Needs Assessment

A study to identify and address systemic and service barriers impacting particularly at-risk and marginalized women and youth who have experienced sexual violence in Sarnia-Lambton.

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Centre for Research & Education on Violence Against Women & Children

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Introduction

The focus of this project is to identify and address systemic and service barriers impacting particularly at-risk and marginalized women and youth who have experienced sexual violence in Sarnia-Lambton. Targeted populations will include underserviced populations of women: Aboriginal women, rural women, young women, senior women, immigrant women, gay, lesbian, bisexual, transgender, queer, questioning, and two-spirited (LGBTQ2*) women and youth, women accessing the mental health and addictions systems, and disabled women.

ORGANIZATIONAL CAPACITY

The Sexual Assault Survivors' Centre Sarnia-Lambton (SASCSL) traces its origins back to 1982 when forty professionals from several social service agencies attended a meeting at Lambton College to discuss concerns about a lack of service for survivors of sexual assault. In July of that year, Support for Sexual Assault Victims (S.S.A.V.) was established. In 1985, S.S.A.V. became a member of the Ontario Coalition of Rape Crisis Centres. On May 29th, 1986 Support for Sexual Assault Victims was incorporated as a non - profit charitable organization. The name officially changed to Sexual Assault Survivors' Centre Sarnia-Lambton.

Like other member organizations of the Ontario Coalition of Rape Crisis Centres, the work of SASCSL has always been informed by a gender based analysis of violence against women. Statistics Canada estimates over 80% of sex crime victims are women.[1] This gendered nature of sexual violence is reflected in the clientele, who are overwhelmingly women.

Sexual Assault Centres, including SASCSL developed an analysis that recognizes sexual violence as a powerful mechanism of male control over women. It is not about sex, but rather an act of domination over women. This analysis extends to explain that the fear of sexual violence has inspired a fear of men in general. This fear "structures women's lives, resulting in increased physical and psychological vulnerability and a diminished capacity for self-affirmation and participation in society."[2] As such sexual violence becomes a form of social exclusion.

While a gender based analysis recognizes that sexual violence impacts men and women differently, it does not deny that males can also experience sexual violence. Statistics Canada estimates that 15% of sexual assault victims are boys under 16.[3] SASCSL has structured its services to be inclusive of all survivors and has offered services for men since they began operations in 1982.

It is this focus on inclusivity that has led SASCSL to enrich its long standing gender based analysis with a more intersectional analysis. An intersectional analysis recognizes that in the same way sexual violence impacts women and men differently, certain groups of women are much more vulnerable to sexual violence than others. For example, 83% of disabled women will be sexually assaulted during their lifetime and 57% of aboriginal women have been sexually abused.[4] The literature review, which will be discussed in more depth later, identifies other groups that are either particularly vulnerable to sexual violence or that face barriers to service if they do experience sexual violence, or both. These groups include: culturally diverse women, queer women, Francophone women, older women, young women and sex workers.

[1] www.sexassault.ca/statistics.htm
[2] www.casac.ca/content/some-examples-feminist-analysis-sexual-violence
[3] www.sexassault.ca/statistics.htm
[4] www.sexassault.ca/statistics.htm

DATA COLLECTION AND ANALYSIS

The project has been guided by a logic model or theory of change that identifies the community organizations involved in the project as well as the vulnerable groups that these organizations serve and the changes we hope to see as a result of the project.

We conducted a literature review to become more familiar with what is already known about the experiences of sexual violence of the vulnerable groups identified in our logic model as well as barriers they face in accessing service.

We constructed surveys for members of vulnerable groups and for service providers who are working with members of these groups. SASCSL workers also responded to survey questions. See Appendix II for copies of the surveys. This data will give us a more specific picture of the situation and needs in Sarnia-Lambton.

We did not collect demographic information about gender from respondents because the vast majority of those surveyed from the populations SASCSL wants to reach were women. The exception to this was respondents from the LGBTQ2* youth community. In this case, we declined to ask about gender as many of the youth have gender fluid identities and would not be able to easily assign a gender for themselves.

We also conducted focus groups with women and youth that are currently underserviced by SASCSL and with diverse community service providers and with staff from SASCSL. See Appendix III for copies of the interview guides.

ISSUE AND COMMUNITY ANALYSIS

The stakeholders for this project are both organizations that are currently serving marginalized groups of women and gender fluid youth and the marginalized women and gender fluid youth themselves. We gathered information about the skills/knowledge/experience of a gender-based and diversity-based analysis from organizational stakeholders in order to identify future training and education needs. The organizational stakeholders are:

- Sexual Assault Survivors' Centre Sarnia-Lambton
- Women's Interval Home
- Victim's Services of Sarnia-Lambton
- Community Living Sarnia-Lambton
- Canadian Mental Health Association
- Sarnia-Lambton Rebound
- Lambton County Developmental Services
- Walpole Island Three Fires Women's Shelter
- Aamjiwnaang (Chippewas of Sarnia First Nations)
- Kettle and Stony Point First Nation

The data collected examines systemic barriers and looks closely at how the needs and priorities of underserved populations of women and gender fluid youth can be better served.

OVERVIEW OF BARRIERS TO SERVICE FROM EXISTING LITERATURE[5]

Women who have experienced sexual violence are very diverse. This diversity creates challenges for the service provider to provide appropriate assistance and support for every woman who needs it. Barriers are both structural, (e.g., those factors that make an agency's programs unavailable or inappropriate because of the way service is delivered) and individual, (e.g., related to an individual woman's circumstances, characteristics and behaviours).

Structural barriers include a lack of awareness of service, a lack of accessibility to information, transportation challenges, social stigma, lack of program staff communication skills, lack of programs for specific populations and program structures that don't meet the needs of specific populations. Individual barriers that can impede help-seeking include shame, guilt, lack of trust with social service agencies, and not wanting to file a report with authorities.

In order to serve women from the diverse social locations in our communities, agencies must attempt to address the structural barriers that prevent them from finding, trusting and engaging with services.

CULTURAL NORMS

Women from different cultures have a host of their own cultural norms and traditions, many of which may be unknown or unfamiliar to those from the mainstream culture. These norms may discourage accessing support services when experiencing sexual violence. All cultures are shaped by a patriarchal ideology to some degree, thus deeming certain behaviours as acceptable and thereby silencing female victims of violence. Cultural scripts may force the woman into the role of a homemaker and subordinate of her partner. Nonviolent and respectful family relationships can be undermined when the responsibility placed upon the male head of household is distorted and used to justify an authoritarian use of power vis-à-vis his spouse and children. A woman may be expected to succumb to the orders of her partner and domestic violence may be viewed as acceptable and even expected. Furthermore, the unity of the family unit may be seen as of paramount importance and consequently any threats to breaking up the family may be wholeheartedly avoided. In this way, cultural values and norms can be used to justify and normalize sexual assault within intimate relationships. Women may feel shame about being a victim of sexual assault, experience a lack of acknowledgement for their suffering, and potentially fear retaliation if they disclose. Consequently, abusers may face few repercussions for their behaviour, and may even be supported. These factors all contribute to challenging victims' access to services.

Other issues, such as stigma surrounding mental health problems and psychiatric diagnoses may also be prominent in certain cultures and particularly among immigrant and refugee populations. Help-seeking in these situations may be frowned upon and consequently grossly underutilized. This can be even more worrisome given the fact that these populations may be more susceptible to mental illness due to stressors such as pre-migration experience, traumatic memories, unemployment, acculturation issues, and limited opportunities in the new country. As a result, they may be more likely to suffer from depression, post-traumatic stress disorder, psychosis, and suicide contemplation. Moreover, some mental health issues may not be considered as significant and some symptoms, such as depression, may be viewed as stemming from different causes and as a result not treated as illnesses. Extended family members may be sought for support in lieu of professionals. Apart from distress associated with acculturation and having to assimilate into a new country, many immigrant women may also serve as the primary caregivers for their families and so they may be faced with the additional burden of assisting their family

[5] A reference list used to compile this overview is included in Appendix II.

members with getting accustomed to their new life and providing for them. They may also experience a loss of social networks, as they leave family members and friends behind, facing their new country alone. Gender roles may also shift, as women may venture into the workplace after having predominantly been homemakers in the past. Women may also experience difficulties with having their credentials recognized, and be forced to work menial jobs below their qualifications. Undocumented immigrant or refugee women may be forced to work in agricultural workplaces, where they may be exploited and vulnerable to sexual harassment or assault and feel isolated with no source of support.

CULTURALLY DIVERSE WOMEN

Available professional services may not be tailored to the cultural, linguistic, and gender needs of survivors. Theories and intervention strategies for sexual violence have in large part been shaped by the needs and experiences of White, middle-class women, which may not be relatable to other cultures. Due to the aforementioned stigma associated with professional help or the perception that their problems will not be understood by a professional due to differences in language or culture, women from certain cultural groups may abstain from seeking help. Extended family or community leaders may be sought for support initially and the assistance of professionals may be a last resort. Community and church leaders may encourage silence on issues of family violence, due to an emphasis in collectivist cultures on maintaining the family unit. A fear of criticism and fear of losing important social and familial networks of support after disclosure may further encourage silence. These community norms may shame women into not reporting their abuser. This may contrast with the stated values of Canadian society, where there is a discourse of zero tolerance towards family violence and women in these situations are encouraged to leave these abusive relationships. Holding opposing values that encourage women to keep the family together at all costs may inhibit women from seeking help.

Women who have multiple roles in their lives may not have time to seek assistance or be able to take time off of work. They may also be hindered by substance abuse and mental health issues. Other barriers include a lack of adequate transportation, language difficulties, illiteracy, experiences with discrimination, low socioeconomic status, childcare issues, lack of coordination of services, and lack of awareness on where and how to access services. These women may feel misunderstood by social service agencies and experience hostility from law enforcement and social service workers. They may also experience blame for their experiences and a lack of understanding about the effects of certain experiences. For example, there may be a lack of understanding about the implications of non-physical forms of sexual violence, which may not be seen as being as significant as more physical forms. Women who are in abusive relationships may have partners who restrict their access to the telephone or deny their access to transportation, thereby limiting their ability to reach support services. This is further compounded if the services required are offered at different locations, as it may be necessary to make multiple visits to different agencies. Newcomers are at a further disadvantage, as they may have a fear or lack of trust of authorities and difficulty establishing relationships with service providers. They may not understand the criminal justice process or the rights they have as victims. They may also not be aware of or be misinformed about the services that are available to them, such as shelters, welfare benefits, subsidized housing, legal aid, and counselling.

Undocumented immigrants may face threats of detainment or deportation and so may not seek out assistance or be unable to establish consistent relationships with healthcare professionals. In the case of mail-order brides, these women may face even greater isolation, residing in a foreign country with an almost nonexistent support base. They may be required to be married

for a certain number of years in order for the marriage to be legally recognized. In situations of violence within the marriage, they may be forced into silence when their legal status is threatened. Legal permanent residents may have to maintain sponsored employment in order to reside in the country and may be afraid of making reports to service providers due to the threat of losing their job or facing deportation. Social policies that are in place behind immigration laws may create dependence on a potentially abusive partner. Programs, such as ones that provide training in English may only be provided within a certain timeframe.

QUEER WOMEN

Queer women's experience of sexual violence can be very similar to that of heterosexual cis people, but can also be distinctive and relate specifically to their sexual orientation or gender identity. For example a queer woman made homeless due to domestic violence or because she is rejected by her family is at increased vulnerability to sexual violence and hate crime. Queer women may experience sexual abuse and threats as a form of hate crime.

Queer women may not know where to find safe and non-judgmental services. They will hesitate to approach mainstream services if they think they will not be queer-friendly. A lack of knowledge and access to services can be worse for queer women who are not 'out'.

Sometimes people have their own personal journey and some queer women may have a problem accepting their sexual orientation and or gender identity. Not knowing how to deal with that can be a barrier. One of the biggest fears about accessing services is that they may have to disclose their sexual orientation or gender identity. Added to this is the fear that the information may "leak out" into the wider community with the possibility of negative repercussions. For women living in rural communities where 'everyone knows everyone' this fear can be intensified. Queer women who are happy with their identities are likely to feel less anxious about seeking help than those who aren't "out and happy".

There are also structural and cultural barriers for Queer women who want to access appropriate support. These include assumed heterosexuality in service provision; the services may be described in strictly heterosexual language and the agencies may not be perceived as being inclusive of queer women. Gender-binary (women-only or men-only) service provision can create barriers. For example, transgender women may experience difficulty with obtaining access to women's services if they are perceived to be male. An inadequate level of staff diversity, knowledge and skills can undermine queer women's confidence that they will be understood and welcomed in an agency. Professionals may also minimize Queer women's experiences of sexual violence.

While LGBTQ2* people face individual and interpersonal barriers to seeking help for experiences of sexual violence, those barriers are strongly informed by the reality of the structural and cultural barriers that actually exist within services, and their previous experiences of poor responses to their specific needs.

Discrimination in the form of racism, class privilege, or disability status, may be further compounded if the woman also identifies as queer. Marginalized by other factors such as poverty, class, and race, it may be difficult for some queer women to fit into services designed to serve a single need and consequently find appropriate support to meet their needs. A lack of coordination of services may force queer women to prioritize their needs and if they face intersecting oppressions, they may feel as though they are required to focus on a single aspect of their identities in order to avoid mistreatment and have their needs met.

ABORIGINAL WOMEN

Aboriginal women also face unique challenges associated with accessing services. Colonization has led to systemic racism and oppression that continues to exist today. Patricia Monture, an Indigenous academic expresses the impact of these dynamics simply, but starkly; "Like too many other Aboriginal people I have been a victim. I was a victim of child sexual abuse, of a battering relationship, of rape. In the First Nations women's community that does not make me special. In a way it makes me 'usual.'" (Monture-Angus, 1999). Often Aboriginal women do not experience violence as a single incident, but rather as an ongoing condition in their lives. As a result many Aboriginal women experience substance use and mental health issues. Aboriginal women are also greatly overrepresented in the sex trade industry. Despite compounded experiences of trauma and complex needs, Aboriginal women have difficulty trusting mainstream services.

Mainstream services fail Aboriginal women when don't recognize the context of their lives and they ignore the social and economic problems experienced by Aboriginal women due to colonization and discrimination. Aboriginal women may have heightened fears of having their children apprehended, due to a history of colonialism. Mainstream services remain inaccessible to Aboriginal women if they lack culturally-appropriate programming that includes traditional practices of Aboriginal people. Ceremony and the power of faith and belief are important and participation in traditional activities is a significant part of the healing process for Aboriginal women. Aboriginal women often report experiences of marginalization and racism in their encounters with health care and social service providers and recount how their voices are often either silenced or disregarded. To learn how to meet the needs of Aboriginal women, mainstream services need to interact with Aboriginal communities and leaders. To do this they must learn about and follow proper, respectful protocol for interactions.

WOMEN WITH DISABILITIES

Women with disabilities may face abuse by their intimate partners who also serve as their caretakers, or other family members and staff in both domestic, mental health, and residential institutions. Their experiences of violence may also differ from other women, as they may experience it more frequently and for longer periods of time by potentially a greater number of perpetrators. The types of violence may also be uniquely related to their disability. Women with disabilities may be at greater risk for sexual assault. They may experience a shortage of accessible services, such as shelters, or appropriate accommodations, such as accessible transportation and assistance with personal care in the event that they leave abusive homes. Workers may have a naive perception of what accessibility really means. Beyond an accessible washroom or a ramp, these women also need to be aware of and have access to the various types of services offered for victims. They may also have multiple needs and experience challenges with having them met. If their caregiver is also their abuser, women with disabilities may fear not being believed by social service agencies, and the perpetrators may receive sympathy from workers. This is further compounded if the woman suffers from a communication disability, thereby inhibiting disclosure and affecting prevention and treatment. Workers may have difficulty considering women with disabilities as sexual beings and may reject the notion that they can be victims of sexual crimes by individuals around them, even though there is a much higher risk of sexual assault for these women. They may also fear being institutionalized, or the loss of custody of their children if they leave an abuser.

FRANCOPHONE WOMEN

In a minority environment, language can be a vehicle for oppression. Not all Francophone women, in particular immigrant women who want to work and integrate into Ontario society, are bilingual. They are not the only women who do not speak English well. Older women, women with disabilities or in isolated areas, and women from Québec who move to Ontario are among those who find it difficult to communicate their needs when confronted with violence. We know that it is easier for a woman to heal when she can take the necessary steps in her own language.

Francophone women are more vulnerable when they need to leave a violent situation, join the labour market, and earn a decent income. They are older, less educated, and less involved in the labour market. They are more likely to live in rural areas, and are thus geographically isolated, particularly when public transit is unavailable. Francophone women experience cultural and social isolation when they cannot live in their culture in French and speak with other Francophone women.

OLDER WOMEN

Ageism has been defined as a "process of systematic stereotyping or discrimination against people because they are old, just as racism and sexism accomplishes with skin colour and gender. Ageism allows the younger generation to see older persons as different from themselves; thus they subtly cease to identify with their elders as human beings" (Bates, 2011).

In the health care field, a number of studies suggest that older patients receive different care than younger individuals with similar diseases. This has been attributed to ageism, a way of "pigeonholing" people and denying older adults the opportunity of being individuals capable of adopting unique ways of living their lives. As a result age may correlate with therapeutic pessimism. Mental health issues among older adults may go untreated because depression and cognitive decline are considered to be a natural part of the aging process. Therapists may avoid treating older persons because they embrace notions that diminish the status of older people. Therapists themselves may have an aversion to the aging process and see aging clients as foretelling the clinicians' own future, or they may accept cultural stereotypes that portray joy evaporating with old age. In order to ensure that older women receive the care and attention they need when they experience sexual violence, it is critical to foster positive attitudes towards older adults.

YOUNG WOMEN

Young women can also experience age discrimination. Their experiences are more likely to be discounted by service providers and they may be judged more quickly when they disclose experiences of sexual violence and faced with questions like what were they wearing?, what were they doing when they were assaulted?, were they drinking?, etc. They may be faced with the perception that they made themselves vulnerable and are therefore somehow responsible for the sexual violence.

An obstacle in accessing services stems from the reality that many young women do not identify their experience as a sexual assault. This is largely due to the lack of awareness about sexual assault issues among young women. Parental judgement, discomfort in talking about sexuality with adults and fear of the unknown can all contribute to a lack of information about sexual assault.

Young women may be dependent on others financially or for transportation, making it more difficult for them to get to services. The geographic location of services may be a significant barrier to young women with limited means of transportation. The fear that many women have about institutions and accessing institutions can be intensified for young women. Young women need services that are youth oriented and they want to see young women in the organizations that serve them.

Confidentiality is a significant concern for young women and they want to know that they will have some control over the information they share with service providers. Confidentiality is also difficult because parents often monitor their whereabouts. They may fear that disclosure will have a negative impact on their family.

Young women have expressed the need for 'safe spaces' or multi-service drop-in centres when they can access services they need without having their confidentiality threatened. Young women who are survivors need services which are youth centred and they need service providers to treat them in an equitable manner, listen to their stories attentively and respond to them with respect.

SEX WORKERS

Stigma acts as a key barrier to access to services for sex workers. Stigmatized individuals are perceived as possessing an 'undesirable difference.' This discredits an individual and leaves them with a status of being 'less than.' Stigma is a social process that creates labels that can have a profound impact on the lives of the people to whom these labels are applied.

While there is an urgent need to improve access to non- judgmental services for all sex workers, street-based sex workers face particularly entrenched barriers to service. Living on the street increases drug seeking and use, making women less able to make the decisions necessary to find help. Life on the streets hardens many women, leading them to expect social disdain, discrimination, and marginalization, so that they assume no one truly cares even when social service providers do offer assistance. Drug use and street life foster the loss of social and communication skills, impatience, fear of authority figures, and a loss of sense of social time. Women may often arrive late or on the wrong day for appointments and/or they are not willing to wait in line for service. They cannot be recruited into care through traditional street outreach or during normal business hours. Their level of isolation from other people, especially non-drug users, is especially severe.

Staff members (including administrative, reception, and secretarial staff) would benefit from training designed to increase their sensitivity to the needs, fears, social disconnectedness, and secretiveness of many street-based sex workers. Many areas of health promotion have suggested that providing factual information alone is typically insufficient to produce substantial change in risk behaviors in which people have engaged for quite some time. Because many health risk behaviors occur in an interpersonal context, a successful approach to risk reduction has been the use of peer role models and educators who attempt to redefine peer group norms and reinforce risk reduction.

STRATEGIES FOR IMPROVEMENT

Women who are marginalized have traditionally not been included in conversations about key social problems that exist. It is important to include these women in efforts to develop preventative and reactive measures to address these issues. They should be given a voice when it comes to content development in staff training programs, for example. It is important

that community-based outreach programs for the prevention of sexual violence and assistance to victims be developed across multiple venues. They should be made widely available in central locations in the community and accessible to all individuals. Information should be distributed across a wide array of channels, such as television programs, newspapers, radio stations, stores, workplaces, libraries, community organizations, and churches. Collaboration among professionals in various fields across the health, social services, and legal sectors, is paramount. There should be more opportunities for victims to expand their support network with other women who have faced similar ordeals. Same-language support groups should be made available as a way for women to reach out to others within the community. More resources should also be available to women in LGBTQ2* communities. Women should also have access to a female health professional, if desired, during medical exams. An effort should be made to hire culturally diverse, bilingual staff whenever possible. Interpreters should be made available to assist individuals who are non-English speaking, and written materials in other languages should be provided. Access to education, jobs, and job training programs, and skill development through services such as ESL programs, should be facilitated. Women should be assisted with finding childcare and shelter within the community if needed. Wherever possible, services should be offered in one location, or within close proximity to one another. A holistic treatment approach should be incorporated, whereby extended family, neighbours, friends and community members are included, alongside a variety of treatment methods.

Sarnia-Lambton Diverse Community Service Providers

82 service providers from diverse community social service agencies responded to survey questions. Their responses give us insight into their knowledge and understanding of sexual violence and their experiences working with survivors as well as the areas where more training could be provided.

WORKING WITH SURVIVORS

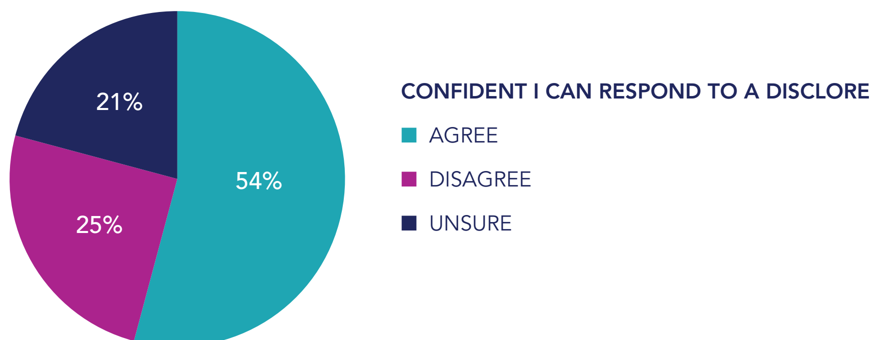
Only 1% of service providers report working with a client who has experienced sexual violence daily. 7% report working with a client who has experienced sexual violence weekly. Almost a third reported that they encounter a client who has experienced sexual violence on a monthly basis. Another third said that they encounter a client who has experienced sexual violence on a yearly basis. Just over a quarter said that they encounter a client who has experienced sexual violence less than annually.

Clearly service providers are meeting clients who have experienced sexual violence. It is not clear if these numbers would increase if service providers had more training and if clients they work with felt comfortable disclosing their experiences, even when it is not the focus of the service they are receiving.

In your position, how often do you encounter a client who discloses that she has experienced or is experiencing sexual violence?

RESPONDING TO DISCLOSURES

Just over half of respondents indicated that they can respond to a client disclosing sexual violence in a sensitive and skilled manner. 21% were unsure and 25% felt unprepared. This highlights the need for training in this area.



When asked about their comfort level in responding to disclosures, less than 40% of respondents said they always felt comfortable providing an initial response. Given how important an initial response to disclosures is, these responses highlight a need for training in this area.

Just over 40% of respondents indicated that they always know where to refer a client for support when she discloses that she has experienced sexual violence. An additional 30% said they know where to refer more than half the time. Again, these responses point to a need for training and collaboration to ensure that survivors are connected to the services available in the community.

ORGANIZATIONAL CHALLENGES

Half of respondents reported that the biggest challenge for their organization to work with women who have experienced sexual violence is a lack of knowledge surrounding the specific issues survivors face. This was by far the biggest challenge. A quarter of respondents said that they lacked funding, resources or time. About 10% said that there was a lack of engagement or interest from the agency or their manager. 5% said their agency lacked the staff to work with survivors and 10% said there were other reasons. Addressing the lack of knowledge is identified as the most pressing need and may serve to address some of the other challenges as well.

SEXUAL ASSAULT SURVIVORS' CENTRE SARNIA-LAMBTON WORKERS

SASCSL workers were surveyed about their knowledge and skills for working with clients from diverse communities. Their responses help to illustrate where training and collaboration is needed.

CULTURALLY DIVERSE SURVIVORS

Almost 70% of SASCSL workers indicated they had not received training to work with culturally diverse survivors of sexual violence. Even fewer workers (6%) had received training on working with survivors who do not have Canadian citizenship or survivors whose first language is not English.

SURVIVORS FROM REMOTE OR RURAL AREAS

Again the vast majority of SASCSL workers (93.8%) indicated they had not received training on working with survivors from remote or rural areas.

FRANCOPHONE SURVIVORS

The vast majority of SASCSL workers (93.8%) indicated they did not feel prepared to work with Francophone women.

YOUNG SURVIVORS

The majority of SASCSL workers (87.5%) indicated they had not received training on working with survivors who are young.

OLDER SURVIVORS

The majority of SASCSL workers (87.5%) indicated they had not received training on working with survivors who are older.

SURVIVORS WITH DISABILITIES

The majority of SASCSL workers (87.5%) indicated they had not received training on working with survivors who have disabilities.

SURVIVORS WITH DIVERSE SEXUAL ORIENTATIONS/ GENDER DIVERSE IDENTITIES

Three quarters of SASCSL workers indicated they had not received training on working with survivors with diverse sexual orientations and gender diverse identities.

SURVIVORS FACING CHALLENGES WITH MENTAL HEALTH AND/OR ADDICTIONS

Slightly more than half of SASCSL workers (56.2%) had training to work with survivors who face mental health and/or addiction challenges.

ABORIGINAL SURVIVORS

More than half of SASCSL workers indicated they did not feel prepared to work with Aboriginal survivors.

I have been trained to work with:	Yes	No	Not Sure
culturally diverse survivors of sexual violence	31.2%	68.8%	0.0%
survivors who do not have Canadian citizenship	6.2%	93.8%	0.0%
survivors whose language is not English	6.2%	93.8%	0.0%
survivors who live in remote or rural areas	6.2%	93.8%	0.0%
survivors who are facing challenges with mental health and/or addictions	43.8%	56.2%	0.0%
survivors who are young	12.5%	87.5%	0.0%
survivors of sexual violence who are older	12.5%	87.5%	0.0%
survivors of sexual violence who have disabilities	12.5%	87.5%	0.0%
survivors of sexual violence with diverse sexual orientations	25.0%	75.0%	0.0%
I feel adequately prepared to work with:			
Aboriginal women	37.5%	62.5%	0.0%
Francophone women	0.0%	93.8%	6.2%

Collaboration

The responses from both diverse community service providers and SASCSL workers about how prepared they feel to work with either survivors of clients from diverse social locations show that everyone could benefit from increased collaboration that will enhance the knowledge base and skill set of service providers across agencies.

REFERRALS

The need for better collaboration is reflected in responses about referrals. Less than half of respondents from diverse community services said that they make referrals to other agencies when a client needs assistance with sexual violence. Almost a quarter said that they rarely or never make referrals. This clearly points to a need to increase awareness and knowledge among service providers of where survivors of sexual violence can seek service and support.

Those respondents who did make referrals, listed SASCSL, Women's Interval Home as well as the Children's Aid Society as the places they would refer to. These would be appropriate referrals.

60% of SASCSL workers indicated that always they make referrals to other agencies when a client who has experienced sexual violence needs assistance with other aspects of her life. Another 20% said that they make referrals more than half the time. 13% said that they rarely or never make referrals. While SASCSL workers seem to be referring more often, there is room for improvement.

COMMUNITY CONSULTATIONS OR CASE CONFERENCES

A community consultation or case conference, where multiple service providers meet with a client at the same time is a way to ensure that needs are met and services are coordinated. Less than a quarter (20%) of diverse community service providers reported that they participated in a community consultation or case conference weekly or monthly. Almost 40% had never participated in a community consultation or case conference.

More SASCSL workers had participated in community consultations or case conferences, with 31% stating they participated weekly or monthly. Half participated in one annually or less than annually and almost 20% never participated in one.

Those diverse community service providers who did participate in these consultations appreciated the confidentiality, collaboration, education and resources, as well as the support they provided. SASCSL indicated that what they found most useful about the consultations was the breadth of knowledge, clarifying misconceptions, and different services being able to connect to best support a client.

Given the positive benefits that cross agency consultations can provide, this data shows there are opportunities for service providers to engage more often in community consultations or case conferences.

Diverse community service providers identified the major challenges to organizing community consultations or case conferences as scheduling conflicts, conflicting approaches, and difficulties with client interactions. SASCSL identified the major challenges as different opinions, power imbalances, as well as being able to get a day where everyone can meet.

Almost half of diverse community service providers said that addressing transportation needs would help to address the challenges of organizing community consultations or case

conferences. 47.4% said that ensuring that educational materials about sexual violence are appropriately translated, culturally relevant and in an understandable format would be helpful and 44.7% said creating a specific action plan in partnership with leaders from diverse communities for planning and implementing prevention and intervention initiatives is needed.

BARRIERS TO COLLABORATION

When diverse community service providers were asked about what creates challenges in the working relationship between SASCSL and other agencies, the most cited reason was 'different or competing philosophies' (21.4%) and 'different mandates (17.1%). These responses point to the need for more communication and an exploration of how social service agencies can better work together to meet the full range of needs of their clients. Lack of trust was also cited 14.3% of the time, again indicating a need for agencies to work on their relationships to better serve their clients. Fewer respondents indicated that different priorities, lack of clarity about who makes decisions, personality conflicts, power imbalances and conflict between sectors contributed to a lack of collaboration.

In my opinion, the following factors create challenges in the relationships between Sexual Assault Survivors Centre Sarnia and agencies serving women from diverse communities:

When SASCSL workers were asked about what creates challenges in the working relationship between SASCSL and other agencies, the most common reasons cited were different mandates (30.8%) and different priorities (23.1%). Almost 40% of SASCSL workers were unsure what factors create challenges in the relationship between their own agency and agencies serving women from diverse communities.

In my opinion, the following factors create challenges in the relationships between Sexual Assault Survivors Centre Sarnia and agencies serving women from diverse communities:

What emerges from the two sets of responses is a sense that agencies have been working in siloes, focused on their own mandates and priorities. Interestingly, diverse community service providers identified that there are philosophical differences in the approach to more active collaboration and some of them identified lack of trust as a barrier. SASCSL workers did not name these as challenges. There is an important opportunity to build more understanding about the work that each agency does and to explore opportunities for collaboration through this initiative. A collaborative relationship between service providers and SASCSL will help to ensure that survivor's needs are understood and met in a holistic way.

SASCSL has embarked on this initiative to strengthen collaboration and address gaps in service delivery to women of diverse communities. Slightly less than half of respondents from diverse community services were aware of this initiative, while almost 70% of SASCSL workers were aware of it. Through the process of data collection, all respondents have learned something about the initiative. Strong leadership is needed to ensure that the initiative translates to opportunities for actively learning that will enhance collaboration.

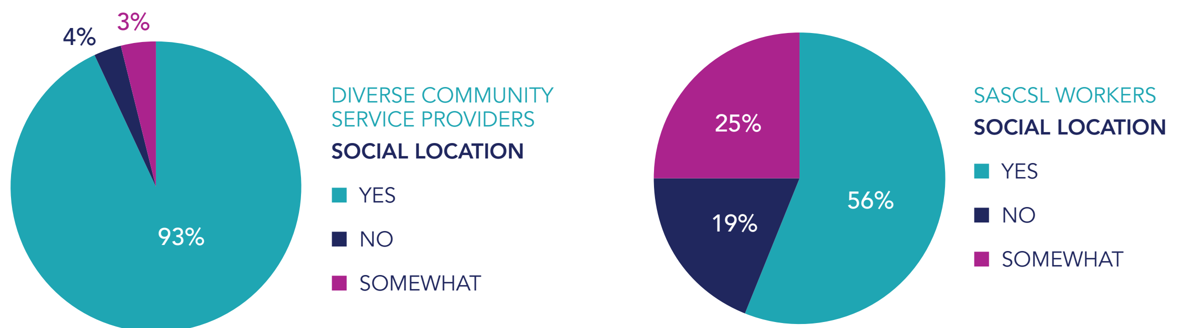
Learning Needs

Many marginalized women and gender fluid youth are accessing a range of services in Sarnia-Lambton. These diverse community service providers can be instrumental in connecting their clients to the services available at the Sarnia-Lambton Sexual Assault Centre if needed. But in order to do this, the service providers themselves need to understand the dynamics of sexual violence and the victim blaming myths that survivors face. They need to be prepared and comfortable to respond to a disclosure in a supportive manner and they need to know how to make an appropriate referral.

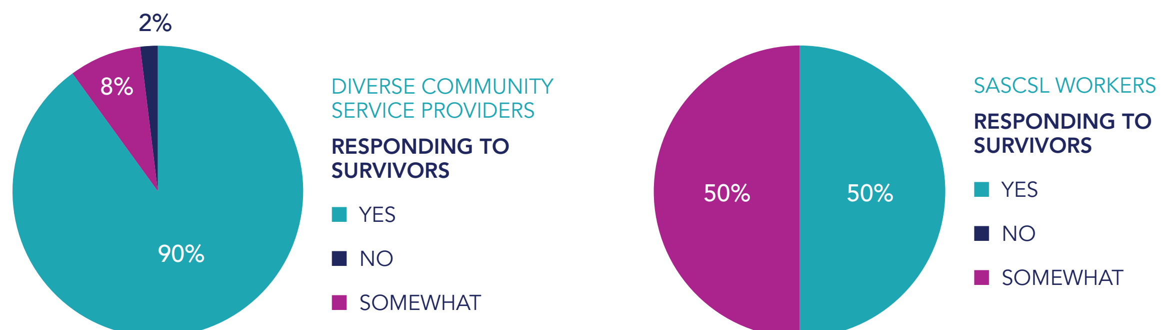
Likewise SASCSL workers need to be prepared and comfortable responding to clients from diverse backgrounds. It should not be the responsibility of the client to educate their service provider about how their social identity affects their access to resources and their participation in the community.

The following data takes a look at the openness and interest of diverse community service providers alongside the staff at SASCSL to learn about issues that would help them to respond effectively to survivors of sexual violence from diverse social locations.

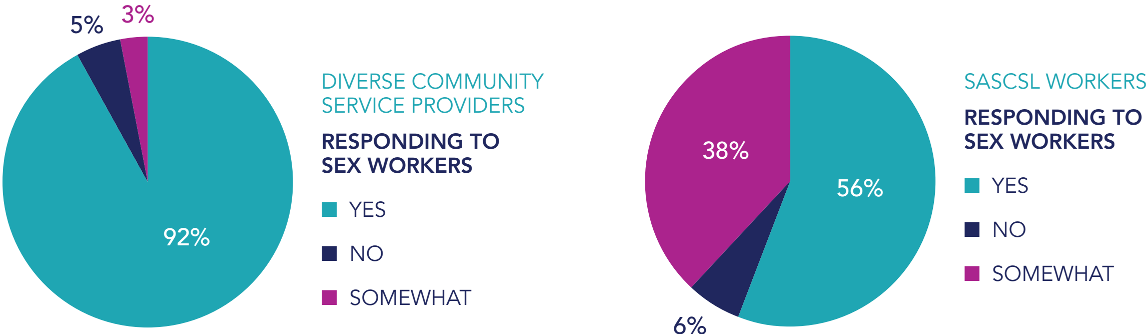
The vast majority of diverse community service providers indicated that they would like to learn more about social location. Just over 80% of SASCSL workers indicated an interest in learning more about social location. This is a very encouraging finding as learning about clients' social locations will provide insight into the specific circumstances and challenges that diverse population groups face.



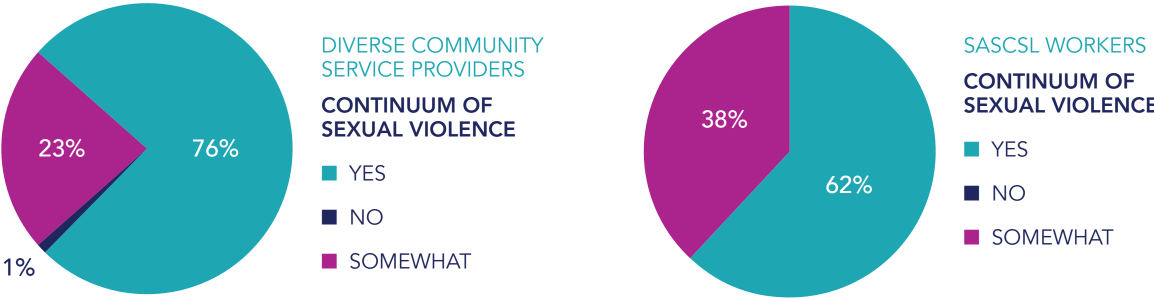
Service providers were very open to learning more about responding to survivors. Responding to disclosures is a critical skill. A survivor's decision to continue to seek support for her experience of sexual violence often depends upon the response she receives the first time she discloses. A supportive response will open the door and encourage her to continue to seek support. An unsupportive response can close the door and cause her to remain isolated.



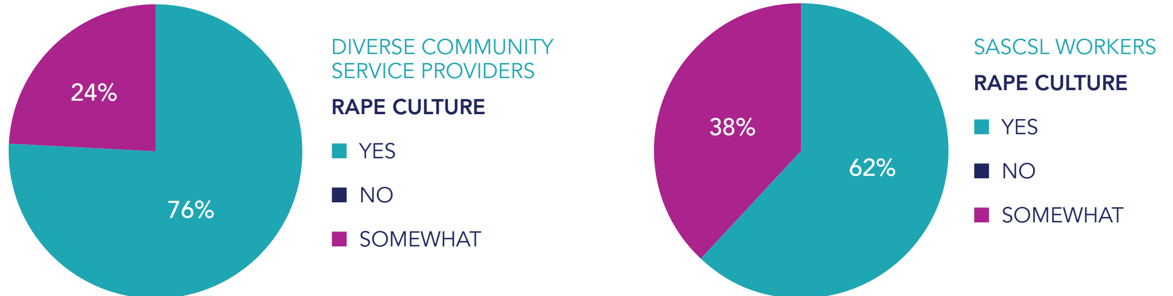
As we see from the overview of barriers to service, sex workers are a particularly difficult population to serve due both to structural barriers that make an agency's programs unavailable or inappropriate because of the way service is delivered and individual circumstances, characteristics and behaviours of sex workers. Training about how to meet the needs of sex workers is very important and the vast majority of diverse community service providers in Sarnia-Lambton report that they are ready to take on this challenge. Most SASCSL workers also expressed some degree of interest in learning more about responding to sex workers who experience sexual violence.



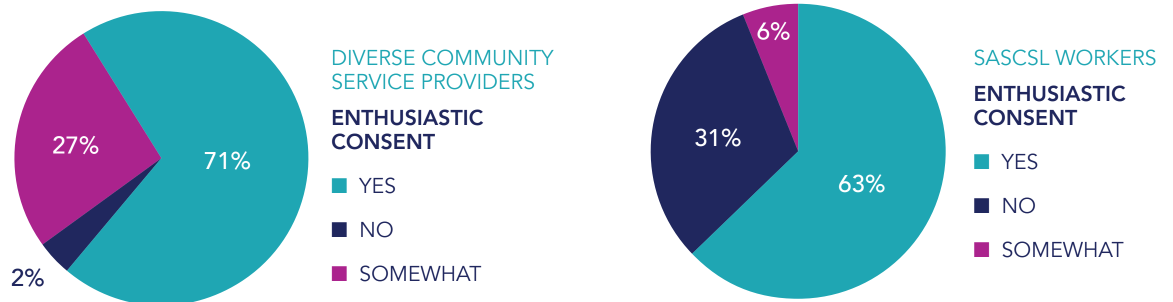
Sexual violence encompasses a range of behaviours and it is important for service providers to understand that there is a continuum that starts with sexually harassing behaviours and extends all the way to physically violent rape. All forms of sexual violence are harmful and have a lasting impact on survivors. Understanding the continuum helps service providers to avoid denying or minimizing experiences of sexual violence. Three quarters of diverse community service providers indicted a strong interest in learning about the continuum of sexual violence, with most others indicating some interest. All SASCSL workers expressed either a strong interest or some interest in learning about more about the continuum as well.



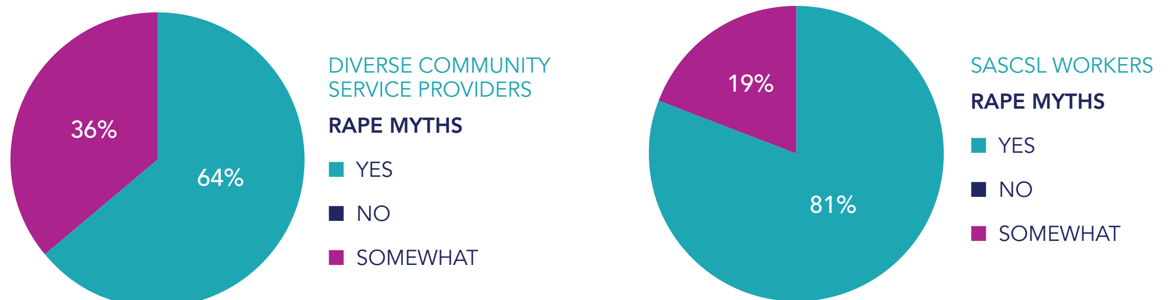
Rape culture shows the ways in which society blames victims of sexual assault and normalizes male sexual violence. It is critical for service providers to understand the context in which sexual violence occurs. Three quarters of respondents agreed.



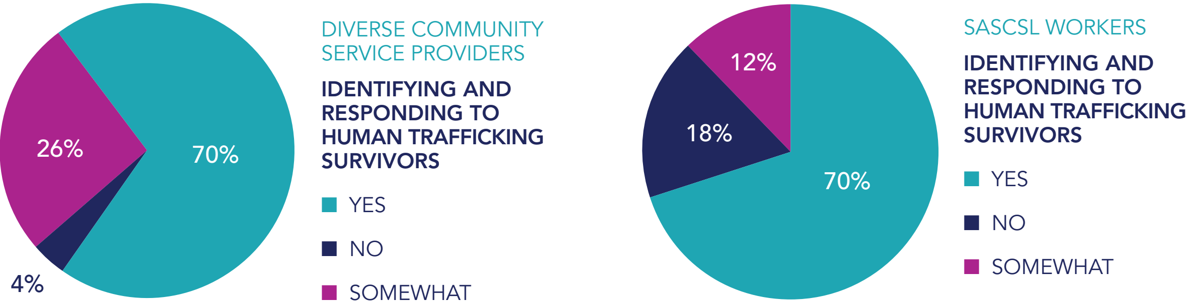
Enthusiastic consent is a concept that is related to rape culture. It is a move away from 'no means no' to 'yes means yes'. It is a paradigm shift that requires open communication. Practicing enthusiastic consent challenges the assumptions of our rape culture. Almost all respondents from diverse community services indicated a strong interest or some interest in learning more about enthusiastic consent. Fewer SASCSL workers indicated interest in this training, perhaps because they are already familiar with the concept.



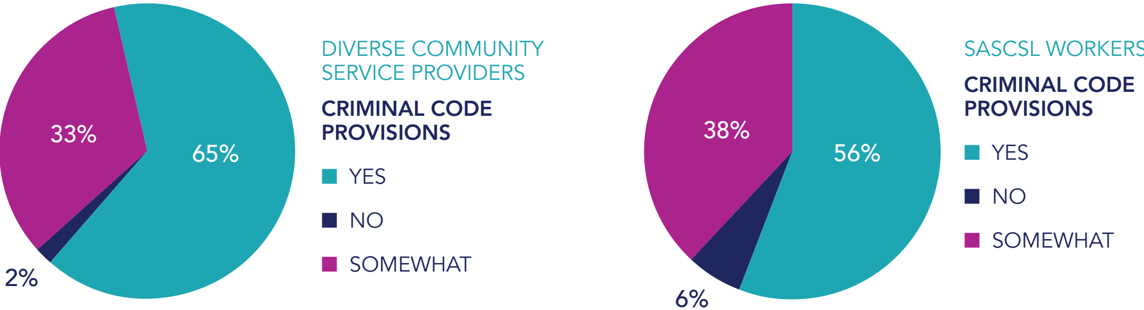
Rape myths are widely held, inaccurate beliefs about rape. Myths legitimize sexual assault or sometimes even denying that it occurs. They often do this by blaming the victim for their experience or making excuses and minimizing their assault. In effect, these myths perpetuate sexual assault by not addressing the realities of rape. All respondents indicated a strong interest or some interest in learning about rape myths.



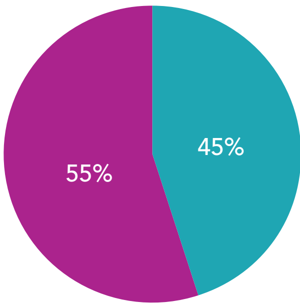
Human Trafficking is violation of human rights by international conventions. Those who are trafficked for the purposes of sexual slavery or commercial sexual exploitation are both very vulnerable and very isolated. Human trafficking is thought to be one of the fastest-growing activities of trans-national criminal organizations. It is critically important for service providers to be able to recognize signs that someone may be trafficked. Equal numbers of respondents from diverse community services and SASCSL indicated a strong interest in learning more about Human Trafficking. More SASCSL workers indicated no interest in training on this issue, again perhaps because they have already received this training.



Criminal code provisions regarding sexual assault vary from those that address physical assault. It is important for service providers to have at least a basic understanding of those provisions in case a survivor has questions about what might happen next when she discloses. Almost all respondents indicated some degree of interest in understanding the criminal code provisions.



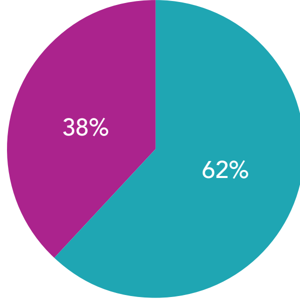
Sexual violence is especially underreported in LGBTQ2* communities for several reasons. Survivors may fear that they will be outed as a result of a disclosure, or they may fear that they will face discrimination as a result of their sexual orientation or gender identity. LGBTQ2* people may also be targeted for sexual violence as a form of hate crime. Service providers can help to remove barriers for LGBTQ2* clients by becoming more educated and aware of gender identity, gender expression, and sexual orientation. All respondents expressed some degree of interest in learning about the needs of the LGBTQ2* community.



DIVERSE COMMUNITY SERVICE PROVIDERS

SPECIFIC NEEDS OF MEMBERS OF GBLT COMMUNITY

- YES
- NO
- SOMEWHAT



SASCSL WORKERS

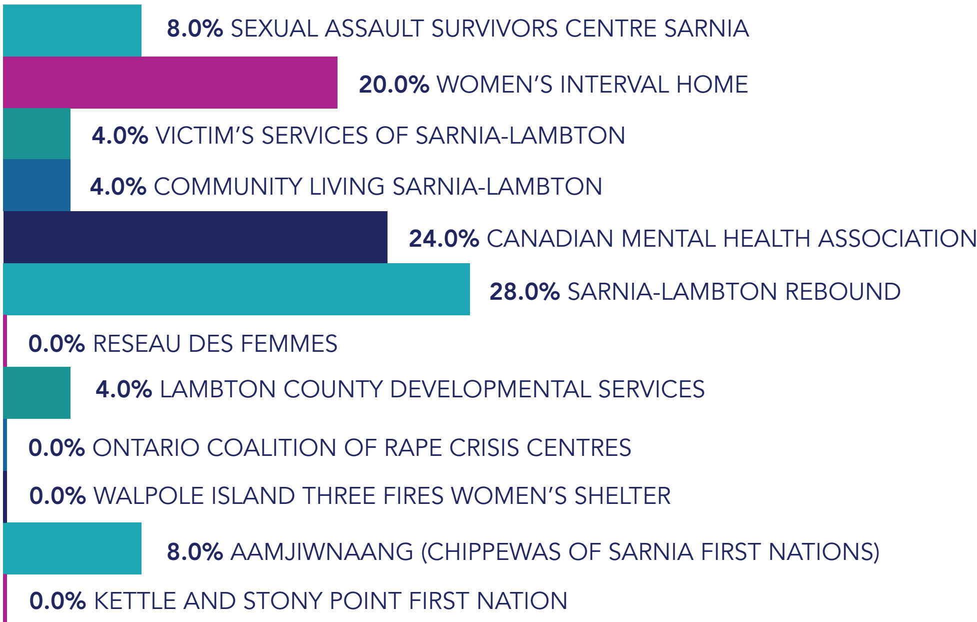
SPECIFIC NEEDS OF MEMBERS OF GBLT COMMUNITY

- YES
- NO
- SOMEWHAT

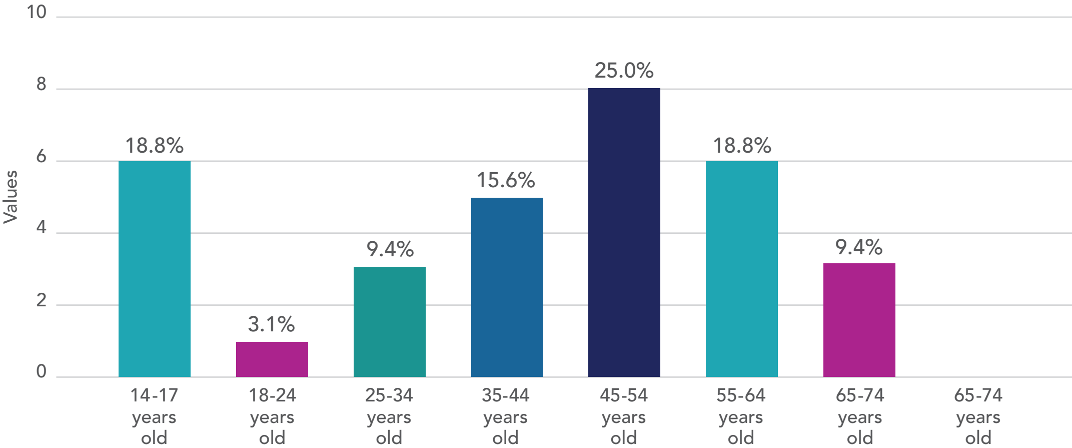
Service Users from Diverse Communities

34 service users completed surveys about service they received from the stakeholders in this project. Respondents had accessed services from most of the stakeholders involved in this initiative. The largest number (28%) had received service from Rebound, an agency serving youth. Almost a quarter had accessed service from the Canadian Mental Health Association and 20% accessed service from Women's Interval Home. 8% received services from SASCSL and Aamjiwnaang respectively.

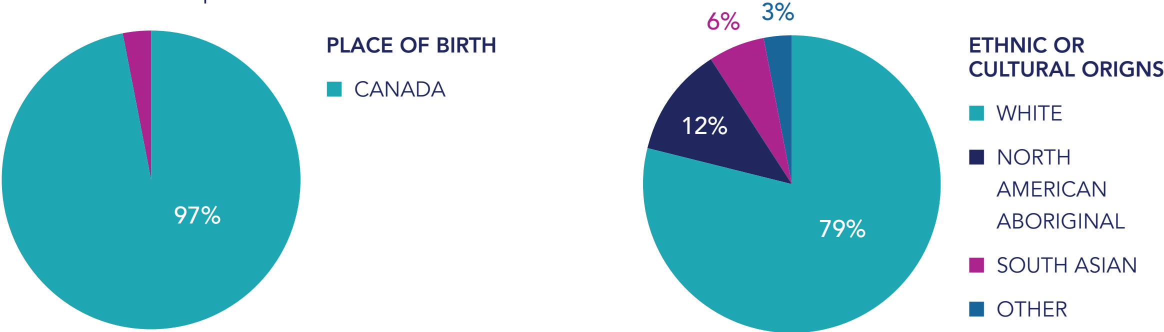
Please identify any of the following services you have accessed:



Respondents ranged in age between 14 and 74 years old. The largest number of respondents were between the ages of 45 to 54, followed by equal numbers of respondents who were 14-17 years of age and 55-64 years of age. Almost 10% were between 65 and 74 years old. The perspectives of youth as well as older women are represented in the results.

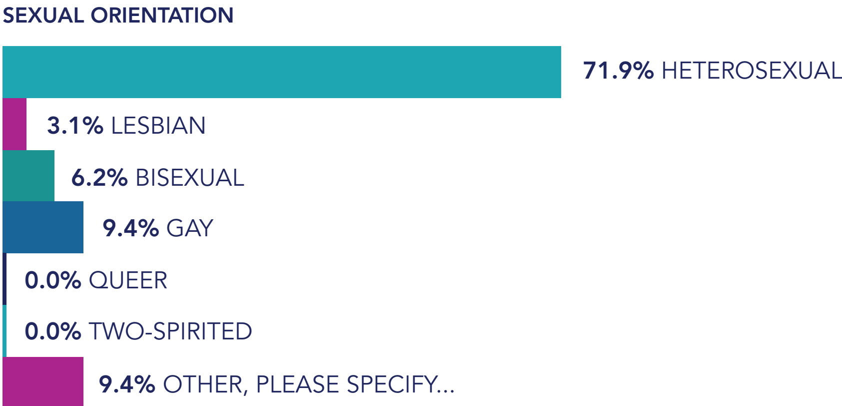


The vast majority of respondents were born in Canada. 79% had ancestors of white ethnicity, 12% had North American Aboriginal origins, 6% had South Asian ancestors and 3% identified as other in their response.



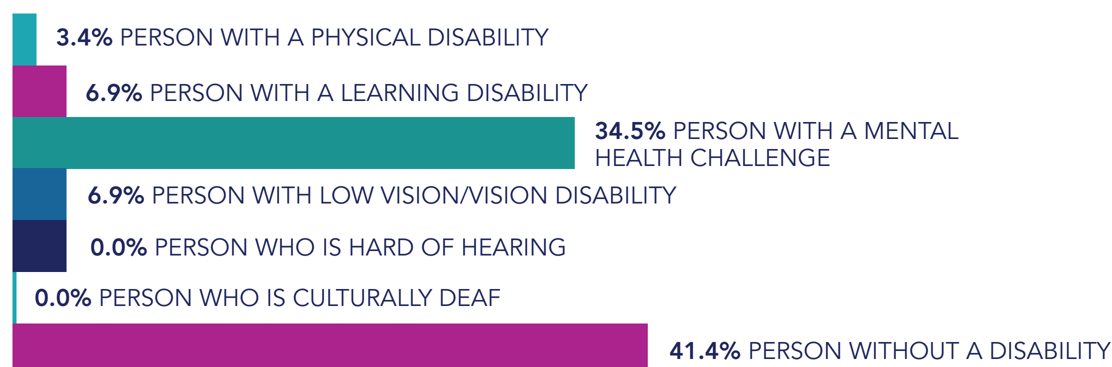
Over 70% of respondents identified as heterosexual. Almost 10% identified as gay and 3% as lesbian. 6% identified as bisexual and almost 10% as other.

SEXUAL ORIENTATION



35% of respondents reported living with a mental health challenge. 7% of respondents reported living with a learning disability, having low vision and being hard of hearing respectively. 3% reported living with a physical disability.

DISABILITY?



SERVICE USERS' KNOWLEDGE OF SERVICES

Service users were most familiar with mental health and addictions services (90%) and youth services (80%). Almost 60% of respondents knew about services for people with disabilities and 50% knew about services available to rural communities. 44% knew about services for older people and 40% knew about services for people from diverse sexual orientations.

To some extent, the services respondents were familiar with, correspond to both their demographic profiles and the services they report having used. However a more generalized awareness of services is beneficial for community members.

I am familiar with the services in Sarnia-Lambton for:	Agree	Unsure	Disagree
people with mental health and/or addictions	90.0%	4.0%	6.0%
youth who face challenges	79.0%	5.0%	16.0%
people with disabilities	56.0%	28.0%	16.0%
rural communities	50.0%	22.0%	28.0%
older people who face challenges	44.0%	37.0%	19.0%
people from diverse sexual orientations	40.0%	16.0%	44.0%
Francophone communities	25.0%	44.0%	31.0%
people with immigration challenges	23.0%	35.0%	42.0%

REFERRALS

Between 33% and 65% of respondents indicated that they needed a referral to help them address another issue when they were receiving service from one of the stakeholders in this project. Service users were most likely to receive a referral to mental health and addiction services when they needed one (75%). They were least likely to receive a referral when they were experiencing challenges related to language barriers. Service users received a referral less than 50% of the time when they were facing challenges related to life stage (i.e., being young or being an older adult) or related to disabilities. Service users received a referral less than 25% of the time when they were facing challenges related to living in a rural area, related to sexual orientation or related to immigration challenges.

These results show that better collaboration between service providers would provide a more holistic response to meeting the needs of clients.

I have been referred to other agencies when I needed assistance with:	Yes %	No %	Unsure %	Not applicable %
Challenges related to mental health and/ or addictions.	9	34	16	41
Challenges related to my life stage (i.e., being young or being an older adult).	25	25	13	37
Challenges related to my disability or disabilities.	18	33	0	49
Transportation because I live in a rural area.	10	32	0	58
Challenges related to my sexual orientation.	9	38	6	47
Challenges related to cultural barriers.	9	34	16	41
Immigration challenges.	3	27	3	67
Challenges related to language barriers.	3	39	3	55

CLIENTS' EXPERIENCES OF COLLABORATION

28% of clients indicated that the service providers talked to each other with the client's permission to coordinate services, 19% indicated they did not, and 19% were unsure, and 34% indicated this was not applicable to them.

6% of client respondents who worked with different service providers indicated that they have participated in a community consultation/case conference, 47% indicated they did not, and 9% were unsure. 38% indicated that this was not applicable to them.

Two thirds of respondents provided a response to the question, "Did the services you approached provide the assistance you needed?" Almost 60% of services users indicated they got some to all of the help they needed and about 40% said no. Service users did not provide suggestions on how agencies could have improved their service. Given the positive feedback from those who participated in community consultations or case conferences, it is worth considering whether clients' experiences can be improved through agency collaboration.

Voices from the Community

Six focus groups were held to better understand the experiences and perceptions of women and youth who are not regularly accessing services from the Sexual Assault Survivors' Centre Sarnia – Lambton. These focus groups included First Nations women, Muslim women, older women and LGBTQ2* youth.

These powerful voices hold valuable insights into the experiences of women and LGBTQ2* youth, the reasons why SASCSL has not been accessible to many groups of women and youth, and recommendations on how to be more effective in connecting with hard to reach populations.

Despite the differences in the lives and circumstances of those who participated in focus groups, many commonalities emerged, in terms of experience, perceptions, barriers to seeking service and recommendations.

EXPERIENCES AND PERCEPTIONS

Women and youth described experiencing many forms of sexual violence, from harassing behaviour to physical sexual assault.

> *"I identify as trans and I was getting text messages asking whether or not I was male or female. This happened like twice. I don't know if that counts as... The police said they wouldn't do anything about that unless it happens again or something. But it's already happened twice."* (LGBTQ2* youth)

> *"And it doesn't just necessarily have to be the physical, that's what I'm saying. I know someone that is verbally abused using hard coarse sexual words."* (Middle class rural woman)

Some talked of the vulnerability to sexual violence when substance abuse is present:

> *"Like I have put myself in a lot of dangerous situations and you know people will take advantage of you when people are passed out or when they have been drinking and you know not really realize that it is against the law."* (First Nations woman)

Some talked about experiencing both childhood sexual abuse and sexual violence later in life:

> *"Well I know when I worked for Inco, I was one of the first women to work for Inco and that was a lot of harassment and a lot of sexual abuse verbally like you know because they didn't want their women there and it was pretty rough... it got to be a little bit better, but there was still a lot of it on the jobs, like a lot of harassment that a-and a lot of sexual assault. I was sexually assaulted when I was a child so that kind of makes you withdrawn."* (Older woman)

LGBTQ2* youth described sexual harassment that was hateful and discriminatory:

> *"This kind of goes back to what we're talking about thus far. There's this couple at my school and they identify as lesbians. And comments I heard from a girl in the hallway was "I wouldn't care if they were hot." And I was like "kay… what?""* (LGBTQ2* youth)

> *"Since I identify as a gay guy. It's assumed that I like to give blow jobs all the time. So it's just like… straight guys are like "Want to give me a blow job?" and I'm like "No… shoo. Go away. What are you doing? Just stop."* (LGBTQ2* youth)

Many participants, across very diverse social locations spoke of the way that their own experiences of sexual violence or those of friends or family members had been normalized:

> *"I would have just thought that it would have become normal. I remember being in a teenager and saying no and being manipulated and pressured to go further. I remember back in the day when I was using and you know I didn't think twice about…"* *(First Nations woman)*

> *"Well like that could mean that that whole relationship is that if you were sexually abused as a child and you hook up with a partner who again … Do you even see that as abnormal? Like that whole thing comes into what is normal to you. Especially if you have lived that life right?"* *(First Nations woman)*

> *"A lot of the younger populations just have learned to fluff it off as it was just this or it didn't happen."* *(LGBTQ2* youth)*

> *"I've heard a lot of people who have been sexually assaulted or you know… who haven't given consent, and have had stuff happen to them just say that it's normal to go through that."* *(LGBTQ2* youth)*

> *…it happens so often in today's society that a lot of people do think it's normal. And that it's not a big deal anymore.* *(LGBTQ2* youth)*

Denial and minimization was a reoccurring theme across focus groups. Participants discussed how they often struggled to name what happened as sexual violence:

> *"I think that our idea of rape is you're held down, you are forced. You are gang raped, you know at a college at a party or whatever and not just the little things that happen all the time."* *(First Nations woman)*

> *"Because rape to me is you know you were in an alley you were held down when you are walking alone at night. You know what I mean. Like experiences that I had - sure it was uncomfortable and it wasn't something that I wanted to be engaging in and I didn't give verbal consent but you know I did it anyways. But when I look at, you know when I look at this as sexual violence then for sure I have been sexually violated for numerous years so."* *(First Nations woman)*

> *"I will say it was consensual although he was grooming me and then he started pressuring me into doing things against my will… I hadn't accepted yet that it was assault. I was just, I knew something wrong had happened."* *(Muslim woman)*

> *"And her first actual experience having intercourse with another girl was not by full consent. It was half consent. Like she wanted to do it, but at the same time, she wasn't sure whether... you know… she wanted to do that yet… with that lady. And what ended up happening is because of that, she's now completely turned off of females. Because she's like 'That was my first experience with that'."* *(LGBTQ2* youth)*

> *"If they go there, they might actually feel like it's real. Like they're not quite ready for it to be true yet."* *(LGBTQ2* youth)*

> *"Well I think the definition of sexual assault needs to be expanded/brought forth/ made public. Like you said, everyone just thinks "Rape in the back alley is sexual assault."**(Middle class rural woman)*

Participants described the context for these experiences of normalization, minimization and denial. They described the dynamics of Rape Culture without having a name for it:

> *"A thing at my school, I don't know if it's at other schools, but guys have this thing where guys want to get the highest number of "kills" so that's like…they go to parties for the purpose of doing this. And not always with people they even know. It's just…like I said earlier, this guy was trying to get with this girl." (LGBTQ2* youth)*

> *"People at my school like the jocks...their whole goal is to see who can get the most blow jobs. So during gym one day, everyone started cheering for this one guy because he got a blow job. And I'm like… 'really?' They were just like 'yay blow job'". (LGBTQ2* youth)*

> *"We've lost the honouring of sacredness and intimacy. The tabloid trashing, you know, searching out what's going on with famous people. And now it's translating into personal lives and the Internet." (Rural middle class woman)*

> *"The women feel like they have to take ownership of it. That they've somehow contributed to situations... that they asked for it type of thing. Know what I mean?" (Rural middle class woman)*

Some participants, spoke of being silenced about their experiences of sexual violence:

> *"Well, I find that some people, when they hear your story, they're, I don't really know how to explain it, they don't really want to hear it. And so you learn the hard way then you just learn to keep quiet." (Older woman)*

Others discussed at length how it is difficult to talk about sexual violence. This came up more with participants that were middle aged or older:

> *"Sex in general is not something that that age group talks about. So to be talking about assault to go along with it." (Middle class rural woman)*

> *"I think it's still difficult for people in my age group. Well, you're talking… probably I don't know… well, I call you guys my age group: 50 to 70." (Middle class rural woman)*

> *"Our generation is getting better at it but before ours, it was "wow we don't talk about it." (Middle class rural woman)*

They noted that the stigma surrounding sexual violence is stronger than it is for many other issues and organizations addressing other social issues are better known:

> *"Women's Interval Home's talked about lots. CAS is talked about a lot in our community too. And CCAC. All that stuff." (Middle class rural woman)*

BARRIERS TO SERVICE

Some participants believed seeking service from SASCSL would also trigger involvement from the Children's Aid Society or the police. They feared that accessing help for themselves could put their entire family at risk in some way:

> *"If I was to go and say I was sexually assaulted by my spouse or say my brother when I was growing up, whoever, there is that fear if I have that on me, there is that part of me that CAS is going to get called and they are going to come and take my child away."*
> *(First Nations woman)*

First Nations women in particular expressed distrust of police:

> *"To go back to your point about involving police because I think that is often kind of a sticking point for folks. If you have had the police involved if a sexual violence had occurred. Police involvement is not a safe option, like it is not something that would be … Like they have had really crappy experiences with police so I don't think like I think that you are going to go to the people that are supposed to keep you safe when they're not and they haven't kept you safe before. So I think that's a problem."*
> *(First Nations woman)*

First Nations women also associated involving the police with a lack of confidentiality:

> *"We're not wanting to go to the police because they don't want everybody in the whole wide world to know." (First Nations woman)*

> *"We are involved in a community like this there is the police called into someone's home. Here comes the cops, oh I have to call so and so." (First Nations woman)*

Other participants expressed distrust of the legal system as well:

> *"I guess one thing that keeps sticking in my mind and I haven't had it first-hand but the fact that the abused person gets such a total, total. They just run all over them. Like the legal system, everything: "It's their fault until we prove they didn't do that."*
> *(Middle class rural woman)*

A lack of confidentiality was generally noted as a barrier to seeking service:

> *"I think what she said you know if it's like a family member and it can spread out to so many families like." (First Nations woman)*

> *"Are they going tell somebody else, is it really confidential." (Older woman)*

Many participants spoke of the fear of not being believed, or of being judged:

> *"So I think sometimes that common women like us, who you know don't make a salary and who don't have lots of social stature would you be believed." (First Nations woman)*

> *"For the sake of being judged or like… That they're not actually there, they're just faking it or something." (LGBTQ2* youth)*

> *"And then you feel like they're judging you and staring at you or whatever or why didn't you say something years ago or why did you wait so long, but it's not always that easy."*
> *(Older woman)*

Some participants had personal experiences of being judged when they disclosed:

> *"Because I wear the hijab and I was like a good Muslim and I am sneaking around with a guy she said that I am f-ed up."* (Muslim woman)

When abusers don't feel shame for perpetrating sexual violence, survivors often carry that burden. Many participants talked about how shame silences survivors:

> *"And all the shame that goes with it. I mean, maybe it's not in the news but people find out about it. Every little detail. And then your whole history is brought out to light. Any old mistakes you made in your life."* (Middle class rural woman)

> *"And the shame thing or I don't want to face it anymore um you know I just want to be done with it, so no just let it go."* (First Nations woman)

> *"I also had some friends shame me I also should mention that, she called me a hypocrite so that made me a lot more isolated she said some really horrible things to me."* (Muslim woman)

> *"We [my sister and I] never told anybody and yet the sad thing is that I grew up loving these Uncles, but I couldn't remember, but we all lived in the same house and that's the way it was after the war and we all lived in it to help each other and then we decided that while our grandmother was still alive we didn't want her to know what her sons and it was all just and the shame."* (Older woman)

> *"People think it's socioeconomic. They think it's always them downtrodden and I can see that someone's pride in their economics… that would set them apart."* (Middle class rural woman)

A Muslim woman spoke of the shame she felt due to her "cultural baggage":

> *"On top of everything else there is the fact that Muslims we don't date. In Islam we get to know someone… you get to know a guy and like you know you're not alone. You have like a chaperone. The fact that I was in a relationship as an individual I added a whole layer of stigma and shame and guilt… It was really hard because I am like a very active member in the Muslim community I come from a good family like."* (Muslim woman)

LGBTQ2* youth discussed fear of being outed:

> *"If they're not out yet. Like a guy who's in the closet but identifies as gay is dating someone, like another guy, when something happens. And then they don't want to go there because they're not out yet so they don't know what to say."*

Some participants, who overcame barriers and did seek service spoke of how they encountered new barriers in the intake process. For a First Nations woman who went to a shelter, the questions she was asked and the timing of the questions were the barrier for her:

> *"I have been through the intakes at the woman's interval home. They are tough…cause man, the questions they ask when you are most vulnerable right. You are so on the fence, you are so nervous, so scared, and then you are asked this bombardment of questions like and they are sexual questions and they go very much into detail whether or not you have experienced any sexual violence in your relationships."* (First Nations woman)

A Muslim woman encountered a lack of cultural sensitivity. She is clear that her counsellor was not intentionally unsupportive:

> *"I met my counsellor and she was very nice and like I still believe that she is a very nice person who means well and like she obviously cares." (Muslim woman)*

She is also clear that good intentions fall far short when cultural competency is required:

> *"We pretty much went through diversity training during my appointment and I was pissed… Like I knew that there might be some ignorance but I don't think I was expecting smack like in my face like dumped on me in my first appointment. It was just really frustrating... Like I am here for my intake like what the-?... I walked out. It was- I had mixed feelings walking out."(Muslim woman)*

A Muslim woman who had overcome barriers to seeking support recounted what was helpful and validating to her:

> *"He wrote the most amazing reply it was really really, like it was that I am so honoured that you opened up to me. Yeah I'm so sorry and it was like incredible. It was just like oh my god he is … just been so nice and then he was, just, it was just so beautiful, very heartfelt. It wasn't the most articulate, but it was just like him and he wasn't being like fake, he was himself. This is him being genuine." (Muslim woman)*

> *"L- was phenomenal and so… L- was like I believe you. He took advantage of you. The fact that he is a prof. So I was just like, finally they believe me and they are listening to me." (Muslim woman)*

RECOMMENDATIONS

Participants spoke about the need to learn about the community where SASCSL wants to offer services:

> *"And it really starts with knowledge and then they have to start building those connections because if you don't even know about the community that you are going into." (Muslim woman)*

One way of learning about diverse communities is to reach out to respected leaders:

> *"I can give you our pastor's number. She is a wonderful lady she could probably explains things more and be helping in that area because she is so involved and that is who I put my confidence in, she just has that way." (Older woman)*

Sometimes offering space for a discussion about sexual violence will be helpful, but time and patience is required:

> *"A couple of them well they're not my age, but they're in their 60s. They discussed a little bit of it and then you start hearing some of their stories and wow it's like I am not the only one that has been there, but you don't know that until you start giving a little group. Either try to talk to them that you aren't the only one that has gone through this, I think that that would be the only thing because you have to gain their trust and just take your time and be patient." (Older woman)*

First Nations women suggested that what would help to build trust is if services were offered in their own community:

> *"I find that people are more comfortable when the services are within their actual community vs. going to Sarnia and it could be the same service provider."* *(First Nations woman)*

> *"Right they kind of have to see them in their comfort zone. A lot of the times the barrier is I don't want to go into Sarnia to see somebody that I don't know. And even though that person that they don't know has plunked themselves in an office here, it is different because they are still in the community. It is the safety that they are still in their community."* *(First Nations woman)*

> *"Because when people see the face regularly it becomes more comfort, more um-comfortable."* *(First Nations woman)*

Cultural sensitivity training was suggested and the Muslim Resource Centre for Social Support & Integration was recommended to provide the training:

> *"It's training that we need and Dr. Mohammad [from the Muslim Resource Centre for Social Support & Integration] knows that um- the shifts that we need for a culturally integrated response. That is literally like he is providing training and I would like to think that everyone would seek it out."* *(Muslim woman)*

A Muslim woman explained that you have to carefully choose the kind of training you provide because some training can actually do harm. She described a workshop she attended:

> *"Like she is a survivor of honour based violence and um she I guess her tone…the tone was implying that religion and spirituality is responsible for what happened to her…It was what they took away that I'm worried about that because they said that when they were leaving they're walking through the parking lot and there are two women from whatever organization held it in Sarnia walking behind them. They said, oh better watch out for any Muslim boogey man coming out of the bushes."* *(Muslim woman)*

She explains the unintentional racist impact that sort of training can have:

> *"So it is great that they are having a workshop on culture related violence and culturally based violence but is that the culturally based training they have got like in a negative you know what I mean yeah when you go in saying ooohhh in the Muslim culture, South Asian culture they kill their women for honour and that is all the training they have ever gotten that mentions Muslims or culture."* *(Muslim woman)*

Cultural competency training is a foundation upon which to build trusting relationships with women from diverse cultures:

> *"And she is like a woman of colour but she is not Muslim but I trust going to her because she has training."* *(Muslim woman)*

Many participants said that they were not aware of SASCSL and the services and supports the agency offers. Their remarks point to the need for SASCSL to have a higher profile in the community:

> *"No I never actually knew that there was [a sexual assault centre] here, I guess it just kind of went over my head." (Older woman)*

> *"I've heard of it but don't really know of it." (LGBTQ2* youth)*

> *"I feel like for people my age, the only way they'd know where to go, the steps to take, the people to see, the phone calls to make, and have someone meet you at the hospital is only if you've had something happened to you. For somebody happening their first time, you don't know who to call... what hotlines." (Older woman)*

Can you tell me: So if someone were to call the Sexual Assault Centre, what is there? I have no clue. So you provide counselling. Ongoing counselling. I had no clue." (Middle class rural woman)

> *"I have no idea where it is." (Middle class rural woman)*

Participants had a variety of suggestions about how to raise awareness of services offered by SASCSL:

> *"They could bring out more advertising" (LGBTQ2* youth)*

> *"What about flyers through the mail. Not necessarily flyers but something posted at the mall." (Middle class rural woman)*

> *"What if you had like a walk-a-thon. Like a bowl-a-thon. An event. Then you could also raise some money. Then you could also do radio because you're leading up to it and get lots of publicity through you know…"*

They offered suggestions about where to promote awareness:

> *"Grocery stores. Doctor's offices. Arenas. On the bulletin boards. Sarnia has a paper this week. Isn't it called Sarnia This Week? Also The Journal. The St. Clair."*
> *(Middle class rural women)*

Not surprisingly, youth suggested schools. They also suggested that the message address consent:

> *"I think education in schools… because I feel like a lot of people in high school, like we talk about sex ed in class but we don't really talk about consent. It's like "this is the time that you don't get pregnant or get STDs" but it's not like "don't have sex if they say no." (LGBTQ2* youth)*

They stressed the importance of knowing your audience and being able to speak to them:

> *"They could make the advertising sound less of like a support group and more of like uh… just friends. You know like we're friends going to hang out." (LGBTQ2* youth)*

Finally, they gave a reminder about inclusive images and messaging:

> *Maybe when you get to the building. Like if you walk in here, you've got posters like this so you obviously know that you're accepted there. So maybe more of those. Or even subtitles. Like where it says right there: Youth-friendly space. Or something like… everyone-friendly space. Or something to do with it.* *(LGBTQ2* youth)*

A participant underlined the importance of this consultation process saying:

> *"And the fact that they are even doing this research, like that's the first step right."* *(Muslim woman)*

In so generously sharing their stories and their experiences, women and youth have provided valuable insight in the societal context in which sexual violence thrives; real life examples of the barriers they face in seeking service; and directions to pursue in training and development for service providers.

Reflections from Service Providers

Conversations with service providers revealed that they are aware of many of the barriers to service discussed by community members. Recognizing the barriers is the first step to addressing them, but they went further, providing some thoughtful insights on how their organizations can begin to dismantle barriers to service users. Service providers also see the barriers that keep them from collaborating more closely with each other and they have ideas about how to address those barriers.

BARRIERS FOR CLIENTS

Many participants discussed how as a society, we still hold widespread taboos about talking about sex:

> *"Whether or not it's cultural or a community… but People are very conservative and sex in general is often taboo. So many things are sexualized without it being sexual. It's taken out of context and I think there's often a culture of… "it's dirty, it's bad, it's embarrassing". So I think that's very oppressive."*

> *"It's just not something we talk about. We can talk about elbows and knees but we sure don't talk about penises and vaginas."*

> *"Sexual abuse is not talked about, sexual anything is not talked about."*

This taboo which prevents us from talking about sex, breeds a reluctance to talk about sexual violence:

> *"So there are parents out there that would be so against hearing this information. Because it's not in my backyard, it's not my child. Instead of taking it as a preventative, they can't see that. So it's personal beliefs, religious beliefs, it's all of those things that could be a real barrier."*

> *"There is a lot of people in the communities that would not even consider some of this stuff sexual violence."*

> *"Yup because there just like generations of incest and stuff and they don't even recognize that that shouldn't even be happening."*

That reluctance is also reflected in what agencies do and don't address:

> *"Sexuality and healthy relationships really isn't something that we've opened up as a conversation. And I think just having permission to have that as yet another topic just to have that is really critical."*

Until we make space for those kinds of conversations in many different forums, women and youth will continue to struggle to understand of what constitutes sexual violence:

> *"As well as not understanding what maybe sexual violence is. Maybe they've had an experience, but they don't put two and two together and they may be are dealing with it in traumatic ways, but they don't… haven't found the help for it."*

"… Actually, a more extreme example that we've been dealing with here is sexting where kids that are attending some of our programs are sending naked pictures to each other and escalates so quickly too to some really unwanted outcomes. But part of it is becoming desensitized or that kind of communication is becoming normalized, and it puts people at heightened risk."

The general discomfort with discussions of sex, sexuality and sexual violence may help to explain why so many people are unaware of services provided by SASCSL.

"One thing that we really noticed too and I remember this even growing up as a teenager like myself was I think a lot of people don't know where to get that help as well."

"I think a lot of people don't know where to get that help as well."

"They may not know where to go or call."

"But some people aren't even aware of that service in the community."

A lack of familiarity with SASCSL means community members are also unaware of the education & prevention activities available:

"To me, looking at it. I would say… I would only contact you only if something happened, so how do you get that message out that it's much more than that?"

Geographic isolation certainly creates a barrier to service and many participants said that transportation was a problem for many people who needed to access services, particularly in the county. At the same time they talked about how the lack of transportation combines with other forces, such as concerns about confidentiality to create barriers:

"It's not just transportation, it's stigma, right? Because when you're going for help as a county family, you know who you're talking to. When you're approaching people that you know, it makes it more difficult to reach out."

Concerns about confidentiality were discussed as a major barrier:

"That's a big one - the confidentiality is huge."

"Who is providing the service because people would be very reluctant if they feel that information is going to be spread through the community."

Some talked about the difficulties balancing a need for confidentiality with a need for trust:

"Well like some of the people that I work with refer people to see people outside of their first nation as well part of that confidentiality piece but I think trust is big one but I think that it is a difficult subject for anyone to talk about."

A lack of trust can become a significant barrier and there are deeply seated reasons why a lack of trust might exist:

"And it is still that trauma that's continuing to cycle down because there is still so much trauma within the community. So when you identify that trauma with a race of people then you are kind of segregating yourself. So that's where a lot of the first nations are at this point."

A lack of trust can create a barrier for education initiatives as well as direct services:

> *"Education - reserves are different you can't do one size fits all."*
>
> *"The other thing is a white person going and delivering education, well that's not our norm you would have a group of people saying."*

This can be addressed by involving people from the community in delivering education:

> *"So if you had equal representation with you know them co-facilitating then you have a better likelihood of making some headway."*

Whether isolation is geographic in nature or stems from being different from those around you, it compounds the difficulties of reaching out for services:

> *If you don't understand what's out in your community, you're not going to understand where to find it. If you're lacking any community agency involvement, you may not know where to go.*

As in the focus groups with community members, concerns about confidentiality were raised:

> *And just with the Aboriginal women, some of them don't want to stay… like, for example, in Walpole. They don't want to stay in the Walpole shelter, because they all know each other in there. They know who's working there… blah blah blah. So they all want to get into here [Sarnia].*

Victim blaming was named as a problem that can prevent survivors from seeking support:

> *A lot of times in the media they're saying like 'well girls are raped because they're wearing certain outfits or looking for attention'. And someone that may be a victim might be saying well I'm thinking about it because this is what the media is saying. So there's a lot of confusion and uncertainty.*
>
> *"It's all secret and it's all guilt and shame based, and 'I don't want my mom to find out'."*

Language can be a barrier, and not just in the obvious sense of clients whose first language is not English. Participants in the focus groups also talked about using language that resonates with the populations that SASCSL would like to reach:

> *"I don't think there's an identification with that… with the group of women who are sexually assaulted. I don't know if teenagers identify with that particular group."*
>
> *"It goes back to your people to say "okay we need to rework what we're going to say to these young people to hook them" and make them feel comfortable enough to come to us on their own if they don't do it through Rebound."*

At times SASCSL will have the task of countering well intentioned messaging that has an unintended impact:

> *"And I also do think sometimes some of the public media campaigns don't help, I think they hinder, because they talk about… you know, this serious voice comes on. "If this happens to you, that is sexual assault." And I think that education is important but I also think that it also creates that… it shuts people down as opposed to opening up the conversation."*

Several service providers bravely spoke frankly about how bias and discriminatory attitudes can create a barrier for women and youth who require support:

The culture of Sarnia-Lambton is also represented within agencies. Biases and things aren't just outside the shelter walls.

There's generalizations, right? We still… I think that sometimes… there was the question about case-conferencing and that's where we eliminate the generalizations and the judgements. But sometimes even as professionals sitting around the table… as much as… Sometimes I hear those generalizations being made.

They went on to describe how various forms of discrimination surface in their work.

ABLELISM:

And I know that nobody means to do this, but a simple example of a disabled women who is parenting… well, who can parent her child, right? But as soon as we see child's misbehavior, we automatically assume that a disabled woman can't parent. Like it's going back to that again, right?

AGEISM:

You know what… there are some stigmas right? Even within our own shelters sometimes. When we have an elder person who appears to be confused after a crisis, we immediately start to think maybe there's some dementia. So some of the stigmas.

DISCRIMINATION AGAINST PEOPLE WITH MENTAL HEALTH CHALLENGES:

Yeah, I started my career in front-line. I definitely I saw some of that. I actually had a police officer once say to me "don't you think they [people with mental health challenges] just like the attention?" No, I don't actually think that.

RACISM:

"And I am just going to call it what it is there is a lot of racism still in this town."

"And not just amongst - I mean like we are seeing it at a professional level."

"There's this misunderstanding. There are labels right away. But, you connect, talk to them it's like they are a human being because they are and you get a whole other person than what the referral has said."

HOMOPHOBIA:

"Well anywhere there are still people who aren't ok with people being gay."

Survivors will sense when service providers not prepared to respond to disclosures, and this presents an additional barrier for them. We have all been touch by the taboos discussed above and some participants reflected on how that had impacted them in their lives:

"I mean I was never taught even in school and stuff we didn't learn about what sexual violence is really and honestly most of my education about that stuff comes from tumblr."

"I was never [taught] either…In my curriculum there was no discussion of this is. All I learned was that no means no - was all I remembered from being a kid."

Discrimination can come from other clients as well:

> *Young girls. We've seen that. You have a 16-year-old pregnant lady - a young girl… and there are judgements in a communal setting from other people. So even if the staff are being very supportive, they're living in that.*

Some participants reminded us that some clients have complex lives and complex needs:

> *"I remember feeling a little bit like people in the community and the agency didn't understand the practicalities of what my clients were experiencing."*

Sometimes the practicalities of what a client is experiencing can create significant barriers to seeking support when they experience sexual violence. They may feel it is not safe to have the conversation, for fear of repercussions for their families:

> *"I think that we have a lot of single moms where they are in positions where they don`t talk about it, what happened to them, not necessarily as children, but even as adults in adult relationships and that and especially when you are dealing with addictions."*

> *"I think that they were saying that sometimes they will hide because if you make an allegation, call the police, kids are in the home CAS gets called right? And then especially if we have specifically said that person cannot be in the home, and we are like you did what we asked you what to do."*

> *"Right, and so he knocks on the door drunk on a Saturday night. We're not around. They're scared. They let him in. Next thing you know shit happens. They're scared to tell anyone because we're going to show up Monday morning. In their mind we're going to show up and take their kids."*

> *"Sometimes these incidents correlate with illegal activity drug deals that have gone wrong and stuff they're never going to come forward. Yeah like I was on crystal meth and he raped me."*

It was noted that while there are no easy answers to these sorts of dilemmas, opening the space for conversation can be helpful:

> *"No, I think that we are getting better at developing that relationship so that they can call us even if they have made a decision that wasn't great looking back I had girl say to me last week she said you know I took him back I was stupid and I took him back she said and we just talked about it."*

Some participants discussed systemic and structural barriers, recognizing they may be beyond the scope of what can be addressed through this process, but feeling it was important to name them nonetheless:

> *I know that is a systemic issue but I do think there is some confusion with the youth because they can go at 14 to the health unit and get a birth control pill but they can't come and see you guys. "So there's a real… it's confusing for adults so it's even more so for young people who are trying to navigate that system with pre-emptive rules. And some of that I think… is maybe beyond the scope of what you can do. But that's some of the issues that leads to some confusion where there need not be."*

Sometimes the design of the physical space itself creates barriers:

> *"Maybe we don't have the accessibility for some of the elderly."*
>
> *"Sometimes for Aboriginal women, we don't have the communal living settings that can always support those situations. So they don't feel supported, right? I think the services are there but unfortunately the communal living services are not set up to be able to provide the support to some of the mental health issues that we're experience."*

Not surprisingly, a lack of funding is one of the systemic barriers that is difficult to address. A participant gave this example of how it can create barriers:

> *A long time ago we had a Native liaison, that was awesome because she would work with all our Native women that came in. But we lost money and lost her.*

A specific gender focus was discussed as a barrier by several participants:

> *"I think one of the other barriers as well is the impression that sexual assault/survivor centres are for women. It's strictly for woman so if you identify outside of that box in any way..."*
>
> *"Well I think it's more difficult for males to admit that they've been victimized or vulnerable, and not knowing what resources are available or feeling like the resources that are in our community, they're not eligible for that."*
>
> *"We don't talk about the guys but we need to talk about the guys. We only talk about the girls. They have such a big wide range of questions that they want to ask and sometimes they're not able to get those questions answered because of 'Well this is what I've been doing and I'm not willing to change this information' so… I would like to see something a little fresher."*

ADDRESSING BARRIERS TO SERVICE

The need for prevention and awareness education was discussed frequently:

> *"If it was out there and promoted as unacceptable behaviour then it would make people think twice about, you know, about what happened to me. But when it's the norm and not spoken then, then they accept it."*
>
> *"You know even just having that conversation with their children so when a child does report it, they don't say what is wrong with that, it's not a big deal. It is."*

Participants encouraged thinking about innovative strategies to reach 'hard to reach' populations:

> *"I was just going to add that this is about an addictions charity. She works here and I am finding the way she does things is working phenomenal, basically giving the client the card and they can text her, starting a dialogue texting even. And it works well."*
>
> *"Well a lot of our families don't have minutes on their phone or like they don't like the phone. It's huge thing whether or not they carry over from one month to another. Texting has been my primary mode of communication."*

Participants recognized the importance of building cultural competency in order to provide appropriate services for marginalized women and youth:

> *"I think we still have a lot of work to do in understanding their culture and how they were affected in their past and how they're still being affected by their past. I still think we have work to do. But I would say over the years, it's better. And I don't know that it's better for them. We still see them accessing services, but even in this location, fantastic, we have something hanging on the wall that is a cultural piece. But how do we still… how are we able to bring culture into our organization to work with them? We just started allowing women to smudge. It's those pieces that we need to do better."*

The service providers spoke of the need for professional development and training and identified the cost to vulnerable clients of not having that preparation:

> *"So if you're not feeling confident helping that individual, then that's going to reflect how they progress and your helping relationship with them. As we become more educated in terms of what is mental health and how does that affect individuals, and become more confident with that, then the process of being that help will become more natural to us and we will be able to get past that initial barrier."*

> *"So the cross-training is very important for all our agencies, but also having specific policies and procedures that staff have assisted in creating, that we all understand, and we promote services to everyone. So I'm not saying that we don't service people, because we do. But there is that hesitation right? When we don't know."*

Participants also demonstrated real insight when they noted that while education is important, it cannot replace relationship building in order to build real understanding and trust:

> *"In terms of our society, we're very education-driven. Which is great, like educational pieces are awesome. But it's like you take a workshop and you're like great, I know it all and I know her and Aboriginals! And she's going to come in and I'm going to be ready. Until you immerse yourself in that culture and build those relationships. I don't know… even just from going to university, you come out and you're like yeah, I know it all. Yeah, no you don't."*

> *"Yeah, it's that experience. And that… actually going to a pow-wow and seeing how that functions or like…."*

> *"It's networking, right? It's building those relationships. And having respect. I know… like I know especially here, if we're talking specifically with Aboriginals. We don't have to do this alone, we can have them assist us just like we're providing services in the Sarnia we serve. So it needs to be that back and forth and allowing them into our building and assisting with those pieces."*

> *"So going out and not… saying 'this is what we do'. You go out and have dinner, and you're a real person. So you're a real person in the community and people approach you and ask you questions and you're not pushing an agenda."*

Participants recognized that collaboration between agencies could help to dismantle some of the barriers that keep marginalized women and youth from accessing services at SASCSL. Working with agencies that already have a relationship with the clientele can provide opportunities to find out if the language and messaging resonates with the group SASCSL wants to reach:

> *"I would love to see the kind of presentation that you would do… like maybe possibly in the future have you come into our GPS group where we have a wide variety of all different types of kids, all different situations, everything, which is really cool, and then have somebody come in to do a presentation. And have them gage it for our programs. "Well this is what I understood" or "Maybe I didn't understand that". Because that's kind of the point of GPS is when we have new things like that. Have them present it to ages 12-24 and then we have that huge spectrum of opinions. I think that would be really cool to do."*

> *"We've had guest speakers from the agency. I've seen good things and then I've seen other things that I'm like "Hmm… that could change." Maybe we should update the language a little more and make it better understanding for those youth as well."*

Participants very clearly identified the advantage of collaboration:

> *"Again, it's working with other agencies. And I think that in working together, then we can provide services because there are pieces unfortunately that we don't have."*

BARRIERS TO COLLABORATION

Service providers from other agencies acknowledged that clients could benefit services offered by SASCSL:

> *"They`re in a situation where they`re more vulnerable and then wake up the next day and realized that has happened. So I definitely think that there are women that we encounter that they are taken advantage of in situations where they are vulnerable."*

> *"I look at some of our families and I am thinking of one mother in particular that if there was a hotline she would be willing to call and talk something out."*

While recognizing the value of working collaboratively, many shared important insights about the barriers to working this way. They noted how agencies work in silos:

> *"Communication [is a barrier]. We still work in silos, lots is happening, people are doing great work and other organizations… we can't support each other because we don't know the great resources and work being done."*

> *"I think a lot of times too, not just from an agency perspective but from an individual perspective as well is that you really don't know a lot about a service until you need it, or until you utilize it…So I think that plays a big part…"*

> *"There's a TON of committees in Sarnia/Lambton… but I think we really need to look at the focus, and the objectives, and the goals of each committee. And I think sometimes that time could be worked in more beneficially… to create opportunities for… to fill in those gaps… because everybody gets hung up with whose funding belongs to whom and who's doing this and doing that. So I think that's something."*

Sometimes the silos are a result of mandates:

> *"And we need to shift our thinking too we are focused on the children right? So if mom says that this happened in her room in past or whatever. We are dealing with the kid's right? I'm not saying that we ignore that but we do that sometimes right? So then we miss a generation of people who can be educating who then going to pass down that knowledge to their children."*

As a result of working in silos, there is a lack of relationship between agencies:

> *"I don't think I know anybody who has gone to the sexual assault centre."*

> *"And I have never heard of your centre until now. So I think that it is really helpful to know that this exists and I think that it would be helpful to come to a staff meeting or something."*

Working in silos leaves gaps in understanding about what organizations actually do. When agencies don't know about the full range of services each other offer, they cannot make use of those services themselves, nor can they help to connect their clients to those services:

> *"Like I have known Michelle for years and years but I don't know what services that you provide sort of on a day to day basis you know."*

> *"When you think of the sexual assault survivors, it seems like a crisis. Like it's only accessible if it's in a crisis situation and how do you turn so that it's more of an information... More of an after the fact service. Not a before, preventative."*

A siloed working environment also breeds misunderstandings about mandates and philosophies:

> *"Knowing and addressing the stigma that's out there… that's associated with the agency. Because I know having spoken with Michelle a lot over the last several years, that there are a lot of people out there in this community who think that sexual assault survivor centres are just a bunch of men-hating feminists. It's rampant. And I don't know how you address that or how you combat that? …Well every agency has its stigmas right?"*

OPPORTUNITIES TO COLLABORATE

Rather than dwell on the barriers to collaborate, participants offered many ideas about how to improve collaboration. The conversations between service providers afforded by the focus groups, gave rise to the possibility of expanding the conversation to clients and other workers in diverse agencies:

> *"Like here, we are able to sit and have these conversations and we can educate at that appropriate level where people can ask questions, and I think that's important youth have the space to do that with a certain healthy balance."*

> *"We always talk being a safe space for LGBTQ. And I think it's good that we advertise to be that safe space too for those questions in obviously an appropriate manner."*

> *"We have communication lessons so I think this some great information that we can incorporate."*

> *"I think we need to know what services you offer so that some of it may even just be an understanding of what your service and maybe coming to a staff meeting."*

"Just to try and talk to you because we have over a hundred staff here so if there is people and I am one of them in this room that has worked here for years and years and years and they truly do not have a good idea of what a sexual assault crisis centre is."

Participants identified opportunities for networking as very important:

"There's never enough of that relationship building, opportunities to be face-to-face…."

"We always used to say that you go to things like the lunch and learns that people used to host, right? We think that stuff doesn't matter, but that's when you make connections with folks who you can see 'oh I know Angie from Interval Homes! I've seen her, I've talked to her, I feel good about connecting with her! So I will refer my clients there because I know that you're there.' Good idea."

"Community fairs or public networking sessions. We do less and less of that and it takes away from feeling like "hey! I don't know this. I need to send a quick email to Chantel because she can help me". We don't do that unless we have a point of contact and we're eliminating opportunities to build those relationships. And certain people in certain pockets may have that, but I think from an organization perspective, we don't have that."

Staff turnover can be a barrier to collaboration:

"And staff turnover is a problem right? You make that connection with someone at an agency, and then ongoing staff changes, or agency changes and agency rules that affect how open their doors are to letting anyone in… together for a client."

Ongoing networking opportunities could make the loss of established connections less damaging:

"And maybe more peer to peer like front line workers having a meeting with each other. Maybe the Executive Directors know each other, but maybe that's… front-line people having more of a connection."

Participants saw how referrals to and from each other could benefit clients:

"Cross-referring. We would get some from you. You would get some from us. Some of the clients you work with could probably fit some of our programming to build our strengths."

The service providers discussed the detrimental impact that trying to deal with various services can have on a client:

"In the county in particular, I mean apart from the transportation and stigma that goes along with it. When there are youth with developmental challenges. Not only do they not understand accessing another services. But when we refer a service to them, we're not travelling with them, we're not the agency that always negotiates that for them, so there's another worker involved. You've got a lot of people involved and it gets confusing and could be upsetting and I find that they're less likely to follow through the process."

They discussed case coordination as a promising practice to better meet the needs of clients:

> *"We don't do case planning here and I know we've started talking about it, right? And that's what we need to do more of is bringing people in and working together for the same reason: for the client. I don't think we have those opportunities and we need to get back there."*

It is important to remember the complexity of the work which service providers are engaged in doing and at the same time to remember the tremendous commitment they already have to continue learning:

> *"Mother and children being in a shelter and seeing situations of mental health where a staff member might feel fully trained to deal with that and be able to work with the domestic violence pieces and networking with other agencies. But now you have a mother and her children that are afraid and they don't get it. And we can't have disclosure, we have to protect confidentiality. So we have barriers, again, within our own settings when we're trying to provide services."*

> *"Just we're learning everyday too, I think. And that's important too. With the mental health especially, there's so many more mental health clients asking us about our services. So we're trying to figure it out on the spot, what are we supposed to do? and sometimes we might not always make the right decision… because it's hard. And then we've got 17 other people we're dealing with on the same day."*

> *"I do remember doing crisis work and it's so hard to take that moment to kind of be like 'Okay what do I do?' and also manage all the other crises at the same time. It takes a special person."*

Like the community members, service providers have endorsed the process of conducting this needs assessment:

> *"Needs assessment… asking them what they're looking for, what do you… what have you experienced as an obstacle… IN seeking agencies like this? One, hearing from THEM would be a big step, I think. Listening."*

Appendix I

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Appendix II

DIVERSE COMMUNITY MEMBERS

What is your age?

- ☐ 14-17 years old
- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-54 years old
- ☐ 55- 64 years old
- ☐ 65-74 years old
- ☐ 75 years or older

1. Where were you born?

- ☐ Canada
- ☐ Other (please specify)

2. If other, how many years have you lived in Canada?

3. Do you identify yourself as an Aboriginal or Indigenous person of Canada?

- ☐ Yes
- ☐ No

4. What were the ethnic or cultural origins of your ancestors?

- ☐ White
- ☐ North American Aboriginal
- ☐ Metis
- ☐ Inuit
- ☐ Chinese
- ☐ Black
- ☐ South Asian (East Indian, Pakistani, Sri Lankan)
- ☐ Latin American
- ☐ South East Asian (Vietnamese, Thai, Filipino, Cambodian, Malaysian, Laotian)
- ☐ Arab
- ☐ West Asian (Iranian, Afghan, etc.)
- ☐ Korean
- ☐ Japanese
- ☐ Other

5. Are you ...

- ☐ Heterosexual
- ☐ Lesbian
- ☐ Bisexual
- ☐ Gay
- ☐ Queer
- ☐ Two-spirited
- ☐ Other, please specify...

6. Are you a.... (Please check all that apply.)

- ☐ Person with a physical disability
- ☐ Person with a learning disability
- ☐ Person with a mental health challenge
- ☐ Person with low vision/vision disability
- ☐ Person who is hard of hearing
- ☐ Person who is Culturally Deaf
- ☐ Person with a disability not listed above, please describe...________________________

  ____
- ☐ Person without a disability

7. Please identify any of the following services you have accessed:

- ☐ Sexual Assault Survivors Centre Sarnia
- ☐ Women's Interval Home
- ☐ Victim's Services of Sarnia-Lambton
- ☐ Community Living Sarnia-Lambton
- ☐ Canadian Mental Health Association
- ☐ Sarnia-Lambton Rebound
- ☐ Reseau des femmes
- ☐ Lambton County Developmental Services
- ☐ Ontario Coalition of Rape Crisis Centres
- ☐ Walpole Island Three Fires Women's Shelter
- ☐ Aamjiwnaang (Chippewas of Sarnia First Nations)
- ☐ Kettle and Stony Point First Nation

8. **I am familiar with the services in Sarnia-Lambton that provide culturally competent services for Aboriginal communities.**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

9. **I am familiar with the services in Sarnia-Lambton that provide linguistically competent services for Francophone communities.**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

10. **I am familiar with the services in Sarnia-Lambton that provide services for people with immigration challenges.**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

11. **I am familiar with the services available to rural communities in Sarnia-Lambton.**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

12. **I am familiar with the services in Sarnia-Lambton for people with mental health and/or addictions.**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

13. I am familiar with the services available to youth who face challenges in Sarnia-Lambton.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

14. I am familiar with the services available to older people in Sarnia-Lambton who face challenges.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

15. I am familiar with the services in Sarnia-Lambton for people with disabilities.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

16. I am familiar with the services in Sarnia-Lambton for people from diverse sexual orientations.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Agree
- ☐ Strongly agree

17. I have been referred to other agencies when I needed assistance with challenges related to cultural barriers.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

18. I have been referred to other agencies when I needed assistance with challenges related to language barriers.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

19. I have been referred to other agencies when I needed assistance with immigration challenges.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

20. I have been referred to other agencies when I needed assistance with transportation because I live in a rural area.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

21. I have been referred to other agencies when I needed assistance with challenges related to mental health and/or addictions.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

22. I have been referred to other agencies when I needed assistance with challenges related to my life stage (i.e., being young or being an older adult).

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

23. I have been referred to other agencies when I needed assistance with challenges related to my sexual orientation.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

24. I have been referred to other agencies when I needed assistance with challenges related to my disability or disabilities.

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

25. Did the different service providers you were working with ever talk to each other with your permission to coordinate their services?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

26. I have participated in a community consultation/case conference (where multiple service providers met together to support me).

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable to me

27. Did you find the community consultations/case conferences useful or beneficial? Why or why not? ______________________________

____

28. Did the services you approached provide the assistance you needed?

- ☐ I got everything I needed
- ☐ I got a lot of what I needed
- ☐ I got some of what I needed
- ☐ I did not get any of the help I needed
- ☐ Not applicable to me

29. Do you have suggestions for how the services you approached could have helped you more? ______________________________

____

DIVERSE SERVICE PROVIDERS

Professional Development

How much interest do you have in learning about the following concepts?

Continuum of sexual violence

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Rape Myths

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Rape Culture

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Enthusiastic consent

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Criminal Code provisions

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Social Location

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Responding to survivors

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Responding to sex workers who experience sexual violence

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Identification and response to human trafficking survivors

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Client Needs

1. **In your position, how often do you encounter a client who discloses that she has experienced or is experiencing sexual violence?**

   - ☐ Less than Yearly
   - ☐ Yearly
   - ☐ Monthly
   - ☐ Weekly
   - ☐ Daily

2. **I feel confident that I can respond to a client disclosing sexual violence in a sensitive and skilled manner.**

   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Niether agree nor disagree
   - ☐ Agree
   - ☐ Strongly Agree

3. **In my opinion, my organization faces the following challenges when working with women who have experienced sexual violence (Select all that apply):**

   - ☐ Lack of engagement or interest from my agency and/or manager
   - ☐ Lack of funding/resources/personal time
   - ☐ Lack of staff
   - ☐ Lack of knowledge surrounding the specific issues women who have experienced sexual violence face
   - ☐ Lack of knowledge surrounding the specific issues women who have experienced sexual violence face
   - ☐ Other (please explain) ______________________________

4. **When a client discloses that she has experienced sexual violence, I feel comfortable providing an initial response to her**

   - ☐ Rarely or never
   - ☐ Less than 1/2 the time
   - ☐ About 1/2 the time
   - ☐ More than 1/2 the time
   - ☐ Always

5. When a client discloses that she has experienced sexual violence, I know where to refer her for support.

- ☐ Rarely or never
- ☐ Less than 1/2 the time
- ☐ About 1/2 the time
- ☐ More than 1/2 the time
- ☐ Always

COLLABORATION

6. I am aware of the initiative to strengthen collaboration between the Sexual Assault Survivors' Centre Sarnia-Lambton and other services to address gaps in service delivery to women of diverse communities.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Niether agree nor disagree
- ☐ Agree
- ☐ Strongly agree

7. I make referrals to other agencies when a client needs assistance with sexual violence.

- ☐ Rarely or never
- ☐ Less than 1/2 the time
- ☐ About 1/2 the time
- ☐ More than 1/2 the Time
- ☐ Always

8. If applicable, please list the agencies you most frequently refer sexual violence clients to:

___

___

___

___

___

___

9. In my opinion, the following factors create challenges in the relationships between Sexual Assault Survivors Centre Sarnia and agencies serving women from diverse communities:

- ☐ Personality conflicts
- ☐ Different or competing philosophies
- ☐ Different mandates
- ☐ Different priorities
- ☐ Power imbalances
- ☐ Lack of trust
- ☐ Conflict between sectors/agencies
- ☐ Lack of clarity about who can make decisions
- ☐ Unsure
- ☐ Other (please explain) ______________________________
- ☐ Do you have additional comments or feedback about challenges/issues?

____

10. I have participated in a community consultation/case conference (where multiple service providers supporting a client all meet together with at client).

- ☐ Never
- ☐ Less than yearly
- ☐ Yearly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily

11. What did you find useful or beneficial about the community consultations/case conferences?

____

____

____

12. What do you see as the challenges to organize community consultations/case conferences?

____

____

____

SUSTAINABILITY OF COLLABORATION

In order to sustain this collaboration, what activities would you prioritize? Please rank according to importance, with 1 being the most important.

Addressing Transportation

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Explicitly recognizing how broader social power dynamics affect interactions with underserved communities

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Ensuring that educational materials about sexual violence are appropriately translated, culturally relevant, and in an understandable format

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Creating a specific action plan in partnership with leaders from diverse communities for planning and implementing prevention and intervention initiatives

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Recruiting participants from the diverse communities in the process and reimbursing them for their time and effort

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Creating space for community members to provide feedback to agencies on how the engagement process is going

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Hiring staff to assist with efforts to actively engage with diverse communities

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Engaging community members in discussing strategies for sharing stories of community strengths and needs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Identifying opportunities for co-learning between communities and agencies

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Providing ongoing education about the individual and structural dynamics of sexual violence to

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Professional Development

Continuum of sexual violence

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Rape Myths

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Rape Culture

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Enthusiastic consent

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Criminal Code provisions

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Social Location

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Specific needs of members of the GBLT community

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Responding to survivors

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Responding to sex workers who experience sexual violence

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

Identification and response to human trafficking survivors

- ☐ A great deal
- ☐ Quite a bit
- ☐ Some
- ☐ A little bit
- ☐ None

2. I am aware of the initiative to strengthen collaboration between the Sarnia-Lambton Sexual Assault Centre and other services to address gaps in service delivery to women of diverse communities.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ N/A

3. I make referrals to other agencies when a client who has experienced sexual violence needs assistance with other aspects of her life.

- ☐ Rarely or Never
- ☐ Less than 1/2 the time
- ☐ About 1/2 the time
- ☐ More than 1/2 the time
- ☐ Always

4. If applicable, please list the agencies you most frequently refer sexual violence clients to:

____

____

____

____

____

____

5. In my opinion, the following factors create challenges in the relationships between Sexual Assault Survivors Centre Sarnia and agencies serving women from diverse communities:

- ☐ Personality conflicts
- ☐ Different or competing philosophies
- ☐ Different mandates
- ☐ Different priorities
- ☐ Power imbalances
- ☐ Lack of trust
- ☐ Conflict between sectors/agencies
- ☐ Lack of clarity about who can make decisions
- ☐ Unsure
- ☐ Other (please explain) ____________________

Do you have additional comments or feedback about challenges/issues?

6. I have participated in a community consultation/case conference (where multiple service providers supporting a client all meet together with at client).

- ☐ Never
- ☐ Less than yearly
- ☐ Yearly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily

7. What did you find useful or beneficial about the community consultations/case conferences?

____

____

8. What do you see as the challenges to community consultations/case conferences?

____

____

____

9. I have been trained to with culturally diverse survivors of sexual violence.

- ☐ Yes
- ☐ No
- ☐ Not Sure (please explain): ______________________________

10. I have been trained in working with survivors of sexual violence who do not have Canadian citizenship.

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain): ______________________________

11. I have been trained in working with survivors of sexual violence whose first language is not English.

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain) ______________________________

12. I have been trained in working with survivors of sexual violence who live in remote or rural areas.

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain) ______________________________

13. I have been trained in working with survivors of sexual violence who are facing challenges with mental health and/or addictions.

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain) ______________________________

14. I have been trained to work with survivors of sexual violence who are young.

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain) ______________________________

15. I have been trained to work with survivors of sexual violence who are older.

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain) ____________________

16. I have been trained in working with survivors of sexual violence who have disabilities.

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain) ____________________

17. I have been trained in working with survivors of sexual violence with diverse sexual orientations (e.g., lesbian, gay, bisexual, transgender).

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain) ____________________

18. I feel adequately prepared to work with Aboriginal women.

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain) ____________________

19. I feel adequately prepared to apply my skills to work with Francophone women.

- ☐ Yes
- ☐ No
- ☐ Not sure (please explain) ____________________

SEXUAL ASSAULT CENTRE USERS

We would like to ask you about your experiences at the Sarnia Sexual Assault Survivors' Centre. You can help us to improve the service we offer with your feedback. Thank you for taking the time to fill out this survey and help us to understand your needs better.

1. How satisfied are you with the amount of time you had to wait for your first appointment?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Very satisfied

2. The location of the agency is convenient for me.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

3. I was offered assistance with my transportation challenges.

- ☐ Yes
- ☐ No
- ☐ Unsure

4. I understood what the program staff was saying to me.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

5. I felt able to ask the program staff questions and talk about my concerns.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

6. **I felt that the program staff understood my personal experiences (i.e. my gender identity, my sexual orientation, my ethnic or cultural background, who my abuser was):**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

7. **I felt that the program staff cared about me:**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

8. **I felt that the program staff believed me:**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

9. **I felt that the program staff explained things to me and ensured that I understood:**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

10. **In general, I felt better after accessing these services:**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree nor agree
- ☐ Agree
- ☐ Strongly agree

11. **Is there anything the Sarnia Sexual Assault Centre could have done to make your experience with the service better?**

Appendix III

FOCUS GROUP QUESTIONS FOR SERVICE USERS

(Need to open with group agreements (confidentiality, respectful listening, etc.) and an introduction that explains what sexual violence is)

Perceptions and Experiences of Sexual Violence

Probe: Do you think sexual violence is a problem in your community?

Probe: Do you think that members of your community have a difficult time dealing with incidents of sexual violence?

Probe: How is this apparent?

Probe: How do people in your community respond to the problem of sexual violence?

Probe: Can you remember hearing about any experiences of sexual violence that have affected people from your community?

Probe: What was the response to this experience?

Probe: What impact do you think sexual violence has on family relationships, or other social relationships? Probe: How do you see this playing out?

Probe: Are you aware of any work being done to prevent sexual violence in your community? Probe: Do you think this work is effective? Why or why not?

Service Utilization

Probe: Do you think that members of your community know about the Sexual Assault Centre?

Can you think of any reasons why members from your community would not access the Sexual Assault Centre?

Probe: Do you think people avoid the Sexual Assault Centre because they are scared or nervous?

Probe: Do you think members of your community are confident that staff at the Sarnia Sexual Assault Survivors' Centre will understand their background and identity?

Probe: Do you think members of your community are afraid of being judged by staff at the Sarnia Sexual Assault Survivors' Centre? Probe: If yes, how do they think they will be judged?

Probe: Do you think people from your community would prefer speaking with a person from their own background about these issues?

Is there anyone who you would feel comfortable approaching if you experienced sexual violence? Probe: Why, or why not?

Probe: What is the best way to let members of you community know about the services of the Sarnia Sexual Assault Survivors' Centre for promoting these services? Some possibilities might be posters, pamphlets or referrals.

Recommendations

What do you think would make members from your community more comfortable reaching out to services?

Probe: What about transportation?

Culturally Diverse Communities

First off, we would like to know a bit about your experience in Canada. Where were you born?

Probe: For those that moved to Canada, how long have you been in the country?

Probe: What are some of the challenges that you see your peers (that is, other members of your cultural group or age group) facing?

Probe: What about pamphlets and others written materials, do these work?

Probe: Is sexual violence being properly translated in pamphlets you have seen in the past?

FOCUS GROUP QUESTIONS FOR SERVICE PROVIDERS

Intro, group agreements

1. What are your priorities for professional development to increase community capacity to respond to survivors of sexual violence?
2. On the slide behind me is a list of organizations that have agreed to work together on this project. Do our organizations collaborate to serve the needs of our community?
3. What gets in the way of our organizations working collaboratively to serve the needs of our community?
4. What can our organizations do to have better collaborative working relationships?
5. On the slide behind me is a list of communities that we serve through our organizations:
   - Aboriginal women
   - Rural women
   - Young women
   - Elderly women
   - Immigrant women
   - Women from lesbian, gay, bisexual, transgender women
   - Women accessing mental health and addictions services
   - Women with disabilities
   - What are the unique challenges that these women face?
6. Do you face particular challenges in working with any of these communities?
7. What is the history of interactions between women from these communities and the Sarnia Sexual Assault Centre?

   Probe: What mistakes have been made in the past?

   Probe: What are the sources of mistrust?
8. How could the Sarnia Sexual Assault Centre build more trust with women from these communities?

   Probe: Would it be helpful to hire and train facilitators and outreach workers from within these communities?

   Probe: Talk about strengths and needs