

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

**A Thesis Submitted To
The Faculty of Graduate Studies
University of Manitoba
In Partial Fulfillment
Master of Social Work Degree**

By

Nadia G. La Rosa

June 27, 2006

THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

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OF

MASTER OF SOCIAL WORK

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Acknowledgments

I would like to thank all the women and men who participated in this research and who generously shared their time, knowledge and wisdom. Your professional experiences and personal stories are invaluable. Thank you. I would also like to acknowledge my examining committee members Kim Clare, Director and Professor at the Inner City Social Work Program and Dr. Jessica Senehi, Assistant Professor of Peace and Conflict Studies at the University of Manitoba. I sincerely appreciate your interest in and support of my research as well as the efforts you made to accommodate the time constraints for my defense. I would especially like to thank my advisor Dr. Lyn Ferguson, Associate Professor in the Faculty of Social Work. Your continual support, guidance, patience and kindness were incredibly motivating and encouraged me to continue working towards the realization of this academic goal. I would also like to acknowledge the staff at Klinik Community Health Center for inspiring me and promoting this research endeavor in so many ways.

I would like to express my deepest gratitude to my mother and father, Lina and Carmine La Rosa. Your endless love, nurturance, and encouragement are sacred gifts for which I will honor eternally. I would like to extend acknowledgement and appreciation to my extended family, including “the girls”. You know who you are. Thanks for coming along with me on this journey. It reinforced the importance of true friendship and “comedic relief”. From the bottom of my heart...thank you.

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 Klinik 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; Sampsel, 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 (Petraack & 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 (Petraack & 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 that 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; Brownridge & 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,