

Aware

AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT

In this issue

Dear ACSSA Reader

Welcome to the 16th edition of *ACSSA Aware*, the newsletter of the Australian Centre for the Study of Sexual Assault. One of the aims of ACSSA is to serve as an information sharing point for workers, and to this end we are very pleased to publish two articles from workers in the sexual assault prevention field. The first feature article (by Melanie Bournell, Tamara Lee and Donna Chung) describes how the workers from the Violence, Abuse And Neglect (VAN) Service at Northern Sydney Central Coast Area Health Service (NSCCAHS), Gosford, New South Wales, have been approaching the issue of attitudes towards sexual assault in their local community. Rather than relying on research from other communities, they conducted their own survey to try to gauge the present climate in their local area. This produced some very useful results, and the article discusses their findings and the implications for their prevention work. The second feature article (by Renee Imbesi) describes a school-based prevention program, the *Peer Educator Project*, being run by CASA (Centre Against Sexual Assault) House in Melbourne. The project trains and supports young people to raise awareness of sexual assault issues in their school community themselves. This article describes the origins of the program, the research underlying the project and the issues being faced in its ongoing development.

We hope that the inclusion of these articles will be useful and inspiring for others engaged in prevention work around Australia and, as always, ACSSA encourages you to let us know about the work you and your agency are undertaking. We are more than happy to assist people who would like to write about their work so that others can learn from their experience and share their own ideas.

Rural readers will be interested in our review of the report by the Upper Murray CASA, with Jigsaw Research, entitled "Where is the care in the country?" This highlights the extreme difficulties women in rural areas can experience accessing timely and effective support following sexual assault. The research illustrated the need for an immediate response for victim/survivors of sexual assault, and it is heartening to note that since the report was published the Victorian Government has announced funding for crisis care units in regional areas. We have also included a brief update from the researchers on their current work of looking at partner rape in rural areas.

As always, our News in Brief section outlines some of the major current issues in sexual assault, and a comprehensive literature section will keep you up-to-date with all the latest releases!

We welcome reader feedback, so get in touch and let us know what you would like to see covered in future ACSSA publications. Also, we are always keen to hear from workers in the sexual assault field, and are happy to assist with preparing articles for publication in *ACSSA Aware*. You can access all ACSSA publications online at www.aifs.gov.au/acssa

The ACSSA Team



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, Housing, 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

Launch of Specialist Sex Offences Unit of the Office of Public Prosecutions, Victoria

Victorian Attorney-General Rob Hulls recently launched the Specialist Sex Offences Unit. The unit was "established to reform the way sexual assaults are prosecuted" (media release, 26 April 2007), ensuring the appropriate treatment of victims in the legal proceedings. The unit will be led by a senior crown prosecutor, and will consist of an expert team including crown prosecutors, solicitors and advocates. In addition to assisting with the prosecution of sex offences, the unit will also provide training to prosecutors involved across the state.

Criminal Law Review Division NSW to review consent laws

In April 2006, the NSW Attorney-General's Department released the report of the Criminal Justice Sexual Offences Taskforce entitled *Responding to Sexual Assault: The Way Forward*. A number of the recommendations of the Taskforce have already been implemented in the *Criminal Procedure Amendment (Sexual and Other Offences) Act 2006*, and further recommendations are contained in a second Bill, the *Criminal Procedure Amendment (Vulnerable Persons) Bill 2007*. One of the most important issues considered by the Taskforce was the law relating to consent as it applies to sexual assault.

A new definition of consent came into force 1 January 2008. It moves the definition towards an objective fault standard. This means that a person can be found guilty of sexual assault if it is shown that they did not make "reasonable" efforts to establish that the other person had consented voluntarily without the influence of intoxication, threat or coercion. The onus is on the defendant to show he had reasonable ground to believe that the other person had consented.

The Review Division's report can be found at www.lawlink.nsw.gov.au/lawlink/clrd/il_clrd.nsf/pages/CLRD_reports

A best practice model for the prosecution of complaints of sexual assault

By the NSW Rape Crisis Centre and Dr Anne Cossins, May 2007

According to the authors, the management of complaints of sexual assault in the NSW criminal justice system is in urgent need of reform. The NSW Rape Crisis Centre estimates that approximately 1% of sex offences in NSW result in a conviction. The report argues that the reforms must increase reporting rates, decrease systemic re-traumatisation of complaints and increase convictions. The report is available at: www.nswrapecrisis.com.au/RapeCrisisBestPracticeModel.pdf

Landmark compensation decision

In May 2007 the NSW Victims Compensation Tribunal awarded compensation to be paid to a woman who had been trafficked to Australia for prostitution. This is the first such decision in Australia. For more information on trafficking see: <http://antislavery.org.au>, <http://projectrespect.org.au>, and <http://goodshepherd.com.au/justice>

The Jammed

ACSSA staff recently attended the opening of the Australian feature film, *The Jammed*, about women being trafficked for

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ISSN 1488-8140 (Print)
ISSN 1448-8167 (Online)

Compiled by Cameron Boyd
Edited by Michael Hanrahan
Printed by Almar Press

the purpose of sexual exploitation. See www.thejammed.com

International: Amnesty report on sexual violence in Hungary

Hungary: Cries unheard. The failure to protect women from rape and sexual violence in the home. London: Amnesty International, 2007.

At least 85% of them are whores: but they do not manage to come to an agreement. They are prostitutes: overtly or secretly ... (A police officer and expert on rape issues in *Cries Unheard*)

In May, Amnesty International released a report detailing the many ways victim/survivors of sexual violence in Hungary are denied justice by the government and legal system. Through interviews with victim/survivors of sexual and domestic violence, police, judges and human rights organisations, the report demonstrates the widespread silence and denial about sexual violence in general, and intimate partner sexual violence in particular. The purpose of the report is to draw the Hungarian government's attention to the discrimination and human rights violations that survivors of sexual violence face, calling on that government to make a commitment to standards of respect, protection and recognition that it currently fails to meet as it transitions into the greater European Union.

Five areas for intervention and reform are identified in the report. These are:

- *The overlap between domestic and sexual violence.* It was found that there was limited research and policy development around the relationship between rape and domestic violence. The stigma and sense of shame attached to rape prevents women from speaking out about this abuse or accessing support services. Community attitudes also reflect a lack of understanding about the impacts of intimate partner and sexual violence. Significant proportions of people surveyed in a public opinion poll believed that women were responsible for being raped (40% of men and 25% of women), and over 15% thought that domestic violence was an exaggerated social issue.
- *Flawed rape laws.* The Hungarian Penal Code defines rape and other sexual violence offences as "crimes against marriage, the family, youth and sexual morality", rather than a crime against the person. The Penal Code also requires that victim/survivors prove they fought back, said they did not consent, and did something physically to try to avert the crime. Amnesty International's interviews show that such a requirement not only denies women's rights to sexual autonomy but also ignores the generalised climate of fear in contexts of intimate partner violence.
- *Delivery of justice and redress.* Inadequate investigation, prejudice within the police

and the courts and lack of protection for complainants were seen as major hurdles in recognising and responding to the harm of sexual violence. Police often did not gather adequate evidence to sustain an investigation and were informed by stereotypes and myths about women who make accusations of rape. Courts similarly held biased views about women and assumed that credibility and chastity are related.

- *Data and statistics.* The report found a lack of up-to-date statistics, affecting the ability to make informed policy. Police only recorded the cases that they had started to investigate, not how many cases were reported to them. Information on the reasons for low levels of reporting and the experiences victim/survivors of sexual assault have of the investigation and trial process is similarly lacking.
- *Specialist training and support services.* Amnesty International reported a lack of specialist training in the field of sexual assault or gender-based violence among psychologists, medical practitioners, counsellors, police, prosecutors and judges. Forensic examinations take place in hospitals, and these were found to be intimidating, unsympathetic places with little medical follow-up. Evidence-gathering was inconsistent.

According to *Cries Unheard*, there was a failure of political will to address the prevalence of sexual violence in women's lives and its impact upon them. This failure has translated into rape-supportive public attitudes, as well as a lack of knowledge about sexual assault laws. Amnesty International has called on the Hungarian government to:

- reform the law to reflect current understandings of sexual assault as a crime against the person and sexual autonomy;
- review and improve law enforcement practices and investigation;
- establish rape crisis centres or referral centres;
- establish specialist training for police, medical practitioners, prosecutors and judges;
- strengthen professional standards and training through collecting and publishing statistical data, producing more research into the experiences and needs of victim/survivors;
- provide support and services for victim/survivors; and
- engage in public information and education.

Following the release of the Amnesty International report, in December 2007 the Government of Hungary agreed to work with non-governmental organisations and representatives of the police force, judiciary and health professionals to develop a protocol for dealing with victims and survivors of sexual violence in the home. The protocol will govern how the victim is treated by all services she comes into contact with when she reports the crime (www.amnesty.org/en/news-and-updates/good-news/hungary-introduce-protocol-rape-victims-and-survivors-20071226).

Tell us what you know

Surveying university students' attitudes about sexual assault

MELANIE BOURSNELL,¹ TAMARA LEE² and DONNA CHUNG³

There is a significant body of knowledge pertaining to US college students' experiences and attitudes towards sexual assault, however there is relatively little documented data regarding peoples' attitudes and opinions across a broader age spectrum in Australia. This paper presents data gathered during a 2006 university orientation week on the Central Coast of New South Wales, Australia. The data provide a unique insight into the attitudes and opinions about the sexual assault of a wide age spectrum of women and men.

The data are part of a survey undertaken as a needs assessment for the local area (Central Coast, NSW) health service's Sexual Assault Prevention Strategy. A guiding principle of this strategy is that prevention and early intervention for sexual assault is essential in reducing the prevalence of sexual assault in our communities. The data collected will be integrated to inform future prevention strategies and local campaign initiatives addressing sexual assault.

Introduction

This paper provides an overview of attitudes and opinions from a wide group of people who attended an orientation week festival during February 2006 at a local university campus. There is a dearth of Australian research that currently addresses the sexual assault prevention needs of the university student population, and this research hopes to build on other such Australian studies (Carmody & Willis, 2006; Maslen, 1994; Patton & Mannison, 1995; Potter, 1994).

The survey was undertaken as a core activity and baseline needs assessment of the Central Coast Sexual Assault Prevention Strategy (SAPS). The Central Coast Sexual Assault Prevention Strategy 2005–2010 is based on the assumption that sexual assault prevention is everyone's responsibility; that everyone should be involved and take responsibility for the eradication of sexual assault in the community. Surveying university-aged students and having a focus on young people is particularly important because, as Carmody (2006) suggested, "young women and men ... are most vulnerable to sexual assault either as victims or perpetrators" (p. 342).

This project is a primary prevention (or universal) activity that aims to assess the incidence of and beliefs about sexual assault of students visiting the orientation week festival on campus. This approach was based on recent research that indicated a need for primary prevention initiatives related to sexual violence, especially for young people (Carmody & Willis, 2006; Mulroney, 2003). It draws on the knowledge that adolescence presents a unique opportunity to undertake primary prevention, as it is the stage when young people are working out their identities and values and beginning their own intimate relationships (Mulroney, 2003; Smith, Huxley, & McKernan, 2004, cited in Chung, O'Leary, & Hand, 2006).

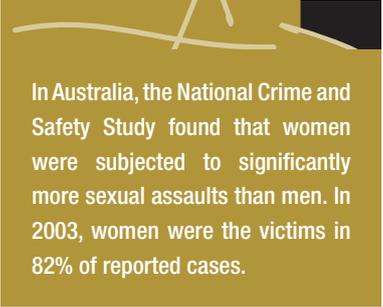
During this research, no personal information other than demographic details about the survey respondents was collected. The results show that a wide spectrum of people completed the survey, including stallholders and passing people who expressed an interest in being part of the needs

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assessment. Because the survey was open to anyone, it is possible that views of both victims and perpetrators of sexual assault are included in the data. The large amounts of data gathered during the needs assessment will be disseminated in various formats and anyone interested in receiving more information should contact the authors, who have prepared a series of papers on the data.

Previous research on knowledge and attitudes about sexual assault

Various forms of sexual violence are common experiences for many women (Australian Bureau of Statistics [ABS], 1996, 2004; Hird, 2000; McIntosh & Griffin, 2001; Patton & Mannison, 1995; Russom, 2000; Western Australia Crime Research Centre & Donovan Research, 2001). Young women experience a higher prevalence of sexual assaults than other age groups. In the Women's Safety Survey, women aged between 18 and 24 years experienced the highest rate of sexual assaults of all women (19%) (ABS, 1996). The Recorded Crime Study found young women aged between 16 and 19 years recorded the highest victimisation rate—497 victims per 100,000 people (ABS, 2004). In Australia, the National Crime and Safety Study found that women were subjected to significantly more sexual assaults than men. In 2003, women were the victims in 82% of reported cases (ABS, 2004). The majority of offenders were male in all the Australian surveys. Research shows that most women victim/survivors are sexually assaulted by men known to them. From these findings, it is apparent that sexual violence is a common experience for many Australian women, although for various reasons it is only reported to police in a small number of cases (Carmody, 2006).



In Australia, the National Crime and Safety Study found that women were subjected to significantly more sexual assaults than men. In 2003, women were the victims in 82% of reported cases.

Programs aimed at preventing the sexual assault of women were initially based on large-scale health promotion/social marketing concepts in North America. These were typified by the “just say no” approach that was also advocated in response to stopping young people from taking illicit drugs. This approach ignores the power relations in such situations, and assumes that there would not be consequences for women who did “say no” (Beres, 2007; Broach & Petretic, 2006). It also, to some degree, places the responsibility for stopping sexual assault with the potential victim (usually a woman), rather than focusing on the potential offender (usually a man) changing his behaviour and attitudes. This discourse is underpinned by the idea that miscommunication plays a part in sexual assault. However, such trajectories contradict research that shows that men and women are generally aware of what constitutes acceptable behaviour in sexual encounters, and are able to comprehend what is being communicated (Rosenthal, 1997).

Approaches towards sexual assault prevention have evolved to include education programs that tend to be universal in focus. An example of a program that uses these principles is discussed by Armstrong, Hamilton, and Sweeny (2006), who outlined a prevention program that was delivered successfully in a university setting. Essentially, sexual assault prevention activities aim to raise awareness of sexual assault and the extent to which it occurs in the community. In turn, such programs challenge or attempt to dispel myths about sexual violence. A core component of many programs is providing correct information on how to seek support if sexual assault has occurred. For the most part, programs have developed from specialist women's services that have experience in responding to victims of sexual assault. In some approaches, there continues to be an element associated with advising women on how to avoid the risk of sexual victimisation.

The study discussed in this paper brings forth data about attitudes to sexual violence, knowledge of sexual assault and attitudes towards such behaviours. Although the data were collected at a university campus, respondents came from a wide range of ages, both male and female. The primary objective of this project was to improve and inform future sexual violence prevention initiatives in the local region, which would include campaigns as well as educational initiatives.

Methodology

A total of 134 surveys were completed over two days during February 2006. The surveys sought to elicit a range of views about sexual assault rather than trying to achieve a representative sample. Participants were asked at random to participate in the survey, and all respondents were eligible to enter a draw

to win a \$100 book voucher. Every participant was given an information sheet about the project, and confidentiality and anonymity were assured.

Due to the nature of the survey, each person surveyed was asked the questions by an interviewer and their answers were recorded verbatim. The results were consistent with those found in other such surveys, in that “surveys generally reveal a higher prevalence of sexual assaults when compared to police records... , as it is recognised that not all sexual offences are reported to the police” (Chung, O’Leary, & Hand, 2006, p. 11).

The questionnaire was designed by the Sexual Assault Prevention Officer at the Violence, Abuse and Neglect (VAN) Service, and aimed to obtain information that would be useful for the Sexual Assault Prevention Strategy, which could guide the development of primary prevention activities. This is in line with best practice principles and other research that suggest that “research is needed in clinical and community populations to better understand the relationship between psychological maltreatment and sexual assault” (Aosved & Long, 2005, p. 586). The research questionnaire did not specify definitions of domestic violence or sexual assault, but rather allowed the participants to define these early in the survey. The questions then allowed the participants to further develop their own definitions and understandings.

The research questionnaire did not specify definitions of domestic violence or sexual assault, but rather allowed the participants to define these early in the survey. The questions then allowed the participants to further develop their own definitions and understandings.

The questions then allowed the participants to further develop their own definitions and understandings. Some participants were able to make the links between other forms of domestic or sexual violence and sexual assault—others did not. Aosved and Long (2005) highlighted the need for further research into community populations on such topics. This is the context of this research: to obtain baseline data about community knowledge about and attitudes towards sexual assault.

There were three major areas of the survey. Firstly, the age and gender of participants were obtained, followed by their self-rated knowledge and awareness of sexual assault issues. The second domain of the survey covered opinions of a media poster campaign about sexual assault. The third area of the survey was designed to elicit opinions about their risk of sexual assault and beliefs about perpetrators. Although there have been other instruments

utilised in research overseas, none of them were considered applicable to the low key needs assessment data required for this project (for example, Aosved & Long, 2005; Gross, Winslett, Roberts, & Gohm, 2006).

The research was underpinned by social marketing theory. According to Grier and Bryant (2005), this describes the use of marketing to design and implement programs to promote socially beneficial behaviour changes. Thus, rather than dictating the way that information is to be conveyed from the top down, we were committed to listening to the needs and desires of the target audience and building future plans for the Sexual Assault Prevention Strategy from there. This focus on the consumers of our services also ensures that we continue to value, research and re-evaluate every aspect of the Sexual Assault Prevention Strategy. Research and evaluation together form the very cornerstone of the social marketing process, and encapsulate the philosophies involved in our daily practice.

Results

The information provided in this section gives an outline of the people who participated in the survey: 77% ($n = 103$) of respondents were female and 23% ($n = 30$) were male. The respondents were aged from 17 to over 50 years old. Table 1 illustrates the breakdown of the age and gender of respondents.

Table 1: Age and gender of survey participants

Gender	17–20	21–23	24–26	27–30	31–35	36–40	41–45	46+	Total
Female	40	18	1	9	10	11	9	5	103
Male	8	8	6	2	1	3	0	2	30
No answer	0	0	0	1	0	0	0	0	1
Total	48	26	7	12	11	14	9	7	134

How did participants rate their knowledge of sexual assault?

We asked people to rate their knowledge about sexual assault on a scale of 1 to 5, 1 being “little knowledge” and 5 being “excellent knowledge” about the issues. The results obtained are shown in Table 2.

Table 2: Knowledge about sexual assault

Rating of knowledge about sexual assault	Number of respondents	Percentage of respondents
Excellent knowledge	22	16%
Good knowledge	72	54%
Average knowledge	16	12%
Limited knowledge	17	13%
Little knowledge	7	5%
Total	134	100%

This information suggests that the majority of the respondents felt they had good or excellent knowledge about sexual assault, but further research needs to be undertaken to elicit more details about what issues they felt they did know about sexual assault. The next level of our research will enhance future sexual assault prevention planning. It does appear that where people have a good knowledge about sexual assault, we do not understand how this knowledge may be affected by myths and misconceptions about sexual assault.

When knowledge and gender were compared

It was anticipated that self-rated knowledge would be associated with respondent gender; however, the data show only partial support for this expectation. This information is presented in Table 3.

Table 3: Comparison of knowledge level and gender

	Excellent	Good	Average	Limited	Little
Women	19%	54%	12%	10%	5%
Men	7%	50%	13%	23%	7%

Such findings must always be considered in the context of the research and objectives of the project, which may affect the presentation of the information. Other research (Harned, 2004; Lev-Wiesel, 2004) shows gender and knowledge are interrelated in attitudes and knowledge about sexual violence.

Age and knowledge

We then examined whether age was related to people’s knowledge about sexual assault. This analysis showed that younger people seemed to rate their knowledge of sexual assault more highly than older age groups, who showed more caution and were more likely to rate their knowledge as poor or fair. However, there appeared to be high levels of confidence across all of the age ranges in rating of knowledge as good, with at least 25% of people in each age category opting for this option. The most confident of all the age groups in terms of knowledge were people aged 27–30 years and 17–20 years.

What acts would you say are sexual assault?

A thematic analysis was applied to the results to derive the following information about what acts people believe can be categorised as sexual assault. The importance of the information provided in answer to this question is that it provides us with an insight into people’s perceptions about what are acceptable and unacceptable behaviours.

Half the sample (50%; $n = 67$) said that, really, anything “unwanted” could be categorised as a sexual assault, reflecting people’s acceptance of a broad spectrum of unwanted behaviours contributing to an understanding of sexual assault. Many people used the word “unwanted” and associated it with other behaviours; for instance, “unwanted touching”, “doing things that are unwanted” or “unwanted advances that are sexual”.

Due to the high numbers of respondents utilising the word “unwanted”, close attention was given to the 30% who considered unwanted physical acts were sexual assault. These people explained that unwanted sexual advances included any unwanted physical contact, rape and other advances of a sexual nature.

A further 13% of respondents identified verbal forms of sexual assault. They explained feeling verbally threatened and intimidated, as when someone did not listen to them saying no, or verbal abuse was sexually explicit. People also talked about feeling that some violence and intimidation was part of initiating or threatening sexual assault. Some people also said that they felt text messaging could also be a verbal form of sexual assault that could cause fear or intimidation.

The remaining respondents (7%) said that they were not sure or could not really describe what they thought sexual assault was, or just could not answer the question. There could be various reasons for not wishing to answer the question but, given the environmental setting of this research, we did not attempt to explore this with people who chose not to provide an answer to a question. However, these results do reflect the high level of participation and interest in this survey. Furthermore, we were surprised at the excellent levels of reflection about the issues by the respondents.

Other researchers in this area support such findings. For instance, Stein (2007) suggested that programs and practices engaging all students on university campuses do help reduce incidents of sexual violence, due to their willingness to participate. Furthermore, other research supports the effectiveness of prevention programs in empowering victims of sexual assault by providing them with the attention and support required to allow them to express themselves in ways that can prevent sexual assault (Lonsway, Klaw, Berg, & Waldo, 1998).

Awareness of a sexual assault

Most of the respondents (71%; $n = 95$) knew of someone who had been sexually assaulted, 28% ($n = 37$) did not know anyone, and 1% did not answer this question (see Table 4).

Table 4: Awareness of a sexual assault victim by gender

	Women	Men
Aware of someone who had been sexually assaulted	83%	73%
Did not know anyone who had been sexually assaulted	17%	27%
Total	100%	100%

These figures are consistent with findings from other research that shows women’s awareness of someone who has experienced sexual assault is generally higher than men’s, although women may not always label an incident as sexual assault or rape (McMullin & White, 2006). This information does reflect high levels of awareness among both genders that someone they know has experienced sexual assault.

Sexual violence awareness and age

The data were also examined for any new information regarding age and awareness of sexual assault. When analysed for age and awareness of anyone who had been sexually assaulted, there were only slight differences across the age spectrum. The data presented in Table 5 shows that the highest number of people who knew someone who had been sexually assaulted were among the 41–45-year-old age group. This finding is slightly unexpected, as sexual assault is most likely to happen to people in the younger age groups.

Table 5: Age and awareness of sexual assault victim

	17–20 years	21–23 years	24–26 years	27–30 years	31–35 years	36–40 years	41–45 years	46+ years
Knew someone	71%	73%	86%	67%	82%	57%	89%	43%
Didn’t know anyone	29%	27%	14%	33%	18%	43%	11%	57%
Total	100%							

Age, gender and awareness

These data provided some illuminating results when age, gender and awareness were compared. We chose not to ask participants directly if they had been sexually assaulted, as this was felt to be inappropriate, given the environment in which the survey took place. However, Table 6 shows the results obtained when women respondents were asked if they “knew of anyone” who had been sexually assaulted.

Table 6: Women’s awareness of someone who had been sexually assaulted

	17–20 years	21–23 years	24–26 years	27–30 years	31–35 years	36–40 years	41–45 years	46+ years
Knew someone	88%	63%	17%	75%	89%	63%	100%	67%
Didn’t know anyone	12%	37%	83%	25%	11%	37%	0%	33%

Younger men (that is, under 26 years old) reported high levels of awareness of someone who had been sexually assaulted (shown in Table 7). (There were insufficient men in age groups above this to draw any conclusions about “older” men as a group.) We suggest that this could reflect the potential of school-based sexual assault prevention programs (for instance, the Kinks and Bends Program—see the ACSSA Good Practice Database, www.aifs.gov.au/acssa/ppdb/kinks_bends.html; see also the article by Renee Imbesi in this newsletter). Alternatively, recent advertising and media campaigns, such as “Australia Says No”, could have assisted in raising awareness and knowledge.

Table 7: Men’s awareness of someone who had been sexually assaulted

	17–20 years	21–23 years	24–26 years	27–30 years	31–35 years	36–40 years	41–45 years	46+ years
Knew someone	50%	87%	83%	50%	100%	100%	0	50%
Didn’t know anyone	37%	13%	17%	50%	0	0	0	50%
No answer	13%	0	0	0	0	0	0	0

Discussion—Implications for sexual assault prevention strategies

The Central Coast Sexual Assault Prevention Strategy is committed to reducing the prevalence of sexual assault on the Central Coast of New South Wales. To the best of our knowledge, it remains the only such local strategy within New South Wales that advocates for the incorporation of sexual assault prevention into the core business of local community service providers. An important part of the strategy is to develop research relevant to the local area. One of the strengths of this current data is that it provides new information about attitudes towards sexual assault from a wide age spectrum that, we believe, is new information.

Other researchers have advocated for effective prevention programs that address sexual assault prevention, especially with college or university students (Gidycz, Layman, Rich, & Crothers, 2001; Johansson-Love & Geer, 2003; Klaw, Lonsway, Berg, & Waldo, 2005; Yeater & O’Donohue, 2002). However, there are significant limitations in the literature, with the majority of the research focusing on the experiences and attitudes of North American students. Therefore, while relevant in content, the context and transferability to the Australian setting creates issues in its applicability. Putt and Higgins (1997) also advocated the need for systemic improvement and research in this area in Australia. Again, a barrier to such developments and an increase in knowledge is the limited funding available for research, especially for projects such as this, which occur at the clinical/prevention interface.

This research also challenges the myth that, most often, when people hear the words “sexual assault” they think of rape. The people that we spoke to rejected traditionally held beliefs that sexual assault was about a stranger jumping out of the bushes to rape a woman walking home late at night. Instead, our research presents a wider view of sexual assault lying across a spectrum of unacceptable behaviours. This finding is in contrast with Anderson (2007), who found that a typical female rape continues to be conceptualised according to the stranger rape stereotype. While it is true that rape by a stranger is

one form of sexual assault, it is vital to include the wide range of unwanted sexual contacts/behaviours that many people experience and were reflected in the definitions that study participants provided. It is therefore clear from the findings of this research that we need to engage in prevention activities that raise awareness that sexual assault can include child sexual abuse, rape, attempted rape, incest, exhibitionism, voyeurism, obscene phone calls, fondling and sexual harassment. Attention also needs to be given to increasing community understanding about the range of non-consensual sexual acts that create a continuum of sexual assault (Broach & Petretic, 2006). Lastly, it appears that, as workers, we also need to remember to try to prioritise the need for prevention-focused practice, including health education. It is only through raising knowledge and challenging deeply entrenched beliefs about sexual assault that people can learn that it can take many forms, some of which are accepted as part of the societal discourse related to gender and power. If we view sexual assault through a lens of shared responsibility, we may be able to imagine the loss of power and control that a victim of sexual assault experiences. This is an alternative standpoint to the individualistic “victim blaming” perspective often reported by people who have been sexually assaulted.

Therefore, the results show that there is an urgent need to highlight the complexities of sexual assault within our own communities. Indeed, we support the suggestion by Carmody (2006) that “beyond the individual skills needed by young women and men, there is also a need to explore how social groups and communities can assist in preventing sexual violence” (p. 352). In reorientating our practice, it is possible to see the importance of prevention, which is often lost due to the crisis nature of sexual assault. However, if we invest in prevention and ensure the delivery of appropriate messages about how people can best inform communities about sexual violence, we may see a future where sexual assault is reduced, or even eradicated, from our communities.

We acknowledge that while people who perpetrate sexual assault are a small minority of our society, many others push the boundaries of sexually ethical behaviour. Through our ongoing research, we are committed to the dissemination of results that are relevant to anyone working within the field of violence, abuse and neglect. We are also advocating the urgent need for communities to take action and accept responsibility to protect and inform themselves about the realities of sexual assault. It is anticipated that this research signals the start of our commitment to gathering much-needed data about sexual assault within high-risk populations (Xenos & Smith, 2001). Indeed, this survey was repeated at the start of 2007, gathering a larger data set that, at a later date, will be reported on and compared with the data presented in this paper.

Concluding comments



Results from research like this have important implications for sexual assault prevention services. [and it] provides a unique picture of attitudes and opinions about sexual assault, and people's knowledge about and awareness of sexual assault.

Results from research like this have important implications for sexual assault prevention services. However, there are a few important limitations to consider. For instance, all participants in the study were recruited from a university campus, and this limits the diversity of the respondents and may not be representative of the general population. Furthermore, the surveys required people to provide opinions and knowledge of retrospective issues, and could contain inaccuracies in their memory or recall of incidents and anecdotal information provided. Respondents may have been reporting awareness of incidents of both childhood and adult sexual assault, as we did not specify this in our survey. Lastly, as mentioned earlier, there is no way of determining which of the participants were possibly perpetrators or victim/survivors, and all of the data have been dealt with to provide a snapshot or overview of attitudes and opinions.

In spite of these limitations, the research provides a unique picture of attitudes and opinions about sexual assault, and people's knowledge about and awareness of sexual assault. The findings have important implications for the Central Coast Sexual Assault Prevention Strategy, and could also be useful to other areas considering sexual assault prevention programs.

A substantial portion of respondents rated themselves as having a high level of knowledge of sexual assault and reported personally knowing someone who had experienced sexual assault. This type of information can form the baseline data for future community awareness campaigns. It could be

suggested that future campaigns look to provide people who know somebody who has been victimised with information on how to help a friend and who to refer them to.

Future campaigns may seek to inform younger people about the nature of sexual violence and its consequences, while providing a different level of information to older groups.

Lastly, the use of social marketing in this research generated positive discussions about sexual assault and created an opportunity to provide information and discuss attitudes and values about sexual assault. Therefore, by utilising this theoretical model in the Sexual Assault Prevention Strategy, we will continue to create climates conducive to social and behavioural change.

We are thankful to the participants who provided us with the unique data we have been able to share in this paper. We have appreciated the engagement with the issues shown by survey participants and their generous sharing of their time to reflect on their insights into sexual assault. It reaffirms our belief, shared by other professionals (including Carmody, 2006), that sexual assault prevention is an issue for everyone and a responsibility for all communities.

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Engaging young people in leadership roles in the prevention of sexual assault: The CASA House Peer Educator Project

RENEE IMBESI

At CASA House (Centre Against Sexual Assault) we operate within a feminist rights/advocacy framework that prioritises individual rights and entitlements and actively seeks to empower individuals to take up their rights. Through our work with both women and men who have experienced sexual assault, we know that empowerment is crucial for victim/survivors to recover from their experiences. We also know that the concept of empowerment is a key principle that underpins broader community involvement in working towards the prevention of sexual assault.

For this reason, we offer a comprehensive Sexual Assault Prevention Program for secondary schools in the north-west metropolitan region of Melbourne. The student component of this program currently entails an interactive five-week program for the Year 9 or 10 curriculum that covers the issues of consent, sex and sexual assault. This program has been developed with important contributions from school students, Victoria Police and CASA House counsellor/advocates. The program is designed to eventually be delivered and managed by the school, with liaison and support from CASA House; therefore it also has a component of staff professional development and teacher training on the issue of sexual assault.

Since 2004, over 1,100 young people from a range of culturally and linguistically diverse backgrounds have participated in the student program across seven secondary schools. In addition, over 300 teachers and support staff have participated in introductory professional development sessions on sexual assault, and 30 of those people have undergone further training in the Sexual Assault Prevention Program.

We are currently in the process of adding another important component to this program: the Peer Educator Project. The aim of this project is to empower young people to take up a leadership role in raising awareness about sexual assault within their school community, where the school has already made a significant commitment to addressing the issue of sexual assault. Both the Prevention Program and Peer Educator Project have evolved in accordance with the input of young people and the school community via various forms of evaluation into every part of the program.

In this article, I will outline the origin of the Peer Educator Project, what role we foresee for peer educators and how this is supported by research, the peer educator training model we are currently piloting, and some of the key issues and dilemmas this project presents.

It is hoped that by publicising information about this project we can assist other organisations and schools embarking on peer educator programs, especially as there are few other peer educator programs focusing on school-age young people and gender-based violence. We also hope to highlight the importance of engaging with young people in creative and empowering ways, and thus contribute to this critical discourse.

For young people, by young people—the history of the Peer Educator Project

The basis and ideas for this project have come about through our ongoing consultation and program work with young people in secondary schools. Throughout the program's history we have tried to provide safe spaces for young people's voices to be heard and to have an impact on school culture.

These young people have clearly articulated the significant role of their “peers” in influencing their choices and decisions; they have also expressed a desire to take up a leadership and/or advocacy role on the issue of sexual assault by becoming a peer educator.

In 2006 CASA House commenced a longitudinal evaluation of its Sexual Assault Prevention Program by engaging with young people who had participated in the program one to two years ago. The goal was to assess how much knowledge and understanding they had retained from the program and also to determine what follow-up might be needed to ensure cultural shifts are sustained across the school.

We conducted a series of focus groups with 40 young people who had previously completed the program, discussing rights, responsibilities and common beliefs around sex, consent and sexual assault. At the end of these series, there were still some issues worth exploring individually, and young people were still keen to convey their individual views. So we also conducted one-on-one semistructured interviews with these young people, focusing on gender and power and how they relate to sex and sexual assault.

One important finding at this stage was that it was only after these series of focus groups addressing sex, relationships and sexual assault that the young people felt comfortable, open and conversant enough (with an adult) to start discussing the deeper issues of gender and power. This is important information for practitioners and school staff designing programs to address gender inequalities and violence in our society: it is crucial that the program materials allow young people to enter discussion in a safe and respectful way, and this often means starting where they are, with their language, their concepts and their interests and understandings (Keel, 2005; Urbis Keys Young, 2004).

What the program evaluation taught us



Young people, despite having knowledge of sexual assault-specific and other general support services, were still more likely to talk to friends, family and other trusted and known people than contact an external service.

One of the foremost findings from the focus groups and interviews was that young people, despite having knowledge of sexual assault-specific and other general support services, were still more likely to talk to friends, family and other trusted and known people than contact an external service, even when it was understood that the service could provide confidentiality. In particular, in relation to gender and consent, young people reported a strong value attached to the views, opinions and experiences of people who are close to their own age group and are either connected to or understand their context and community.

Another important finding was that young people felt that there were strong norms and social pressures governing their behaviour around sex and consent. Peer expectations and normative gender roles have a powerful influence, for example, on whether young men choose to ensure their partner is freely agreeing to sex and how they go about obtaining consent. These factors also impact on young women’s ability to give or request explicit verbal consent or to express non-consent to sex. In most of the scenarios discussed in the focus groups, young people identified that fear is a significant barrier to engaging in sexual communication—that is, fear of judgement by their partner, friends and broader peer group. This fear seemed to operate in complex ways, depending on the relationship between partners and the role of the individual in their peer group, and seemed to inhibit young men differently to young women.

Despite being aware of these social pressures, the young people felt under-equipped to challenge or break out of expected patterns of gender behaviour. They consistently reported a very important role played by peers in influencing values, normalising choices and working out what’s right and wrong. On the whole, these findings are consistent with research done with young people in other Western societies on the issue of pressure, sexual coercion and sexual decision-making (Carmody & Willis, 2006; Hird & Jackson, 2001).

Young people’s existing social support networks and relationships are absolutely pivotal in influencing how they make decisions about sex. Young people are currently relying on each other for norms, information and support on their choices and decisions—including those that relate to consent, sex

and sexual communication. The strength and importance of these trusting relationships could mean that an opportunity for creating cultural shifts around gender and sexual assault lies in equipping young people to encourage each other toward respectful behaviour and providing a vehicle for them to do so.

It was very clear from these consultations that when young people use the word “peer” they mean other young people who are very close to their own age who understand their specific context and community, and with whom they identify and trust. It was also very clear from our consultations that these peers could play an important leadership role in encouraging respectful and responsible behaviours.

Why we think this project will work

Peer education programs are becoming more popular within schools and the broader youth and community sectors, especially where there are health promotion goals. However, it is not yet clear that such models directly or definitely support positive change in young people’s behaviour, choices and decision-making (Turner & Shepherd, 1999).

Our Peer Educator Project is founded on our consultations with young people and also on research that identifies two important facts of young people’s lives:

- young people are most likely to ask *each other* for help/support, before contacting teachers or specialist agencies (DVIRC, 2005); and
- young people provide strong reinforcement for each other’s behaviour, both positive and negative (Hird & Jackson, 2001; Mills, 2001).

In this project, we are hoping to gather evidence to show that if we can provide opportunities for young people to take leadership on issues of gender-based violence and to have their learning about sexual assault reinforced, then young people are more likely to encourage positive behaviours among their peers. We are also aiming to support recent research that recommends that young people—particularly young men—be provided with achievable goals, continuous mentoring and positive reinforcement for their involvement in violence prevention (Crooks et al., 2007; Flood, 2006).

We do not require the peer educators to be behavioural role models or to publicly reveal the secrets of their sexual lives, because we know that they are still learning and testing the boundaries of sex and relationships. Nor do we require them to be experts on the issue; rather, they are experts on their own lives, and that alone means they have something to contribute to prevention initiatives. We are simply providing an opportunity for them to show their school community that they take the issue of sexual assault seriously enough to commit time and energy to it. This alone sends a powerful message to younger students and also to school staff about the significance of sexual assault as a crime that has detrimental impacts on victim/survivors, families and communities.



We do not require the peer educators to be behavioural role models or to publicly reveal the secrets of their sexual lives, because we know that they are still learning and testing the boundaries of sex and relationships.

What the pilot project looks like

We are working in close partnership with two secondary schools that have collaborated with CASA House over recent years to address the issue of sexual assault. At each schools there is a significant group of 15- to 18-year-olds (in Years 10 to 12) who have participated in the five-week education program and participated in follow-up evaluation, and have therefore had an opportunity to re-visit and re-focus on the program’s key messages relating to sex, consent/free agreement and sexual assault.

In 2007, the Peer Educator Project will be piloted with around 40 young people. We are providing these senior students with hands-on training to fulfill a peer educator role in their school community. The peer educator role entails two key responsibilities:

- assisting with discussion and activities in the Year 9/10 program; and
- being identified within the school community as a source of information and contact for issues related to program content (that is, relationships, consent, sexual assault).

We anticipate that the peer educators will be recognised as “opinion leaders” on the issues addressed in the program sessions and may be approached by younger students who are requesting information and/or support. With this in mind, we encourage the peer educators to focus on providing information and referral for these younger students, rather than ongoing personal support. This is addressed clearly and repeatedly in the training and in the role description to be designed with the young people during their training.

We anticipate that the peer educators will be recognised as “opinion leaders” on the issues addressed in the program sessions and may be approached by younger students who are requesting information and/or support.

We are endeavouring to develop a thorough and supportive training process and to focus on young people’s learning and skill development on the issue of sexual assault. Our partner schools have already committed extensive time and resources to this project; in particular they are involving specific staff members in the pilot project to enable the school to adopt the peer educator model into its future programs.

Here is an outline of the training program we are currently piloting with our partner schools:

1. *Training sessions*—Two interactive and experiential sessions to work out what is expected in the peer educator role, to prepare to run some program activities and to understand how the peer educator role is different from other relationships they have with young people.
2. *Observation of program*—The young people participating watch and listen to program sessions in action and take note of the open discussion format of the program.
3. *Rehearsal of activities*—The young people participating review their observations of the program and incorporate them into a rehearsal of the in-session peer educator role.
4. *Peer educator participation*—Peer educators assist teachers in delivering the program sessions to younger students; they will be particularly involved in facilitating small-group work and prompting open discussion.
5. *Debriefing and evaluation*—We are currently designing a thorough evaluation process to assess the impact of the Peer Educator Project on peer educators, younger students and the school community as a whole.

Some key issues and dilemmas

While involving school students in the prevention of sexual assault presents fantastic opportunities to educate and empower young men and women, it also presents a number of issues and some potential pitfalls.

Firstly, we must be very careful about how we initiate young people into an advocacy role on the issue of sexual assault, given that most of them will have already been directly or indirectly exposed to it in childhood and adolescence. A key study conducted by Ferguson and Mullen (1999) suggested that a prevalence rate of one in three girls and one in six boys is a reasonable estimate of the number of young people exposed to sexual assault before the age of 18. Sexual assault is a very sensitive issue that most sections of our society have difficulty talking about, so we should not expect it to be entirely comfortable for these young people.

Beyond the content itself, there are a number of questions and practice issues to address relating to the process and the experience of being a peer educator. For example:

- How can we support their skill development and their sense of authority and leadership while also making it clear what is expected of them in their role?
- How can we train young people to become involved in a respectful, open and established program format while also allowing them to fulfill the role in ways that suit their individual needs and personalities?
- How can we ensure the peer educators’ out-of-session support role is carefully managed and contained—and that younger students’ expectations are realistic—when we know that young people already provide each other with extensive support and advice often without containment or adult involvement?

- How can we promote recognition of the difficulty of talking about sexual assault while also encouraging young people to overcome the barriers and speak up about the issue more openly?
- When the pilot program is nearing its completion, how are we going to check what kind of impact this process has on peer educators' own knowledge, attitudes and behaviour, and also whether it enhances younger students' learning and engagement with the issue of sexual assault?

Pilot or pioneer?

An examination of existing literature suggests that there are few other programs in Western societies involving school-age peer educators in programs that address sexual violence prevention. Among the emerging programs that focus on school students and peer education, there is limited evaluation or data to persuade us that peer-based models yield the changes that we aim to bring about.

In this project, we will endeavour to fill these knowledge gaps, particularly in the area of gender-based violence prevention. We will also aim to develop a model that enhances young people's skills and development and, ultimately, improves our society's ability to prevent sexual assault and respond to victim/survivors appropriately and sensitively.

At this early stage, the signs are very positive. From our first intrepid training sessions it is clear that young people are very keen to take up leadership and authority in the classroom setting and are enthusiastic about assisting other people to learn about the issue of sexual assault. In some ways, young men and young women have so far responded to the training and the idea of the peer educator role quite differently, and this may reveal something about gender expectations and the boundaries of being young and male or young and female. However, both young men and young women have shown an extraordinary willingness to commit their free time to the project and, perhaps more importantly, to take ownership of the peer educator role.

CASA House wishes to acknowledge VicHealth, School-Focussed Youth Service (a joint initiative of the Victorian Government's Department of Human Services and the Department of Education and Training), Moreland Council, Victoria Police (Melbourne West and Fawkner SOCAUs) and our partner schools for their support in this project. For more information about this program, please contact CASA House: (03) 9635 3600 or casa@rwh.org.au

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Where is care in the country?

REVIEW BY CAMERON BOYD

Where is Care in the Country? Let's Provide Rural Victim Survivors of Sexual Assault with After-Hours Crisis Care

Wangaratta, Vic: Upper Murray Centre Against Sexual Assault

Research conducted by Debra Parkinson (2007)

Research report from the Upper Murray CASA and Jigsaw research, funded by the Reichstein Foundation

There's not a lot of places you can go where you're really understood and people want to listen. (Louise, research participant, p. 24)

This research project looks at the value of Crisis Care Units (CCU) for recent victim/survivors of sexual assault. One of the original purposes of the research was to establish the need and lobby for Crisis Care Units in rural locations. Since that time the Victorian State Government has announced funding for rural CCUs. The researchers interviewed six women victim/survivors: three from a city location who had access to a CCU, and three from rural communities who did not. The accounts of the women illustrate the vital importance of being able to access a competent, compassionate and professional service in the immediate aftermath of sexual assault or when disclosing sexual assault. This is a time of extreme distress and confusion. The women's stories highlighted the value of having a support person who could inform them about legal procedures, medical examinations and so on, as

The women's stories highlighted the value of having a support person who could inform them about legal procedures, medical examinations and so on, as well as listening to and believing the experience of the women.

well as listening to and believing the experience of the women. Actually being able to facilitate access to the appropriate professionals is difficult, especially in rural areas, and the ability of the CCUs to arrange this will be of enormous benefit, as the women in the city found. The quote from Louise (above) sums up the common theme of the women's experiences and captures the valuable role that a CCU can serve. While the main focus of the research is to illustrate the value of the immediate response of the CCU, there is a secondary theme highlighting the extremely important role of the Centre Against Sexual Assault (CASA) Counsellor Advocates in supporting all victim survivors at different stages in the process (not just the immediate response).

The value of a Crisis Care Unit

Those women who had access to CCU support (that is, the women in the city) unanimously experienced this as valuable and positive. Those who did not have access to the CCU (that is, those in the rural areas) generally experienced longer delays in receiving the appropriate support, were subject to more incompetent or inappropriate treatment by medical, legal and police personnel, and experienced more confusion about the legal process. This report shows that the value of the CCU lies partly in their ability to connect women quickly and compassionately to the appropriate service providers. This knowledge of the service network was missing where there was no CCU. The rural women who did not have access to a CCU generally experienced a haphazard, ad hoc response, especially from police and medical personnel. There were alarming examples of gross incompetence; for example, a doctor failing to take a blood sample during a forensic examination, resulting in the loss of vital evidence in a drug-facilitated sexual assault case.

The lack of a crisis response restricts women's access to a safe and supportive forum in which they can express their immediate emotional responses. Women in rural areas spoke of being extremely conscious of the public visibility of their emotional state, and feared appearing upset or physically unwell in public because this would represent a kind of "victory" for the offender. These women relied heavily on supportive friends and family, in terms of organising doctors visits, reporting to the police and so on, as well as being there during the long-term recovery journey. While this is obviously extremely valuable, this support network has its limits; rural women spoke of wanting to protect their family and friends from their pain and suffering, and also were conscious of their own privacy. Immediate access to a professional support person would go some way to alleviating these issues.

Police responses

The theme of police insensitivity and lack of awareness of how to respond appropriately to sexual assault runs throughout several of the women's accounts. Although the Sexual Offence and Child Abuse Unit (SOCAU) officers were often very helpful and sensitive, this was not always the case for their non-SOCAU colleagues. In one case, the SOCAU officers were also insensitive, neglecting to offer a woman basic things such as a blanket to cover herself (as her clothes had been ripped from her lower body during the assault). As well as completely inappropriate initial responses, some of the women spoke of being coerced to either go ahead with, or drop, charges against the perpetrator. Particularly horrific is the account of a woman living in a rural town who was raped by a police officer—a man who was also a friend of the family. She was subject not only to constant harassment and intimidation from the rapist's friends (including other police officers), but also faced police indifference and hostility in trying to press charges against him.



Although the Sexual Offence and Child Abuse Unit (SOCAU) officers were often very helpful and sensitive, this was not always the case for their non-SOCAU colleagues.

Doctors and forensic examinations

However, the police were not the only professionals offering inadequate responses. There were also instances of extremely harmful and unhelpful responses by doctors, court officials and private counsellors. Even for the women in the city, the delays and problems with doctors conducting the forensic examination caused considerable distress, particularly having to see male doctors. One woman in a rural area was driven to several different places for pathology before finding a doctor who could see her. In another case, a woman's GP had prescribed medication in her name, without her knowledge, at her husband's request. The husband then obtained and used the medication to facilitate repeated sexual assaults of her. This was a GP that the woman had trusted, and to whom she initially disclosed her suspicions that she was being assaulted.

The legal system

Dealing with the legal process was also a harrowing experience, with constant put-offs, lack of communication and frequent changes in personnel dealing with the case all reported by the women. The lack of communication about the progress of their case was a strong theme throughout the women's accounts. The delays with legal processes were identified as a barrier to the women's ability to 'get on with their lives'. One woman described this poignantly: "it's OK for police to say get on with your life but it was becoming my life" (p. 5). These types of experiences illustrate the need for the advocacy that Counsellor Advocates provide.

The actual process of the court case was extremely difficult for all the women who pressed charges or attempted to press charges. As the CASA Counsellor Advocates were witnesses in the case, they were unable to speak with them during the actual trial. This often meant that the women would be left unsupported throughout the trial, as any friends or family that were witnesses could also not speak to them during this time. This was exacerbated by the fact that their credibility and character was under attack from the defence lawyers in the trials. As one woman said, "I have nothing good to say about the justice system ... I felt I was being raped all over again" (p. 5).

The motivations for the women in pursuing justice through the legal system were related to their anger that the rapist would just get away with it, that he would get the message that he could rape women and no one would believe them, that he would go on to assault more women, and that they wanted their experience to be officially recognised so that there would be greater awareness of the extent of the problem of men's sexual violence towards women. The fact that these women persisted in their attempts to see justice done is a testament to their courage and determination, often in the face of indifference or active hostility. It is also an indictment on the legal system that such huge barriers stand in the way of achieving justice.

The social networks in small rural communities compound the sense of isolation that can follow sexual assault. Family and friends of both the perpetrators and the victims may be involved in some professional capacity.

The social consequences of sexual assault for women in rural areas

The social networks in small rural communities compound the sense of isolation that can follow sexual assault. Family and friends of both the perpetrators and the victims may be involved in some professional capacity (for example, police officers, doctors, counsellors). Maintaining any sense of control over information becomes extremely difficult, or impossible. Losing a sense of control in general was a major issue. As one woman stated about her experiences after the assault had been disclosed: "I had lost control of my entire life and felt hugely violated" (p. 27).

CASA "gave me my life" (Helen, research participant, p. 10)

A common theme was that the support of CASA was literally "life-saving", especially where dealings with police had been unhelpful. The support of a CASA Counsellor Advocate during the medical examination and legal procedures was important to the women who had been able to access this support. The women consistently identified their Counsellor Advocates as helpful, but the problem was that other professionals did not always refer rural women to a CASA. In one case, the woman did not know until several months after her initial reporting of the assault that CASA existed.

Recommendations for Crisis Care Units in rural areas

The report offers a set of very specific and practical recommendations for the setting up of Crisis Care Units in rural areas. The focus of the recommendations is to make such a unit a safe, comfortable place in which women are treated respectfully, with prompt access to suitably qualified and sensitive female doctors and timely response from the police to interview the woman. There needs to be one safe place where women can go to access the services they need quickly, and from specialists who know what they are doing and are sensitive to the needs of women who have experienced a recent assault. Another benefit of the CCU response is that one person can remain as a supporter for the woman, from the initial contact and throughout her counselling.

The strength of the research is in the richness of detail provided by the women, and the practical suggestions for improving services. The small number of participants (6) is integral to this depth of information, which could be lost in a larger quantitative study. What is lost in relation to the ability to generalise is outweighed by these strengths. Since the report was published, more funding has been made available for CCUs around Victoria. Judging by the findings of Deb Parkinson's research, this will hopefully result in much improved support for victims of sexual assault in rural regions.

Debra Parkinson's previous publications include *A Powerful Journey: Stories of Women Leaving Violent Situations*, edited by Debra Parkinson, Kerry Burns and Claire Zara, and published by Women's Health Goulburn North East (available online at www.whealth.com.au/pdf/apjstories.pdf). Her current research is on intimate partner rape in rural areas—see the brief description on page 21. ACSSA hopes to report further findings as the research progresses.

Partner rape and rurality

DEBRA PARKINSON

During our research into women leaving violent situations, titled *A Powerful Journey*, we heard women speaking of being raped by their husbands. There is very little existing research about this, particularly for rural and Aboriginal women, and very little on how workers respond.

Women's Health Goulburn North East (WHGNE) and Upper Murray Centre Against Sexual Assault (CASA) have formed a partnership to research partner rape in the Hume region in order to contribute to an evidence base and fill a gap in our knowledge and understanding. The need for the research became more and more apparent as we realised our society does not recognise partner rape as a problem. We don't talk about it. We don't even name it as rape.

This article is based on a presentation to the South Western CASA Conference, *Sexual Assault: Awareness, Treatment and Prevention in a Rural Context*, held on 27 October 2006.

This presents our initial impressions after completing more than 70 interviews over three months late in 2006 and early in 2007. The formal analysis is currently underway.

So far, we have consulted 21 women (including five from Aboriginal communities), covering a range of geographic locations and ages; 23 workers from the domestic violence, sexual assault, health, community and police sectors, and including workers with the Indigenous community; and 30 police officers from the Sexual Offences and Child Abuse Unit, Criminal Investigation Unit and uniformed police from both sides of the region. Consultations have been through focus groups and in-depth, semi-structured interviews.

Recruitment occurred by women self-selecting in response to local newspaper advertisements, and from front-line service providers (for example, domestic violence workers, counsellors, police, GPs, refuge workers) handing women a flyer with our contact details. The workers and police were invited by telephone to participate. To be eligible, women had to be aged over 18 and have named their experience as rape.

Ethics approval was obtained from the Centre's Research Ethics Committee, registered with the NHMRC, and from the Victoria Police Research Coordinating Committee. We have recently received approval from the Ethics Committee to extend our interviews to include workers from the legal and religious sectors.

As researchers, we encountered unease from people when we mentioned the research we were about to undertake. Women, in particular, said things like:

- "Hmm, it's such a grey area."
- "What's the line between rape and just getting it over and done with?"
- "You don't feel like it, but you do it for him."
- "We've all done it."
- "It's just part of the compromise."

As we spoke to women and workers, it became clear that what makes it rape is a culture of fear and control in the relationship, or knowing that "no" is not an option, or where consent is not gained. The law says it's rape when there is no consent.

The most startling thing we learned from women in this research is that they perceive that their partners don't recognise their actions as rape—even in the most stark circumstances. One woman

had her back broken while being anally raped. Another thought she was going to die as her husband hit her around the head then held a pillow over her face while he raped her. Another didn't care if the children were around when he raped his wife. Yet another raped his new bride of six weeks.

We asked the women if they thought the men would recognise their actions as rape. Every one said he would not. When we asked why, they thought it was because he would think:

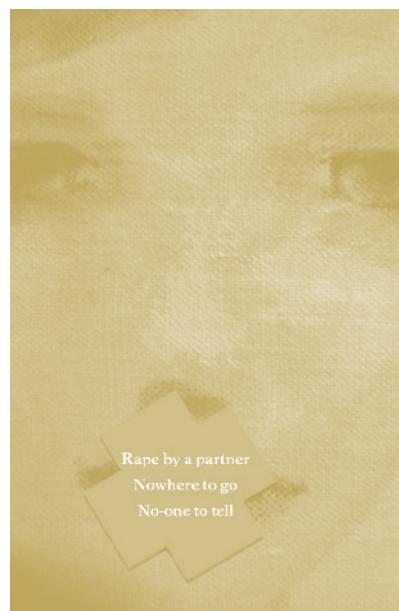
- She's mine.
- I married her.
- I'm entitled.
- I work hard.
- I can do what I want with her.

They see women as property, and sex as their right. From other information the women gave us, we wondered if community leaders agreed:

[My church ministers] said to pray about it. It wasn't just the rape, it was hitting and verbal abuse and theft and drugs. It was a text book abusive marriage. I said to them, "What if he kills me first?" They said, "At least you'll go to heaven".

I went to the doctor after I had my baby and you're supposed to not have sex. I had had an emergency caesar and he couldn't even wait for one week. It hurt so much. I told the doctor it was hurting. He said—and my husband was right there—the doctor said, "Women are built for sex. It shouldn't hurt".

[It's basically] domestics with a bit of sex thrown in ... No, men would not call their actions rape, they would classify it as their right. If they had to be 100% honest they'd say, "I did take advantage of her but stuff it, she's my wife, it's Saturday night". (Police officer)



Postcard produced as part of the research (reproduced with kind permission of the researchers).

This qualitative research suggested to us that increasing isolation means increased risk of violence for women. There is more opportunity for entrapment and monitoring and a greater prevalence of conservative attitudes towards gender roles. To exacerbate this, there are few support services for violence against women and sexual assault in rural and remote areas.

The theme of rurality as it intersects with partner rape will be a major theme in the research.

Publish in ACSSA Aware

There are so few forums in which those working in the sexual assault field can share information with one another. ACSSA provides one of these forums through the document you are reading—*ACSSA Aware*. We are keen to publish articles written by you within this newsletter on the topic of sexual assault. We are particularly keen on publishing articles that will be of interest to those working in the sector, and to any and all interested in preventing sexual assault. We accept article contributions of up to 5,000 words. We also accept film and book reviews, and news of conferences, training and research projects of 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 view our "contributor's guidelines" on the ACSSA website (www.aifs.gov.au/acssa/pubs/pubsmenu.html) or by contacting ACSSA directly.

LITERATURE HIGHLIGHTS

COMPILED BY JOAN KELLEHER, LIBRARIAN

The following are a selection of resources recently received by the Australian Centre for the Study of Sexual Assault (ACSSA) Library. Print resources are available via the interlibrary loan system. Contact your local library for details. Electronic resources are available directly via the web address.

The inclusion of a publication in this list does not necessarily mean that it is endorsed by ACSSA.

Abortion

Termination of pregnancy: Associations with partner violence and other factors in a national cohort of young Australian women. (2007). Taft, A. J., & Watson, L. F. *Australian and New Zealand Journal of Public Health*, 31(2), 135–142.

Data from the Australian Longitudinal Study on Women's Health (ALSWH) were analysed to determine associations between pregnancy termination and other reproductive events, sociodemographic characteristics and experience of violence among a sample of young Australian women. It was found that teenagers reporting terminations were more likely to be in de facto relationships, be less well educated, have no private health insurance, and be abused by their partners. Prevention and reduction of partner violence are proposed as essential components of public health policy seeking to reduce unwanted pregnancy and termination.

Abuse prevention

But he says he loves me: How to avoid being trapped in a manipulative relationship. (2007). McMillan, D. L. Crows Nest, NSW: Allen & Unwin.

Is it possible to recognise the signs of an abusive relationship before becoming entangled in one? This book is intended to help women identify and get out of a relationship with an emotionally abusive man before it becomes too difficult to do so. The book is written in two voices: the even-numbered pages represent the justifications and strategies of a man who believes he has the right to manipulate his partner; the odd-numbered pages present the views and advice of the author, a social psychologist, on how to recognise the manipulative strategies and avoid acceding to them.

Adolescents

Sex lives of Australian teenagers. (2007). Sauer, J. Milsons Point, NSW: Random House.

Research into the sexuality of Australian teenagers has generally taken a clinical approach and little is known about the attitudes and sexual behaviour of teenagers, particularly those under the age of 15. This book presents the results of an anonymous Internet survey of teenagers between the ages of 13 and 19. The survey asks about various opinions and experiences of sex. The results are presented in two parts: first, the findings, focusing on statistics and trends; and secondly, a selection of individual histories, divided by age group.

Community attitudes

Community attitudes about violence against women: The cha cha cha of change. (2007). Bradford, M. *Queensland Centre for Domestic and Family Violence Research Newsletter*, 5(3), 3–6.

The results of the VicHealth Violence Against Women Community Attitudes survey were released in the 2006 *Two Steps Forward, One Step Back* report. This article describes the background to the project and summarises the project methods, findings on beliefs and attitudes, analysis of attitude predictors and impact of media campaigns. It highlights the need to address the abuser's motivation to dominate and control, the effect of men's rights campaigns that claim that women perpetrate domestic violence as often as men, and community assumptions that women exaggerate claims of domestic violence in order to gain advantage in family law disputes.

Crime statistics

Crime victimisation. (2007). Australian Bureau of Statistics. In *Australian Bureau of Statistics. Year book Australia 2007*. Belconnen, ACT: Author. Retrieved 18 December 2007, from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/7d12b0f6763c78caca257061001cc588/6428457dd2aa4baeca25723500829cd0!OpenDocument>

The National Crime and Safety Survey (NCSS) was carried out from April to July 2005 and collected information from individuals and households about their experience of selected crimes during

the previous 12 months. The crimes covered by the NCSS included: house break-ins, motor vehicle theft, robbery, assault and sexual assault. The analysis of the results given here covers: victims of crime, how much crime is reported to police, how safe people feel, and people's perceptions of neighbourhood problems.

Experience of personal violence. (2007). Australian Bureau of Statistics. Belconnen, ACT: Author. Retrieved 18 December 2007, from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/7d12b0f6763c78caca257061001cc588/05b5045ce17bec63ca2572350082ed28!OpenDocument>

The 2005 Personal Safety Survey interviewed people over the age of 18 about their safety at home and in the community, and in particular on the nature and extent of violence against people. It also covered abuse, stalking and other forms of harassment. The survey results are summarised here according to men's experience of violence and women's experience of violence.

Measuring violence against women: Statistical trends 2006. (2006). Johnson, H. Ottawa, Ont.: Statistics Canada. Retrieved 18 December 2007, from <http://www.statcan.ca/english/research/85-570-XIE/85-570-XIE2006001.htm>

Violence against women is a persistent and ongoing problem worldwide. It affects women's social and economic equality, physical and mental health, wellbeing and economic security. It is important for decision-makers to have a clear understanding of the nature and severity of this problem in order to develop effective responses. In 2002, *Assessing Violence Against Women: A Statistical Profile* was released. The profile introduced a number of violence indicators that are intended to monitor changes over time, serve as benchmarks, and highlight emerging problems. This updated edition revisits these indicators, expands upon them, and assesses the current situation.

Domestic violence

Backlash and beyond: Shifts in community attitudes to domestic violence. (2007). McKenzie, M. *DVIRC Quarterly, Autumn*, 16–22.

This article explores some of the reasons for recent shifts in community attitudes, particularly an increase in the number of people who believe that women are as aggressive as men. This change in attitudes was revealed in a recent VicHealth survey. The article then looks at potential responses to these shifts for those involved in community education to reduce and prevent domestic violence.

Partner violence prevalence among women attending a Maori health provider clinic. (2007). Koziol-McLain, J., Rameka, M., Giddings, L., Fyfe, E., & Gardiner, J. *Australian and New Zealand Journal of Public Health*, 31(2), 143–148.

A descriptive study of partner violence was conducted in a *hauora* (Maori health provider

general practice clinic) in South Auckland. A verbally administered questionnaire gathered information from 109 women attending the clinic, 74 per cent of whom identified themselves as Maori, about their experience of partner violence. Twenty-three per cent of those surveyed screened positive for domestic violence, indicating a high disclosure rate in this general practice setting. This finding leads the authors to suggest that healthcare providers have an opportunity to identify and provide services to women experiencing partner violence and their children.

Recovery from family violence: The role of long-term support. (2007). Kirkwood, D. *DVIRC Quarterly, Autumn*, 3–9. Retrieved 18 December 2007, from http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Newsletter_28.pdf

A recent study of the long-term impact of family violence, the Mind the Gap project, was undertaken by Mercy Care and Western Women's Domestic Violence Support Network. This article reviews the research on the ongoing impact of violence, and identifies what is needed to assist victims to recover. It argues that a continuum of support from the immediate crisis through to the post-crisis period is essential. (Journal abstract, edited)

Supporting children living with violence at home: The need for nationwide "good practice". (2007). Wilcox, K. *Australian Domestic and Family Violence Clearinghouse Newsletter*, 28, 3–5. Retrieved 18 December 2007, from http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Newsletter_28.pdf

This article outlines the service needs of children exposed to domestic violence, and the funding and coordination required. The author suggests a framework involving frontline response services for crisis intervention and for safety and recovering counselling, and calls on the government to intervene.

Tracking changes in domestic violence legislation. (2007). Braaf, R. *Australian Domestic and Family Violence Clearinghouse Newsletter*, 28, 6–7. Retrieved 18 December 2007, from http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Newsletter_28.pdf

This article summarises recent changes to state government legislation related to domestic violence. The NSW *Crimes Amendment (Apprehended Violence) Act 2006* has made major changes regarding protection orders for victims of domestic violence, including telephone interim orders, property recovery orders, and protections for child witnesses. In Victoria, the Victorian Law Reform Commission has reviewed the Victorian *Crimes (Family Violence) Act 1987*, and in the Northern Territory the Department of Justice released an issues paper for its review of the Northern Territory *Domestic Violence Act 1992*.

Women helping mothers helping children: A resource for working with mothers and their children who have lived with domestic and

family violence. (2007). Coalition Caring for Kids. Brisbane, Qld: Author. Retrieved 18 December 2007, from http://www.tascinc.org.au/files/pdf/files/18/WHMHC_Resource.pdf

The effects of living within or leaving a violent and abusive relationship can increase the difficulties of parenting for mothers. This resource has been prepared to provide information for family workers, mothers and the wider community. It comprises the following sections: An introduction to domestic and family violence, compiled by the Domestic and Family Violence Prevention Service; Domestic violence and children, compiled by Kim Cleverly; Working with women in their roles as mothers, compiled by Catherine Bessant; Parenting after separation: helping survivors of domestic violence, compiled by Jane Phelan; and Mother's book.

Family law

Shifting the gaze: Will past violence be silenced by a further shift of the gaze to the future under the new family law system? (2007). Rathus, Z. *Australian Journal of Family Law*, 21(1), 87–112.

In 2006, the Australian Government instituted a major transformation of the family law system with the roll out of Family Relationship Centres and changes to the *Family Law Act*. This article argues that the new system will shift the gaze away from the history of the “intact family” in ways that may be dangerous for women and children who experience domestic violence. It suggests that influences on the practice framework of family relationship centres may unconsciously exclude discussion of past violence. It is suggested that some key features of the 2006 Act also shift the gaze away from evidence of past violence towards post-separation events and a new ideal future. The possible limited effectiveness of the provisions and processes dealing with protection and family violence is explored. If past violence is not fully ventilated, the mother's ability to protect the children post-separation will be compromised, and inappropriate and unsafe parenting plans, agreements and orders may be made. (Journal abstract, edited)

Homelessness

Hearing the voices of homeless young women: Safety and human rights issues for young women experiencing homelessness. (2007). Zufferey, C. *Parity*, 20(1), 35–36.

Violence against women is a key contributing factor in causing and perpetuating women's homelessness in Australia. Young homeless women as a group are particularly vulnerable to physical and sexual assaults. This article advocates the incorporation of suggestions from young homeless women about the service responses that would be most useful to them. Research done with such women shows that they want: access to safe, permanent and affordable

accommodation; educational and employment opportunities; affordable and quality child care; and access to drug and alcohol, mental health and counselling assistance. Australia should be providing these services as part of its international human rights obligations.

Indigenous issues

Bad dreaming: Aboriginal men's violence against women and children. (2007). Nowra, L. North Melbourne, Vic.: Pluto Press Australia.

A growing body of literature documents the problem of male Aboriginal sexual and domestic violence against women and children. This investigation of the prevalence of male violence in Aboriginal communities shows that it is not confined to remote communities. The book discusses the forms that the sexual abuse and violence take, including a high rate of sexual abuse of boys, the effects of this behaviour on the community and the other social problems that are associated with it.

Prevention training

Reaching men: Strategies for preventing sexist attitudes, behaviors, and violence. (2006). Funk, R. E. Indianapolis, IN: JIST Life.

This book provides strategies, tips and exercises to help educators create effective men's programs for addressing sexism, violence, domestic violence, sexual assault, dating abuse, harassment and victimisation. The methods are suitable for education sessions or intervention courses with students, professionals, community groups or offenders, and the book includes brief case studies highlighting particular skills and problems.

Refugees

Researching domestic violence in refugee families. (2007). Pease, B. & Rees, S. *DVIRC Quarterly*, Autumn, 10–15.

This article discusses research on domestic violence in refugee families, which was carried out with the Immigrant Women's Domestic Violence Service and funded by VicHealth. This article explores the ways in which social, cultural, psychological and economic factors impact on experiences of family violence. (Journal abstract, edited)

Sex offenders

High-risk offenders: Post sentence supervision and detention. Discussion and options paper. (2007). Victoria. Sentencing Advisory Council. Melbourne, Vic.: Author.

This discussion paper considers whether a continuing detention scheme for high-risk offenders

should be introduced in Victoria. It is intended for use with offenders who have reached the end of their sentence but are still considered dangerous, such as sex offenders and violent offenders. The paper discusses the legal and moral bases of these schemes, how such a scheme might operate, and examines examples of similar schemes in other Australian states, New Zealand, Canada and the United Kingdom.

Sexual assault

Gift for Life: From researching to responding to women who were raped during the Rwandan genocide. An interview with Elizabeth Rugege. (2007). Rugege, E. *International Journal of Narrative Therapy and Community Work*, 1, 56–59.

Gift for Life is a project supporting women who survived sexual violence during the Rwandan genocide. This interview describes the work of the project, its history and the thinking that informs it. The project provides financial, social and counselling support to the women it helps. (Journal abstract, edited)

Sexual assault manual. (2007). Judicial College of Victoria. Melbourne, Vic: Author. Retrieved 18 December 2007, from <http://www.justice.vic.gov.au/emanuals/SAM/default.htm>

This online-only manual is designed to assist judicial officers, legal practitioners and court staff, and inform the general community about the investigation, prosecution and sentencing in respect of sexual offences within the Victorian criminal justice system. It is written in plain English, with a particular emphasis on explaining how the criminal justice system actually works when dealing with the investigation and prosecution of sexual offenders and sentencing in respect of sexual offences. The manual provides an overview of how a complaint about a sexual offence progresses through the criminal justice system and explains the legal procedures and the substantive law.

Sexual violence in the lives of youth. (2007). (The Prevention Researcher, Vol.14, No. 2). Eugene, OR: Integrated Research Services.

Articles include: "Sexual victimization of youth" by Kevonne Small and Janine M. Zweig; "Adolescent survivors of sexual abuse: Developmental outcomes" by Victoria L. Banyard and Linda M. Williams; "Disclosing sexual victimization" by Mitru Ciarlante; and "Sexual violence prevention" by David S. Lee, Lydia Guy, Brad Perry, Chad Keoni Sniffen and Stacy Alamo Mixson.

Where is care in the country? Let's provide rural victim survivors of sexual assault with after hours crisis care. (2007). Parkinson, D. Wangaratta, Vic: Upper Murray Centre Against Sexual Assault and Jigsaw Research.

Using a case study approach, this research investigates the access to support services, levels of care and advocacy, and legal outcomes for six

women rape victims. Three of the women had access to a crisis care unit in Melbourne, whereas the three women from the Hume Region of Victoria did not. The findings show that the three rural women received less satisfactory medical, forensic, legal and emotional support. Victoria currently has four rural Crisis Care Units. The report concludes that many more are needed so that people who have suffered sexual assault can receive physical treatment, emotional support and advocacy services all in the one place at the one time.

Sexual assault prevention

Protecting children from sexual exploitation & sexual violence in disaster and emergency situations. (2006). Delaney, S. Bangkok: ECPAT International. Retrieved 18 December 2007, from http://www.crin.org/docs/ecpat_emergencies.pdf

This manual is a resource for disaster and emergency relief workers, offering guidance on preventing sexual exploitation or sexual abuse of children in disaster and emergency situations. It includes preparing for disasters, response work in the immediate aftermath, and working in the longer-term reconstruction phase. The manual also discusses terminology, factors and contexts, working with local organisations, unaccompanied children, a checklist of key actions, codes of conduct and the United Nations Convention on the Rights of the Child.

Sexual assault treatment

Prevention of post-sexual assault stress. (2007). [DVD (17 min.), 1 manual, 1 brochure]. Charleston, SC: National Crime Victims Research and Treatment Center, Medical University of South Carolina.

"This DVD has been designed to help prepare sexual assault victims for the post-sexual assault medical exam, and to provide information about coping strategies that may help reduce anxiety and distress following sexual assault. This instructional DVD may be useful in trainings for personnel who work with sexual assault victims such as sexual assault examiners, rape crisis advocates, and police officers."—Publisher's website.

Suicide

Self-reported suicide attempts and associated risk and protective factors among secondary school students in New Zealand. (2007). Fleming, T. M., Merry, S. N., Robinson, E. M., Denny, S. J., Watson, P. D. *Australian and New Zealand Journal of Psychiatry*, 41(3), 213–221.

A self-reporting questionnaire was used to examine associations between individual, family, school and community characteristics and rates of suicide attempts in a national population sample of New

Zealand secondary school students. In total, 739 of the 9,570 participants reported having made a suicide attempt during the last 12 months. Depressive symptoms, alcohol abuse, having a friend or family member attempt suicide, family violence and non-heterosexual attractions were independently associated with increased rates of suicide attempts, while parents caring, other family members caring, teachers being fair, and feeling safe at school were independently associated with decreased rates of suicide attempts. This study confirms the importance of depression, substance use, problem behaviour, negative life events, exposure to suicidal behaviour by others, and sexual orientation in suicidal behaviour among school students and provides evidence of the importance of the family and school environments in reducing risk among this group. (Journal abstract, edited)

Treatment

Supporting women after domestic violence: Loss, trauma and recovery. (2007). Abrahams, H. London: Jessica Kingsley Publishers.

“[This book] offers accessible advice on how to enable women who have experienced domestic violence to embark on a journey of recovery. The book draws on theory, original research and the personal experiences of women who have encountered domestic violence to explore the complex practical and emotional support they need when engaging in

the process of recovery. It highlights the difficulties a victim of domestic violence may encounter following an abusive relationship, offers action points to improve service provision, and covers important issues in recovery, such as the value of mutual support and how women can regain a sense of normality and self-esteem.”—Book jacket.

Violence prevention

The Duluth Model: What it is and is not. Clarifying and correcting common misconceptions. (2007). Taylor, B., & Sullivan, B. *Queensland Centre for Domestic and Family Violence Research Newsletter*, 5(3), 10–13.

The Duluth Model provides a foundation for a coordinated community response to domestic violence. Its five core principles are: the burden of confronting abusers and placing restrictions on their behaviour lies with the community, not the victim; practitioners must work cooperatively within guidelines and standardised practices to achieve victim safety and violence cessation; interventions must respond to the harm done by the violence rather than being incident- or punishment-focused; protection of the victim must take priority when two interventions clash; intervention practices must reflect an understanding of and be accountable to the victim. This article explains the essential community system basis of the model, how it has been implemented and what makes it work.



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, Housing, Community Services and Indigenous Affairs through the National Initiative to Combat Sexual Assault in Australia. 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.

Research and 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.

Promising Practice database

ACSSA is continuing to build its *Promising 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.



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Australian Centre for the Study of Sexual Assault

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