirit of community organizing. As Tuhiwai Smith (1999:150), states: "To be able to share, to have something worth sharing gives dignity to the giver. To accept a gift and to reciprocate gives dignity to the receiver. To create something new through that process of sharing is to recreate the old, to reconnect relationships and to recreate our humanness".

Each participant's interview included recommendations based on their individual and collective years of experience. They simply shared their lessons from the past and their ideas for the future, which offer insight for effective and efficient community organization. Data translated into a resource manual format could potentially offer structure and guidance to community groups with a vision, who are able and ready to work toward its realization.

Future Research Questions

I would be curious to know the differences if any, in the rate of recovery among survivors who sought assistance immediately after a sexual assault and those who did not. If so, it would be interesting to explore the process by which responses occurred, the systems involved, and the nature of the contact to see if this determined to any degree the process of healing. Rather than simply focusing on the perceptions of service providers and representatives of the various systems involved in delivering post assault services, I would want to explore the perceptions of the victims themselves, as well as secondary victims. Furthermore, future research questions could explore longer term care. According to survivors and secondary victims, their perceptions of what would be helpful in the recovery process once the initial crisis has resolved would help identify long term need. Support groups may be an example. Although my research did not find any formal support of this nature in the province of Manitoba, I would be curious to explore whether survivors have accessed on-line support via the internet and what their perceptions of that experience are. This area of research could also compare and contrast services implemented across Canada and abroad.

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Appendix A- Letter of Information

Dear _____:

My name is Nadia La Rosa and I am a graduate student in the faculty of Social Work at the University of Manitoba. As part of the requirements of the masters degree program, I am doing research on the design and implementation of sexual assault service delivery in rural Manitoba. The overall objective of this research is to determine how rural communities in Manitoba can establish services for response to sexual assault survivors. My research advisor at the University of Manitoba is Dr. Lyn Ferguson

I plan to interview individuals who have had experience in one or more of the following areas:

1. Working directly with survivors of sexual violence or their friends and family members.
2. Delivery of post-assault services to victims (medical, legal and/or emotional).
3. Involvement in the design, planning, implementation an/or evaluation of sexual assault service delivery in any community.

The purpose of this research is to establish what needs to be put into place in order for communities to be able to provide accessible intervention for survivors of sexual violence. Furthermore, I would like to determine how a rural community can appropriately develop formalized policies and protocols that will best meet the immediate needs of sexual assault victims in their community. I hope to learn what potential or existing challenges there are for rural communities. Overall, my goal is to be able to identify specific recommendations that will facilitate the creation of a module for use in rural areas of Manitoba requesting assistance in developing their own sexual assault service delivery.

I am asking participants to commit themselves to a total of 1-2 hours of their time. This time will be spent being interviewed by me in person at a mutually agreeable location. If because of distance, meeting in person is impossible, a telephone interview can be arranged. All interviews will be tape recorded and transcribed so that the information provided can be analyzed.

I hope to have the opportunity to meet with you. Thank you for your consideration in this research endeavor. If you have any questions about the objectives or methodology of the research, please do not hesitate to call me at

Sincerely,

Nadia La Rosa
Researcher

Appendix B

Research Project Consent Form

Research Project Title: Establishing an Effective Sexual Assault Service in Rural Manitoba: Lessons From the Past, Ideas for the Future.

Researcher: Nadia La Rosa

Advisor: Lyn Ferguson
Faculty of Social Work
University of Manitoba
Winnipeg, MB

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

I have been invited to participate in a study that will explore the experiences and perceptions of individuals that have worked either directly or indirectly with survivors of sexual violence. I understand that I have been asked to share my experiences as they relate to my role in the design, planning, implementation, delivery and/or evaluation of policies and protocols that respond to sexual assault victims. It is hoped that this research will be used to inform ongoing discussions regarding public policies to address the immediate needs of victims of sexual assault in a rural context.

I also understand that the researcher, Nadia La Rosa, is a graduate student in the Faculty of Social Work and is conducting this study as thesis research that is a requirement for completion of her Masters of Social Work degree.

I understand that Nadia La Rosa will be interviewing me once for approximately one to two hours and making an audio taped recording of our conversation. I understand that I have the freedom not to answer any of the questions that I am asked.

I understand that I may terminate the interview or withdraw from this research project at any time without penalty or negative consequences from the researcher or the organization through which I was invited to participate in the study.

I understand that the information from the interview and the results of the study will be used for research purposes only, including a research report and publication. I further understand that all reports and publications will not directly identify individual participants and all information will be presented in a non-identifying manner.

I agree to participate in this study knowing that the taped conversations will be kept confidential and that both the tapes and written transcripts from these tapes will be destroyed after this research study including the report and publication has been completed. Only Nadia La Rosa and her faculty advisory, Lyn Ferguson will have access to information that identifies the study participants.

I understand that if I request it I may receive a written summary of the results and that a final written thesis will be available to read at the University of Manitoba Library upon completion.

I can contact Nadia La Rosa if I require any additional information. If I have questions concerning the ethical aspects of this study I can communicate with Lyn Ferguson who is the faculty advisor of this research study.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

This research has been approved by the University of Manitoba Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for you records and reference.

_____ _____

Participant's Signature Date

My mailing address is: _____

My phone number is: _____

The best time to reach me is: _____

_____ _____

Researcher's Signature Date

Appendix C- Interview Schedule

1) Please tell me what role you have played in the development of sexual assault services in Manitoba?

2) Please tell me about the services that exist in your community?

Probes:

- What are the **strengths** and **weaknesses** of these services? Do you think the existing services are inclusive and **accessible**? What do you think are the **clients' perceptions** of the kind of treatment they receive from existing services within their community?
- Are the services in your community **coordinated**? In what way are they coordinated? (Was your community faced with any barriers in the process of coordinating services? If so, what were they?)
- Does a formalized **protocol** (policies & procedures) exist for attending to S/A survivors in your community? If yes, what does it involve? (i.e. established medical procedures for forensic examinations; standardized documentation form for reporting and documenting the findings; screening for Hepatitis and H.I.V.; the "Morning After Pill"; follow-up medical appointments?)
- Which **systems** are involved in attending to S/A survivors in your community? (What is the nature of the relationships between these systems? Does an advocate/support worker attend to the S/A survivor as well? If so who typically takes on this role?)

- Does your program have a **volunteer component**? (If yes, how do you recruit volunteers? Is there a screening process that potential volunteers must go through? If so, what is it? Are volunteers required to attend trainings? If so, what is the focus of the training?)
- What is the **level of networking,** shared decision- making and inter-agency communication that exists among systems in your community? (Example) In your opinion, is this necessary in order to organize and deliver S/A response services? Why/Why not?

3) Tell me about the history of the development of sexual assault services in your community and your role in it.

Probes:

- How did it get started? What were the initial steps? Who was involved? Challenges? How has it evolved?

4) Tell me about the barriers and challenges in delivering sexual assault services in rural areas.

5) What recommendations would you pass on to others hoping to establish sexual assault service delivery in rural Manitoba? (i.e. lessons learned).