

The make-up of juries was also identified as highly problematic:

“It is very hard to get a conviction, even when the evidence is overwhelming. At the risk of making an un-politically correct statement, we have few professional people to draw on for jury duty and those who are called are usually exempted. This means there is an imbalance in juries . . . who find it difficult to understand much of the process, let alone the evidence in the way it is presented, and rely on their feelings to guide them. Even if they believe sexual activity took place . . . they disregard the age of the victim and bring in a verdict of ‘not guilty’ to all charges. We have had in the last year two occasions when a Judge wanted to berate the jury for getting it wrong and made this fact very clear to the accused.”

Another worker positioned these problems within a context of a general rural conservatism:

“There is still the traditional conservatism associated with rural communities, despite the great influx of others . . . and there is a generally held view that this is reflected in our local juries.”

Issues faced by rural service providers

“We are under-staffed and under-funded to do the work we could be doing. We could be doing so much preventative work within the schools, such as helping adolescents understand how not to be a perpetrator. We could do more work with the police around how to handle a sexual assault situation and challenge some of the myths they carry around with them in their work.”

While the issues that impact on our understanding and treatment of sexual assault often crosses the rural/urban divide, when it comes to issues of service development and delivery, there are certain factors that clearly affect rural service providers in ways not experienced by their urban counterparts.^{ix} Jacinta Ermacora (1998: 38-42) succinctly locates the problems as falling into two main categories – rural services cost more to provide, and practice relationships are more complex and demanding.

How does the cost of providing rural services and issues surrounding delivery impact on workers in rural communities?

Cost of rural services

Put simply, running a rural sexual assault service is expensive, and entails costs that are not generally encountered in a metropolitan context. Geographical distance, for example, imposes additional expenses: travelling to provide outreach services is costly both in staff time and practical outlays like transport.

As one worker commented:

“The difficulties are based in the remote and isolated nature of the area. The number of hours available for face-to-face contact is reduced by the number of hours spent travelling to different locations.”

The isolation that rural services often experience has a financial impact also - sustaining networks by attending meetings, training workshops or conferences, is far more costly for rural services. The cost of developing and maintaining a high

quality, experienced staff, and ensuring opportunities for professional development is also greater than in metropolitan areas:

“Recruitment of staff can be difficult, especially as the health facility sets pay rates below that of the industry. Recruitment of staff in rural areas will probably always be problematic, although we have done reasonably well in the retention of staff.”

“We are facing additional demands through providing ‘out-of-area’ services to [place omitted]. There is a service based at [place omitted], however both positions have been vacant for over two years because of an inability to recruit to both positions despite many attempts to do so.”

Ermacora (1998) suggests that while services in very isolated communities may have the financial burdens associated with geographical distance acknowledged in their funding arrangements, rural and regional areas are often expected to provide direct service outcomes comparable to metropolitan services without additional funding:

“Our agency does not seem to have the resources that are given to metropolitan services and yet there is the issue of outreach. The population might be less but accessing services is very difficult. This impacts on the number of staff we can employ and the time given to each of our functions. The need to prioritise means that some areas of service delivery are not delivered as frequently as we would like. We are constantly in awe of what other [services] are able to do.”

“Generally there is, of course, a huge pressure on resources because of increasing demand. Over time we have had to progressively reduce our level of service to all clients and provide minimal services to some, whilst still trying to prioritise services to children. This is not just a rural issue but I think there are other demands on rural services – travel, having to provide services ‘creatively’ because of access issues etc.”

It also appears that the difficulties of coping with service demand over capacity had sometimes been anticipated by funding bodies, in that decisions were made early to confine the core work of services to victim/survivors of recent assault. That services lack the capacity to deliver counselling support to adult survivors of childhood sexual assault was identified as a significant tension by workers within the services and across the wider community:

“What are some of the most pressing issues? Meeting the needs of adults sexually abused as children. They are the lowest priority of [State] Health SAS [Sexual Assault Services] except where there are legal processes. But their needs are perhaps the most significant because of the long-term impacts of abuse where no early intervention occurred to interrupt that abuse.”

Many services also wrote of their frustrations at being unable to work effectively with children and adolescents in ways that could facilitate early intervention for both victims and young offenders.

Practice relationships

The role of counsellor/advocates within the rural therapeutic and community environment is a complex and often difficult one. Issues of confidentiality and vicarious trauma are more marked in a rural context, where the worker may encounter both victims and perpetrators in public places and at social events. It

is more difficult for rural workers to set clear boundaries between their work and their personal lives.

This issue was powerfully expressed by services in the ACSSA survey:

“We think there are particular issues faced by workers in rural communities when you are providing sexual assault services in a community where you both live and work. There is no ‘escape’ and not everyone can tolerate the particular demands it brings and the blurring of boundaries that is often present between the professional and the personal life. Sexual Assault Workers have a very different view of their communities and can feel very burdened by the knowledge they hold. They experience ‘another world’ because of that knowledge and have to move between the two with scrupulous care to maintain confidentiality.”

In the survey responses, workers also described how they were sometimes personally targeted by members of the community who saw them as inflating the prevalence, nature and/or impact of sexual assault. One worker reported being subject to abuse in the street after commenting to a local newspaper editor about a case of mandatory reporting. Another felt highly visible as a result of her presence as a court support worker in a trial that had captured the town’s and the media’s attention. Services described how distressing this was for individual workers who were always “on” in terms of having to defend themselves and the work they do:

“It is also extremely hard for workers in a rural area as it is known where you work so you are constantly asked about matters that happen or you are a more ready target for a perpetrator to access if the perpetrator wants to target someone.”

Lievore (2003) has also suggested that as there are often less service options available for clients, there is increased pressure on workers to provide services and for organisations to meet demand regardless of capacity and the cost to themselves.

One service in the ACSSA survey commented on the level of investment that rural workers feel:

“The services provided are more personalised due to the size of the community. By this I mean that workers are more likely to give 110 per cent of their time and energy because they are likely to see the client in the local community outside of work. Due to the size of the community it is important for workers to establish a good reputation for themselves as people are more likely to talk in small communities.”

Feminist practice in a rural context

It has been suggested that rural workers are at greater risk of isolation and burnout from promoting a service framework that is feminist in its philosophy and approach. La Nauze and Rutherford (1997) stress the vital importance of retaining a feminist analysis when working in the violence against women field in a rural setting. However, they also acknowledge that ‘in rural areas it is common to meet ambivalence and hostility to feminism’ from the surrounding community (1997: 20). They conclude somewhat rhetorically by suggesting that ‘the questions of whether and how to identify publicly with feminism per se are perhaps strategic questions to which there is no single response’.

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.