

Two respondents to the survey noted the many opportunities for workers in metropolitan areas to engage in feminist activism (such as forums, meetings and activities like “Reclaim the Night” marches) in contrast to their own contexts where a public show of feminist solidarity and shared purpose could potentially be met with community contempt. Workers also spoke of the added complexities of needing to develop strong working relationships with actors in the local area, some of whom may be conservative or explicitly anti-feminist. Overall, workers felt it important to recognise that feminist practice had to be “done differently” sometimes in rural contexts.

Lone workers and other health or welfare workers

The difficulties faced by sexual assault workers in rural areas are magnified tenfold for lone workers in very remote communities. When asked what aspects of her service she would change if possible, a lone worker in central Australia responded simply:

“Employ another worker – a sole practitioner position which is supposed to service central Australia and provide supervision to [place omitted] is too much.”

In areas where there is no specialist sexual assault service or outreach worker, other health and welfare professionals are inevitably called upon to respond to sexual assault disclosures. It is essential that these workers be adequately trained, resourced and supported. It is unclear to what extent health and welfare workers are able to provide an appropriate response and ongoing support to sexual assault victims.

Differences in degree . . . or kind?

Over a decade ago, Karen Baxter (1992) warned us against thinking the rural–urban divide in the context of sexual assault could simply be reduced to one of population size. Instead she urged a more sophisticated approach that took account of the combined “effect of geography, the characteristics of the people in rural areas and the characteristics of service providers as central themes [for] understanding rural communities” (1992: 175).

There seems little doubt that many of the difficulties faced by victim/survivors and services in rural contexts differ in degree, not kind, when compared to their urban counterparts.

Services across the country express similar levels of frustration in terms of their incapacity to meet demand; their need to focus on crisis care as distinct from longer-term support to adult survivors; and the pressure to confine their service-scope to that of dealing with the effects of sexual assault as distinct from harnessing their expertise for prevention.

However, responding to issues of isolation, rural conservatism, and the denial of sexual assault within rural communities remains distinct. Rural women undoubtedly suffer the impact of sexual assault in ways that uniquely compromise their capacity to remain anonymous, their right to access culturally appropriate services, and their rights to seek a police and/or a legal response. The nominal provision of specialist services that can assist Indigenous survivors and women from culturally diverse communities also continues to be reflected in how few women will consider accessing mainstream service support.

While the solutions to these problems involve change that is both systemic and cultural, the more immediate concerns of being able to document reliably the experiences of rural victim/survivors should remain a priority. It is critical in this context also to give priority to methodologies that will respect more culturally appropriate ways of recording the experiences of Aboriginal women and women from culturally diverse and non-English-speaking backgrounds. The Personal Safety Survey, scheduled for 2005 to replicate the Women's Safety Survey of 1996, aims to more reliably account for women's experiences of physical and sexual violence in both urban and rural contexts.

Information on how rural women might differ from their urban sisters in making decisions to report to police and to seek assistance from support services, health practitioners and the courts will contribute to an important evidence base for service-providers to lobby policy-makers in the future.

Endnotes

- 1 ACSSA surveys were distributed to three services within each state and territory. Broadly, the surveys covered issues such as: the history and philosophy underpinning service frameworks; current issues relevant to sexual assault and service delivery; and the challenges associated with providing services to victim/survivors in rural communities. Surveys were generally returned from at least two of the three services approached. These ranged from specialist sexual assault services to service providers working within community health, women's health or hospital based services. ACSSA is enormously indebted to those services who participated in the research – our sincere thanks to them for their efforts in so thoughtfully reflecting on the diverse range of service issues they currently face.
- 2 ACSSA provided assurances of confidentiality in relation to attributing individual comments to services that participated. In broad terms, the services included four regional centres with population sizes in excess of 40,000 people; five regional service centres with populations between 18,000 and 30,000; and five towns or rural communities ranging from between 3,500 to 13,900 people.
- 3 See, for example, Jodie Sloane's overview of the South Australian project "The Way It Is" (Sloane 1998).
- 4 Weeks noted how employing Aboriginal workers in dedicated positions within sexual assault services usually resulted in an increase of Indigenous women accessing the service. This was also the case for women from culturally diverse backgrounds. More sustained efforts to changing the service structure tended to be multi-faceted – such as employing bi- or multi-lingual workers, developing information in a range of language groups and collaborative projects being undertaken with other community organisations that had pre-established relationships with immigrant or refugee women.
- 5 Babacan cites research by Gray et al. (1991) that suggests patterns of immigration to rural areas largely fall under three categories: family reunion, refugee and humanitarian programs and employer nominations (1999: 237).
- 6 Other limitations of the Women's Safety Survey are detailed in ACSSA Issues Paper 1, *Just Keeping the Peace: A Reluctance to Respond to Male Partner Sexual Violence* (Heenan 2004). However, it is particularly important to note how the survey methodology was more likely to draw participation from English-speaking, non-Indigenous women who were living in a private residence.
- 7 While the *Crime and Safety Survey 2002* (ABS 2003) suggests little difference in sexual assault victimisation rates between capital cities and non-metropolitan areas, the broad categories limit the extent to which these figures are likely to reflect real incidence. The methodological approach of using postal surveys to collect the information might also impact on women's willingness to disclose sexual violence.
- 8 It is important to note that many other services that exist in rural communities are still unable to offer victims of recent sexual assault a face-to-face crisis service after hours.