

Aware

AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT

Dear ACSSA Reader

Welcome to the seventeenth edition of *ACSSA Aware*. *Aware* is the quarterly newsletter of the Australian Centre for the Study of Sexual Assault (ACSSA), containing news, reviews, articles and notices for those working in the sexual assault field in Australia.

In this edition, we bring you the latest research on the outcomes of reporting rape to the police. We summarise the main findings of the report *Study of Reported Rapes in Victoria 2000–2003: Summary Research Report*, which is based on an ACSSA study by Dr Melanie Heenan, the former Co-ordinator of ACSSA, and Dr Suellen Murray, of RMIT University. While it is specific to Victoria, this report will be of interest more widely in Australia because of what it tells us about the process and outcomes of reporting rape to the police.

We also look at the issue of the provision of **post-assault forensic medical services**. Three Australian experts were brought together to reflect on the issues that impact on accessing forensic medical services. We spoke with Dr Maureen Phillips (Coordinator, Medical and Forensic Services, Sexual Assault Resource Centre, Western Australia), Dr Angela Williams (Forensic Physician, Victorian Institute of Forensic Medicine) and Karen Willis (Manager, NSW Rape Crisis Centre, and Chair of the National Association of Services Against Sexual Violence) to get their views on the issues surrounding access and whether speciality training and service provision are appropriate in the Australian context.

Also in this edition, we include our usual range of reviews. We provide a review of a **forum on sexual assault and the law**, held in Melbourne and hosted by Victorian Women Lawyers. The forum involved five keynote speakers discussing their perspectives on sexual assault and the law.

For our Practice Profile, we look at the **Aboriginal Healing Project in Western Australia**, which provides a holistic way of reducing the use of violence in Indigenous communities. We also present an Agency Profile: Senior Crown Prosecutor (Victoria) Michele Williams speaks to ACSSA about the new **Specialist Sex Offences Unit**, based in the Office of Public Prosecutions, Victoria, and the way this dedicated unit can assist victim/survivors of sexual assault, minimise the trauma associated with the legal process and improve outcomes.

As usual, our News in Brief section contains overviews and information of recent reports and other news about sexual assault. And, as always, there are our regular columns on conferences and training, as well as literature highlights from recent additions to the ACSSA library collection at the Australian Institute of Family Studies.

We thank you for support of ACSSA and, as always, we are keen to receive feedback on how we can better meet the needs of those committed to working against sexual assault. So please continue to provide us with your comments on current or future publications—we always like to hear from you.

If this is the first issue of *Aware* that you've read, earlier editions can be requested via email or by returning the form on the back page of this issue. Also, all our publications are freely available online at www.aifs.gov.au/acssa

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

From 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.

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ACSSA's Promising Practice Database

Many readers would be familiar with the ACSSA Good Practice Database, the online database of Australian sexual assault projects and services. This has been a popular resource, recording nearly 50,000 hits during 2006–07, and we hope this will continue to be a useful source of information.

As a “work in progress”, we are always thinking about how to improve the database. We are introducing a few minor changes to make things easier for those who are accessing the database, as well as those who would like their work to be included.

Firstly, the database will now be called the Promising Practice Database. This reflects the fact that ACSSA simply does not have the capacity to conduct a thorough evaluation of every project. To use the term “Good Practice” suggests that the projects have been evaluated as meeting a particular set of standards, and this is not the case. While there is a set of criteria that projects respond to, these are more for the purpose of description rather than evaluation.

Secondly, we are working with the Web Officer to come up with ways to make the database more “searchable” to make it easier to find what you are looking for! You might notice some changes to the way the database is organised when you visit over the coming months.

Lastly, we tried to make the submission process smoother. This will always be a challenging part of the process, as we try to balance the time constraints faced by workers in the field with the need to obtain enough information about the projects to make the database as comprehensive as possible. We have made some small changes to the submission form that we hope will make things clearer. Please be assured that all existing entries will remain online—there is no need to complete a new form for projects already in the database.

People who want to submit a project for the database have two options:

- download and complete the submission form, and return the completed form to ACSSA; or
- contact ACSSA and arrange for someone to go through the form with you over the phone.

We are always open to your suggestions about how the database could be improved—we would be happy to hear from you. Visit www.aifs.gov.au/acssa and follow the links.

The Body Shop surveys community attitudes on relationship violence

The Body Shop Australia's survey of community attitudes, understandings and responses to abuse in relationships 2006: A summary of findings. (2007). Mulgrave, Vic: The Body Shop Australia.

Research commissioned by The Body Shop Australia surveyed 30,000 customers across Australia about their attitudes to, and understandings of, abuse in relationships. The Body Shop's use of the term "relationship violence" refers not only to violence that occurs in marriages or de facto relationships, but also to abuse that may occur in dating relationships among younger people (p. 9). Participants in the survey were asked about what they thought constituted relationship violence; their suggestions of where they would tell a friend to go for help if their friend disclosed experiencing violence; what they thought the gender of the perpetrator and victim were; and what they thought the causes of relationship abuse were. Key findings include:

- More than 90% of people identified punching, kicking, hitting, slapping, pushing, not being allowed to see family and friends, and pressure for sex as relationship abuse.
- In relation to pressuring someone for sex, 15.8% of males thought it was not abusive or weren't sure whether it was abusive, compared to 7.5% of females.
- Men were less likely than women to see name-calling, put-downs, stalking, or being told how to dress as abusive behaviours, or were more likely to be unsure.
- About one-third of people thought relationship violence was gender symmetrical. Thirty-five per cent of all respondents thought that men and women were equally perpetrators, and 30% thought men and women were equally victimised. The proportions of men and women who believed in this symmetry of violence were similar, with men only slightly more inclined to hold this view.

- In relation to what "causes" relationship violence, drugs and alcohol (97%), trouble controlling anger (96%), and having a violent personality were the top three reasons nominated by respondents.

The report also found that age was an important factor in people's attitudes towards relationship abuse. Older people were more likely to think that abuse was common in the community and were more able to identify subtle forms of abuse. For example, in the under-18 group, males were three times more likely to think that pressure for sex is not abuse. The findings add to existing research about attitudes to violence against women.

The Jammed by Dee McLachlan

In 2006, the United Nations Office on Drugs and Crime (UNODC) listed Australia as the 11th main destination for victims of trafficking. Project Respect estimates 1,000 women are trafficked into Australia each year. While trafficking in persons refers broadly to the movement of individuals involving deception, coercion, fraud or force, it is sexual trafficking that has been the most visible issue in the public domain.

The Jammed, written and directed by Dee McLachlan, goes behind broad claims and sensationalised media coverage to tell the stories of three women trapped in situations of sexual exploitation.

The Jammed was awarded the best Australian feature film at the 2007 Inside Film awards.

Visit www.thejammed.com for more information on the film.

ACSSA would like to thank the producers for inviting us to attend the international premiere of the film, and we offer our congratulations to the cast and crew for their outstanding achievement.

Reference

United Nations Office on Drugs and Crime. (2006). *Trafficking in persons: Global patterns*. Retrieved 7 November 2007, from http://www.unodc.org/unodc/en/trafficking_persons_report_2006-04.html

What is the outcome of reporting rape to the police?

Study of reported rapes in Victoria 2000–2003: Summary research report

ZOË MORRISON

The Victorian Government has recently released the summary report *Study of Reported Rapes in Victoria 2000–2003: Summary Research Report*, which is based on an Australian Centre for the Study of Sexual Assault (ACSSA) study by Dr Melanie Heenan, the former Co-ordinator of ACSSA, and Dr Suellen Murray, of RMIT University. This is the first extensive analysis of police investigations into rape offences in Victoria in more than a decade. While it is Victorian-specific, the report is of wider interest because of its detailed findings on the outcomes of reporting rape to the police. The report provides particular insight into those cases that enter the criminal justice system and are filtered out; this is valuable information that is not usually widely accessible. The study was commissioned by the Office of Women's Policy, Department of Victorian Communities, on behalf of the Victorian Statewide Steering Committee to Reduce Sexual Assault (SSCRSA).

The research analysed 850 rapes reported to Victoria Police over three years. The summary report contains findings on the characteristics of victims who reported rape, the characteristics of offenders, and the characteristics of the assault. It provides an analysis of case outcomes, and the relationship between case characteristics and case outcomes. It profiles cases involving diverse groups and also looks at profiles of offenders from diverse groups. The report concludes by suggesting a number of issues for future consideration, including challenging a culture of disbelief in relation to rape, changing classification and recording practices in police records, and understanding the specific issues that might impact on particular groups of victims, particularly those from diverse groups.

Overall, the study shows a high attrition rate for rape that might have actually increased, with offenders charged in only 15% of cases. In particular, Aboriginal victims, victims with a mental illness or psychiatric disability, and those influenced by alcohol or other drugs around the time of the offence were some of the groups of people least likely to see charges laid. This is despite a number of reforms and initiatives in this area in Victoria.

In this article, we discuss the background of the study, its aims and methods, and then provide an abridged summary of the main findings in relation to the outcomes of cases, the relationship between case characteristics and case outcomes, and cases involving diverse groups. Readers can access the full report online (the address is given at the end of this article).

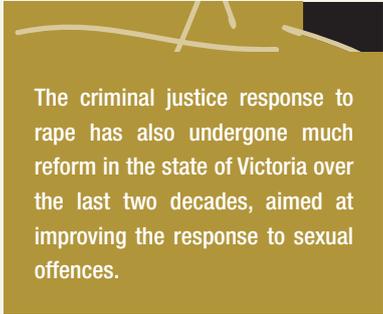
Background to the study

Sexual assault is the most under-reported of all interpersonal crimes, and while research shows that reporting rates to police have improved, this increase has only been small.

Sexual assault is the most under-reported of all interpersonal crimes, and while research shows that reporting rates to police have improved, this increase has only been small. The Australian Bureau of Statistics (ABS) Personal Safety Survey (2006) found that the rate of reporting rape to the police nationwide has increased by 4% over the last ten years (from 15% of rapes reported nationwide in 1996 to 19% reported in 2005) (ABS, 2006). Once reported, only a minority of rape cases will result in a charge being laid. This report points out the important "gate-keeping" role police play in relation to rape complaints. For example, its succinct literature review points to research that shows that "attitudes formed by preconceived assumptions about the typical rape victim ... impact on the investigation of sexual offences" by police (SSCRSA, 2006,

p. 12), and that there is a “dominant mindset of suspicion underlying police responses to reports of sexual assault” (Jordan 2004, p. 135, in SSCRSA, 13). Some argue that this environment of disbelief encourages women to withdraw complaints (p. 12). In Victoria, the Victorian Law Reform Commission (VLRC) found in 2003 that once a rape was reported, the number of reports that were subsequently withdrawn had actually increased from 14% in 1994–5 to 31.5% in 2002–3 (VLRC, 2003).

Yet, the criminal justice response to rape has also undergone much reform in the state of Victoria over the last two decades, aimed at improving the response to sexual offences. In 1992, Victoria Police introduced the *Code of Practice for the Investigation of Sexual Assault*, which has been subsequently reviewed and developed, with a third edition released in November 2005 (Victoria Police, 2005). In 2002, Victoria Police released *A Way Forward: Violence Against Women Strategy: A Summary of the Review into All Matters Related to Violence Against Women* (Victoria Police, 2002), which contained recommendations to improve their responses to violence against women. In 2006, a Victorian Government sexual assault reform package included resources to pilot two Sexual Offences and Child Investigation Teams (SOCIT), with police staff trained in both the investigation of sexual assault and in attending to the needs of victims. Future research would allow the impacts of these initiatives to continue to be assessed.



The criminal justice response to rape has also undergone much reform in the state of Victoria over the last two decades, aimed at improving the response to sexual offences.

Aims of the study

The aims of this study were:

- to identify the case characteristics of cases finalised as “complaints withdrawn”, “no offence disclosed”, and “offender processed”; and
- to distinguish, to the extent that the evidence is available, the kinds of factors that influence the finalisation of rape reports as “complaints withdrawn”, “no offence disclosed” and “offender processed” for victims of diverse groups.

Study methods

The study analysed a random sample of 850 rapes reported to police around Victoria over three years (2000–03), using the Victoria Police Law Enforcement Assistance Program (LEAP) database. This database stores the particulars of all crimes brought to the notice of police, enabling police to record information about the victim, the alleged offender and the nature of the offence. Also examined were the corresponding case narratives for both the Sexual Offences and Child Abuse Unit (SOCAU) and Criminal Investigation Unit (CIU) members.

The summary report points out the significant limitations of using the LEAP database when seeking to provide a comprehensive description of police investigations. For example, LEAP is not used consistently by police to record case details. Originally, the study intended to comprehensively review police attitudes and perceptions about particular rape cases; however, police data did not consistently provide this level of information. It was also found to be particularly limited when examining cases involving victims and offenders with disabilities, Indigenous victims and offenders, and victims and offenders from culturally diverse communities. Because of this, the methods were amended to allow for a stronger quantitative focus.

Major findings

The major findings of the study were as follows:

- Police laid charges in only 15% of cases. This report suggests the rate of attrition might have actually risen in this state.
- Police did not proceed with more than 60% of investigations.
- Only 2.1% of reports were designated as false.

- Twenty-six per cent of cases involved victims with a psychiatric disability and mental health issue. These were among the least likely cases to result in charges being laid against the offender. There were also twice as likely to be determined as false.
- Rape victims most likely to see charges laid were: male, physically injured, medically examined, not influenced by alcohol or drugs at the time of the offence, subject to other offences alongside the rape, and raped by offenders well known to police for previous sexual offending.
- Cases that resulted in No Further Police Action (NFPA—where police decide to take no further action on a complaint) were more likely to involve: younger adults, victims who were acquainted with or had a cursory relationships with the offender, and victims who had consumed alcohol or drugs around the time of the offence.
- Where the complaint was withdrawn, offenders were proportionally more likely to be current or former partners.
- No charges were laid in all of the 16 cases in the study that involved Indigenous victims.

Outcomes of the cases

Less than one in six victims will be involved in cases that are likely to proceed to prosecution and ... the rate of attrition may have actually increased when compared with earlier studies.

As already stated, police laid charges in only 15% of cases (of the 812 reports where case outcomes could be established). This suggests that less than one in six victims will be involved in cases that are likely to proceed to prosecution and that the rate of attrition may have actually increased when compared with earlier studies.

Most of the cases (46.4%) resulted in No Further Police Action. When combined with the numbers of complaints withdrawn (15.1%), a total of 61.5% of cases did not proceed past the report or investigation stage. This figure would rise to 80.8% if it included “cases that are still ongoing”, given no charges had been laid between the report stage and commencement of this study.

In 17 cases (2.1%), the case outcome was clearly categorised as a false report and the alleged victim was either charged or told that she (there were no male victims among these 17 cases) would be charged unless she dropped the complaint. The report states that, while this only represents a fraction of the sample, there were a much larger proportion of cases where police were confident, or reasonably confident, that the allegations were false, but there was no attempt to institute charges against the alleged victim.

Relationship between the characteristics of cases and case outcomes

The most salient findings in relation to the first aim of the study—to identify those characteristics of cases finalised as “complaints withdrawn”, “no offence disclosed”, and “offender processed”—were as follows.

Relationship between victim and alleged offender

- Cases involving family members were more likely to result in charges being laid (20% of all cases that proceeded) than they were to be withdrawn or result in NFPA.
- In contrast, the most common relationship for cases that were withdrawn involved victims who reported being raped by their current or former partners (31.4%).
- More than half (51.4%) of incidents involved victims who met the offender on the night of the incident or where there was a limited acquaintanceship, and resulted in NFPA.
- The most likely outcome for cases involving strangers was NFPA (43.4%).

Age of victim

- Victims between 10 and 14 years were proportionately the most likely to have their cases proceed to charge, making up nearly a quarter (23%) of all cases in this category.

- Victims in slightly older age categories were proportionately more likely to withdraw their complaints or be involved in investigations that did not proceed. More than half (54.5%) of the allegations made by victims aged 15–19 resulted in NFPA.

Gender of victim

- Male victims were more likely than female victims to see charges laid (27.1% compared with 14% for females).
- No male victims were charged with false reporting or were involved in cases where police doubted their credibility.
- Male victims were also less likely to withdraw their complaints (8.5% compared to 15.7% of female victims).

Disability

- Of the 209 cases where disability and case outcome was known, just under half (49.3%) did not proceed due to NFPA.
- Where the complainant had a psychiatric disability or a mental health issue, in only 5 out of 130 cases (4.6%) were charges laid.
- Seven out of the 17 cases where the outcome was coded as a false report involved complainants with a disability or mental health issue.

Time over which rapes occurred

- Victims subjected to multiple assaults, whether contained in time or that occurred over a period of years, were more likely to result in charges being laid (39.7%) than they were to be withdrawn (12.3%) or to result in NFPA (16%).

Medical examination

- Almost three-quarters (74.7%) of victims involved in cases where charges were laid had undergone a medical examination, compared to 56.6% of cases where the complaint was withdrawn, and 62.1% of reports that resulted in NFPA.

Physical evidence (e.g. DNA, witnesses) and injuries

- There appeared to be only slight differences between cases that resulted in charges being laid and those that did not proceed because of the presence of physical evidence and/or injuries. However, when the presence or absence of physical injuries were considered on their own, cases where charges were laid were more likely to involve victims who were injured.

Use of alcohol and other drugs

- Victims who had not used alcohol or other drugs around the time of the assault were more likely to see the offender charged (22.6%) than victims who had used substances (9.2%). Police were also 20% more likely to finalise the case through NFPA where alcohol or drugs had been consumed than in cases where there was no evidence of alcohol or other drugs involved.
- Victims themselves were no more likely to withdraw their complaints where alcohol and other drugs were used around the time of the assault.
- There did not appear to be any association between charging decisions and the use of alcohol and drugs among offenders (where information was available).

Offenders and victims who were known to police

- There was a strong association found between charging decisions and whether the offender was known to the police for prior sexual convictions or as a result of previous allegations against them for sexual assault. Half the offenders (50.7%) with prior sexual offence allegations/convictions were charged with rape. In addition, only 5.8% of victims withdrew their complaints in cases where offenders were known sexual offenders.

- There was no significant difference across case outcomes that related to the police “knowing” the victim in some way.

Police views about the allegations and case outcomes

- There was a strong association between charging decisions and Criminal Investigation Unit (CIU—detectives) members’ views about the allegations. In 75% of cases where charges were laid and commentary was available, CIU members were confident the victim was telling the truth and in another 11.2% they thought the allegations were genuine. In 30% of cases that resulted in NFPA, police were confident or reasonably confident that the victim was making a false report, although in 44% of cases that resulted in NFPA police recorded information about the case without expressing a view regarding whether they were confident or not. CIU members were also more likely to doubt the allegations were genuine in cases that were subsequently withdrawn than to feel confident that victims were telling the truth (27.4% versus 18.9%).
- In regard to police from the Sexual Offences and Child Abuse Unit (SOCAU), while they did not express a view in 54.3% of cases, where they did a very similar pattern emerged. When they were confident, or reasonably confident, that the victim was telling the truth, in 63% of cases the police intended to charge. SOCAU members were slightly more likely than CIU members to believe victims in cases that resulted in NFPA, but equally likely to express some doubt about the veracity of victims in other cases that did not proceed.

So in what cases were charges laid?

- Where forensic evidence was strongest. Police confidence to charge appeared to increase proportionate to other evidence being available, such as witnesses, physical injuries or other physical evidence, particularly where the offender was known to the police in relation to similar offences in the past.
- Where the victim was male.
- Where police were confident that allegations were genuine and victims believable.
- Where the victim had indicated her/his wish for the investigation to proceed and for the offender to be charged.
- Where the strongest influence on charges being laid was evidence-based (63%) or offender-based (33.7%). By contrast, where the investigation did not proceed due to there being NFPA, factors related to the offender or the evidence seemed not to figure at all in police decision-making. Instead, in almost 40% of cases that resulted in NFPA, the police decision appeared to be predominantly based on reasons to do with the victim.

Cases involving diverse groups

The second aim of the report focused specifically on the kinds of factors that influence the finalisation of rape reports made by victims in diverse groups. Specifically: those with a psychiatric disability or mental health issue, those with an intellectual disability, Indigenous victims, non–Australian born victims, male victims, children under 10 years, older victims, and victims sexually assaulted by an intimate partner. The report noted that this is not a complete picture of the case finalisation of victims from diverse groups because of the inadequacies of Victoria Police data systems and recording practices. For instance, diverse characteristics of victims were not always systematically identified and recorded in the database. Nonetheless, the report points out that the following data is still instructive in regard to how police might respond to victims from particular groups (p. 34).

Victims identified as having a psychiatric disability or mental health issue

- There were 130 cases where the victim was identified as having a psychiatric disability or mental health issue (15.6% of the overall sample).
- Cases involving victims with a psychiatric disability were the least likely to result in charges being laid, with just 4% compared to 15% of cases overall. Cases were also twice as likely to be

determined as false (4.8% versus 2.1%), and cases resulting in NFPA were also more common (56% versus 46.4%).

- This is despite the fact that cases involving victims with a psychiatric disability are more likely to be characterised by factors associated with the case proceeding (for example, multiple offenders).
- The most significant difference in cases involving victims with a psychiatric disability compared to the overall sample appears to be police members' views of the allegations. CIU members expressed some degree of disbelief in over 40% of cases (compared to 20.6% in the wider sample) and were confident that the allegations were false in 15.4% of cases (compared to 9% of the sample).
- Victims with a psychiatric disability were recorded as having been under the influence of drugs and/or illicit drugs at the time of the assault more frequently than other victims.

The most significant difference in cases involving victims with a psychiatric disability compared to the overall sample appears to be police members' views of the allegations.

Victims identified as having an intellectual disability

- There were 49 cases where the victim was identified as having an intellectual disability (6% of the overall sample).
- There were 8 male victims with intellectual disabilities (16.3% of males, compared to 7.5% of all victims).
- Almost a fifth (18.8%) of cases involving victims with an intellectual disability resulted in charges being laid, marginally higher than the 15% noted for the entire sample.
- They were less likely to result in NFPA (31.3%), but slightly more likely to end in complaints being withdrawn (22.9%).
- SOCAU members were proportionately more likely to express belief in cases involving victims with an intellectual disability, although levels of belief expressed by CIU members were similar to the overall sample.
- Offenders were slightly less likely to be strangers (10.2%, compared to 16% for overall sample) and more likely to be an "other known person" (53.1%, compared to 20.0% for the overall sample).

Indigenous victims

- There were 16 cases of Indigenous victims, and 15 of these victims were female, ranging from 10 to 49 years old.
- No charges were laid in any of the cases involving Indigenous victims. Eight cases were "ongoing", 5 resulted in NFPA, 2 were withdrawn, and 1 was classified as a false report.
- Most of the cases involved strangers, current or former partners, or family members.
- Most of the assaults involved single incidents, while two involved multiple incidents that occurred over periods of time.

Non–Australian born victims

- Data available on ethnicity was particularly limited—this was based on 52 victims identified as non–Australian born.
- All non–Australian born victims were female (except in one case, where gender was unknown).
- Half were aged between 15 and 29 at the time of the offence. Twelve had a disability, primarily psychiatric.
- Levels of belief in the allegations of non–Australian born victims were similar to the overall sample, and reasonably consistent with outcome. However, cases involving non–Australian born victims were slightly more likely to result in NFPA than for the overall sample (56.5% versus 46.4%).

Male victims

- There were 64 cases involving male victims, 7.5% of the overall sample.

- Police were most likely to charge offenders in these cases, despite there appearing to be little difference in the degree to which police expressed belief or disbelief in the allegations made by male victims when compared to the broader sample.
- Nearly half were aged under 20 years, and a quarter under 10 years.
- A third of male victims were identified as having a disability.
- Male victims were less likely to be offended against by a current or former partner (7.9%, compared with 19.2% overall) or acquaintances (20.6%, compared to 26.7% overall). They were more likely to report offences committed by family members (12.7%) or other known people (38.1%). With one exception, the principal offenders in these cases were male.

Children under 10 years

- There were 26 victims who were aged less than 10 years at the time of the offence. Twenty-one were female, and 6 children were under 5 years of age. This study does not, however, represent the range of sexual offences that child victims report (for example, it doesn't include incest and other penetrative offences).
- The outcomes of these cases did not mirror the patterns overall. Charges were laid in 11 cases (42%). In 4 cases there was NFPA (15.4%), and in 10 cases it was recorded as still ongoing (38.5%). There were no withdrawn complaints.

In more than 60% of cases [involving children under 10 years], all police members believed the allegations may be genuine, and only in one case did members believe the allegations may be false.

- In more than 60% of cases, all police members believed the allegations may be genuine, and only in one case did members believe the allegations may be false.
- In 10 cases, the reports were made at least one year after the assault, with five of these being made more than 10 years after the offence occurred. The majority involved multiple assaults by single offenders over a period of years. In two cases, the offenders were female. Most of these cases identified family members as the perpetrators.

Older victims

- There were 9 victims in the study who were aged 60 years or more at the time of the assault. All victims were female and were offended against by male perpetrators.
- The outcomes for these cases included 4 cases where charges were laid, 1 where the complaint was withdrawn, and 3 where the case resulted in NFPA.
- Six of the victims were identified as having a disability.
- Three assaults occurred in residential care facilities.
- Most alleged offenders were known to the victim, although there were no intimate partners.
- Most cases were reported within 24 hours.

Intimate partner sexual assault

- There were 113 cases (13.3% of the sample) where the offender was a current or former intimate partner. All offenders were male, and 108 of the victims were female.
- The outcomes for these cases included fewer charges laid (11.7%). They also included more complaints withdrawn (23.4%). Four of the 17 cases that were ultimately classified as false reports were cases involving intimate partners (3.7%).
- In 60% of the cases, the offenders were former partners, but a substantial number were also reporting rapes in the context of their current relationships.
- All but two of these assaults were by single offenders, and nearly 90% occurred in the victim's, the offender's or their shared home.
- Many of the 113 cases occurred in the context of ongoing domestic violence. There was a greater proportion of multiple incidents of rape and multiple rapes over an extended period of time compared to the overall sample. In some cases, there had been prior police contact, which included disclosures of sexual violence by the offender.

- Of the 113 cases, 17 (15%) involved offenders who were the subject of existing intervention orders that involved the victim at the time of the rape. Only one of these resulted in rape charges being laid (although, in at least two other cases, charges were laid for other non-sexual offences, while the rape complaint was withdrawn). Other outcomes for these included 7 in which complaints were withdrawn, 6 NFPAs and 2 classified as false reports.
- The age of the victims who reported rapes by current or former partners, while slightly older than the broader sample, was nonetheless similar to the population of victims who seek crisis intervention or support in relation to family or domestic violence.
- The degree of police belief or disbelief that could be established was similar to the overall sample. However, in at least one instance, contrary to the current legal definition, police were unconvinced that rape could occur in circumstances where there had been a long-term marriage or relationship with the offender and there was no evidence of force or resistance.

The age of the victims who reported rapes by current or former partners, while slightly older than the broader sample, was nonetheless similar to the population of victims who seek crisis intervention or support in relation to family or domestic violence.

The full summary report is available on-line at: www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=19462

References

- Australian Bureau of Statistics. (2006). *Personal Safety Survey* (Reissue) (Catalogue No. 4906.0). Canberra: Author.
- Statewide Steering Committee to Reduce Sexual Assault. (2006). *Study of reported rapes in Victoria 2000–2003: Summary research report*. Melbourne: Office of Women's Policy, Department of Victorian Communities.
- Victoria Police. (2002). *A way forward: Violence Against Women Strategy*. Melbourne: Author.
- Victoria Police. (2005). *Code of practice for the investigation of sexual assault*. Melbourne: Author. Retrieved 3 March 2008, from http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=1717
- Victorian Law Reform Commission. (2003). *Sexual offences: Interim report*. Melbourne: Author.

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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 articles 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 access our "Contributor's Guidelines" from the website at: www.aifs.gov.au/acssa/pubs/pubsmenu.html, or contact ACSSA directly.

Forensic medical care for sexual assault victim/survivors in Australia

INTERVIEWS CONDUCTED BY CAMERON BOYD

Access to forensic medical services for sexual assault victims post-assault is a pressing need throughout Australia, especially in rural and regional areas. This need is addressed in the US through the Sexual Assault Nurse Examiner (SANE) model, so not surprisingly, the vast majority of research and literature on the SANE model is from the US. There has subsequently been some interest in whether this model would suit Australian circumstances. NSW Health has adopted the SANE model (www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_614.pdf), while other states have different models, reflected in their use of different terminology (such as the Forensic Nurse Examiners in Victoria). The differences in general medical service provision across Australian states also impact upon the forensic medical care of sexual assault victims. ACSSA spoke with three Australian experts who are closely involved with this issue in their respective states: Dr Maureen Phillips (Coordinator, Medical and Forensic Services, Sexual Assault Resource Centre, Western Australia), Dr Angela Williams (Forensic Physician, Victorian Institute of Forensic Medicine), and Karen Willis (Manager, NSW Rape Crisis Centre, and Chair of the National Association of Services Against Sexual Violence).

ACSSA: There appear to be two related but distinct rationales for a SANE model: one being related to the process of collecting forensic evidence and providing testimony in court; and the second being to ensure more consistent access to quality medical assessment and, where necessary, treatment for victim/survivors. In addition, the SANE model has been shown to enhance access to other services, such as counselling. Is the SANE model, or a similar system, the best way to achieve these three goals in an Australian context?

Maureen Phillips (MP): Speaking from a Western Australian perspective, I need to start by commenting that we do not have a SANE model. The service provided within the Perth metropolitan area is provided by doctors who have training in sexual assault medicine, while rural and regional victims/survivors are able to access a medical service in the local hospital emergency department.

Counselling is generally provided by regional non-government agencies. As a consequence, forensic services can be ad hoc. Regional doctors vary in both their experience and willingness to provide a forensic service, and some very junior doctors are required to provide this service, with little guidance. The problem is compounded by statewide shortages of medical personnel. Given the lack of forensically trained medical staff in remote and regional areas, the idea of training a small group of nurses in each region to provide a medical and forensic service for victims of sexual assault has great appeal. However, I would see the role of a SANE is to work in conjunction with local medical services, with the specific policies of using SANEs to be determined within each region.

Given the lack of forensically trained medical staff in remote and regional areas, the idea of training a small group of nurses in each region to provide a medical and forensic service for victims of sexual assault has great appeal.

I do not see a SANE model as being a best practice model; rather a pragmatic blend with other services delivered by hospital doctors and/or GPs. Adequate training, experience and willingness to provide a service are most important.

Angela Williams (AW): The trouble here in Australia is that it is very difficult to find medical practitioners that we can engage to do this work. Some of the reasons are: people already have a speciality or are working in other areas; they don't want to get involved in giving evidence in court

cases; there's often not any remuneration that goes with being on call 365 days of the year, rurally and regionally; and other related pressures. So the main rationale of getting nurses who have specialty skills in forensic care with victims (we call them Forensic Nurse Examiners, rather than SANE) is to boost the workforce that is available to perform forensic medical examinations of sexual assault victims, but also a range of other victims. The skills are pretty broad. If you know everything there is to know about a forensic medical examination of a sexual assault victim, then you have the skills to work with victims of domestic violence, other assaults, serious injuries, and so on. Skills such as DNA sampling and assessing injuries can be applied to more than sexual assault. The main thing is to bolster the numbers so that it is a little more accessible to victims and a bit more specialist. There are doctors that do this without specialty training, and whilst we absolutely need their services and we thank them for it, it is worth getting some specifically forensically trained people to do these kinds of examinations.

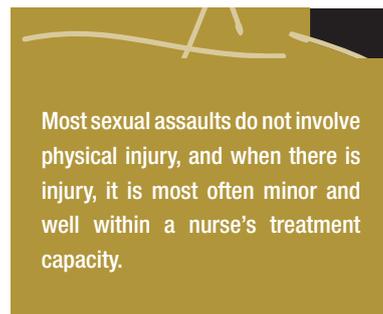
In regard to the question of whether the SANE model increases victim's access to other services like counselling, I would be somewhat critical of the US literature. I find there is no evidence to support such statements. What we do know anecdotally from Victoria (where the counselling, medical and police professionals work in pretty close proximity) is that over the years, the numbers of forensic medical examinations have never really changed the accessibility of any of those three services.

I would agree: the US SANE model is not considered best practice in an Australian context.

Karen Willis (KW): With appropriate training, there is no reason why nurses cannot carry out this work. Legislation and court practice can ensure that their evidence is accepted. When nurses first began to take pap smears, many suggestions were made that nurses were not competent to complete the work. Subsequent QA (quality assurance) has shown that nurses have a much lower recall rate (resulting from not enough cells being collected or the sample being contaminated) than doctors.

Most sexual assaults do not involve physical injury, and when there is injury, it is most often minor and well within a nurse's treatment capacity. Sexual assault forensic evidence is taken in a hospital or in a location with close access to a hospital. Where a nurse is concerned about medical treatment, she can easily access hospital assistance. Nurses do this as part of their daily work—identify medical issues and raise them with the appropriate medical personnel.

Currently, most SAIK (Sexual Assault Investigation Kit) forensic evidence is collected at a hospital. If access to nurses allows for SAIK to be collected at other locations, a nurse could, if needed, arrange for the person to be taken to a hospital or other medical facility. Again this is common practice in health care where a frontline health worker will provide certain medical services and have the capacity to identify where further intervention is needed and arrange for that intervention.



Most sexual assaults do not involve physical injury, and when there is injury, it is most often minor and well within a nurse's treatment capacity.

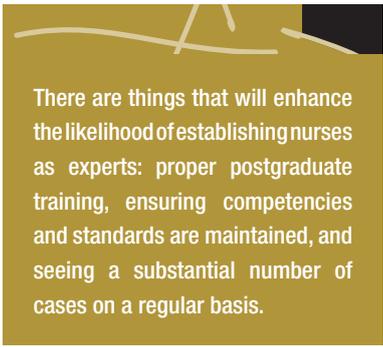
ACSSA: *One of the issues in the US literature concerns the credibility of Nurse Examiners as expert witnesses in court. The NSW Health Policy Directive cites the Crown Solicitor's advice that there is no legal impediment to nurses giving expert evidence. However, this does not necessarily mean that the credibility of nurses is upheld (or perceived) in courts by magistrates or juries. What are your thoughts or experiences on the issue of nurse examiners' perceived credibility as expert witnesses in sexual assault trials in Australian courts?*

MP: Discussions with state prosecutors in WA have indicated that nurses and doctors would be perceived as expert witnesses if they had adequate experience and training. This is determined by the court in each case and could be just as problematic for an inexperienced doctor. An alternative to the requirements of an expert witness would be for the sexual assault nurse's role to be based on "factual" rather than "opinion" evidence. Nurses are able to document times and dates, briefly document or photograph non-genital injuries and collect forensic specimens. This may not be ideal in comparison with a highly qualified forensic physician, but it is much better than no forensic service.

AW: I think there are two parts to that question.

The first one is about how nurses' credibility and expertise is perceived by jurors. I think that the literature is quite favourable about having nurses as witnesses. They present well, the jurors listen, they find them quite credible; in some instances more credible than other professionals.

The second is the purely legal point of view. It is entirely up to the court in the matter before them to determine whether the speaker or the witness they've got in fact has expertise. They can do that in a number of ways (this comes under the "expert evidence rules"). One is to determine if the person is an expert by their qualifications, their employment, their study and their experience (how many cases they have seen, and also how many "normal" cases they have seen). Then they also look at the specific area of expertise. So it's not just qualifications, but the area in which you practice. There's nothing that says a nurse cannot be an expert. The best analogy is to take a doctor who has never seen a sexual assault victim before, presenting in court. While they may have qualifications that make them an expert in the "medical field", compare that to a forensic nurse examiner who has seen 24 cases of sexual assault in the last year, and perhaps they've seen 300 pap smears ("normal" anatomy). In that situation, I think the courts would have a very hard time not recognising that nurse as an expert.



There are things that will enhance the likelihood of establishing nurses as experts: proper postgraduate training, ensuring competencies and standards are maintained, and seeing a substantial number of cases on a regular basis.

There are things that will enhance the likelihood of establishing nurses as experts: proper postgraduate training (as opposed to simple, quick training), ensuring competencies and standards are maintained, and seeing a substantial number of cases on a regular basis. Most important is experience in this area. We have two things to look forward to: one is for those nurses with training to get out there and get the experience, if they haven't already; and secondly to have the courts test this (this hasn't happened yet). One of the dangers is where we might see experts played off against other experts in court. For example, a forensic nurse gives their expert opinion in court, and the defence finds another expert who has worked longer and done more, to potentially counter the first expert. However, when you are taught well, and know enough about your profession, you say the same things anyway. There is a danger in

putting "bans" on what nurses might be able to say (i.e. they would be the "eyes and ears", but not give an expert opinion). It's my opinion that if we start imposing those kinds of restrictions then we're not giving the nurses the education, practice and experience in this area, and when they go to court, the court may say, "I'm sorry, but I think you are an expert, you will give an opinion". Nurses need to be prepared for that.

KW: Legislation and court directions give guidance on the level of skill required to provide evidence. The training provided to the nurses who will do this work has taken that into consideration. At some stage, a defence lawyer will challenge their credibility in the Appeals Court. The Crown must be prepared for this, with a clear identification of what skills are required to collect and report on forensic evidence, and be able to show that the nurses have been trained to the extent that they are capable of completing the work as required by the criminal justice system.

ACSSA: *US research on SANE programs suggests that close organisational relationships between prosecutors and Nurse Examiners leads to better outcomes for women and a less gruelling experience of giving testimony for the nurses. In your view, what progress has been made regarding these cross-disciplinary relationships, and what are the priorities for change?*

MP: A close working relationship with and feedback to and from prosecutors is very helpful to support a forensic service. I think this applies to all medical and nursing professionals working for sexual assault services. In Perth, pre-trial discussion with the prosecutor is part of our procedure. Our agencies/offices liaise regularly and we engage in professional development activities across the sectors. The priorities for change are to improve and perhaps formalise the professional relationships.

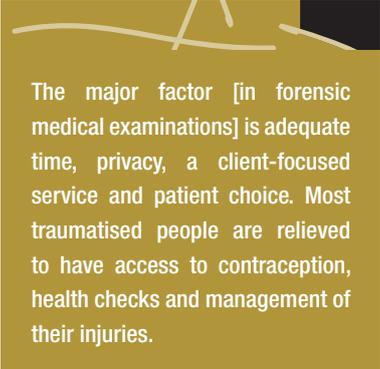
AW: Victoria is trying what's called the SOCIT (Sexual Offences and Child Abuse Investigation Team) units: multidisciplinary units where the investigation and the counselling are mixed together in the one unit. If you've got prosecutors who are well trained in this area and understand the needs of the victims, the satisfaction of victims would no doubt go through the roof. It's a very, very tough process for victims going to court, and having the whole thing investigated and giving evidence for lengthy

periods and often more than once. So if they felt they had allies or people to debrief with or offer just plain understanding and acceptance, then no doubt that would be a better experience. In Victoria we are just starting the Specialist Sexual Offences Unit (in the Office of Public Prosecutions—OPP) and the prosecutors are now specialists in sexual assault. I expect that our Forensic Nurse Examiners will develop a similar relationship with prosecutors as the Forensic Medical Officers have.

KW: The NSW Criminal Justice Sex Offences Task Force made a number of recommendations along these lines. I am unaware of any being implemented. The recommendations included: one-stop shops for complainants: a specialist sexual assault unit in the ODPP to allow for a greater “relationship” between the prosecutor, the complainant, police and the investigation and evidence process; and case management of all sexual assault matters through the Court system to decrease delay. There have also been considerable community calls for specialist sexual assault courts.

ACSSA: *This is a more general question: given the potentially traumatic nature of a forensic medical examination, and the reality that many recent victims of sexual assault present in a distressed and/or confused state, how can Nurse Examiners (or for that matter, any medical professional) negotiate these very difficult ethical problems of informed consent with a traumatised person?*

MP: The major factor here is adequate time, privacy, a client-focused service and patient choice. Most traumatised people are relieved to have access to contraception, health checks and management of their injuries. They are relieved that health carers will provide time to listen, support and provide a service. It is important that the forensic service is provided in this context and not forced upon a traumatised person. Our service runs with a doctor/counsellor model so that the counsellor is always available to provide support and the doctor can remain focused on medical/forensic issues in an impartial way that allows objectivity. This model of working does not leave us with ethical dilemmas because it is at all times extremely respectful of the victim/survivors needs.

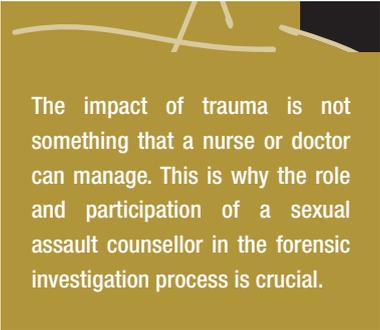


The major factor [in forensic medical examinations] is adequate time, privacy, a client-focused service and patient choice. Most traumatised people are relieved to have access to contraception, health checks and management of their injuries.

AW: Clinicians will go about this in much the same way as they would go about obtaining consent for any medical procedure under any circumstances. Doctors and nurses do this as part of their daily practice and are well equipped to understand the emotional and physical trauma following sexual assault. Forensic Nurse Examiners have specific training in the area of consent and will be able to ascertain the validity of consent during their examination of victims. An important thing to remember is that consent to examine someone is determined by the clinician, who will take into account many factors, the most important of which is the victim’s wishes and best interest. Consent is not obtained by other parties.

The issue is in assessing whether somebody is voluntarily giving their consent (not because other people might want them to), and that they are well-informed about what they are giving consent to. Sometimes this process can take quite a while. You have to sit down and really discuss the options with the person, and give them control over the decisions. Invariably, there’re going to be occasions where that’s not quite perfect, or there are factors such as the level of alcohol, psychological trauma, lack of sleep, intellectual disability, which mean that consent might not be straightforward. I’d feel pretty confident that the medical person sitting with the victim is able to engage them enough to determine if consent is valid (or not) for that particular moment. But that is something we are always worried about. You always work in the best interests of the victim, and that is to give them respect, dignity and control over the scenario and so consent itself is a really complex point, medically and ethically. There’s no formula, you might have someone that’s very distressed and saying they want the examination done, but might not actually be in the frame of mind to be able to consent. Yet, when you balance that off, you might be better carrying out the examination for them. Sometimes we take the samples and do the medical and we come back at a later date to establish consent, and then release it. When we talk about consent, we are talking about the person consenting to each stage of the process (talking about the incident, writing it down, performing the examination, taking the specimens, doing any documentation, taking any photographs, writing a report, then releasing that report). So

there's 8–9 points of consent. Even with examining the body, I would start with asking consent to start with less invasive parts of the body, then re-consent to do a genital examination.



The impact of trauma is not something that a nurse or doctor can manage. This is why the role and participation of a sexual assault counsellor in the forensic investigation process is crucial.

KW: The impact of trauma is not something that a nurse or doctor can manage. This is why the role and participation of a sexual assault counsellor in the forensic investigation process is crucial. Sexual assault counsellors are trained in responding to and assisting a traumatised person. They are the ones who take the primary role in containing the crisis, grounding the person, ensuring the person is aware of what is being proposed to happen and their options and decisions in that process. They can also provide further grounding throughout the forensic process if a person becomes distressed, so that the person can continue or withdraw in an informed way. It is important that the doctor or nurse recognise the importance of the role of the sexual assault counsellor and that an environment where all parties work together in the best interests of the complainant be created.

ACSSA: *What are the resourcing issues involved in programs like SANE, and what strategies are needed to recruit nurses into this specialised field?*

MP: There are large resource implications in order to provide adequate initial training, but also to provide ongoing professional support. The SANE model needs to be adequately supported at a state policy level, but also adequately integrated with medical/forensic services provided by doctors.

In terms of recruitment, basic training needs to be integrated with training in such specialised areas as midwifery, advanced sexual health courses and family planning. Comprehensive training can be provided by the VIFM/Monash courses supported by state-based sexual assault services.

AW: I think the issues are the same for a nursing system as they are for the medical system. I think that the ideal model is where both forensic doctors and forensic nurses are afforded the training, remuneration and framework to provide an accessible, timely and specialist response to victims. They're trained to a similar level and it's not a tiered service. With recruiting, we are really looking for people with experience in women's health or emergency health or sexual health, with experience and skills that might be relevant to looking after victims of crime and sexual assault in particular. We need to try and build a framework that provides some sort of longevity in both the medical and the nursing professions, so people will be prepared to perform forensic medical examinations and provide specialist care for victims for longer. Specialist support and peer review are also essential.

KW: My understanding of the key issues in nurses completing the SANE program is the requirement to witness and participate in SAIK collections. This is especially an issue in rural areas, where it may take a considerable time for enough presentations to occur for the nurse to complete their training. Relocation of the nurse to a city service can decrease the time taken to complete the training, but is very disruptive for the nurse.

ACSSA: *Any general comments on the applicability of the SANE model for Australia?*

MP: Only as above, that is, it should co-exist with or complement the role of the services provided by forensic physicians and other doctors.

AW: The ideal scenario for Australia is not a SANE model; it's a specialist forensic nursing model that works with and complements the forensic medical model. The minute that those two run in isolation or run as a tiered system, we'll end up with fragmentation and practices that play everyone's expertise off against each other.

I don't think that having sexual assault nurses themselves is a good use of skills and training and abilities. There's no reason why those skills can't be directed in all directions, to support victims of many sorts of crimes. The skills are transferable across a range of areas. If you can manage a sexual assault case with medical implications—like treating and referring, assessing injuries, documenting, writing reports, dealing with victims emotionally and physically—then you can translate those skills into many other areas of forensic nursing.

We've found that there's been a great deal of enthusiasm for the forensic nurse examiner positions in Victoria. We are not offering SANE positions, we are offering forensic nurse examiner positions under a forensic framework, so that opens up professional development doors for people. Unless the system supports the medical side of it as well, we're heading into a disaster. I think we need to be really sure that this is not a nurse replacement system of the current medical/forensic model, and that we work equally hard to provide training, remuneration and support systems for the medical practitioners, so that we're working to complement them, not to run one down and get another or create a two-tier system. I'm not aware of any state providing the support for training and remuneration of doctors; it's all going into nursing. In Victoria, we hope to have a system where doctors and nurses are well trained and have similar skill sets and expertise. I think this can only be accomplished with the support and quality assurance of a specialist organisation; you don't get that with people working in isolation.

One of the greatest dangers of programs like this (setting up nurses to perform forensic medical duties) is the idea that they will work full-time in one area and without specialist support and structure. One key point of becoming an expert is experience. This must mean that nurses are exposed to cases, and this is not likely if we adapt the US SANE model in Australia of employing nurses in numerous locations throughout our states who then only see a couple of cases a year.

KW: Doctors or nurses are appropriate for the collection of forensics and interpretation of injuries once trained. The key is to have a full-time doctor or nurse attached to each sexual assault unit so that the person develops a high level of expertise in the field, and demands on their time are not in conflict with other medical work. Further, by being a member of the sexual assault service, an effective team approach is highly likely.

More information about forensic medical care of recent sexual assault victims in Australia can be found on the ACSSA Promising Practice Database.

Forensic & Medical Sexual Assault Care (FAMSAC)—www.aifs.gov.au/acssa/ppdb/famsac_act.html

Medical responses to adults who have experienced sexual assault: An interactive educational module for doctors—www.aifs.gov.au/acssa/ppdb/ranzcog.html

ACSSA thanks Maureen Phillips, Angela Williams and Karen Willis for their time and for sharing their expertise with our readers. The interviews with Karen and Maureen were conducted by email, Angela's responses were provided in a phone interview and subsequently transcribed and edited. All interviews were conducted and compiled by Cameron Boyd, Research Officer at ACSSA. All participants reviewed the final piece and agreed to its publication.

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Would you like to receive fortnightly news and updates on what is happening in the field of sexual assault in Australia and around the world? *ACSSA-Alert* is an email list for news and updates to subscribers, and is compiled by the Australian Centre for the Study of Sexual Assault. You will receive an e-newsletter with announcements about news in the field, updates on the ACSSA website, the release of publications and reports, new services and other information.

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The Aboriginal Healing Project (AHP) is a two-year project, utilising combined state and Australian Government funds, providing healing services to Indigenous individuals and families affected by family and domestic violence, and sexual violence, with the goals of increasing safety and reducing harm within families. The project started in January 2006 and current funding is due to expire in January 2009.

The goals of this project include:

- increased sense of group cohesion, value and worth;
- identifying and agreeing collective actions that will heal the effects of past suffering and harm;
- increased sense of safety in family and community groups;
- reduction in the incidence and experience of violence; and
- increased safety of children and women, and ultimately of all group members.

The project combines community awareness and direct service delivery for Indigenous individuals, families and communities in rural, regional and urban areas. The project engages with a range of “target groups”, including women victim/survivors of adult sexual assault, adult survivors of child sexual abuse, young people, and children. Indigenous communities and school communities are also involved.

The project works to support and complement state and territory government initiatives addressing Indigenous family violence, by building on the Australian Government’s commitment to tackling family violence in Indigenous communities. The emphasis is on developing local solutions to issues that contribute to violence, such as alcohol and drug use, and address causal factors to family violence, particularly socio-economic and participatory issues, to effect sustainable change.

The project idea came from literature about healing. The idea is that if you commence healing in an Indigenous community, it reduces the level of violence. Thus, healing refers to the impacts of historical and cumulative trauma, and broader issues of poverty, housing and health, as well as the specific problems of sexual violence and family violence.

The AHP engages in community consultation to develop the healing activities and the mapping of services during their planning stages. This helps to prevent the duplication of services, as well as making sure that the project is responsive to the needs of local communities. Through referrals to other agencies, the AHP project officers are able to create partnerships and promote AHP in their local area. This encourages the relationship and/or shared arrangements for servicing of clients.

The process of evaluating the project is currently underway. Templates have been created for monitoring and planning of activities; these also ensure that key performance indicators are being met for the project. This program could be replicated for any particular group of people or community, by consulting with the target group and planning the activities (as governed by the group) to heal the effects of trauma.

The Aboriginal Healing Project is funded through the Family Violence Partnership Programme (FVPP), which is a Family and Community Services Indigenous Affairs (FACSIA) initiative.

More detail, including contact information, is online at the ACSSA Promising Practice Database: www.aifs.gov.au/acssa/ppdb/programs.html, under “Aboriginal Healing Project”.

Dorinda Cox is Manager, Aboriginal Healing Project.

Specialist Sex Offences Unit, Office of Public Prosecutions, Victoria

Interview with Michele Williams SC, August 2007

ACSSA: The Specialist Sex Offences Unit is based on reviews of similar systems in Canada and South Africa. Can you briefly describe the systems that operate in these countries, and what aspects of these models have informed the unit? Are there key differences between these systems and the Victorian model? Have there been similar schemes in Australia?

Michele Williams (MW): In its landmark report on *Sexual Offences: Law and Procedure*, the Victorian Law Reform Commission recommended that specialist prosecutors be appointed to improve the way sex offences are handled (Victorian Law Reform Commission, 2004).

A dedicated unit at the Office of Public Prosecutions (OPP) was established in 2007 to provide a specialised approach to these offences. The unit differs from previous approaches, in that crown prosecutors, solicitors and advocates are co-located in the same unit and work very much as a team.

I head the unit as the Senior Crown Prosecutor. An important part of our work is the provision of training that takes into account the unique features of sex offences. This includes training for our own staff and also for the private barristers who will continue to prosecute most sex offences in court on behalf of the Crown.

The key feature of the unit is that it will be very proactive. The Crown will be putting forward strong arguments for how the new sex offences legislation should be interpreted and implemented. We aim to build a more consistent approach to the handling of these cases. An important role of the new unit is making the process easier and less traumatic for victims.

Winnipeg in Canada has specialist family violence courts and prosecutors. South Africa has specialist prosecutors for sexual offences. Both of these models show that specialist prosecutors who are proactive play a pivotal role in making the whole criminal justice system work more smoothly in relation to these type of cases. This is much better for victims and leads to more just outcomes.

No other state or territory in Australia currently has a Specialist Sex Offences Unit, with the exception of Tasmania, which has a very small team. Some states and territories have previously had specialist units but they no longer exist. None of the states or territories have such a comprehensive approach to specialisation that extends to the provision of training to members of the private bar.

ACSSA: Who will the unit be assisting? Are there criteria for inclusion that victim/survivors have to meet: for example, geographical restrictions, types of offences, adults or children?

MW: The Specialist Sex Offences Unit prosecutes all indictable sexual offences that are heard in the Melbourne County Court or Supreme Court, regardless of whether the victim is an adult or child. Indictable offences are the more serious offences, including rape or the sexual penetration of children.

If the offender is a child, then the case will be heard in the Children's Court. The OPP does not usually prosecute those matters unless there are unusual circumstances.

Sexual offence cases heard on the County Court Circuit in rural and regional Victoria are prepared by the OPP's Circuit Section rather than the Specialist Sex Offences Unit. However, the Specialist Sex Offences Unit conducts an initial assessment of these files and provides advice to the Circuit team as required. OPP is currently considering whether Circuit sex offence cases should be fully integrated into the Specialist Sex Offences Unit and how this should operate in practice.

ACSSA: What role does the victim/survivor typically play in the process currently, and will this be different in the approach taken by the unit?

MW: The Specialist Sex Offences Unit aims to prosecute cases in a way that minimises any additional trauma or distress to victims. We recognise that it can be very traumatic to be a witness in a sexual offence case. For that reason, we work very closely with the Witness Assistance Service and the new Child Witness Service to ensure that victims have information and support.

The Director of Public Prosecutions prosecutes matters on behalf of the whole community and so has many considerations to take into account in deciding how cases should proceed. The views and perspective of the victim is obviously one very important consideration. The Specialist Sex Offences Unit endeavours to keep victims informed about what is happening in relation to the case and to consult with them as appropriate.

Learning from people who have personal experience as a victim/survivor is an important way to improve the criminal justice response. Importantly, victims have been involved in planning how the Specialist Sex Offences Unit should operate and they have also been involved in providing training to solicitors and members of the private bar.

ACSSA: Could you talk us through a hypothetical case study, starting from the first point of contact through to the conclusion of a case, highlighting how the case will progress differently from the current situation? For example, is the unit involved in committal hearings?

MW: The Specialist Sex Offences Unit handles sex offence cases from the initial filing hearings and committal hearings in the Magistrate's Court, through to the eventual trial in the County Court. Wherever possible, the same solicitor will be allocated to handle the matter throughout the proceedings.

The unit has its own specialist advocates to appear in matters in the pre-committal stage in the Magistrate's Court Sex Offences List (previously this was handled by a different section of OPP). This helps ensure continuity and consistency throughout the process.

Victims who are under 18 or have a cognitive impairment no longer have to give evidence at committal hearings. The evidence of these victims will be pre-recorded in a special hearing within 21 days of the committal hearing. The pre-recorded evidence is then played at the trial so that the victim only has to give evidence once, including if there is a retrial.

ACSSA: What are the points where there is a high danger of cases "dropping out" (attrition), and how does the unit plan to reduce attrition rates?

MW: Sometimes victims do not want a case to proceed. This is understandable, because sex offences are very traumatic, the offender is often known to the victim, and being a witness in a sex offence trial can be incredibly stressful. By providing information and support to victims in conjunction with the Witness Assistance Service, the unit tries to ensure that as many victims as possible are prepared to proceed.

Reducing the attrition rate is not just a matter for the OPP. Police, courts and other agencies all play a role in ensuring that cases proceed through the criminal justice system. Many of the sex offence reforms aim to make the process less stressful for victims. For example, the pre-recording of evidence at special hearings for victims who are under 18 or have a cognitive impairment is intended to make the processes of giving evidence easier for victims. When all these reforms are fully operational we hope that attrition will be reduced because victims will have more confidence in the system as a whole, and they will have significantly more information and support than was available to them in the past.

ACSSA: How will the unit work with the Witness Assistance Service? What special issues are there for sexual assault cases, in contrast to the general Witness Assistance Service for victims of non-sexual offences?

MW: The unit has a close working relationship with OPP's Witness Assistance Service and also with the newly established Child Witness Service. The staff in these services (who are mostly social workers) provide information to witnesses about how the legal system operates and provide general support

throughout the proceedings. This might include providing a tour of the court and familiarising witnesses with the different roles and responsibilities within the court environment. Importantly, social workers from the Witness Assistance Service usually attend legal conferences between the witness and the legal team about the case. The social workers do not get involved in discussing the evidence, but they do help ensure there is effective communication between the legal team and the witnesses. This includes ensuring that witnesses fully understand any legal terminology that is used, and receive some emotional support. Sex offence cases can be extremely traumatic for witnesses, so the support of the Witness Assistance Services is even more critical than usual.

ACSSA: Will the unit be involved in cases where there are non-sexual, as well as sexual, offences (for example, physical assault, or where sexual assault has happened in the context of ongoing intimate partner violence)?

MW: The Specialist Sex Offences Unit handles cases in which there is a sexual component to the offending, even where other non-sexual offences have also occurred. In many sexual offence cases, the offender is the partner of the victim or a member of the victim's family.

ACSSA: One of the tasks of the unit will be to provide training to private barristers who prosecute sexual assault cases. What are the key areas that will be covered in the training the unit provides to private barristers? Can you explain the circumstances in which private barristers act as prosecutors in sexual assault cases? Are there differences between these cases and cases where the Crown acts as prosecutor?

MW: The Specialist Sex Offences Unit will continue to brief private barristers to prosecute sex offence cases on behalf of the Crown. There are simply too many sex offences cases for them all to be prosecuted by the four specialist crown prosecutors attached to the unit. The decision about which cases will be prosecuted by crown prosecutors and which will be prosecuted by private barristers will be made by me, as the Senior Crown Prosecutor, in consultation with the Director of Public Prosecutions and the Solicitor of Public Prosecutions where required.

The Specialist Sex Offences Unit will provide training to private barristers to ensure a more consistent approach to the prosecution of sex offences across the state. This will help ensure that the sexual offence reforms are put in practice, regardless of who is prosecuting the case.

ACSSA: What measures are in place to evaluate the success of the unit? Will this be focused solely on the outcomes of cases, or are there other factors that contribute to the "success" of the unit?

MW: An evaluation plan for the unit is currently being developed. We think the unit will be successful if:

- prosecution cases are well-prepared and timely;
- cases are settled earlier, where possible;
- there are fewer appeals caused by error, and fewer retrials; and
- victims perceive that OPP has kept them informed and treated them respectfully and fairly.

OPP's Specialist Sex Offences Unit is one component of the broader reforms in Victoria in relation to sex offences. Ultimately, we hope the reforms will give more victims the confidence to come forward and report sex offences to police, and also fewer victims will want to drop out of the system.

I and the team at the Specialist Sex Offences Unit will do our best to make sure this happens.

Reference

Victorian Law Reform Commission. (2004). *Sexual offences: Final report*. Melbourne: Author. Retrieved 3 March 2008, from <http://www.lawreform.vic.gov.au/wps/wcm/connect/Law+Reform/Home/Completed+Projects/Sexual+Offences/LAWREFORM+-+Sexual+Offences+-+Final+Report>

Michele Williams SC is Senior Crown Prosecutor, Specialist Sex Offences Unit, Office of Public Prosecutions, Victoria.

Sexual Assault Forum, Melbourne

Organised by Victorian Women Lawyers, June 2007

HALEY CLARK

On 18 June 2007, the Justice Committee of Victorian Women Lawyers hosted the Sexual Assault Forum at Victoria University, Melbourne. Five keynote speakers were asked to provide their perspectives on sexual assault and the law: Dr Vivian Waller, Solicitor, Waller Legal; Dr Caroline Taylor, Ballarat University; Janice Watt, Manager, Sexual Assault Reform Unit, Department of Justice; Trish Luker, Victorian Law Reform Commission (VLRC); and Dr Zoë Morrison, Co-ordinator of ACSSA.

Dr Vivian Waller presented some of the current issues involved with instigating civil litigations for victim/survivors of sexual assault.

Waller addressed how the laws of limitation block the path of justice for victim/survivors, particularly for children and adult survivors of childhood sexual assault, and how recent reforms in Victoria have further eroded the rights of victim/survivors to commence civil proceedings. Waller drew on *Stingel v Clark* (2006), where Waller represented Carole Stingel in a landmark High Court appeal case.

The purpose of civil litigation is to secure an award of compensation for damages for the plaintiff (that is, in these cases, the victim/survivor). In the context of sexual assault, the damage usually lies in psychiatric injury, and victim/survivors have relied upon s. 5(1A) of the *Limitations of Actions Act 1958* (Vic.) to bring civil suits against perpetrators. Generally, civil cases relating to personal injury must be instigated within three or six years since the cause of action accrued. However, the provision s. 5(1A) allows a person who was unaware she or he suffered a disease or a disorder, or unaware that the injury was caused by the act or omission of another person, to start proceedings within six years of acquiring that knowledge. Waller explained that the provision was regularly used in cases of sexual assault because the very nature of an injury caused by sexual assault, particularly child sexual abuse, means that victim/survivors are unlikely to act upon her or his legal rights for many years. The psychiatric injury associated with sexual assault often presents as post-traumatic stress disorder (PTSD) and is regularly delayed in onset.

Section 5(1A) was the legal mechanism by which Carol Stingel commenced proceedings against Geoff Clark. However, Waller explained that the rights of sexual assault plaintiffs have been eroded in Victoria since the reforms to the *Limitation of Actions Act 1958* (Vic.), assented to in 2003, removed the option of reliance on s. 5(1A) of the Act. The path available to Carol Stingel to have her allegations heard before a judge and jury is now no longer available to sexual assault litigants who issue proceedings after 1 October 2003. This is because the state government has removed the capacity of sexual assault plaintiffs to issue proceedings as of right (rather than having to make an application for an extension of time) where the primary limitation period has expired (which is regularly either three or six years, depending on the circumstances). In these circumstances, an application for an extension of time through the court is now necessary. Of importance here, Waller highlighted, is that a parallel claim against Mr Clark for sexual assault was rejected when another plaintiff, Joanne McGuinness, was unsuccessful in an application for such an extension of time.

Waller claimed that the laws of limitation fail to appreciate and accommodate the unique presentation of the psychiatric injuries commonly suffered as a consequence of sexual assault, particularly in the sexual assault of a child. Waller argued that the laws of limitation should not reward perpetrators of sexual crimes with civil immunity simply because they have successfully avoided detection throughout

the primary period of limitation, nor should the law provide perpetrators a strategic advantage in the litigation by forcing the plaintiff to make an application for an extension of time.

Dr Caroline Taylor addressed how key legal principles continue to undermine the successful prosecution of sexual offences in the criminal courts, despite reforms to legislation and procedure.

Taylor focused on the examples of the cross-examination of victim/survivors regarding their sexual history, and the giving of corroboration warnings in sexual offence trials. Legal reform has attempted to stop this from occurring in trials, yet Taylor noted these practices persist, resulting in personalised attacks on the characters of women and children in rape trials. Taylor attributed this failure to the way that sexual assault reform is developed and applied in Victoria (as well as nationally and internationally).

Taylor stated that, at an operational level, reforms are negated by contradictory principles that allow some interpretation of law by judges (discretion) on the one hand, and on the other hand an adherence and reference to tradition and continuity of legal doctrine by way of legal precedence. While law reforms reflect forward-thinking, legal principles are about a constant referral to the past, a past that is male, white, and middle-class. Another barrier to law reform presented by Taylor was law's self-referentiality in which legal decision-making is considered sacrosanct and beyond external scrutiny and accountability.

In presenting judicial discretion as a barrier to effective law reform, Taylor emphasised that the problem is not with the idea of discretion itself, but with the attitudes that underlie discretion when they are informed by misogyny and sexism. Combined with legal precedence, these attitudes subvert the potential efficacy of law reform initiatives. Taylor stated that precedence allows for "universal particulars". Once deployed, a particular precedent is applied over and over again to future cases, irrespective of context and relevance; it is universalised. Hence, judges continue to refer to judgements that are tens and even hundreds of years old. Taylor concluded that the legal system fails victim/survivors because it is based on principles that negate fact-finding, that negate the principles of justice, and that refuse to establish a process that is transparent, accountable and investigative. Taylor argued that if we are serious about addressing the difficulties in prosecuting sexual offences, we need reforms that go to the heart of the problem; reforms that address the social attitudes that judges and lawyers bring to the bench, the type of legal training provided within the adversarial system, a re-thinking of the pool of jurors, and a greater shift towards specialisation.

Trish Luker presented key aspects of the Victorian Law Reform Commission's research process and the recommendations made in the *Sexual Offences: Final Report*.

The research conducted by the VLRC over three years included empirical studies, consultations and consideration of 75 submissions that were made in response to its first report, *Sexual Offences: Discussion Paper*. The final report included over 200 recommended changes to make the criminal justice process more responsive to the needs of complainants. These recommendations are aimed at: improving police responses, making the criminal justice system more responsive to the needs of victims, making it easier for victim/survivors to give evidence, improving the system for children and people with a cognitive impairment, changing jury directions given by judges, changing the legal requirement of proof of the state of mind of the accused in rape cases, and changes in how to deal with juvenile offenders. Luker discussed the focal areas of the recommendations, namely those aimed at improving: responses by police, prosecutors and judicial officers; the criminal justice system; and committals and trials.

The VLRC reports highlighted a number of features identified in sexual offence cases that make committals and trials particularly distressing for complainants, such as the experience of marginalisation, delays, and the traumatic effect of cross-examination. In response, the VLRC recommended mandatory use of CCTV when victim/complainants are giving evidence, prohibiting the accused from personally cross-examining the victim/complainant, strengthening the existing provisions requiring judges to give permission before evidence can be admitted about the sexual history of victim/complainants,

restrictions on the subpoenaing of counselling notes, and changes to tests for competency to give sworn and unsworn evidence of child victim/complainants and victim/complainants who have a cognitive impairment.

Finally, in relation to sexual offences perpetrated by young people, the VLRC identified that often neither child protection nor the criminal justice system are responding adequately; many young people are not charged because they are too young to be held criminally liable, or their victims are deemed too young to give credible evidence. The VLRC recommended that the *Children and Young Persons Act* be amended to allow the court to make an order to protect a child who is a sexual offender by having them participate in a treatment program.

Janice Watt provided an overview of the progress of the sexual assault reform package in Victoria, which is the Government's response to the recommendations made by the Victorian Law Reform Commission.

The Victorian Government provided over \$34 million dollars to the sexual offences reform package, and additional funding for other initiatives. The reforms encompass all stages of the criminal justice system. Watt stated that the ultimate aim of the reforms and associated initiatives is to improve the effectiveness of the system's response to sexual offending, and to achieve increases in reporting and to decrease the rates of attrition and appeal. The changes are hoped to provide improved support for and responsiveness to the needs of victim/survivors. There is also a range of initiatives aimed at better identifying and responding to young sexual offenders, including early intervention and prevention strategies.

Watt identified many key changes, including:

- legislative changes, such as the *Crimes (Sexual Offences) Act 2006* and the *Crimes (Sexual Offences Further Amendment) Act 2006*;
- the introduction of specialist sex offences court lists, aimed at providing a more efficient trial process;
- the introduction of a specialist sex offences unit at the Office for Public Prosecution;
- training programs for prosecutors and for the judiciary;
- the establishment of two multidisciplinary centres for sexual assault in Frankston and Mildura;
- the establishment of specialised police investigation units (SOCITs) in addition to the Sexual Offences And Child Abuse Units (SOCAUs);
- improved availability of forensic medical examinations and specialist training for nurses to undertake forensic examinations;
- funding for the Centres Against Sexual Assault (CASAs) and for enhanced rural sexual assault crisis care;
- the development of the Victim's Charter;
- specialist support to child witnesses and their families while they are providing evidence in court proceedings; and
- better access to CCTVs to allow child witnesses to give evidence out of the courtroom.

With regard to prevention and early intervention, Watt highlighted strategies such as sexual assault treatment programs for children under 10 who are identified as displaying concerning sexual behaviour, for children aged between 10 and 14 years engaging in sexually abusive behaviour towards other young people, and for 15–18 year olds displaying inappropriate sexualised behaviour. A range of other initiatives have been developed for offenders regarding supervisions and post-release support. These initiatives are governed by three committees that are monitoring and evaluating changes.

Dr Zoë Morrison brought the presentations together into two broad themes: change and truth-telling.

Morrison observed that there has been significant, positive change in sexual assault laws in Victoria, as evidenced through the Victorian Law Reform Commission's recommendations, which have largely been taken up by the Victorian Government. Morrison also reflected on

the growing trend towards specialisation in Victorian jurisdictions as a potentially positive change. Morrison argued that, as a model, specialisation provides a possibility of addressing fundamental flaws within the legal system's response to sexual assault, and that it has the capacity to recognise, to a greater extent, the experiences and needs of victim/survivors in the criminal justice system. As such, many in the sexual assault sector view specialisation as a pragmatic approach to enhance the quality of experiences for victim/survivors in the aftermath of sexual assault and to provide more effective treatment for offenders. Internationally, specialisation has modelled a way for positive change and reform in the field of sexual assault, particularly in South Africa and Canada. When the model of specialisation is properly delivered, argued Morrison, the needs of victim/survivors may be better accounted for: victim/survivors may be treated with more respect and kept better informed about the process, and there may be better relationships between court support services and victim advocates. However, Morrison cautioned, specialisation as a model is only as good as its implementation, and needs to be backed up with adequate government funding.

When the model of specialisation is properly delivered, the needs of victim/survivors may be better accounted for: victim/survivors may be treated with more respect and kept better informed about the process, and there may be better relationships between court support services and victim advocates.

Morrison also suggested that positive change is often slow and incremental, and that while rates of reporting, prosecution and conviction remain low, this signals the challenges of reforms; as Taylor pointed out, there is resistance to reform of the laws of sexual assault. Furthermore, not all change has been positive. The recent changes to the statute of limitations in civil litigation in Victoria was regarded by Morrison as an extremely unfortunate development that reminds us that progress is never linear, that things gained can always be taken away, and that sometimes we have to fight hard just for things to stay the same, let alone improve.

The second theme drawn on by Morrison was that of truth-telling. Morrison asked: What voices about rape have power within our society? What voices about rape are recognised within the legal system? How can we better integrate the truths and realities of victim/survivors into the legal system? Morrison argued that truth-telling is constructed, with power given to certain voices and experiences over others. Regularly, the voices of victim/survivors are subordinated, while expert and legal narratives are afforded greater power, recognition and "truth-effect".

Drawing on the VLRC's work, she pointed out that sexual offence laws are historically based on the myth that women as a class of witness are untrustworthy, and that women frequently make false allegations of rape. This was reflected in the special evidentiary principles that applied to sexual offences, including the principle that required corroboration of women's evidence of sexual assault, and the emphasis the law places on the character and sexual experiences of the complainant. Morrison noted that, although these myths have been continually undermined by empirical evidence, they continue to pervade the legal context. Morrison also argued that the lack of recognition regarding the social realities of sexual assault, and the effects it has on victim/survivors also biases the kinds of truth that are heard. This was demonstrated in the changes in the recent amendments to the *Limitations Act*. Despite a well-established research base surrounding the regularity of and, reasons for, delayed disclosures, the changes effectively prevent many victim/survivors from being heard in the context of civil litigation. Morrison concluded that there is a need to better integrate the truths and realities of sexual assault from the perspectives of victim/survivors into the legal system.

Concluding remark

The Sexual Assault Forum provided insight into a range of both promising and restricting developments in the current Victorian legal system. The need to improve the legal system's handling of sexual assault is well-recognised, and current legislation is both progressive (in terms of criminal law) and regressive (in terms of civil law). The issues presented by the speakers emphasised the need to continue to assess and address the legal responses to sexual assault, particularly in relation to the position, treatment, options and rights of victim/survivors.

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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.

Adult survivors

Constructing a sense of self following early sexual experiences with adults: A qualitative research study. (2007). Hunter, S. V. *Psychotherapy in Australia*, 13(4), 12–21.

The aim of this research project was to develop a fuller understanding of the process of constructing a sense of self following early sexual experiences with an adult. Using narrative inquiry, a sample of twenty-two men and women aged twenty-five to seventy were interviewed about their early sexual experiences, at the age of fifteen or under with someone over eighteen. Participants told four different narratives about these experiences: narratives of silence, of ongoing suffering, of transformation, and of transcendence. These four narratives have been examined in the light of the literature relating to childhood sexual abuse, and the victim and survivor discourses. To an extent they challenged current conventional views about child sexual abuse. The implications for therapists working with men and women who have experienced child sexual abuse are discussed. (Journal abstract)

Stolen tomorrows: Understanding and treating women's childhood sexual abuse. (2007). Levenkron, S., & Levenkron, A. New York: W.W. Norton.

This book examines various kinds of abuse, from one-time incidents with strangers to recurring abuse at the hands of close relatives and the different psychological manifestations of the abuses later in life. A variety of approaches that are used to face up to the reality of the abuse and overcome it are related. General conclusions about the relationship between the initial abuse and the problem that brings the patient to therapy later in life are explored. The author outlines the preparations therapists need to make when dealing with a victim of childhood abuse and guides them through the stages of therapy that may be necessary.

Finding a place for healing: Women survivors of childhood sexual abuse and their experience of accessing services. (2007). O'Brien, L., Henderson, C., & Bateman, J. *Australian e-Journal*

for the Advancement of Mental Health, 6(2). Online only: <http://www.auseinet.com/journal/vol6iss2/obrien.pdf>

Women survivors of child sexual abuse often suffer difficulties, including a sense of insecurity, a lack of self-esteem, difficulty with relationships, poor frustration tolerance, overwhelming emotions, depression, sensitivity to criticism and rejection, distrust, suspicion and a fragile sense of self. They may also experience serious psychological consequences, their life trajectory often marked by chaos and complexity. In Australia, services have been developed to meet the needs of these women. Anecdotal evidence suggests that services may be patchy in both availability and standards. This paper presents findings of the Reframing Responses study of non-government services that relate to the experiences of women survivors of child sexual abuse in accessing and utilising services. Fourteen women provided, through focus groups and interviews, descriptions of their experiences of disclosure, accessing services, what was helpful, and what was unhelpful. They confirmed a lack of availability, particularly of longer term counselling, and a lack of consistency in terms of models and standards. (Journal abstract, edited)

Churches and abuse

Confronting power and sex in the Catholic Church: Reclaiming the spirit of Jesus. (2007). Robinson, G. Mulgrave, Vic.: John Garratt Publishing.

"Drawing on his own experience in responding to abuse, Bishop Geoffrey Robinson ... offers a critique of the Church's use and misuse of power, from the Pope proclaiming infallibly down to the preacher claiming a divine authority for every word spoken from the pulpit. Going back to the bible and, above all, to the teaching of Jesus, he presents an approach to sexual morality that is profound, compassionate and people-centred." (Book jacket)

Domestic violence effects

Battle-scars: Long-term effects of prior domestic violence. (2007). Evans, I. Clayton, Vic: Centre for Women's Studies and Gender Research, Monash University.

The effects of intimate partner domestic violence can continue beyond separation or divorce, particularly when survivors must continue to face the perpetrator during legal proceedings or child contact. This report is based on an Australian survey of 134 female domestic violence survivors, and examines the ongoing effects of domestic violence upon their health, financial wellbeing and parenting, as well as their experiences with legal, child support, medical and community services. The report makes recommendations in how services and legal procedures can be improved to meet their needs and prevent further victimisation.

Domestic violence and mental illness/substance abuse: A survey of 39 New Zealand refugees. (2007). Hager, D. *Parity*, 20(4), 18–19. Online: http://www.chp.org.au/parity/articles/results.chtml?filename_num=00287

In a survey of 39 women's refugees in New Zealand, it was discovered that 525 women, with 447 children, accessing the services of these refugees had mental health and/or substance abuse problems. This article presents some of the difficulties faced by refugees in providing adequate services and support for these women and identifies a need for the development of specialised refuge services where women can address their domestic violence and substance abuse problems at the same time as they seek housing assistance.

Drink spiking

Final report: Drink and food spiking. (2007). Model Criminal Law Officers' Committee of the Standing Committee of Attorneys-General. [Canberra, ACT: Model Criminal Law Officers' Committee]. Online only: [http://www.ag.gov.au/www/agd/rwpattach.nsf/VAP/\(427A90835BD17F8C477D6585272A27DB\)~Item+13+-+Drink+Spiking+-+Final+Report+with+PCC+provision+-+July+2007.pdf/\\$file/Item+13+-+Drink+Spiking+-+Final+Report+with+PCC+provision+-+July+2007.pdf](http://www.ag.gov.au/www/agd/rwpattach.nsf/VAP/(427A90835BD17F8C477D6585272A27DB)~Item+13+-+Drink+Spiking+-+Final+Report+with+PCC+provision+-+July+2007.pdf/$file/Item+13+-+Drink+Spiking+-+Final+Report+with+PCC+provision+-+July+2007.pdf)

This paper defines food and drink spiking. It examines the extent, nature and prevalence of food and drink spiking. The legal issues associated with spiking food and drink are addressed state by state, and recommendations for law reform are given.

Elder abuse

UK study of abuse and neglect of older people: Prevalence survey report. (2007). O'Keeffe, M. [London: Comic Relief]. <http://www.comicrelief.com/docs/elder-abuse/ComicRelief-ElderAbuse-Full.pdf>

<http://www.comicrelief.com/docs/elder-abuse/ComicRelief-ElderAbuse-Full.pdf>

This report presents the findings of a study on the prevalence of neglect, financial abuse, and physical and sexual abuse of older people in Great Britain. Over 2,100 people aged over 65 and living in private households and sheltered accommodation were surveyed. Four per cent of respondents reported experiencing mistreatment by people they knew, such as family members, carers, friends and neighbours. Of those, 35% of cases involved partners, 33% other family members, and 33% neighbours and acquaintances. This report details the types of mistreatment experienced; the characteristics of the abused person, including health, marital, and economic status; the impact of abuse; reporting abuse; and the characteristics of the perpetrators. The report also discusses definitions of abuse, British policies and prevention campaigns, and the methodology of the study. The results of this survey are comparable with other international studies, and highlight the need for continued action.

Ethnic groups

Attitudes to domestic and family violence: Insights from Victoria's culturally and linguistically diverse. (2007). Bradford, M. *Queensland Centre for Domestic and Family Violence Research Newsletter*, 5(4), 6–10. Online: <http://www.noviolence.com.au/public/newsletters/news20.pdf>

The Victorian Violence Against Women Community Attitudes Project included a selected culturally and linguistically diverse (SCALD) sample. This article summarises the survey's key findings from the SCALD participants' beliefs and attitudes in relation to: the definition of violence against women; the prevalence and seriousness of violence against women; their understanding of who perpetrates and who is affected by violence; explanations that diminish men's responsibility for violence. The SCALD sample's responses are compared with those of the main sample.

Family violence in Asian communities: Combining research and community development. (2007). Tse, S. *Social Policy Journal of New Zealand*, 31, 170–194. Online: <http://www.msd.govt.nz/publications/journal/31-july-2007/31-pages170-194.html>

This study aimed to fill gaps in research on family violence in Asian communities in New Zealand, and to increase understanding of what can be done to prevent its occurrence and reduce its impact on families, relatives and friends. The study found that the triggers for family violence within New Zealand Asian communities of migrants from China, South Asia and South East Asia related to difficulties in adjusting to living in a new country; in particular, finding suitable employment and experiencing financial hardship. Men's dominance in some Asian families was an issue, especially when men saw control over their wives as a last resort to protecting

their cultural values and traditions. The racism and discrimination some women experienced in this study, when they attempted to find paid jobs or solve their financial dependency issues, put women at extreme risk of abuse and violence. The barriers to preventing or dealing with family violence related to perceptions in the Asian communities researched that family violence is a private matter, and to the women's desire to keep their relationship intact. (Journal abstract, edited)

Homelessness

Homeless women and violence: Rethinking the connection. (2007). Grigg, S., & Johnson, G. *Parity*, 20(4), 9.

Drawing on data gathered from 68 women who were interviewed as part of a longitudinal study, this article considers the connection between women's homelessness and violence. The study interviewed members of 103 households as they moved out of transitional accommodation, and interviewed them again 12 months later. The article concludes that the connection extends beyond domestic violence and that service responses need to be extended to accommodate this conclusion.

Women and children experiencing family violence are the face of homelessness. (2007). Macdonald, A. *Parity*, 20(5), 21–22.

Women and children escaping family violence form the majority of homeless people in Australia. Family violence specialist services for women and children are funded as homelessness assistance services under SAAP. However, there are insufficient places in refuges to meet the demand, and nearly one in two women are turned away from this type of crisis accommodation each day. This article discusses the critical factor of accommodation in women's decisions about whether to leave a violent relationship. It describes the support needs of women and children escaping family violence, and the importance of having safe, stable accommodation and minimum disruption to children's schooling. It raises the inequity of the victims rather than the perpetrators of family violence having to leave the home.

Indigenous issues

Maze of injustice: The failure to protect indigenous women from sexual violence in the USA. (2007). Amnesty International. London: Author. [http://web.amnesty.org/library/pdf/AMR510352007ENGLISH/\\$File/AMR5103507.pdf](http://web.amnesty.org/library/pdf/AMR510352007ENGLISH/$File/AMR5103507.pdf)

This report examines the inadequate legal and support service response to sexual violence against Native American and Alaskan native women in the United States. These women face higher rates of assault than non-Indigenous women, but the crimes are rarely reported and survivors who wish to

report are confronted by a maze of tribal, state and federal laws, service indifference, low prosecution rates and discrimination. This report focuses on crimes committed on or near tribal lands, which fall under the jurisdiction of the local tribal authority. Survivors of sexual violence and their families, support workers, service providers, law enforcement officials and tribal authorities were interviewed for this study, and case law and government reports were examined. The report concludes with recommendations to improve legislation and services, so authorities can fulfil their human rights obligations to pursue and punish those responsible for sexual violence, and provide appropriate support and care for Indigenous survivors.

Aboriginal and Torres Strait Islander family violence: Facts and figures. (2007). Schmider, J., & Nancarrow, H. Mackay, Qld: Queensland Centre for Domestic and Family Violence Research. Online only: <http://www.noviolence.com.au/public/factsheets/indigenousfactsheet.pdf>

This publication gives an overview of the levels of family violence in Aboriginal and Torres Strait Islander communities. It provides a summary of recent statistics, with a particular focus on those for Queensland. It is intended as a resource for Aboriginal and Torres Strait Islander networks and organisations working to end family violence to use in preparing community awareness campaigns, media releases and policy and funding submissions.

Intimate partner violence

Explaining, and preventing, intimate partner violence. (2007). Flood, M. Paper presented at the Women's Domestic Violence Court Assistance Program (Legal Aid Commission) Ten Year Anniversary Celebration. Sydney, NSW: Australian Domestic and Family Violence Clearinghouse. Online only: http://www.austdvclearinghouse.unsw.edu.au/Other_%20publications/Flood_wdvcap.pdf

Though rates of violence against women seem to have declined in the last decade, over 440,000 women still reported experiencing violence in 2006. This paper briefly describes what is known about the determinants of male intimate partner violence against women, and outlines what is needed for effective prevention strategies. Determinants of violence can be found in the contexts of gender role attitudes and beliefs, power balance in relationships, peer and community attitudes, social norms, community violence, access to supportive resources for women, childhood exposure to domestic violence, social isolation, socioeconomic status, alcohol and drug abuse, and so forth.

Partner violence among a sample of police detainees. (2007). Mouzos, J., & Smith, L. Canberra, ACT: Australian Institute of Criminology. Online only: <http://www.aic.gov.au/publications/tandi2/tandi337.html>

Data from the Drug Use Monitoring in Australia (DUMA) program were used to explore involvement in intimate partner violence among police detainees. Levels of intimate partner violence were found to be significantly higher in this group than among the general population. More than two-thirds of the detainees involved reported being both a victim and a perpetrator. Risk factors for involvement in partner violence among detainees were: prior arrest, drug and alcohol dependency, having dependent children, and experiencing physical abuse as a child. Gender was found not to be a risk marker once the other risk factors were controlled for. The implications of the findings are discussed, including the need for early intervention among at-risk families and particularly those with emerging drug and alcohol dependency problems.

Women's experience of partner violence. (2007). Linacare, S. In *Australian social trends 2007* (pp. 200–204; Cat. No. 4102.0). Canberra, ACT: Australian Bureau of Statistics. Online: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/ADE8C301B6BA85ABCA25732C00207E92?opendocument>

Partner violence is one of the most common forms of violence against women. It affects the wellbeing of those who experience it and has an impact on their families, communities and society. Using data from the 2005 Personal Safety Survey (PSS), this article examines women's experience of partner violence, including the characteristics of this violence and the women who experienced it.

Law reform

A best practice model for the prosecution of complaints of sexual assault by the NSW criminal justice system. (2007). N S W Rape Crisis Centre, & Cossins, A. [Drummoyne, NSW: NSW Rape Crisis Centre]. Online only: <http://www.nswrapecrisis.com.au/RapeCrisisBestPracticeModel.pdf>

The management of complaints of sexual assault in the NSW criminal justice system is in urgent need of reform. The reforms must: increase reporting rates, decrease systemic re-traumatisation of complaints, and increase convictions.

Pregnancy

Making good: A service response to women dealing with unplanned pregnancy and abortion as a result of sexual assault. (2007). Hardiman, A. *Women Against Violence: An Australian Feminist Journal*, 19, 46–53.

The stress suffered by a woman who is pregnant as a result of sexual assault can be significantly compounded by the combination of the two events. The initial responses she receives from health professionals can have a critical impact on how she copes. This article seeks to define good practice

by outlining the philosophical, professional and practical responses received by women using services relating to unplanned pregnancy and abortion from the Pregnancy Advisory Service at the Royal Women's Hospital in Melbourne. It discusses some barriers faced by women seeking abortion services, and describes the model developed by the Pregnancy Advisory Service to respond to women who have experienced violence and who are dealing with an unplanned pregnancy.

Prostitution

Making sex work: A failed experiment with legalised prostitution. (2007). Sullivan, M. L. North Melbourne, Vic: Spinifex Press.

Prostitution was legalised in Victoria in 1984, after years of hiding behind "massage parlour" laws. The author examines the legal, social and industrial ramifications of this change, asking: How can law regulate an industry based on violence and exploitation and protect the rights of workers who are trafficked and assaulted? The sex industry has expanded in this time, and many proponents argue that sex work can be a legitimate economic choice. The author considers that this is a myth, and that the Victorian legislation attempts to normalise and legitimise inequality and male dominance.

Rape

Rape: A history from 1860 to the present day. (2007). Bourke, J. London: Virago.

Analysing historical documents, popular media, case law and legislation from Australia, Great Britain and the United States, this book examines the nature of rape and the development of rapists in modern society. The book explores the changing attitudes to sexuality, consent, coercion, power and sexual violence, within the broader community and within specialised settings such as in prisons, during wartime, and in the home. The book concludes with opportunities for change in the future.

Safety

Snapshots: Women's safety strategy: March 2005 – March 2007. (2007). Office for Women. Adelaide, SA: Office for Women. Online only: http://www.officeforwomen.sa.gov.au/files/WomensSafetyStrategy_SnapShots_April2007.pdf

Women experience violence in public places, at work and at home. As part of its commitment to a safer community, the South Australian Government believes that we need a more strategic and comprehensive approach to violence against women, to make the best use of resources and to guide our future action.

Sexual assault

Caring about sexual assault: The effects of sexual assault on families, and the effects on victim/survivors of family responses to sexual assault. (2007). Morrison, Z. *Family Matters*, 76, 55–63.

Sexual assault affects families and communities as well as the victim. This article considers the families of adult sexual assault victims, and how the reactions and responses of family members can help or hinder the victim's recovery. The trauma of sexual assault can have emotional, physical, social and financial effects on the victim, which can, in turn, affect those who care for them, and lead to secondary traumatisation. Research indicates that trauma impacts differently upon specific family members, such as intimate partners, parents and children. Negative responses by family members or the community can further traumatise the victim and affect whether the victim seeks help or discloses the crime. The article concludes by outlining actions and behaviours for family members that can help the victim and themselves in the aftermath.

Statistics

Crime victimisation. (2007). Australian Bureau of Statistics. In D. Trewin (Ed.), *Year book Australia 2007* (pp. 332–334). Belconnen, ACT: Author. Online: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/7d12b0f6763c78caca257061001cc588/6428457dd2aa4baec25723500829cd0!OpenDocument>

This article summarises selected findings from the National Crime and Safety Survey, conducted in 2005 in Australia. Topics include: crime victimisation rates by type, including theft and sexual assault; crime reporting rates; feelings of safety at home alone, during the day and after dark; and people's perceptions of neighbourhood problems.

Domestic and family violence studies, surveys and statistics: Pointers to policy and practice. (2007). Marcus, G., & Braaf, R. Kensington, NSW: Australian Domestic and Family Violence Clearinghouse, University of New South Wales. Online only: http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Stakeholder%20paper_1.pdf

The collection of statistical data over recent decades has shaped an understanding of the prevalence of domestic and family violence in our communities. This paper summarises key statistical data on the occurrence and impact of domestic violence gathered from a selection of quantitative studies undertaken between 2000 and 2006. The three main data sources summarised are the Australian Bureau of Statistics' Personal Safety Survey (2006), the Australian component of the International Violence Against Women Survey (2004), and the World Health Organisation's Multi-Country Study on Women's Health and Domestic Violence against Women (2005).

Experience of personal violence. (2007). Australian Bureau of Statistics. In D. Trewin (Ed.), *Year book Australia 2007* (pp. 338–340). Belconnen, ACT: Author. Online: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/7d12b0f6763c78caca257061001cc588/05b5045ce17bec63ca2572350082ed28!OpenDocument>

This article introduces the Australian Bureau of Statistics' Personal Safety Survey, as an example of their in-depth data collection. Two diagrams were reproduced for this article, concerning people who reported experiencing violence in the preceding 12 months. The diagrams divide the results into those who experienced violence and those who did not, whether the violence was physical or sexual, and whether it was a threat or an assault, for men and for women.

Family violence statistics fact sheet. (2007). New Zealand Family Violence Clearinghouse. Christchurch, NZ: Author. Online only: <http://www.nzfvc.org.nz/PublicationDetails.aspx?publication=13530>

National data from agencies working with people experiencing family violence in New Zealand are presented. The paper details recent statistics from New Zealand Police, Family Court, District Court, Department of Child, Youth and Family Services, and data from refuges and other organisations, providing insights into the extent and nature of family violence in New Zealand.

Theories of violence

Men's violence against women: Theory, research, and activism. (2007). Kilmartin, C., & Allison, J. A. Mahwah, NJ: Lawrence Erlbaum Assoc.

This book highlights clinical and social psychological theory and research, as well as prevention and intervention techniques, with the purpose of understanding and ultimately ending gender-based violence. Several forms of violence, including rape, intimate partner violence, stalking and sexual harassment, are addressed. The book explores the silent epidemic of men's violence against women, the grave consequences of this violence on both individuals and society, and the historical and current foundations that serve to both criminalise and tolerate men's violence against women.

Coercive control: The entrapment of women in personal life. (2007). Stark, E. New York: Oxford University Press.

Drawing on sources that range from FBI statistics and film to dozens of actual cases, the author shows in terrifying detail how men can use coercive control to extend their dominance over time and through social space in ways that subvert women's autonomy, isolate them and infiltrate the most intimate corners of their lives. Against this backdrop, Stark analyses the cases of three women tried for crimes committed in the context of abuse, showing

that their reactions are only intelligible when they are re-framed as victims of coercive control rather than as “battered wives”.

Trafficking

Human trafficking to Australia: A research challenge. (2007). Putt, J. Canberra, ACT: Australian Institute of Criminology. Online: <http://www.aic.gov.au/publications/tandi2/tandi338.html>

The crime of human trafficking, such as for forced labour or prostitution, has proved difficult to measure. This paper discusses the issues involved in measuring the incidence of human trafficking and calculating estimates, including under-reporting by victims, limited detection of offenders, and poor migration control in some regions. The paper discusses some international monitoring and measurement efforts, and their implications for Australia, and research on understanding and addressing the problem.

Violence

Scoping violence against women in Australia. (2007). Sneddon, C. Sydney, NSW: Australian Domestic and Family Violence Clearinghouse. Online only: http://www.austdvclearinghouse.unsw.edu.au/Other_%20publications/The%20Scope%20of%20Violence%20Against%20Women%20in%20Australia%20-%20NOWSA%20presentation.pdf

This presentation briefly explains the prevalence of violence against women in Australia, describes how this impacts upon women and children, and suggests ways students can be involved in preventing violence and abuse. Forty-eight per cent of Australian women report experiencing at least one incident of physical violence in their lifetime, and 34% report at least one incident of sexual violence. The presentation outlines the prevalence for different groups, such as the disabled, Indigenous women and lesbians; the health, housing, wellbeing and employment effects on women; the effects on children of witnessing abuse; and why violence occurs.

Women with disabilities

Access and equity equals best practice. (2007). Jennings, C. *Australian Domestic and Family Violence Clearinghouse Newsletter*, 29, 4–6. Online: http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Newsletter_29.pdf

This article calls for domestic violence services to respond to the needs of disabled women, a neglected and marginalised population experiencing high rates of violence and fewer pathways to safety. The author outlines good practice strategies for improving disabled women’s access to services and justice, including addressing service barriers, developing accessible information, documenting cases, facilitating interagency collaboration, and raising awareness that women with disabilities face high rates of violence from both intimate partners and carers, and are in need of support.



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) and 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, the *ACSSA Wrap* (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.

MEMBERSHIP FORM

Australian Centre for the Study of Sexual Assault

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

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