

Aware

AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT

In this issue

Welcome to the thirteenth edition of *ACSSA Aware*, the quarterly newsletter of the Australian Centre for the Study of Sexual Assault. This issue contains several articles relevant to adult victim/survivors of sexual assault, those who work with them, and all others interested in preventing sexual assault in our society.

We provide a summary of the Australian Bureau of Statistics' 2005 Personal Safety Survey (PSS), released on 10 August, 2006. The PSS is a study of violence experienced by Australians, and updates the 1995 (published in 1996) Women's Safety Survey. In this summary article, we particularly concentrate on aspects of the Personal Safety Survey that deal with sexual assault and other forms of sexual violence. This summary provides a prelude to more detailed analysis of the PSS data on sexual assault, to be undertaken by the Institute.

This issue also contains an article about a new Australian Government policy response to 'elder abuse' in care institutions, prompted by the disclosure of several incidents of sexual assault of elderly women in a nursing home in Victoria. The new policy response includes the establishment of mandatory reporting of physical or sexual assault of residents within aged care facilities by approved service providers. The article comments on these reforms, and goes on to discuss the broader issue of sexual assault of older women in the context of 'elder abuse'.

There is also a brief article on a new report released by the Victorian Law Reform Commission on changing the legal response to family violence in Victoria. This article concentrates on the report's recommendations that deal with how sexual forms of family violence should be responded to by the legal system.

Our usual 'News in Brief' section contains further overviews of recently released reports both in Australia and overseas.

For our 'Good Practice Profile', we profile the Education and Training Unit of the Sexual Assault Resource Centre (SARC) in WA, which has been running training programs for lawyers from the Office of the Director of Public Prosecutions for Western Australia, and other services providers in the community on working with victim/survivors sexual assault.

Finally, there are our regular columns on conferences and training as well as literature highlights from recent additions to the ACSSA library collection at the Australian Institute of Family Studies. As always, ACSSA remains keen to receive feedback on how we can better meet the needs of those committed to working against sexual assault, so please continue to provide us with your comments on current or future publications. If this is the first issue of *Aware* you've read, earlier editions can be requested via email or by returning the form on the back page of this issue. Also, all our publications are freely available online at www.aifs.gov.au/acssa.

We hope you find this newsletter informative, helpful, and inspiring.

Zoë Morrison
ACSSA Coordinator



Australian Government

Australian Institute of Family Studies
Australian Centre for the Study of Sexual Assault

The Australian Centre for the Study of Sexual Assault aims to improve access to current information on sexual assault in order to assist policy makers, service providers, and others interested in this area to develop evidence-based strategies to prevent, respond to, and ultimately reduce the incidence of sexual assault.

The Australian Centre for the Study of Sexual Assault is funded by the Office for Women, Australian Government Department of Families, Community Services and Indigenous Affairs, through the Women's Safety Agenda. The Centre is hosted by the Australian Institute of Family Studies.

NEWS IN BRIEF

More reform to the way sexual offences cases are heard in Victorian courts

Further changes have been made to the way sexual assault cases will be heard in Victorian Courts. These follow on from the Victorian Law Reform Commission's final report on sexual offences: Sexual Offences Law and Procedure, launched in 2004. These changes are the second piece of legislation to be introduced in response to the report's recommendations.

The new changes to the law create a right for victim/survivors of sexual assault to give evidence to the court in a way that does not require them to be in the same room as the accused, instead allowing them to be seen and heard via closed-circuit television. Although these alternative arrangements for giving evidence have been previously available to victims, they are rarely used. These changes are meant to ensure that these arrangements are available to the complainant as a right and make the use of them more routine. If a victim/survivor does want to give evidence in the court-room, the court will be required to direct that a screen be used to remove the accused from their direct line of vision, unless the court is satisfied that the victim/survivor does not want a screen to be used.

The legislation also provides strict guidance for judges on warnings to juries where there has been a delay in reporting sexual assault. These recognise the fact that many victims do not report offences immediately, and this should not affect their credibility as witnesses. Currently, widespread use of warnings regarding reasons for delay in reporting, means a jury is advised that it would be 'unsafe or dangerous' to convict on the uncorroborated evidence of the complaint alone. Such warnings can perpetuate assumptions surrounding sexual assault – in particular that women lie about rape and are therefore unreliable witnesses in sexual assault cases. These new provisions are said by the Victorian government to ensure that such warnings will be greatly restricted.

New reports

NSW evaluation of the criminal justice system's response to sexual assault

Responding to sexual assault: The way forward, Criminal Justice Sexual Offences Taskforce report, Attorney General's Department of NSW, 2006.

In February 2006, the New South Wales Attorney-General's Department published a report on the findings of the Criminal Justice Sexual Offences Taskforce.

Key recommendations of this report include:

- ***Additional research to develop more equitable criminal justice responses to victim/survivors of sexual assault:*** The taskforce

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ISSN 1488-8140 (Print)
ISSN 1488-8167 (Online)
Edited by Ellen Fish
Typeset by Lan Wang, Woven Words
Printed by Impact Printing

recommends further research be carried out regarding the process of attrition that ‘filters out’ the vast majority of prosecutions from the criminal justice system.

- *Specialised criminal justice responses to sexual assault matters:* The report argues that a specialist criminal justice response to sexual assault could effect positive cultural change and serve an educative purpose: ‘If the presence of a specialist court, in its judgements and sentences are seen by the community as a deterrent, and its profile serves a broader educative function, it may have the potential to affect community attitudes about sexual offences,’ (p. 162). It recommends using specially trained and highly skilled judges and specially trained prosecutors, and having ongoing training programs for prosecutors, including support services.
- *Co-ordinated service delivery:* Serious consideration needs to be given to the development of ‘one-stop-shops’ to provide co-ordinated service delivery for adult sexual assault victims.
- *Statutory definitions of consent:* There needs to be inclusion of a statutory definition of consent in the *Crimes Act 1900 (NSW)*. This could be partially based on the UK definition.
- *Issues of ‘objective fault’:* Further consideration needs to be given to the adoption of an ‘objective fault element’ within the common law relating to sexual assault. An objective fault element would mean that the awareness of the defendant about the possibility that the victim was not consenting is assessed according to objective standards (i.e. that of a reasonable person).
- *Minimising the impact of common law ‘rules’ relating to sexual assault, such as judges’ directions to juries:* Modifications regarding the effects of case law and judicial directions to the jury including modification to the judicial warnings on so-called ‘delayed complaints’;
- *Awareness of the needs of vulnerable classes of victims:* Developing ways of responding to charges of sexual assault made by victims with a cognitive impairment, an intellectual disability, autism or dementia who are considered vulnerable witnesses.

The full report is available at: [www.lawlink.nsw.gov.au/lawlink/clrd/ll_clrd.nsf/vwFiles/CJSOT%20Report.pdf/\\$file/CJSOT%20Report.pdf](http://www.lawlink.nsw.gov.au/lawlink/clrd/ll_clrd.nsf/vwFiles/CJSOT%20Report.pdf/$file/CJSOT%20Report.pdf)

Drink spiking discussion paper

Discussion paper: Drink spiking, Model Criminal Code Officers Committee, 2006.

A discussion paper on drinking spiking laws has been released by the Federal Attorney-General. It responds to issues raised by the *National project on drink spiking: Investigating the nature and extent of drink spiking in Australia*, which found that drink spiking in the facilitation of sexual assault was emerging as an issue of considerable concern.

This discussion paper looks at the legislation on drink spiking that currently exists in different Australian states and territories. It found that no state or territory has made drink spiking *per se* illegal. Instead, offences of drink spiking were contained in various aspects of ‘non-fatal offences against the person’, such as drink spiking causing injury or harm, drink spiking with intent to commit a sexual offence, or to commit an indictable offence.

With regards to drink spiking with intent to commit a sexual offence, the paper reports that the laws in several states contain gaps in the legislation. South Australia, Western Australia and the Northern Territory have the most comprehensive legislation. They refer to sexual offences more generally and include drink spiking with alcohol, but this is not the case in other jurisdictions. For example, the ACT does not have any serious offence covering drink spiking with the intent to commit a sexual offence. New South Wales, Queensland and Tasmania do not include alcohol as a drink spiking agent in the legislation. Victorian legislation provides for drink spiking with alcohol but only where there is an intent to enable an act of sexual penetration and not sexual acts more generally.

The discussion paper concludes with the finding that Australian laws prohibiting drink spiking are uneven. At the moment, various forms of sexual assault facilitated by drink spiking may escape prosecution or serious penalties. It recommends that all Australian jurisdictions enact an offence of “‘mere’ drink spiking (without further intent)”. It recommends that this offence be “summary” (that is, tried within the Magistrates Court), and that “the offence extend to any substance which is likely to impair the consciousness or bodily function of the victim, or which is intended to do so”, and “whether or not the spiked drink is drunk wholly, partly or at all” (p. 29).

The discussion paper can be found at: www.ag.gov.au/agd/WWW/criminaljusticeHome.nsf/Page/Publications_Criminal_Justice_Publications_Drink_Spiking_Discussion_Paper_-_Model_Criminal_Code_-_Drink_Spiking

For further information on drink spiking in relation to sexual assault, you can see ACSSA Briefing Paper No. 2, November 2003, *Beyond 'drink spiking': Drug and alcohol facilitated sexual assault*, by Alexandra Neame, available on the ACCSA website at www.aifs.gov.au/pubs/briefing/b2.html

UK evaluation of law reform on sexual history evidence

Section 41: An evaluation of new legislation limiting sexual history evidence in rape trials, L. Kelly, J. Temkin and S. Griffiths, British Home Office, online report 20 July 2006, 98 pages.

The British Home Office has recently evaluated the effectiveness of legislation that limits the use of victim-survivors' sexual history at rape trials. Sections 41–43 of the *Youth Justice and Criminal Evidence Act 1999* (called 'Section 41' for shorthand) state that no sexual history evidence should be admitted, or questions asked by the defence allowed, unless a judge decides that they fall under one or more of four exceptions:

- evidence relating to an issue in the case that is not about consent (this includes, however, the defendant's *belief* in consent);
- evidence on sexual behaviour at or about the same as the activity in question (taken to mean within a 24-hour time period);
- similar behaviour (where the victim's previous sexual behaviour is so similar to the current circumstances that it cannot reasonably be explained by coincidence); and/or
- evidence to rebut prosecution evidence.

The authors of the evaluation found numerous problems with how Section 41 has been used by defence barristers and interpreted by judges, that undermine the original intention of the legislation: to limit the use of victims' sexual history in evidence. These problems included uncertainty over what 'sexual behaviour' was taken to mean, and the ways defence counsels tried to still introduce evidence about sexual history.

Information about sexual history has generally been used and interpreted as evidence of consent, especially where the perpetrator is known to the victim (for example, if they are the partner or previous partner, friend or colleague of the victim/survivor). Section 41 was meant to limit sexual history being used in this way. However, this report finds that the exclusion rules are broad enough to allow a wide range of evidence regarding sexual history to be included at trial, especially through the accused's 'belief in consent' (whether the accused believed that the victim/survivor was consenting – not whether the victim/survivor was actually consenting). Sexual history is then used by defence counsel as evidence of the defendant's state of mind. This strategy is often enough to raise doubt in the minds of the jury about consent. If the defendant believed the victim/survivor was consenting, on the basis of a past relationship or situation, then, the argument goes, perhaps she was actually consenting.

As part of the evaluation, the authors interviewed legal practitioners (including judges and police), sexual assault complainants and sexual assault referral centre staff, and tracked cases in order to determine when, despite the exclusion rule of Section 41, sexual history evidence was introduced. They found that attempts to introduce this evidence were made in the following ways:

Previous rape/abuse: Those involved in the pre-trial process – including police officers and Crown prosecutors – often wanted to know whether a sexual assault complainant had made sexual assault allegations in the past. Although this evidence is not regarded as evidence of sexual history per se, since so-called 'false' allegations would go to the issue of 'credibility' (p. 13) not sexual behaviour, defence barristers utilised it to question the credibility of victims, while also referring to history. Further, the authors noted that "insufficient attention was paid to whether previous allegations were demonstrably false" (p. 80).

- *Previous or existing relationship to the accused:* Where previous relationships were alleged, questions regarding sexual history were sometimes made without making an application through Section 41.
- *Motive to lie:* Attempts were made to introduce sexual history to challenge the victim's credibility by suggesting that she had a motive to lie. Evidence of relationships with other men or boys were

introduced to suggest that the victim/survivor's fear of infidelity or unfaithfulness being revealed would encourage an allegation of sexual assault.

- *Complainants under the age of 16:* The data collected show that the introduction of sexual history, contrary to what may be expected for young victims, was commonplace. The prosecution routinely agreed to the introduction of evidence of sexual abuse or sexual relationships through the Memorandum of interview or social and/or medical service records.
- *Relationships with unrelated third parties:* A sexual assault complainant's past relationship with unrelated third parties was frequently raised even where it had no relevance to the case at hand.

The authors concluded that the ban on sexual history evidence has been undermined by the manner in which applications to introduce sexual history are made by defence counsels. They found that although the defence may make written pre-trial applications for raising the issue, in the majority of cases this was done verbally, during trial. As such, clear consistent documentation of the reasons for raising sexual history evidence is patchy.

It also found that these problems have been intensified by a recent ruling of the House of Lords. The case of *R v A* considered whether the general ban on sexual history evidence conflicted with Article 6 of the European Convention on Human Rights (the defendant's right to a fair trial). As a result, UK judges now must ensure that, in light of Section 41, defendants are still given a fair trial by having all the relevant 'evidence' included in their defence. Judges will have wide discretion in doing this. It may mean that in order to avoid defence appeals, judges will be more lenient in allowing the use of sexual history evidence. Despite the broadly negative outcomes of the evaluation, there was some suggestion of positive effects resulting from the Section 41 reform. These included careful case preparation, and strenuous efforts by police and crown prosecutors to find evidence supporting the victim's account.

The authors recommended that changes be made to the UK legislation and to its procedural requirements in order to affirm the original intention of Section 41, which was to recognise the contemporary contexts in which young women are exercising their sexual and personal autonomy and that this should not make them any less credible as victim/survivors.

Report on the residential placement of intra-familial adolescent sex offenders

Residential placement of intra-familial adolescent sex offenders (Trends and Issues in Crime and Criminal Justice No. 315) by Jan Grant, Jenny Thornton and Christabel Charmarette, Australian Institute of Criminology, Canberra, 2006.

A new report released by the Australian Institute of Criminology explores the complex issue of placement for adolescents who have sexually offended within their family. The report questions the impacts of automatically removing these young people from their family home, suggesting that in many cases families can, with adequate support, implement effective safety plans. It proposes that the developmental needs of the young person who has offended need to be considered when responding to sibling sexual abuse, as well as the needs of the victims. It points out that the psychological and social effects of being placed in out-of-home care can be disastrous for the young person. Those that work with this client population will attest to this. The authors conclude that 'urgent evaluation of the efficacy and effectiveness of both community-based and residential treatment programs for young offenders should be a priority'.

The full report is available at: www.aic.gov.au/publications/tandi2/tandi315.html

For more information on adolescent sexual offenders, please see the publication accompanying this newsletter, ACSSA Wrap 2, *Young people who sexually abuse: Key issues* by Cameron Boyd.

New resources

Therapeutic journeys: Working with complex clients: Unravelling the chaos (Sushi Productions, www.sushiproductions.com)

This training DVD is for the generalist counsellor, and is intended for use in a group learning context. It highlights the possible links between clients' presenting issues and childhood sexual abuse. A second DVD entitled *Mental health and drug problems* has also been added to the ACSSA library.

Family violence and sexual assault

Aspects of a new report in Victoria on law reform

ZOË MORRISON

On 1 March this year, the Victorian Law Reform Commission released its final report on the legal response to family violence in Victoria. The Commission's task was to review Victoria's civil intervention order system, which allows an individual to obtain protection from family violence through the courts, and has not been reviewed since its inception in 1987. The report's 153 recommendations cover all aspects of the justice system's response to family violence. Of particular interest to those working in the sexual assault field are the report's recommendations on sexual assault and family violence, including a call to explicitly mention sexual assault in definitions of family violence, so that this form of violence may receive a more effective legal response.

Background to the report

'Intervention orders' are Victoria's version of 'restraining orders' or 'apprehended violence orders'. An individual can apply to obtain an intervention order in the Magistrates' court to receive protection from a violent family member. If the order is granted, it will be 'served' on the violent person. The order will contain various conditions, such as the requirement that the person using family violence stay a certain distance away from the person who has experienced the violence. If any of these conditions are 'breached', then the person using family violence has committed a criminal offence and can be arrested.

A new definition of 'family violence' should be adopted that makes it clear what range of behaviours constitutes family violence.

Intervention orders were introduced in Victoria in 1987 as a way for women to be able to take the law into their own hands when they experience violence, rather than waiting for the police to provide a criminal response. Some have argued that they represent a 'de-criminalisation' of the justice system's response to family violence, while others – including the Victorian Law Reform Commission (VLRC) – state that they are an important part of the overall justice system's response to family violence. Overall, however, it was felt that the intervention order system was not providing sufficient protection for victims of family violence, prompting the Victorian Government's request for this report.

What are the report's main recommendations?

The VLRC argued that the following should occur:

- A new definition of 'family violence' should be adopted that makes it clear what range of behaviours constitutes family violence.
- A definition of 'family member' should be adopted that covers all family relationships, includes diverse family relationships of those in marginalised communities, and includes the relationship between a person and their carer (even if the carer is not a family member).
- Clear aims and principles for the legislation should be constructed, to make it clear to all who use it (including magistrates and lawyers) that its first and foremost aim is to ensure the safety of people who experience family violence.
- Implementation of the new Victorian Police Code of Practice in relation to family violence is supported, with particular emphasis on the need for police to respond to breaches of intervention

orders in order for the system to be effective. This is in response to calls that intervention orders are 'not worth the paper they are written on' if police do not respond to a breach of an intervention order's conditions.

- A review of the 'after-hours' response to family violence by the Magistrates' Court should occur.
- Further specialisation of the legal response to family violence is needed. For example, a specialist list in the Magistrates' Court for family violence matters, a specialist police prosecution unit, funding for community legal centres for provide legal advice and legal representation to applicants in intervention orders.
- Greater use of 'exclusion orders' is needed, which are intervention orders with a condition that excludes a violent family member from the family home, allowing the person who has experienced the violence to remain.
- Greater court safety and accessibility is also needed. For example, improving physical safety measures at court; measures to make it easier for applicants to give evidence in court.
- The access of Indigenous women, immigrant women and women with disabilities to the justice system needs to be improved. For example, through increased support for specialist community agencies serving these women, and through improving the access to and quality of court interpreters.
- Young people need better protection. For example, in addition to children who are direct victims of family violence, children who have heard, witnessed or otherwise been exposed to family violence should be protected by the intervention order system. Also, the report recommends that when an order is made to protect a child, the court must make it clear that it prevails over a Family Court order and does not allow child contact.

If the report's recommendations are implemented, this will constitute a major overhaul and improvement of the current intervention order system in Victoria, a move welcomed by Victorian women's groups and many others working in the sector.

What does the report say about sexual assault by family members?

Sexual assault is mostly dealt with in the report through recommending greater and more explicit recognition of sexual assault as one form of family violence.

Sexual assault is still an under-recognised form of family violence

Quoting ACSSA Issues Paper 1, *Just keeping the peace: A reluctance to respond to male partner violence*, by Melanie Heenan, the report points out that sexual forms of family violence are still unrecognised forms of family violence, and that there is still relatively little research on sexual violence by intimate partners. The report points out that, even when other violence has been disclosed, victim/survivors of multiple forms of family violence find that sexual forms of family violence are particularly difficult to talk about. Sexual assault and family violence service providers are often separated, making it difficult for service providers to recognise and respond adequately to the needs of women who experience sexual forms of family violence.

The report quotes the Community Attitudes Study conducted in Australia in 1995, which showed that few respondents spontaneously identified sexual assault as an element of domestic violence. Verbal, emotional, psychological forms of family violence, all also still under-recognised by the community, were still recognised to a greater extent in this study than sexual forms of family violence. Yet, despite this, victim/survivors of family violence report that this form of family violence can be the most damaging. The report makes excellent use of accounts of victim/survivors of their own experiences of family violence, integrating these voices to form the basis of their recommendations for law reform.



If the report's recommendations are implemented, this will constitute a major overhaul and improvement of the current intervention order system in Victoria, a move welcomed by Victorian women's groups and many others working in the sector.

Current family violence laws in Australian states and territories under-recognise sexual forms of family violence

The authors of the report found that current legislation in Australian states and territories mimics dominant community attitudes that under-recognise sexual assault as a form of family violence. Tasmania is the only state in Australia that explicitly mentions sexual forms of family violence in its legislation. Tasmanian legislation defines 'family violence as assault, including sexual assault'. New Zealand legislation also includes sexual abuse in its definition of family violence.

There needs to be specific reference to sexual forms of family violence in the legal definition of family violence

The report argues that explicitly including sexual violence in the definition of 'family violence' in Victoria would help victims/survivors of sexual forms of family violence be protected by this legislation. Overall, the report recommends a new definition of family violence, which recognises all forms of family violence, including specific mention of sexual assault and other sexually coercive behaviour. It

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argues that including sexual forms of family violence in the definition would serve two main purposes. Firstly, it would make it clear to victim/survivors of family violence that they do not have to endure sexual assault within family relationships (including marriage), that it is not considered acceptable in the laws of our society, and that legal protection is available. Secondly, specifically mentioning sexual assault could educate the legal community (magistrates, judges, lawyers) and the wider community that sexual violence within family relationships occurs, and is unacceptable. Overall, the report recommends that sexual assault and other forms of sexually coercive behaviour be included in a new legislative definition of family violence.

Where to from here?

Since the launch of this report on 1 March 2006 in Melbourne, and its tabling in the State Parliament of Victoria, the State Government's Department of Justice has been working on its response to the report's recommendations, including the suggestions for expanding the definition of family violence to sexual assault. The Victorian Government has publicly committed in its policy 'A fairer Victoria' to an 'exposure draft' of the new legislation in 2006, which would allow further public comment on the matter.

If you would like a copy of the report, *Review of family violence laws: Report*, contact the Victorian Law Reform Commission. Phone: (03) 8619 8619. Email: law.reform@lawreform.vic.gov.au. The report is also available online at: www.lawreform.vic.gov.au.

Publish in ACSSA Aware

As there are so few forums in which those working in the sexual assault field can share information with one another, we are keen to publish articles written by you within this newsletter. We accept contributions of up to 5,000 words, as well as book reviews, news of conferences, training and research projects (up to 1,500 words). If you would like to contribute an article or review to *ACSSA Aware*, details of how to do so are on the inside back cover of this newsletter. You can also access our "contributor's guidelines" from the website (www.aifs.gov.au/acssa/pubs/pubsmenu.html) or contact ACSSA directly.

Results of the Personal Safety Survey 2005

ZOË MORRISON

The 2005 Personal Safety Survey (PSS) was released by the Australian Bureau of Statistics (ABS) on 10 August this year. This survey updates Australian statistics on sexual assault and other forms of violence since the benchmark 1996 Women's Safety Survey (WSS). This time, the survey includes men's as well as women's experiences of violence. It provides information on the nature and extent of physical and sexual violence against women and men in Australia, information about experiences of abuse and harassment, and feelings of safety within the home and the community.

In this article, we concentrate on the survey's findings in relation to sexual assault and other forms of sexual violence. We look at the overall rates of sexual assault and other forms sexual violence, including the experience of sexual violence within partner violence. We also look at whether the incidence of sexual assault has increased or decreased since 1996. We examine the characteristics of those who have experienced sexual assault, including age and location of incident. We summarise who perpetrates sexual assaults, what proportion of assaults have been reported to police, and whether reporting to police has increased or decreased over the last 10 years. Finally, we look at the sexual abuse that occurred prior to age 15.

The summary provided in this article is drawn only from the data published in the ABS's public release of the PSS Summary Publication (ABS, 2006). This article provides a summary of that information. We do not provide explanations or analyses of the statistics here, but rather simply describe the data on sexual violence that has so far been made available. The Institute will be obtaining more data from the PSS when it becomes available, and will conduct an in-depth analysis of the findings.

Funding for the women's component of the PSS was provided through the *National initiative to combat sexual assault and partnerships against domestic violence* – Australian Government initiatives administered by the Office for Women. The men's component of the survey was funded by the ABS.

How was the survey carried out? The methodology

The PSS was completed by approximately 11,900 women and 4,600 men between August and December 2005. Face-to-face interviews were used to administer the survey. However, for those not wishing to proceed in person, the option of a telephone interview was offered. Respondents were also given the option at key stages in the survey of discontinuing, for example if they had disclosed an incident of violence.

All survey respondents were at least 18 years of age. They were asked about their experience of different types of violence since the age of 15, and also during the previous 12 months. If they had experienced a form (or forms) of violence, more detailed information was then collected about the most recent incident of each type of violence experienced, such as where the incident occurred and what actions were taken. Additional information was also collected about respondents' experiences of current and previous partner violence such as frequency of the violence, fear of violence, incidents of stalking and other forms of harassment. Respondents were also asked about their experiences of physical and sexual abuse prior to age 15.

The survey was restricted to residents of private dwellings. This means that the experiences of violence of certain groups in the community are likely to be under-represented. For example, people with disabilities not living in private households, Indigenous communities, people from non-English speaking backgrounds who fall outside a selected number of language groups, prison populations, and

women in emergency accommodation (*ACSSA Aware 6*, p. 22) are likely to be under-represented. Many of these groups of people experience higher rates of sexual violence than the rest of the community.

The survey is nationally representative. That is, the results presented in the PSS Summary Publication are estimates of the experience of violence regarding the whole population, estimates which have been inferred by the survey results (of a much smaller number of people). To do this, the survey is 'weighted', a process by which the results are adjusted according to estimated distribution of the total population by age and area, allowing results to be inferred for the total population.

Key findings

While our focus in this article is on sexual violence, we begin by presenting some of the statistics on personal violence overall, by way of a backdrop to the statistics on sexual violence that follow.

Where data are contained in a specific table in the PSS Summary Publication, the particular Table number is referenced in brackets. Also, as according to the Publication, one asterisk (*) above a figure means the estimate should be used with caution, because it has a 'relative standard error' of 25% to 50%. Two asterisks (**) above a figure means that the figure is considered too unreliable for general use, because it has a 'relative standard error' of greater than 50%.

Overall experiences of violence – physical and sexual violence combined

The survey found that overall in Australia, during the 12 months prior to when the survey took place, 8.3% of Australians experienced some sort of violence: 5.8% of females and 10.8% of males (ABS, 2006, see Table 5). Both women and men most often experience violence from male perpetrators. In most other ways, however, women's and men's experiences of violence in Australia fundamentally differ. For example, the survey confirms that women are more at risk of violence in the home, from men they know, while men are most at risk of violence in public spaces and licensed premises, from men they don't know.

The PSS shows a decrease in the proportion of women who experienced violence in the previous 12 months from 7.1% in 1996 to 5.8% in 2005 (although the 1995 figure may have included any incident of physical threat that resulted in assault) (ABS, 2006, see Table 5). However, when women were asked about their experiences of violence since the age of 15, the rate has slightly increased. In 1996, 38.4% of women had experienced violence since they were 15 (rather than just the past 12 months), while in 2005, 39.9% of women had experienced violence since they were 15 (ABS, 2006, see Table 5).

Sexual violence – sexual assaults and sexual threats

The 2005 survey found that women in Australia still experience high rates of sexual violence. Since the age of 15, 19.1% of women (or nearly 1 in 5) have experienced sexual violence, compared to 5.5% of men (or 1 in 20) (ABS, 2006, see Table 3). In the previous 12 months, nearly three times as many women (1.6%) as men (0.6%) experienced sexual violence (ABS, 2006, see Table 5).

Sexual violence is defined in the survey as including sexual assault and sexual threat. Sexual assault is defined as an act of a sexual nature carried out against a person's will. Sexual threat is defined as threat of sexual assault, which a person believed was likely to be carried out. The sexual threats included in the survey are only those made face-to-face, and include verbal threats, threats with a weapon and threats to harm children. In the 2005 date, it excludes the threat if threats were made and then a sexual assault was carried out (that is, if the threat became an assault).

Sexual harassment

Harassment is defined in the PSS as including obscene phone calls, indecent exposure, inappropriate comments about body or sex life and unwanted sexual touching. The PSS showed that since the age of 15, 32.5% of women (1 in 3) have experienced inappropriate comments about their body or sex life, compared to 11.7% of men. Since the age of 15, 25.1% of women experienced unwanted sexual touching, compared to 9.9% of men, and 23.6% experienced indecent exposure compared to 8.6% of men (ABS, 2006, see Table 10).

Sexual violence as part of domestic violence

Of females sexually assaulted in the last 12 months, 21.1% had been assaulted by a previous partner, and 7.7% had been assaulted by a current partner. Among males, the number of sexual assaults committed by a current partner was nil, and the number for previous partners was not available for publication (as the ABS states numbers are too low to provide reliable estimates) (ABS, 2006, see Table 19).

Of those women who have experienced any form of violence from their partner, in the most recent incident of this violence from their current partner, 19.2% experienced sexual violence, with 17.1% including sexual assault. In the most recent incident experienced by a previous partner, 28.1% of these included sexual violence, with 24.0% including sexual assault (ABS, 2006, see Table 22). That is, the survey found a higher incidence of sexual violence in the context of previous partners than current partners, and that a significant minority of all sexual assaults were committed by previous partners.

Has the incidence of sexual assault and other forms of sexual violence experienced by women increased or decreased since 1996?

Results of the 2005 survey show a small decrease in the overall incidence of sexual violence experienced by women in Australia over the last 12 months. In 1996, 1.9% of all women had experienced sexual violence in the past 12 months (1.5% assault, 0.7% threat), in 2005 this is reported as 1.6% (1.3% assault, 0.5% threat) (ABS, 2006, see Table 5).

However, when asked about their experience of sexual violence since the age of 15, or over the course of a lifetime, the rate calculated for 2006 has increased. In 1996, 17.9% of women had experienced sexual violence since they were 15 (15.5% assault, 4.9% threat). In 2005, 19.1% had experienced sexual violence since they were 15. This increase is limited to sexual assault: the percentage who had experienced sexual threat in the course of a life time was lower in 2005 (4.6%) compared to 1996 (4.9%), but the proportion who had experienced sexual assault over the course of a lifetime increased from 15.5% in 1996 to 16.8% in 2005 (ABS, 2006, see Table 5).

Characteristics of people who have experienced sexual violence

Age and the incidence of sexual assault and other forms of violence

Age is an important consideration in relation to the experience of sexual assault.

The survey confirmed that younger women still experience violence overall at higher rates than older women. In relation to sexual violence in particular, younger women also experience higher rates. For instance, of all the women who experienced sexual violence in the 12 months prior to the 2005 survey, 30.7% of these were women aged 18–24, 29.8% were women in the 25–34 age group, 24.6% in the 35–44 age group and 14.9% 45 and over (ABS, 2006, see Table 6).

The 2005 PSS found a decrease in the proportions of younger women experiencing sexual violence in the last 12 months, and an increase in the proportions of women in older age groups experiencing sexual violence. In 2005, young women still experienced sexual violence the most. In reports of their most recent experience of sexual assault they accounted for the highest proportion of women (30.7%) who experienced sexual violence in the last 12 months. However, the proportion and number of sexual assaults of this age group of women slightly decreased: this age group accounted for 32.8% of the most recent incident of all sexual violence against women in 1996, compared to 30.7% in 2005. This is the same for the 25–34 age group, which accounted for 31.6% of the most recent incident of sexual violence in 1996, compared to 29.8% in 2005 (ABS, 2006, see Table 6).

By contrast, the proportions of the most recent incident of sexual violence against women who are aged 35 and over has increased. In 1996, 23.6% of these incidents were women aged 35–44, compared to 24.6% in 2005; and 12.0% were 45 and over in 1996, compared to 14.9% in 2005. Taking data from the most recent incident of sexual assault in the 12 months prior to the survey, there has been an absolute increase in the number of experiences of sexual violence of women in this age group of 45 and over. In 1996, 15,900 women in the 45 and over age group experienced sexual violence, compared to 18,800 women in 2005.

These changes may be attributed to an ageing Australian population, with greater numbers and proportions of women in older age-groups. This can be seen when the incidence of sexual assault

is considered (see Table 1 below): while the numbers and proportion of older women experiencing sexual assault has increased, the incidence rate of sexual assault among this age group has remained the same.

Table 1. Women's experience of violence during 12 months prior to the survey by age, 1996 and 2005
(data based on most recent incident)

Age group	Experienced sexual violence 1996 ('000)	% of women 1996	Total women 1996 ('000)	Incidence 1996 (%)	Experienced sexual violence 2006 ('000)	% of women 2006	Total women 2006 ('000)	Incidence 2006 (%)
18-24	43.6	32.8	945.2	4.6	38.8	30.7	945.7	4.1
25-34	42.1	31.6	1440.2	2.9	37.6	29.8	1404.5	2.7
35-44	31.5	23.6	1376.3	2.3	31.0	24.6	1497.6	2.1
45+	15.9	12.0	3118.8	0.5	18.8	14.9	3845.4	0.5
Total	133.1	100.0	6880.5	1.9	126.1	100.0	7693.1	1.6

Source: ABS, 2006, see Table 6.

Country of birth

In the published ABS summary of the PSS, there is little information available about experiences of sexual violence of people from culturally and linguistically diverse backgrounds. What does exist are statistics on country of birth – classified as either 'Australia' or 'Overseas'. If we compare the data on the country of birth of those who experienced sexual assault, with the country of birth of the overall population, we can get a sense of whether there is any change to the proportion of people born overseas in the population who were sexually assaulted.

Of all women aged over 18 in the total population, 73.5% were born in Australia (ABS, 2006, see Appendix 1, p. 46). Of all the women who experienced sexual assault in the past 12 months, 81.3% were born in Australia (ABS, 2006, see Table 18). That is, there is a larger proportion of Australian-born women in the population who experienced sexual assault, compared to the general population. The opposite is the case for men. In the total population, 73.4% of men were born in Australia (ABS, 2006, see Appendix 1). Of the men who experienced sexual assault in the past 12 months, 68.5% were born in Australia (ABS, 2006, see Table 18). However, the ABS advises that the statistics on the sexual assault of females and males born overseas be used with caution, because they have a relative standard error of 25% to 50%.

Indigenous status

There is no specific information given in the survey results on the experience of violence by Aboriginal and Torres Strait Islander peoples. The ABS states that it was not feasible to expand this survey to include a representative sample of Aboriginal and Torres Strait Islander peoples that would allow estimates to be produced.

Education

Of those women who have been sexually assaulted, a greater proportion of these do not have a higher education compared to the rest of the population. While 29.4% of all females surveyed had received higher education (ABS, 2006, see Appendix 1), 22.3% of women who had experienced sexual assault in the last 12 months had received a higher education (ABS, 2006, see Table 18).

Of all the males in the total population, 28.5% (ABS, 2006, see Appendix 1) had a higher education. Of those men who were sexually assaulted, a substantially greater proportion (50.4%*) had a higher qualification (ABS, 2006, see Table 18). However, we are advised to treat this figure with caution, due to low number of males involved.

Labour force status

Of all the women surveyed, 42.6% were unemployed or not in the labour force (ABS, 2006, see Appendix 1). Of all the women sexually assaulted, a slightly greater percentage (44.8%) were unemployed or not in the labour force (ABS, 2006, see Table 18).

Of all the men surveyed, 27.8% were unemployed or not in the labour force (ABS, 2006, see Appendix 1). Of all the men sexually assaulted, a greater percentage of 34.5%* were unemployed or not in the labour force, although we are asked to use this figure (34.5%) with caution, due to the low numbers of men involved (ABS, 2006, see Table 18).

Residence

Are people who are sexually assaulted more or less likely to live in a capital city?

Of all the women surveyed, 64.7% lived in a capital city (ABS, 2006, see Appendix 1). Of all the women who experienced sexual assault, 69.2% lived in a capital city.

Of all the men surveyed, 64.2% lived in a capital city (ABS, 2006, see Appendix 1). Of all the men who had been sexually assaulted, a slightly smaller proportion of 62.8% lived in a capital city (ABS, 2006, see Table 18).

How do the Australian states and territories compare?

Women from Victoria were found by the survey to be most likely to have experienced sexual assault of threat in the past 12 months (see Table 2 below).

Table 2: The incidence rate of experience of sexual violence during the last 12 months – state or territory of residence of victim

State/Territory	Number of females who experienced sexual violence	Female sexual violence victims as a proportion of total population
New South Wales	25,700	1.0
Victoria	40,900	2.1
Queensland	28,200	1.9
South Australia	9,700	1.6
Western Australia	12,300	1.7
AUSTRALIA*	126,100	1.6

*This includes Tasmania, Northern Territory and Australian Capital Territory as well as the rest of the states listed above. Figures are not provided separately for Tasmania, Northern Territory and Australian Capital Territory.

Who are the perpetrators of sexual assault?

Incidence

Of the most recent incident of sexual assault experienced by women in the last 12 months, 78.2% of perpetrators were a person known to the woman: 39.0% were by a family member or friend (which includes acquaintance, neighbour, counsellor, psychologist or psychiatrist, ex-boyfriend or girlfriend, doctor, teacher, minister, priest, clergy or prison officer), 32.0% by 'another known person', and 21.1% by a previous partner. A women's current partner was the perpetrator in 7.7%* of the sexual assaults in the last 12 months. The other 21.8% of sexual assaults were by a stranger (ABS, 2006, see Table 19).

Lifetime prevalence

In relation to sexual assaults that women have experienced since the age of 15, perpetrators were mostly similar to the figures above. What was different was a greater proportion perpetrated by family and friends. In the most recent incident of sexual assault of those experienced since the age of 15, 49.7% were perpetrated by family and friends (compared to 39% perpetrated by family and friends in the previous 12 months). A previous partner was the perpetrator in 21.2% of cases, 27.5% were perpetrated by another known person, 2.1% by a current partner, and 22.1% by a stranger (ABS, 2006, see Table 19).

Is sexual assault reported to the police?

The PSS confirms that the majority of sexual assaults are not reported to the police. However, there has been a slight increase in the proportion of the most recent sexual assaults reported the police in 2005 compared to 1996.

Of those women who experienced sexual assault in the 12 months prior to the 2005 survey, 81.1% of the most recent incidents of sexual assaults were not reported to the police. This is an improvement on the 1996 data, when 85.1% of sexual assaults were not reported to the police (ABS, 2006, see Table 7).

The reporting figures are also better for all for all sexual assaults by men experienced by women since the age of 15 (and this excludes people whose most recent incident of sexual assault occurred more than 20 years ago). Of these sexual assaults, the 2005 survey found that 84.1% were not reported to the police, compared to 91.0% in 1996 (ABS, 2006, see Table 7).

According to the PSS data, women are much more likely to report a physical assault to the police compared to a sexual assault. Also, compared to sexual assault, women's reporting of physical assault to police has markedly increased since 1996. In 1996, police were told about 18.5% of physical assaults of women that took place in the last 12 months. In 2005, police were told about 36.0% of physical assaults of women (ABS, 2006, see Table 7).

Whether a sexual assault of a woman is reported to the police differs according to who perpetrated the assault. If we take those sexual assaults perpetrated in the previous 12 months, and look at those perpetrated by a boyfriend or male date, police were told about 29.9%** of these assaults. In relation to those perpetrated by stranger over the previous 12 months, police were told about 27.9%** of them in 2005. In relation to sexual assaults perpetrated by a previous partner, police were told about 20.5% of these. However, in 100% of cases police were not told about sexual assaults perpetrated by a current partner. In relation to assaults perpetrated by an 'other known person' in the last 12 months, 15.6% were reported to police (ABS, 2006, see Table 7).

In all of these categories, reporting to police has increased, except in relation to sexual assaults of women committed by previous partners in the last 12 months (and possibly current partners): 25.3%** of previous partner rapes were reported in 1996 compared to 20.5% in 2006. However, the ABS advises caution in relation to the 1996 figure (ABS, 2006, see Table 7).

Sexual abuse of girls and boys

Child sexual abuse is defined in the survey as any act by an adult involving children under the age of 15 years in sexual activity. The survey found that women experienced sexual assault before the age of 15 at higher rates than men. The rate of sexual assault of girls is higher than the sexual assault of boys. Before the age of 15, 12.4% or more than 1 in 10 women (956,600) had been sexually assaulted. In relation to men, 4.5% (337,400) had been sexually assaulted before the age of 15 (ABS, 2006, see Table 29).

For sexual abuse experienced by women before the age of 15, the most common age bracket that the abuse first occurred for girls was 11–14 years old (32.3%). Therefore, more than two-thirds (67.7%) of sexual abuse of girls first occurred at age 10 years or below. The next most common age bracket for victim/survivors of childhood sexual abuse first experiencing the abuse was 7–8 years old (22.1%) (ABS, 2006, see Table 29).

Differences exist in who perpetrates sexual abuse of girls and the sexual abuse of boys. The survey found that the most common perpetrator of childhood sexual abuse of females was a male relative: their father or stepfather constituted 16.5% of perpetrators, and another male relative 35.1%. Other perpetrators were a family friend constituting 16.5%, or acquaintance/neighbour at 15.4%.

However, for males, fathers and step-fathers were 5%* of perpetrators of child sexual abuse, and another male relative constituted 16.4% of perpetrators. Strangers were 18.3% of perpetrators, acquaintances or neighbours accounted for 16.2% and a family friend accounted for 15.6%.

Conclusion

The Summary Publication of the 2005 Personal Safety Survey provides vital information on sexual assault and other forms of sexual violence experienced by Australian women and men. However, some of the statistics presented here raise as many questions as they answer. For instance, what accounts for the decrease in incidents of sexual assault over the 12 months immediately preceding the 1996 and 2005 surveys, but the increase over the course of women's life times? What accounts for the increase in sexual assaults experienced by older women? Why are the statistics on sexual assaults across the different states and territories so different? It is hoped that further analysis on the full data set once it is released will allow for these – and other – questions to be addressed.

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'Elder abuse' and the sexual assault of older women

ANTONIA QUADARA

A new Australian policy response

Introduction

Relatively little research acknowledges the particular needs and circumstances of older women who experience sexual assault. CASA House (2000) concluded that the lack of formal documentation of the nature of violence against older women in Australia has resulted in a lack of relevant support services in the community. Yet as the recently released Personal Safety Survey shows (see this edition, pp. 9–14), the abuse of elderly women in Australia remains an important concern.

The federal Minister for Ageing has recently announced a government commitment of \$90.2 million to reform the response of aged care facilities to sexual and physical assault. This includes some important changes to how incidents of sexual and physical abuse are investigated and resolved by aged care facilities, including the introduction of a mandatory reporting system. In the following article, we provide a summary of this reform package. We also discuss some issues the reform package raises, including complex issues surrounding the reporting of sexual assault of older women, and the nature of sexual assault within institutional care facilities.

Background to the new policy

'Elder abuse' is often referred to in the context of family or domestic violence. The term encompasses a wide range of behaviours, including physical, sexual, financial, psychological abuse and neglect of elderly people by family members, and increasingly recognises the abuse of elderly people by their carers (non-familial as well as familial). The disclosure of several incidents of sexual assault of elderly women within a Victorian nursing home precipitated the introduction of these recent federal government policy reforms.

It emerged on 20 February of this year that a male staff member at a Victorian nursing home had raped one woman resident, 'Anna', and digitally raped and indecently assaulted three other residents over a six-month period in 2005. All of the women who experienced the sexual assaults were aged in their nineties, and all suffered from dementia. Another staff member witnessed the sexual assaults against Anna, but did not disclose this to anyone for two months.

When Anna went into the nursing home she was 95; even at 98 she was described "alert and talkative" (Australian Broadcasting Commission [ABC], 2006). However, Anna died in January aged 98, several months after the assaults were alleged to have occurred. Anna's granddaughters, Deb Chapman and Gail Chilianis, observed a steady decline in the health of their grandmother over several months: "There'd been this massive change. She was crying. She'd stopped talking, whisper – she'd started to whisper." It was explained to the family by the nursing home at the time that such deterioration was the result of old age and dementia. Deb Chapman and Gail Chilianis reflected that the nursing home failed to respond appropriately to the sexual assault of Anna in two ways: they failed to report what was witnessed; and did not effectively communicate with the family about the resolution process. As Ms Chapman asked, "if the system worked, if the accreditation worked, if aged care nursing home high-degree [*sic*] facilities were working, why did this happen more than once?" (ABC, 2006).

The alleged perpetrator of these particular assaults has now been charged. However, it has been suggested that these incidents are indicative of a wider and more entrenched set of problems. What

are the conditions within the provision of aged care that enable such victimisation to take place, more than once, and with no imperative to act upon one's knowledge of it?

In the immediate coverage of the events in Victoria, it was suggested that there was no adequate reporting system to deal with the elder abuse taking place in the community and in aged care facilities. Lillian Jeter, spokeswoman for the Australian Elder Abuse Prevention Association, estimates that 80,000 cases of elder abuse occur in both nursing homes and in the community each year, and that many of these remain 'hidden' (ABC, 2006). With no adequate data in this area, the true extent of the problem is not known. Aged care workers within the home that the assault took place spoke of systematic management cover-ups and bullying of staff members making reports to management. The sentiment expressed was that there was 'no recourse'; there were no formal mechanisms to follow up staff reports of abuse. "You put into your reports and say this is happening", one worker is quoted as saying. "Nothing is ever done. It disappears never to be seen again" (ABC, 2006).

The most recent policy response by the Australian Government included a nationwide consultation process, and a series of changes to how aged care facilities are supervised. The reforms focus on how aged care facilities maintain standards in the provision of services to elderly residents, including the complaints procedures for dealing with situations of sexual or physical abuse.

The policy response

Overall, these reforms apply to facilities subsidised by the government. The reforms replace the current Aged Care Complaints Resolution Scheme with what is said to be a 'more robust' set of arrangements for responding to situations of sexual and physical assault and abuse.

Establishment of The Office for Aged Care Quality and Compliance

Partly, this will happen through the establishment of The Office for Aged Care Quality and Compliance, which replaces the current Aged Care Complaints Resolution Scheme (ACCRS). The Office for Aged Care Quality will have a wider and more active mandate than the ACCRS to investigate any complaints in a breach of care, including incidents of sexual and physical assault.

Creation of a dedicated Aged Care Commissioner

The reforms include the creation of a dedicated Aged Care Commissioner. Like the overhaul of the Complaints Resolution Scheme, a dedicated Aged Care Commissioner will have extended responsibilities and powers, further extending the powers of the Office by monitoring its activities and being able to externally review decisions. It is envisaged that the new commissioner will have a wider scope to hear complaints about the action undertaken by the Office of Aged Care from residents, their families, carers, aged care staff, providers of aged care, and member of the community.

Introduction of mandatory reporting

As part of the new complaints mechanism, it will be a requirement of the approved service provider to report any allegations or suspicions of physical or sexual assault of residents within aged care facilities to the police and to the Department of Health and Ageing. Specifically, they will be required to:

- ensure there are specific internal processes in place for the reporting of all incidents involving alleged sexual or serious physical assault to the provider or to key personnel of the aged care home;
- provide a mechanism enabling staff to report to the Department, to provide for situations where staff do not feel comfortable reporting alleged incidents to the home.
- promote a 'supportive environment' for the reporting of alleged incidents, which protects staff who have reported in good faith; and
- it will be a legislative requirement to report the incident to police and to the Department.

Should a provider fail to have the systems for reporting incidents in place, and should the provider fail to actually report such incidents, it will be regarded by the Office as regulatory non-compliance, and could lead to the possible imposition of sanctions. To ensure the effectiveness of these changes,

whistleblower protection protocols will also be introduced as part of the reform package. This means that providers will need to have in place policies and procedures that protect the identity of those who make reports, and that they will not be treated unfairly (for example, by having shifts reduced following an allegation). The philosophy underpinning this requirement is that staff are more likely to communicate instances of alleged abuse where they can be assured that their decision to do so will not result in reprisals. These reforms will come into effect on 1 April 2007.

What are the policy implications of the new reforms?

The size of the reform budget, the swiftness with which the Federal Minister for Ageing responded to the events in Victoria, and the extent of changes made to the complaints mechanisms in order to prevent such instances from occurring, suggest a dramatic change to the policy response to sexual and physical violence against senior Australians. In particular, the inclusion of mandatory reporting is a step not previously taken in Australia. Currently, no jurisdiction has implemented mandatory or compulsory reporting cases of elder abuse.

Those involved in the aged care sector have in the past held mixed views about the mandatory reporting of elder abuse. The Elder Abuse Prevention Unit in Queensland (EAPU) did not see mandatory reporting of elder abuse as likely to have a significant impact on increasing the safety of older people (EAPU, 2006). This is for several reasons, one being that elder abuse most frequently takes the form of financial exploitation or psychological abuse by family members. For example, a Curtin University of Technology study found that material/financial abuse accounted for 81% of known incidents, followed by psychological (55%) and physical (32%) abuse (Boldy, Webb, Horner, Davey, & Kingsley, 2002). Similarly, another West Australian study found that of 87 cases of elder abuse there were:

- 74 cases of psychological abuse;
- 64 cases of financial abuse;
- 21 cases of physical abuse;
- 7 cases of neglect; and
- 1 case of sexual abuse.

The study notes that these findings are similar to South Australian cases of elder abuse (Faye, 2003). Another reason for the mixed response to mandatory reporting relates to the issue of maintaining and upholding the decision-making capacity of older people. The EAPU maintains that while mandatory reporting of abuse for people without decision-making capacity should be compulsory, it does not follow that legislative change is required for this. The capacity of older people to determine for themselves the most appropriate course of action is seen to be undermined by a system of mandatory reporting. This view is echoed by the Victorian Government's Department for Victorian Communities (2005) in a consultation paper on elder abuse prevention, in which an 'empowerment model' is advocated as a best-practice solution for prevention.

However, it must be noted that the systems of mandatory reporting envisaged in these responses would involve cases of alleged elder abuse occurring not only in aged care facilities, but also within the community and private residences. In such situations, it is unclear whether mandatory reporting would be an appropriate measure. Yet the context being targeting in the new reforms is limited to aged care facilities. In these institutional care settings, the risk of sexual assault may be exacerbated due to factors particularly associated with that setting.

Responding to sexual assault in the context of aged care facilities

It is important to consider the particular features of the settings in which sexual assault against older women requiring care takes place. The context of aged care facilities, and the circumstances of residents, can be regarded as quite distinct institutional settings where vulnerability to sexual assault by service providers can be high, particularly in the case of residents with intellectual disability.

Counsellors at a Sexual Assault Service based at Royal North Shore Hospital in Sydney developed a project supporting victims of sexual assault who resided at aged care and disability settings. Responding



... the reforms seek to strengthen the complaints mechanisms within aged care facilities and to integrate these procedures more effectively with the Australian Government Department of Health and Ageing.

to Sexual Assault in Aged Care and Disability Care Settings – or the “SADA project”) aimed to develop a framework for relevant agencies in the local area to respond effectively to sexual assault of disabled and aged care settings (Kelly & Blyth, 2005). Through their consultations with agencies and counselling with victim/survivors, it was found that sexual assault in these settings was characterised by:

- high rates of sexual assault perpetrated by service providers;
- decreased likelihood of assaults being detected and acted upon;
- lack of formal follow up where sexual assault has been detected, either because there were no mechanisms in place to do this, or because the perpetrator is temporarily employed by the facility (for example by providing locums) and can continue offending in different facilities;
- barriers to disclosing incidents of sexual assault (cognitive and communication impairment usually means that victims are unable to communicate what has occurred, or are not believed when they do communicate);
- lack of provision within the criminal justice system to hear and interpret evidence from victims for whom communication or cognition is an issue; and
- delays in police investigation as a result of lack of expertise in this area, or a lack of what is considered to be legal ‘evidence’ (e.g., complaints can result in ‘no further action’ being taken, particularly in the case of more elderly victims, for whom the trauma of sexual assault can result in death).

This recognises that organisational care settings contain elements that could be regarded as ‘situational risk factors’ for sexual assault. In the context of child maltreatment, it is suggested that a “‘situational crime prevention’ model provide[s] a useful framework for extending the prevention of child maltreatment in an organisation setting beyond individual-based risk assessment and risk management strategies” (Beyer, Higgins, & Bromfield, 2005, p. 1). Similarly, the SADA project identifies the situational barriers within aged care settings that make it difficult not only to disclose sexual assault, but also to adequately respond.

It also recognises the way in which the impact of sexual assault and the task of supporting victim/survivors cuts across agencies. An impetus for the SADA project was the difficulty in detecting, investigating and prosecuting sexual assault where victim/survivors were residents of aged care and disability facilities. It was felt that it was no longer an option to rely on existing structures such as the Police and court systems. What was required was inter-agency development, participation and knowledge-sharing around the key issues in sexual assault in aged care facilities. Two days of workshops were attended by agencies including the NSW Police Service, the NSW Ombudsman’s Office, Department of Ageing, Disability and Home Care (NSW Government), National Disability Abuse and Neglect Hotline and Sexual Assault Services. Three areas of need were identified:

- creating safe environments;
- the investigation of sexual assault as a crime; and
- what to do in complex situations, such as when police investigations cannot proceed.

It is worth noting that the development of a complaints mechanism, in order to create safe environments was only part of what the SADA project identified as essential to effective responses to incidents of sexual assault. It recognised that responding to the sexual assault of older people as a crime, ensuring that victim/survivors had equitable access to the criminal justice system, and changing the culture of residential care facilities, was a core part of providing support for victim/survivors of sexual assault and ensuring their ongoing safety.

An additional aspect to responding to elder abuse in residential care is awareness of the often gendered nature of elder abuse. Research demonstrates that women are more likely to experience elder abuse in all its forms. Although women live longer than men, and therefore are likely to be slightly over-represented in any seniors statistics, the over-representation of women in elder abuse statistics is substantial and is consistent with the gender-bias in most abuse statistics throughout the lifespan. The CUT study estimated the prevalence of elder abuse of women in Western Australia to be two and a half times that of men, a finding replicated in other studies (Faye, 2003; Roberts, 1993; Sadler, 1993). Although sexual assault makes up about 3% of known cases of elder abuse in care facilities, research

suggests that women are overwhelmingly the victims in situations of elder sexual abuse. One of the first studies on sexual assault against older women conducted in Massachusetts (US) found that, of the 28 cases examined, all victim/survivors were women, all but one of the offenders was a man, and the majority of offenders were caregivers to the victim/survivors (Ramsey-Klawnsnik, 1991). A study conducted in the UK also found that 86% of victim/survivors of elder sexual abuse were women, and in 98% of the cases, the offenders were male (Holt, 1993). The studies are indicative of the fact that while elder abuse may take many forms, sexual assault within aged care facilities resembles the pattern of sexual assault generally: an overwhelming proportion of victims are women who experience violence at the hands of family members or those in position of trust.

Conclusion

Introducing mandatory reporting for subsidised service providers may be a way of minimising the situational factors of care settings identified in the SADA project, and which inhibit disclosures of sexual assault. It is suggested that part of identifying these situational factors also involves an awareness of the particular position of older women as victims of sexual assault. Analyses of, and adequate responses to, older women's experience of violence "must recognise the gendered nature of that experience" (CASA 2000, p. 8). This is the first time a system of mandatory reporting for elder abuse has been developed in Australia, and it is unclear what its effects will be. In addition to its uniqueness, it cannot be compared to other systems of mandatory reporting such as that developed in the context of child abuse. In most Australian states and territories, a variety of individuals are mandated to report suspected cases of child abuse and neglect. In the context of elder abuse, mandatory reporting, along with the other proposed reforms, focuses specifically on changing organisational work settings. To this end, the new reforms have the potential to offer clear mechanisms for responding to allegations of sexual assault within aged care facilities; they are a response to ensuring that suffering of women such as Anna is not repeated.

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ACSSA PUBLICATIONS FEEDBACK

ACSSA welcomes any feedback that enables us to better resource the sector and provide accurate information. In this section, and with the writers' permission, we reprint feedback of a substantial nature on our publications, particularly corrections or additions to our published material, in the interest of keeping readers well-informed and up-to-date.

We invite your views

ACSSA invites readers to discuss the issues raised in our publications through our email discussion list, *ACSSA-Discuss*. *ACSSA-Discuss* is a moderated email list for the discussion of topics of interest to people involved with the sexual assault field. To join *ACSSA-Discuss*, send an email to "majordomo@aifs.gov.au" with the message "subscribe acssa-discuss", and leave the subject line blank. For more information about the ACSSA email discussion group, visit the Mailing Lists page on the ACSSA website at www.aifs.gov.au/acssa.

New additions to the ACSSA Good Practice Database

More information about all Good Practice programs is available online at:
www.aifs.gov.au/acssa/gpdb/programs.html

Dulwich Centre

Preventing Prisoner Rape Project

The *Prisoner Rape Support Package* has been developed by the *Preventing Prisoner Rape Project* to try to provide assistance to men who have been raped or sexually assaulted in prison. Still a 'work in progress', the project aims to raise awareness about the issue of rape in prisons and reach out and support prison rape survivors, as well as working towards changes at legal and prison administration levels.

Imaginif

BITSS of Protective Play – A skill based workshop for family and child workers

The BITSS program is based on the traditional Protective Behaviours program, with a specific focus on child sexual assault prevention. The program is being run with a number of organisations around Cairns, and with a number of Indigenous communities around Cape York Peninsula. The program is run with small groups of parents as well as professionals. The direct participation of parents, in their own communities, is the strength of this program. (Imaginif is a privately owned fee-for-service organisation.)

Good practice profile

ACSSA is keen to build on our national collection of Good Practice Programs and Responses for Sexual Assault. This online collection of programs provides an important resource for national information-sharing across the work of service providers and policymakers in developing or refining models for responding to sexual assault. See details below for how to submit an entry to the database.

In this issue of ACSSA Aware we profile a training program at **The Sexual Assault Resource Centre (SARC) – Education and Training Unit, W.A.** SARC have been running training programs about working with sexual assault victim/survivors with the Office of the Director of Public Prosecutions for Western Australia, and with other service providers in the community.

The SARC Education and Training Unit was established in 2004 as a result of the Gordon enquiry in Western Australia, and was identified as the lead agency to respond to sexual assault and sexual abuse in the community. (See 'What the Law Says about Sex' brochure, profiled in *ACSSA Aware 11*).

The Gordon Enquiry

The Gordon Inquiry came about following the tragic suicide of a teenage Nyoongar girl, Susan Taylor (her parents want her name used to highlight the circumstances of her death).

On 15 January 2002, the Premier appointed Magistrate Sue Gordon, Kay O'Hallahan and Darryl Henry to inquire into the response by Government to reports of child abuse and family violence in Aboriginal communities. The report is available at www.gordonresponse.dpc.wa.gov.au/index.cfm?fuseaction=questions.faq

One of the major challenges for the sexual assault sector is to provide an accessible and effective statewide service for people who have experienced recent sexual assault and past sexual abuse. In collaboration with regional sexual assault agencies, SARC has been working with a range of agencies and workers to increase knowledge about the impact of sexual violence on the mental health of their clients, and to increase skills in responding to disclosures of sexual assault or abuse.

SARC has demonstrated a lead role in building the capacity of the field to respond to sexual violence by providing a range of training initiatives throughout Western Australia. Since the Education and Training unit was established, approximately 3,000 professional workers have received some education and training in order to increase their knowledge, competence and confidence in responding to sexual assault and abuse. This has included over 400 Aboriginal workers.

By developing knowledge and skills, as well as challenging myths around sexual assault, workers from a range of agencies are able to offer a more comprehensive service or referral, as required.

Agencies trained so far in both metropolitan and regional areas include:

- The Police.
- Department of Justice.
- Drug and Alcohol agencies.
- Aboriginal agencies, including Derbarl Yerrigan, Marr Mooditj, Aboriginal Alcohol and Drug Service (previously known as NASAS) and indigenous community members.
- Hospital staff, including emergency doctors and nurses.
- Department of Education staff.
- Mental Health workers.

The aims of SARC training are to:

- increase the knowledge, competence and confidence of the workforce to respond to sexual violence and the resulting mental health problem and drug use problems;
- enhance the standard of services available throughout the metropolitan and regional areas;
- enhance service provision by building the capacity of the sector to respond to sexual violence; and
- increase access to treatment services.

Overall, the SARC Mission is to:

- be leaders on a statewide level and respected nationally in the field of sexual assault and sexual abuse, providing access to a holistic and evidence-based clinical practice that meets the needs of all people;
- provide access to medical, forensic and counselling services, at appropriate locations, to meet the needs of our client group irrespective of gender or cultural background;
- provide a statewide service that enhances the access of a range of professional groups, particularly in rural and remote services, to education and training services and clinical and professional support;
- initiate and improve collaborative work with internal and external stakeholders, particularly with Aboriginal people in their communities, to continually improve our service delivery;
- actively encourage consumer advocacy and to create opportunities for consumers to provide structured feedback on service provision;
- foster a culture of research, evaluation, teaching and training, while developing the skills of our staff to ensure the organisation remains at the cutting edge of service delivery; and
- be open and transparent in our clinical and management communications and to provide staff support in order to promote a collegiate environment of trust, cohesiveness and development.

The Education and Training unit is underpinned by principles of:

- access and equity;
- being responsive to individual and community needs;
- being cost effective;
- evidence based; and
- adopting a flexible and pragmatic approach.

Cultural respect

In addition to the vision, mission and values of SARC, cultural respect is a commitment to the legitimate cultural rights, values and expectations of Indigenous people. It requires programs and services to provide equal quality and outcomes irrespective of cultural background. The Aboriginal Cultural Respect – Implementation Framework requires the WA Department of Health to better develop and manage health services so that all Indigenous people can expect and receive core services, delivered in an efficient and timely manner, and staff can be confident that their talents and commitment can have the best effect. The Education and Training unit is committed to ensuring that all training is developed with an indigenous focus and component.

Training the legal profession

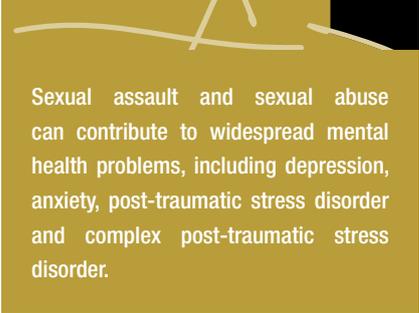
The legal field has been a priority in terms of SARC's provision of education and training. This included undertaking the forum *Sex, laws and videotapes: The legal response to sexual assault* with key speakers from a number of agencies including ACSSA; Police; Office of the Director of Public Prosecutions for Western Australia; Criminal Injuries Compensation and Western Australia Federation of Sexual Assault Services (WAFSAS) staff.

SARC's training program was developed after consultation with key personnel from the Office of the Director of Public Prosecutions for Western Australia. The aim of the training program was to provide staff at the Office of the Director of Public Prosecutions for Western Australia with a greater understanding of the nature and impact of sexual violence on complainants. It was hoped to increase their knowledge about the impact of sexual assault and abuse, and in turn, to increase their sensitivity in dealing with complainants.

The program is based on research undertaken by Denise Lievore in 2003, *The non reporting and hidden recording of sexual assault*, at the Australian Institute of Criminology, and current theoretical models of trauma, physiological and psychosocial impact. Sexual assault and sexual abuse can contribute to widespread mental health problems, including depression, anxiety, post-traumatic stress disorder and complex post-traumatic stress disorder. Research undertaken by SARC in 2003 revealed that up to 71% of people who presented at the agency had experienced either mental health and/or alcohol and drug use problems. It is important that mental health needs of clients who have experienced sexual assault are understood by people in the legal profession in order to work with client's ambivalence about their involvement with the legal system.

The four one-hour sessions covered a range of themes:

- *Session 1* provided information about prevalence; forensic information including genital and general injuries and injury interpretation; lack of injury in sexual assault; forensic specimens—what is taken and why, and an overview of medical issues and anatomy.
- *Session 2* introduced prosecutors to models of trauma as well as discussing the short and long-term impact of child sexual abuse. The session addressed the issue of psychophysiological effects; how we might explain different reactions of complainants; developmental effects; revictimisation; why people don't disclose or report sexual violence and some myths around sexual assault.
- *Session 3* focused on Indigenous issues including work that SARC has done to increase access to the service by Indigenous clients.
- *Session 4* focused on the links between sexual violence, mental health and drug use problems. Issues around males and sexual violence including impact, why men do not disclose or report, and myths were also raised.



Sexual assault and sexual abuse can contribute to widespread mental health problems, including depression, anxiety, post-traumatic stress disorder and complex post-traumatic stress disorder.

Evaluation was undertaken to ensure that the program was consistent with quality practice. Evaluation included two indicators – whether participants perceived that their knowledge of sexual assault had increased; and whether they found the content of the program useful for their work. The training program was highly evaluated by those attending in terms of usefulness and increased knowledge.

Further training for legal professionals is currently being planned.

The SARC website www.kemh.health.wa.gov.au/services/sarc/index.htm contains some general information and other related resources.

For further information, contact: Sue Helfgott/Judi Stone, Education and Training Unit.

Phone: (08) 9340 1851. Fax: (08) 9340 1815.

Email: suzanne.helfgott@health.wa.gov.au; judi.stone@health.wa.gov.au.

For more information on our database of Good Practice Programs and Responses for Sexual Assault, please contact ACSSA at acssa@aifs.gov.au, or on (03) 9214 7888. We invite submissions of examples of good practice from service providers, policy and program developers, educators and trainers, researchers and others working to address sexual violence. These can be programs, approaches or initiatives currently or recently conducted. Good Practice programs can also be submitted online at www.aifs.gov.au/acssa/gpdb/goodpractice.html

CONFERENCES

COMPILED BY HELEN ARCH, WEB OFFICER

The following conference listings are taken from the website of the Australian Centre for the Study of Sexual Assault. For more conferences and events visit the Conferences page on the ACSSA website: www.aifs.gov.au/acssa/conferences.html

Sex, Power and Slavery: The Dynamics of Carnal Relations under Enslavement in the Indian Ocean World

19–21 April 2007
Quebec, Canada

An interdisciplinary conference on Sex, Power and Slavery: The Dynamics of Carnal Relations under Enslavement in the Indian Ocean World (defined as Africa from the Cape to Cairo divide eastwards, the Middle East, South and Southeast Asia including the Indonesian Archipelago and Australasia, and the Far East).

Further information: Email: gwyn.campbell@mcgill.ca Details available online at: www.h-et.org/announce/show.cgi?ID=149955

8th International Narrative Therapy and Community Work Conference

20–22 June 2007
Kristiansand, Norway

The first International Narrative Therapy Conference in Scandinavia, this conference will feature presentations in relation to: issues of abuse & violence; mental health concerns – depression, psychosis, children of those with mental health difficulties; creative and hopeful

work with individuals, couples, families and communities; narrative responses to trauma; considerations of culture, history and the politics of practice; innovative ways of ‘deconstructing addiction’; narrative responses to grief and loss; links between the fields of therapy, community work, performance, drama, poetry and the written word.

Further information: Email: dulwich@senet.com.au Details available online at www.dulwichcentre.com.au

What Works with Women Offenders: Challenging Stereotypes and Achieving Change

10–12 September 2007
Prato, Tuscany, Italy

This international conference will bring together practitioners and policy contributors, in order to debate how best to respond to the needs of women offenders, and explore which interventions offer rehabilitation and re-integration into the community.

Further information: Email: katy.symmons@med.monash.edu.au Details available online at: www.med.monash.edu.au/socialwork/conference/

Join ACSSA-Alert

News Alert Email Service: ACSSA-Alert

ACSSA-Alert is an email list for news and updates from the Australian Centre for the Study of Sexual Assault. You will receive messages with announcements about updates on the ACSSA website, release of publications, and new information or services.

You can join ACSSA-Alert through our web page on:

www.aifs.gov.au/acssa/emaillist.html

The following courses are from the Australian Centre for the Study of Sexual Assault website list of organisations that provide training and professional development for workers in the sexual assault field and other professionals seeking to increase their skills and understanding in responding to sexual assault. For a complete list visit the Training page at www.aifs.gov.au/acssa/training.html. Some of the courses on offer include:

New South Wales

Education Centre Against Violence

Responding to people with a disability who have been sexually assaulted

This course outlines current counselling practices with children and adults who have an intellectual and/or physical disability. Content will include: the dynamics and indicators of sexual assault, assessing and working with the traumatic effects of sexual assault, the role of the counsellor-therapist, advocate or learner, accessing the legal system, the use of communication tools, working in and with the person's network and the role of prevention.

Further information: visit the ECAV website at www1.health.nsw.gov.au/ecav/

South Australia

Dulwich Centre

Narrative Therapy Training Program

Expressions of interest are now being accepted for the Dulwich Centre 2007 Intensive One Year Narrative Therapy Training Program. This

training course has been especially designed for practitioners who are seeking a thorough immersion in narrative therapy ideas and practice.

Further information: visit the Dulwich Centre website at www.dulwichcentre.com.au/

Victoria

Domestic Violence & Incest Resource Centre

DVIRC's Professional Training Unit provides a range of training courses for professionals. Their courses aim to increase participants' understanding of family violence and to improve their skills in supporting survivors. DVIRC's training is based on current research and best practice. Some of their courses are nationally accredited.

Topics include: Introduction to Domestic Violence; Domestic Violence and Mediation; Family Violence and the Legal Response.

Further information: visit the training page on the DVIRC website at: www.dvirc.org.au/TrainingHub/TrainingIndex.htm

If your organisation provides training or professional development in the area of sexual violence that you would like listed on the ACSSA website, please contact acssa@aifs.gov.au with the details.

LITERATURE HIGHLIGHTS

COMPILED BY JOAN KELLEHER, LIBRARIAN

The following are a selection of resources received by the Australian Centre for the Study of Sexual Assault (ACSSA) library collection. Print resources are available via the inter-library loan system. Contact your own library for details of this system. Electronic resources are available directly via the web address.

Adolescent offenders

Residential placement of intra-familial adolescent sex offenders (2006). Grant, J., Thornton, J., & Chamarette, C. Canberra, ACT: Australian Institute of Criminology. <http://www.aic.gov.au/publications/tandi2/tandi315.html>

Research suggests that some interventions with young intra-familial sex offenders, such as removing the offender from the family home, may make matters worse for families. What is the best place for young offenders to live while undergoing treatment? This paper discusses risk assessment in adolescent sexual offending, advantages and disadvantages of residential relocation, and implications for treatment. It presents an alternative model to relocation, which was developed in Western Australia.

Adult survivors

A capacity building process for women with a history of child sexual abuse (2006). Van Loon, A., & Kralik, D. *Australian Journal of Primary Health*, 12(2), 167–176.

We report the research process used to promote the capacity of women made homeless by the consequences of addictions to alcohol, drugs or gambling that are considered the result of being sexually abused as children. We aimed to improve the capacity of service providers working with this client group.

Counselling adult survivors of child sexual abuse (2006). Sanderson, C. London: Jessica Kingsley Publishers.

"The ... revised and expanded third edition of this ... text provides comprehensive coverage of the theory and practice of counselling survivors of child sexual abuse. Additional new material examines how trauma models explain and describe the impact of CSA, and considers CSA in relation to post-traumatic stress disorder (PTSD) and other trauma reactions." (Book jacket)

Outsider-witness practices in developing community with women who have experienced child sexual assault (2006). Fraser, M. *International Journal of Narrative Therapy & Community Work*(3), 52–58.

The West Street Centre is a community-based service for women and young people who have experienced child sexual assault. As a feminist service, the centre is interested in addressing the issue of child sexual assault in forums beyond the therapy room and therapeutic group programs. It has been committed to finding ways to strengthen the community of women who use the service, as well as the women who work to respond to this issue in the community. Narrative outsider witness practices and a number of other key feminist community development ideas have provided a foundation for the organisation of two community forum days over the last two years. This paper describes these community days and the thinking that informed them. (Journal abstract, edited)

'Speaking of mothers most': How does the literature portray mothers who have a history of child sexual abuse? (2006). Breckenridge, J. *Journal of Child Sexual Abuse*, 15(2), 57–74.

The way the literature presents mothers who have a history of child sexual abuse is explored. The paper focuses on research that examines the mothers' parenting after the disclosure of their child's sexual abuse. It discusses the intergenerational transmission of risk of child sexual assault, the competency and capacity of mothers with a history of child sexual abuse to parent and support their children, and disclosure and increased stress for non-offending parents.

At risk groups

Figuring violence: Women attending abortion clinics (2006). *DVIRC Quarterly*(2), 34.

Recent studies in the United Kingdom and New Zealand measured the prevalence of family violence reported by women seeking an abortion. These women were found to be at high risk of experiencing violence from intimate partners. This

article summarises the studies' results. (Journal abstract, edited)

Intimate partner violence in deviant settings: Complex needs of women survivors (2006). Cooper, L., Anaf, J., & Bowden, M. *Australian Family Physician*, 35(10), 791–794.

Women experiencing intimate violence within deviant settings, including bikie and other gangs and cults, have recently been the focus of research in South Australia. Domestic violence shelters are seeing increasing numbers of these women, who are often involved in high-risk behaviour and or situations that pose significant risk to themselves and any accompanying children. This article provides an overview of the profiles of women and their children escaping intimate partner violence within deviant settings, and the range of complex physical and mental health needs medical practitioners are likely to encounter in these patients. Specific women's histories of ritualised partner abuse, its cultural context, and the resultant physical and mental health issues for these women and their children is discussed. The article provides strategies for practitioners to work with these women and their children to overcome existing barriers to clinical intervention. (Journal abstract, edited)

Community attitudes

Big Brother and sexual assault: How far we have come or how far we have to go? (2006). McKenzie, M., & Salloum, P. *DVIRC Quarterly*(2), 27–33.

A recent incident between housemates on the reality TV show Big Brother has generated heated debate in the community about the dividing line between sexual behaviour and sexual assault. This article looks at public reactions to the incident and what these may reveal about the influence of feminism on young people and on community attitudes. It also discusses the rise of 'raunch' in popular culture and whether this represents a forward or backward step. (Journal abstract)

Domestic violence

Taskforce for action on violence within families: The first report (2006). New Zealand. Ministry of Social Development. Wellington, NZ: Ministry of Social Development. <http://www.msd.govt.nz/documents/work-areas/sector-policy/te-rito/taskforce-report-action-on-violence.pdf>

The taskforce for action on violence within families was established in June 2005 to advise the Family Violence Ministerial Team on how to make improvements to the way family violence is addressed, and how to prevent family violence in New Zealand. The initial program of action will focus on leadership, changing attitudes and behaviour, ensuring safety and accountability, and offer effective support services. The next program

of action will have a strong focus on prevention as well as intervention. These plans are detailed in this report.

Educating adolescents

Chill Choose Change: Promoting respectful relationships and non-violent problem solving (2006). White, T., & Hoskin, S. *DVIRC Quarterly*(2), 19–22.

Chill Choose Change is a group program to assist young people to move away from using violence. This article describes the principles and strategies used in the behaviour change groups and discusses some challenges involved in working with young people who use violence. It includes a case study. (Journal abstract, edited)

Evaluation of the Sexual Offences Awareness Program (SOAP) (2006). Fletcher, B., Bruce, F., & O'Brien, B. Adelaide, SA: Office of Crime Statistics and Research. http://www.ocsar.sa.gov.au/docs/evaluation_reports/soap.pdf

The Sexual Offences Awareness Program (SOAP) was a school-based pilot initiative, developed between police, community services and local schools. It involved two lesson plans that could be presented by police with teacher support within secondary schools. It aimed to raise young people's awareness of sexual assault and dangerous situations, promote behaviours that would reduce their exposure to potential assaults, and advise them of the rights of and support services for victims of sexual assault. The evaluation was based primarily on pre and post surveys administered to students that measured changes in knowledge, attitudes and behaviours, particularly in relation to parties and events involving alcohol and drug use.

Ready willing and able: A young person's guide: consent and sexual activity (2006). Sexual Assault Resource Centre. Education and Training Unit. Subiaco, WA: Sexual Assault Resource Centre. 1 DVD (10 mins) + notes.

This DVD for young people contains information about, and dramatic illustrations of, consent to sexual activity. It gives definitions of consent, sexual assault and sexual abuse, and discusses drink spiking, Internet safety, alcohol and other drugs, date rape and the effects of sexual assault. The accompanying training notes include suggestions for group discussion.

Educating couples

The strongest link: The couple: Instructor handbook (2005). Doub, G., Morante, A., Simile, M., & Simile, E. Parramatta, NSW: Anglicare.

This publication is part of the Family Wellness program, and aims to provide family wellness instructors with additional theory, content and

skills for working with couples. There are six core sessions that include content on communications skills, problem solving, knowing personal values and goals as well as couple goals, money management, intimacy, and paying back the community with the skills learned. Additional lesson plans are included for: stepfamilies, parent and in-law issues, domestic violence; parenting as a couple; new and expectant parents, and separations due to military deployment, business, health or jail.

Effects of violence

History of domestic violence and physical health in midlife (2006). Loxton, D., Schofield, M., Hussain, R., & Mishra, G. *Violence Against Women*, 12(8), 715–731.

Domestic violence has been linked to poorer general health and increased chronic health problems among victims. Data on women aged 45–50 years, taken from the Australian Longitudinal Study on Women's Health, were examined for associations between domestic violence and physical health.

Psychological health in midlife among women who have ever lived with a violent partner or spouse (2006). Loxton, D., Schofield, M., & Hussain, R. *Journal of Interpersonal Violence*, 21(8), 1092–1107.

The psychological health correlates of domestic violence in mid aged (47–52 years) women were examined. This study, which used data from the Australian Longitudinal Study on Women's Health, looked at associations between domestic violence and depression, anxiety and psychological wellbeing. The study found that having ever lived with a violent partner was consistently linked with decreased psychological wellbeing.

Elder abuse

Elder abuse (2006). Westcott, M. Brisbane, Qld: Parliamentary Library, Queensland Parliament. <http://www.parliament.qld.gov.au/view/publications/documents/research/ResearchBriefs/2006/RBR200623.pdf>

Elder abuse is an act that causes harm to an older person within a relationship of trust. It may take the form of physical, psychological, financial or sexual abuse or neglect. This research brief describes the type of conduct that constitutes elder abuse, provides information about the number of elderly people who suffer abuse, and examines why elder abuse occurs. It then looks at the safeguards that are in place to protect the elderly in Queensland and other Australian jurisdictions – such as through the use of domestic violence laws, guardians, the aged care complaints resolution scheme, spot checks of nursing homes, police checks. It details other measures that have been recommended by various bodies and people to reduce the

incidence of elder abuse – these include mandatory reporting, amendments to the Guardianship and Administration Act 2000 (Qld) to encourage people to report instances of elder abuse, an Older Queenslanders Act, education and further studies.

Family dispute resolution

Family dispute resolution: Opportunities, risks and challenges in the new system (2006). Bickerdike, A. *DVIRC Quarterly*(2), 11–15.

The new emphasis on providing dispute resolution services for separating couples is examined. The article discusses the opportunities of the new system for separating parents, the risks for clients affected by family violence and some of the dilemmas for mediation service providers. It summarises some results of research that examined the use of mediation services. It discusses screening, practices that assist disclosure, assessing the abuser, assessing the victim's capacity to participate, mediation strategies, neutrality, boundaries and limitations of the mediator's role, the need for clear information and the need for containment.

Homelessness

The secret life of us: Young homeless women with complex needs (2006). Graham, M. *Parity*, 19(6), 25–26.

What are the effects of childhood trauma on the likelihood of becoming homeless? This article discusses research that examined symptomatic factors of homelessness for young women, and government responses to homelessness. It looks at sexual assault, engagement in self harm and mental health treatment.

Law reform

Family law changes: Privatising family violence (2006). Alexander, R. *DVIRC Quarterly*(2), 6–10.

Concerns about the impact of the Federal Government's amendments to the Family Law Act on victims of violence are explored. Research on family law has found that the current system has not worked well to protect those affected by family violence or child abuse. This article argues that the reforms will only make the situation worse. It discusses conflicting principles, research on existing problems in family law, problems with equal shared parental responsibility, 'reasonable' grounds to show abuse, a narrow definition of child abuse, punitive measures for false allegations, and Family Relationship Centres.

Protection orders and family violence (2006). Oppermann, M., & Bronitt, S. *Legaldate*, 18(3), 6–7.

The way the legal system has treated family violence in the past is discussed. The article then

looks at changes since the 1970s, including the introduction of protection orders. It explains the function of protection orders, how they are obtained, consequences for breach of an order, and possible effects of the use of protection orders.

Researching family violence (2005). Winter, R. Hobart, Tas: Tasmanian Institute of Law Enforcement Studies, University of Tasmania. http://www.utas.edu.au/tiles/publications_and_reports/briefing_papers/TILES%20BRIEFING_June_06.pdf

New family violence legislation was announced in Tasmania in 2005. This paper summarises the changes and the recent research on family violence. The Safe at Home initiative promotes a pro arrest, pro prosecution and pro interventionist approach to family violence and enables victims to access an expanded range of services. The paper looks at the following aspects of Safe at home: the expansion of the use of risk assessment screening tools; reporting issues; mandatory reporting; and risk and surveillance.

Review of South Australian rape and sexual assault law: Discussion paper (2006). Chapman, L. Adelaide, SA: Review of SA Rape and Sexual Assault Law, Attorney-General's Office. <http://www.justice.sa.gov.au/publications/RapeLawReformDP.pdf>

The discussion paper addresses the terms of reference relating to rape and sexual assault law. Its role is to encourage discussion in relation to the rape and sexual assault laws in South Australia with a view to possible reform of some of those laws, with comment to be submitted by 14 June 2006. The terms of reference on which the government is seeking comment are as follows: a) The treatment of complainants of sexual offences in the criminal justice system, including their experience of investigative, prosecution and trial procedures and changes to legislation and/or administrative arrangements that would enhance their treatment; b) The elements of sexual offences, the joinder and severance of charges of sexual offences, and the admissibility of evidence (including similar fact and hearsay evidence) in sexual cases; c) Judicial directions to juries in trials of sexual offences, including whether they should be put in a statutory form that reflects contemporary community standards; d) Police authority to remove an alleged perpetrator of domestic violence from the family member's home to prevent ongoing abuse; e) Escalating sanctions against perpetrators of domestic violence where there have been repeated or cumulative breaches of restraint orders; and f) Whether there is a need for a community-based public awareness program on domestic violence laws and the legal boundaries of sexual behaviour. Policy and practice in other jurisdictions is discussed.

Sentencing snapshot: Sentencing trends for rape in Victoria (2005). Sentencing Advisory Council. Melbourne, Vic: Sentencing Advisory

Council. [http://www.sentencingcouncil.vic.gov.au/CA256902000FE154/Lookup/SAC_PDFs/\\$file/007-Sentencing_Trends_for_Rape_in_Victoria-Dec-2005.pdf](http://www.sentencingcouncil.vic.gov.au/CA256902000FE154/Lookup/SAC_PDFs/$file/007-Sentencing_Trends_for_Rape_in_Victoria-Dec-2005.pdf)

Sentencing outcomes for the offence of rape, and details of the age and gender of persons sentenced for rape in the Supreme and County Courts of Victoria between 1999–2000 and 2003–04 are summarised. The report includes data on the number of men sentenced and the proportion that received a custodial sentence, sentence types, principal sentences of imprisonment and total effective sentences of imprisonment, non parole periods, age of offender and compensation for victims.

Time for change (2006). Carr, J. *Alternative Law Journal*, 31(3), 167–168.

A recent review of Victoria's Crimes (Family Violence) Act found that the civil protection order system often fails to offer protection to women and children who have experienced family violence. This article summarises the issues in the review and the recommendations for change made by the Victorian Law Reform Commission, which has taken a human rights based approach.

Medical treatment

Emergency medical response to sexual assault (2006). The Royal Women's Hospital. Parkville, Vic: ErcMedia, Educational Resource Centre, The Royal Children's Hospital. 1 video (23 min.).

"This video has been produced to assist medical and nursing staff who may be required to respond to a victim/survivor of a recent sexual assault ... [The video] takes the form of a discussion between an emergency department doctor, the Clinical Director of Emergency, a counsellor/advocate from CASA House and a lawyer from the Royal Women's Hospital exploring concerns and questions that may arise ..." (Container jacket)

Migrant & rural women

The right to be safe from domestic violence: Immigrant and refugee women in rural Victoria (2006). Success Works. Melbourne, Vic: Immigrant Women's Domestic Violence Service.

The perceptions and experiences of rural Victorian women from culturally and linguistically diverse backgrounds of the barriers to addressing domestic violence are examined. This report presents the results of focus groups that were held with women and service providers. It identifies action priorities: building relationships, organisational and staff development, a strategic approach to overcoming barriers, provision of information, and joint action.

Monitoring offenders

Sex offenders in a risk society: Setting limits on freedom (2006). Edney, R. *Law Institute Journal*, 80(10), 53–55.

Victoria's Serious Sex Offenders Monitoring Act provides for the control of particular classes of offenders in an effort to reduce risk. This article explains the objective and application of the legislation. It looks at determining an application for an Extended Supervision Order, conditions of the order, and implications of the legislation.

When is community protection putting the community at risk? Questions arising from International Community Notification Laws in managing sex offenders in the community (2005). Freeland, J., & William, W. In *Delivering crime prevention: making the evidence work: conference papers*. Canberra, ACT: Australian Institute of Criminology. <http://www.aic.gov.au/conferences/2005-cp/freeland.pdf>

Every state in the United States has adopted a law authorising the public access of personal information of convicted sex offenders. Canada has limited adoption of Community Notification Laws (CNL); Australia and the United Kingdom have no CNL but do have sex offender registers. This paper explains what CNL are and examines whether they protect the community. It looks at implications of CNL in a therapeutic context and implications of CNL in a community context.

Mothers

Helping mothers move forward: A workbook to help provide assessment and support to the safe carers of children who have been sexually assaulted (2006). Regan, L. Lyme Regis [England]: Russell House.

"Offering tried and tested approaches for work with safe carers of children who have been sexually abused – principally but not exclusively mothers – this workbook allows you to adapt and evolve its framework during both the investigative and reconvict stages of their individual experiences." (Back cover)

Mothering through domestic violence (2006). Radford, L., & Hester, M. London: Jessica Kingsley Publishers.

"Based on findings from six primary research studies carried out by the authors themselves and existing research, this book reveals how undermining mothering – specifically, family courts and social work agencies blaming mothers for their own victimization – plays a key role in locking women into abusive relationships and exacerbating the damage done by domestic violence. A clear conclusion is drawn from the research: that the needs of individual victims should inform risk assessment

and safety planning by welfare practitioners. Case studies are used to explore key issues that should be considered during assessment and planning, such as the psychological impact on children of living in an abusive household; mother and child protection from an abusive partner during court proceedings; and child contact with an abusive parent." (Book jacket)

Sex trade

Children in the global sex trade (2005). Davidson, J. O. C. Cambridge, UK: Polity Press.

"Julia O'Connell Davidson draws attention to the multitude of ways in which children become implicated in the sex trade, and the devastating global political and economic inequalities that underpin their involvement. She sensitively unpicks the relationship between different aspects of the sexual exploitation of children, including trafficking, prostitution and pornography, at the same time challenging popular conceptions of childhood and sexuality." (Book jacket)

Statistics

Personal safety survey, Australia, 2005 (reissue) (2006). Australian Bureau of Statistics. Canberra, ACT: Australian Bureau of Statistics. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0?OpenDocument>

This publication presents results from the national Personal Safety Survey (PSS) conducted during August to December 2005. Information is about men's and women's experience of physical or sexual assault or threat by male and female perpetrators.

Training resources

The wellness way: skills and strengths for families affected by domestic violence: instructor handbook (2005). Doub, G., Morante, A., Simile, M., & Simile, E. Parramatta, NSW: Anglicare.

This publication is part of the Family Wellness program, and aims to provide family wellness instructors with additional theory, content and skills for working with domestic violence populations. The curriculum is intended for use in prevention courses for families and post treatment courses for survivors and people who abuse. There are twelve sessions covering the following topics: building something better – expectations of the series; modelling health in the family; tool box of abuse – understanding domestic violence; adult relationships built on equality; parents as leaders; parents as models; raising violence free children; belonging in healthy families; change in families; problem solving; breaking the cycle; and recognition and celebration.

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ACSSA PUBLICATIONS

ACSSA Wrap No. 3

Young people who sexually abuse: Key issues

By Cameron Boyd (ACSSA)

This paper reviews the issue of young people who have committed acts of sexual abuse.

ACSSA Issues Paper No. 6

Working with victim/survivors of sexual assault: Identifying needs, interventions and provision of services in Australia

By Jill Astbury

This paper explores the variously constructed intervention programs for victim/survivors of sexual assault.

Contribute to ACSSA *Aware*

Service providers, researchers and those interested in working against sexual assault are encouraged to contribute to the *ACSSA Aware* newsletter. We are interested in short reviews (no more than 1,500 words) of books, conferences, workshops and projects. We will also consider more substantial articles (no more than 5,000 words) on significant issues in understanding, responding to, or preventing sexual assault.

ACSSA Aware aims to provide a lively forum for ideas, argument and comment: thus we welcome readers' letters, comments and feedback on issues discussed in ACSSA publications.

Please email contributions in a Microsoft Word document to acssa@aifs.gov.au, or post to the Australian Centre for the Study of Sexual Assault, 300 Queen Street, Melbourne, Victoria 3000.



We welcome your feedback

Australian Centre for the Study of Sexual Assault

Help to shape the work of the Australian Centre for the Study of Sexual Assault. We are interested in hearing your views on the best way to meet the needs of our stakeholders. If you have any comments on services that could be offered, possible topics for publications or areas of research, please fill in the section below and return it to the Institute. Comments can also be provided on-line via the ACSSA website, or email us at: acssa@aifs.gov.au

What other services would you find useful for your work?

What topics would you liked covered in ACSSA's publications, or considered for research projects?

Membership form overleaf ►

ACSSA services

The Australian Centre for the Study of Sexual Assault is funded by the Office for Women, Australian Government Department of Families, Community Services and Indigenous Affairs through the *Women's Safety Agenda*. ACSSA provides stakeholders with a variety of services (see below). ACSSA is located at the Australian Institute of Family Studies in Melbourne.

Resources

ACSSA is building a collection of publications and best practice literature, reports, and training resources to inform initiatives and programs directed at improving the understanding of, and response to, sexual assault. These materials are available for browsing at the Australian Institute of Family Studies Information Centre, or may be borrowed through the interlibrary loan system. Bibliographic information on these resources may be searched online via the Institute's catalogue.

Advisory service

ACSSA's research staff can provide specialist advice and information on current issues that impact on the response to sexual assault. Email research queries to acssa@aifs.gov.au

Policy advice

ACSSA offers policy advice to the Australian Government and other government agencies on matters relating to sexual assault, intervention and pathways to prevention.

Publications

ACSSA produces Issues Papers, ACSSA *Wraps* (short resource papers) and Newsletters which are mailed free of charge to members of the mailing list. Publications can also be received electronically.

Good Practice database

ACSSA is continuing to build its *Good Practice* database, to document and publicise best practice projects and activities being undertaken in relation to sexual assault.

Research

ACSSA staff undertake primary and secondary research projects, commissioned by government and non-government agencies.

Email alert and discussion lists

ACSSA-Alert and *ACSSA-Discuss* keep members posted on what's new at the Australian Centre for the Study of Sexual Assault and in the sexual assault field generally, and allow networking and communication among those working on issues related to sexual violence against women.



MEMBERSHIP FORM

Australian Centre for the Study of Sexual Assault

← Details overleaf If you would like to join the Australian Centre for the Study of Sexual Assault mailing list, please fill in this form and return it to the Institute. Membership of the Centre is free.

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