

Aware

AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT

In this issue

Welcome to edition 20 of *ACSSA Aware*, the newsletter of the Australian Centre for the Study of Sexual Assault. As always, we are thrilled to be able to publish contributions from workers in the field. In this edition's two feature articles we turn the spotlight to Queensland. Angela Lynch from the Women's Legal Service discusses the problems faced by victim/survivors and counsellor/advocates in relation to the subpoenaing of counselling notes, and discusses a resource being developed by the Brisbane Women's Legal Service to assist counsellor/advocates with record-keeping. The second feature is a Service Profile from the Sexual Assault Team based at Family Planning Queensland in Cairns. Rowena Harper discusses some of the opportunities and challenges in the work of this uniquely positioned service.

We have our usual brief reviews of recent government reports and major national and international research. It has been a busy time, with the formation of the National Council to Reduce Violence Against Women and Children, the release of the Mullighan report in South Australia, the Queensland Crime and Misconduct Commission's review of the implementation of the recommendations of the *Seeking Justice* report, and the Western Australia Inquiry into the prosecution of assaults and sexual offences. We also look at a new Victorian resource on women's experience of mixed-sex psychiatric wards, and on the international front we look at a major review of the evidence on medico-legal (forensic) evidence in sexual assault cases. We also highlight some new additions to the ACSSA Promising Practice Database, and as always bring you up-to-date with publications from the field.

We hope you find this edition of *ACSSA Aware* informative and useful. We are always keen to publish contributions from the field, so if you are inspired to put pen to paper and tell us about your work, we would love to hear from you.

From the ACSSA team

New ACSSA Coordinator

The Australian Institute of Family Studies is delighted to announce that it has appointed **Dr Antonia Quadara** as Coordinator of the Australian Centre for the Study of Sexual Assault.

Dr Quadara brings to the role 10 years of research experience in sexual assault, women's safety and women's policy. She has been working part-time at ACSSA for over two years as a Senior Research Officer, as well as working as a Research Associate with the Melbourne Centre for Criminological Research & Evaluation, where she was an evaluator for the Neighbourhood Justice Centre.

Having completed a PhD in Criminology, Dr Quadara is well equipped to lead the ACSSA team in conducting, evaluating, synthesising and communicating research findings to support policy and practice directions in responding to and preventing sexual assault.



Australian Government

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

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

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

News in brief

Western Australia Inquiry into the Prosecution of Assaults and Sexual Offences

Community Development and Justice Standing Committee, Western Australia Parliament. (2008). Perth: State Law Publisher.

The Western Australia *Inquiry into the Prosecution of Assaults and Sexual Offences*, prepared by the Western Australian Parliament Community Development and Justice Standing Committee, joins a number of recent inquiries and research reports from other Australian jurisdictions (such as the *Study of Reported Rapes in Victoria 2000–2003*, see review in *ACSSA Aware 17*; and the *Seeking Justice* report from Queensland, see this issue for an update). This report, the first and final report of the committee, reviews decisions made by the Office of the Department of Public Prosecutions not to proceed with sexual offence cases over the previous five years and highlights the many obstacles that victim/survivors of sexual assault face when they attempt to seek justice through the criminal justice system. The report is structured around current Australian and international research, supplemented with WA criminal justice system data and extracts from submissions made to the inquiry, to illustrate the themes in the WA context. The WA inquiry looked into both child sexual abuse and adult sexual assault, and in general found that trends in the Western Australian criminal justice system reflect findings from other jurisdictions: that is, low rates of reporting to police and high rates of attrition through the criminal justice system. Of cases reported to the police, less than 15% reach the Office of the Department of Public Prosecutions. Of these, 59% result in a conviction, meaning that less than 9% of all reported cases result in a conviction. Findings such as these are illustrated by personal accounts of unsatisfactory and sometimes distressing treatment at every stage of the process. The report highlights and makes recommendations in relation to a number of areas, particularly:

- the poor level of knowledge management in agencies such as the Western Australia Police, the Office of the Director of Public Prosecutions, and the Department of Child Protection;
- the delays in the judicial process caused by the poor quality of briefs;
- the very poor level of communication between all agencies and also between relevant agencies and the complainant/victims; and
- the gaps in service provision in rural remote areas of Western Australia (p. xviii, Executive Summary).

The report makes a total of 37 recommendations, including the establishment of a multi-agency task force to report to the WA Parliament on progress in June, 2009.

The full report is available at: [http://www.parliament.wa.gov.au/Parliament/commit.nsf/\(WebInquiries\)/69A184DE67E28068C8257426002379F3?opendocument](http://www.parliament.wa.gov.au/Parliament/commit.nsf/(WebInquiries)/69A184DE67E28068C8257426002379F3?opendocument)

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How the Criminal Justice System Handles Allegations of Sexual Abuse: A Review of the Implementation of the Recommendations of the Seeking Justice Report

Crime and Misconduct Commission, Queensland. (2008). Brisbane: Author.

Summary by Haley Clark

This report reviews the extent to which the recommended reforms made in *Seeking Justice: An Inquiry into How Sexual Offences are Handled by the Queensland Criminal Justice System* have been implemented. *Seeking Justice* (outlined in *ACSSA Aware 1*, p.12) proposed 24 reforms in relation to access to quality sexual offences training for police and prosecutors, improving interviewing techniques for officers in specialist child sexual offence squads, enhancing inter-agency collaboration, and greater accountability and transparency in decision-making in the Queensland's criminal justice system response to sexual assault. The aims of the recommended changes include reducing attrition rates, improving the process for complainants and defendants, ensuring cases are well-prepared and processed in a timely manner, and improving public confidence in the system's handling of sexual offence cases. This follow-up report systematically considers each recommendation and draws on interviews with, and submissions made by, the Queensland Police Service, Office of the Director of Public Prosecutions, Legal Aid Queensland and victims support agencies to deduce the extent to which each recommendation has been implemented.

The Crime and Misconduct Commission concluded that the Queensland Police Service "has made significant inroads into the implementation of reforms to improve the handling of sexual offences by the criminal justice system" but that change is incremental (p. ix). The commission concluded that the Office of the Director of Public Prosecutions has "made some progress in implementing the *Seeking Justice* recommendations" (p. ix). From the report, it appears that substantial progress has been made in relation to implementing specialist training on sexual assault and interviewing techniques for police and prosecutors, particularly in specialist child sexual offence squads. Reforms pertaining to decision-making, accountability, and transparency—such as the recommendation that the police manual is amended to clarify police prosecution decision-making processes, and that the Office of the Department for Public Prosecutions policy includes the provision of a written summary for decisions that are made about each case to the police and to the complainant—have so far been rejected by the Queensland Police Service and by the Office of the Department for Public Prosecutions. Reform to protect defendants' identity from the media prior to trial and sentencing have been made, however

recommendations relating to protecting a suspect from being named prior to being charged have been rejected. The report did not explore the extent to which the implemented reforms meet with the respective aims, but does recommend that reviews of the system's handling of cases continue. The report closed with a remark that full implementation of the recommendations is needed to ensure that the criminal justice system provides a better response overall to victim/survivors of sexual assault, as well as to improve the community's confidence that it has the capacity to do so.

How the Criminal Justice System Handles Allegations of Sexual Abuse and *Seeking Justice: An Inquiry into the Handling of Sexual Offences by the Criminal Justice System* are available for download from the Queensland Crime and Misconduct Commission website: <http://www.cmc.qld.gov.au>

The Uses and Impacts of Medico-Legal Evidence in Sexual Assault Cases: A Global Review

Du Mont, J., & White, D. (2007). *Sexual Violence Research Initiative, World Health Organization*. Available at <http://www.svri.org/>

Summary by Cameron Boyd

This document reviews world-wide literature and research findings on the effectiveness of forensic evidence in the prosecution of sexual assault cases. While the provision of post-assault medical care is a pressing issue in itself, the focus here is on the role of medico-legal evidence in legal processes. The overarching finding of this review was the ineffectiveness of forensic evidence in securing a conviction in many sexual assault cases, which hinge on the issue of consent rather than the question of whether "sexual" activity occurred. Most types of forensic evidence in and of themselves made little difference to the legal outcome. The review found a significant positive association between severity of physical injury sustained and legal outcome in 44% of the studies; in other words, where the lack of consent was already evident. This is significant because the majority of women who are sexually assaulted do not sustain additional physical injuries, particularly where, as is so often the case, the offender is known to them. Therefore, where there are injuries the case may become one of *assault*, in comparison to sexual assault where a key issue is consent or lack of consent to sexual interaction.

The report noted the influence that factors other than medico-legal evidence have on the legal outcome of sexual assault cases, stating "that much of the research suggests a regressive class-morality continuum that has sharply disadvantaged those ... [victims] perceived to be at the wrong end" (p.30). That is, it is ongoing moral judgments about the veracity of victim's claims that are the most significant barrier to justice in the legal system.

These judgements are related to highly gendered expectations about “appropriate sexual” behaviour, with poor women much more likely to be subject to harsh judgement. The operation of this continuum was found across jurisdictions, including in “developed” countries.

The report noted that much of the available research on the relationship between the availability of medico-legal evidence and legal outcomes is from industrialised countries. This is important because it is resource-poor regions where effective investment in technology, training and resources is most crucial. However, the report also cited research that challenges the notion that “industrialised/developed” countries are inherently better at responding to and caring for victims of sexual assault; some research demonstrates the existence of poor practice and inadequate systems in affluent Western countries. Examples documented across a range of jurisdictions included excessive waiting times for assistance, being told by police to shower/change before an examination, and evidence being taken improperly by medical personnel and subsequently mishandled by police.

One section of the report described the process of what a medical forensic examination can entail for the victim of sexual assault. From this description one can appreciate that even when conducted skilfully and sensitively by an experienced practitioner, it is an extremely intrusive and potentially traumatic experience. Given the results of this review, this begs the question: if the collection of this evidence is not likely to assist in achieving justice, is it ethically problematic to subject the victim to further pain and intrusion (beyond the provision of medical care)?

The main findings are summarised in the table below.

The Mullighan Inquiry

Children in State Care Commission of Inquiry: Allegations of Sexual Abuse and Death from Criminal Misconduct

The release of *Children in State Care Commission of Inquiry: Allegations of Sexual Abuse and Death from Criminal Misconduct* (“the Mullighan inquiry”) in March 2008 attracted significant media attention, both in South Australia and nation-wide. The inquiry heard from a total of 792 people, who came forward to disclose their experiences of childhood sexual abuse. Of these, 242 (118 women and 124 men) were deemed to fall within the terms of reference for the inquiry: that is, they suffered sexual abuse whilst in the care of the state. It is to the credit of the Inquiry that those whose situation fell outside the terms of references were also heard and supported. In addition, the extent of child sexual abuse reported in Indigenous communities is documented in a separate report, *Children on Anunga, Pitjantjatjara and Yankunytjatjara (APY) Lands*.

A significant proportion of the report is devoted to the accounts of individuals who came forward to disclose their experiences in a range of care settings, from institutions to family-based foster care. For many of the people who came forward, their disclosures to the inquiry were the first time they had told anyone about the abuse. This is particularly powerful given that some of those people left state care decades ago. The report comments on the sense of relief expressed by people having their story heard and believed, that finally someone actually *wanted* to listen. There was also the hope of achieving some recognition of the injustice of the abuse: the inquiry forwarded 170 cases on to the Paedophile Task Force for investigation. Another prominent motivation was to help stop further abuses from occurring, whether the perpetrator was still known to be in a position involving contact with children, or more symbolically by “giving a voice” to children in vulnerable situations.

The report makes a total of 54 recommendations. These range from measures aimed at preventing and detecting sexual abuse in care settings, the recruitment, training and retention of appropriately qualified staff to support children and young people in care, and improvements in official documentation practices. Upon the tabling of the report in the South Australian Parliament on April 1, 2008, the Premier committed to seeing through one of the major recommendations of the report, “that the South Australian Government makes a formal acknowledgement and apology to those people who were sexually abused as children in state care”. After undertaking consultations with the community, the SA Government delivered an apology in Parliament on June 17, stating that a task force would be set up to explore compensation to those affected.

Further information, and the report are available at <http://www.service.sa.gov.au/ContentPages/sagovt/mullighaninquiry.aspx>

Box 4.1 **Summary of relationship to legal outcome of medico-legal evidence by type**

Type of medico-legal evidence	Relationship to legal outcome
General physical injuries	44% of studies found a significant positive association with legal outcome (the apprehension and interrogation of a suspect; the decision to forward a case for prosecution, lay/file charges, fully prosecute; successful prosecution/conviction; imprisonment)
Ano-genital injuries	29% of studies found a significant positive association with legal outcome (the decision to found a case, lay/file charges; conviction)
Biological/non-biological samples	31% of studies found a significant positive association with legal outcome (the decision to refer a case for prosecution, return an indictment, lay/file charges, fully prosecute; conviction)
Biological samples	8% of studies found a significant positive association with legal outcome (the decision to lay/file charges)
Sperm/semen Sperm/semen/saliva	No study found a significant positive association with legal outcome
Emotional presentation	No study found a significant positive association with legal outcome

Source: Du Mont & White, 2007, p. 31.

Children on Anunga, Pitjantjatjara and Yankunytjatjara (APY) Lands: A Report into Sexual Abuse

This report was based on community consultation in “the Lands”, rather than being focussed on hearing disclosures of personal experiences of sexual abuse. Although individuals were invited to give evidence, no personal disclosures of sexual abuse were made. The inquiry conducted 147 meetings involving 246 people, and heard evidence from 70 individuals. The inquiry found child sexual abuse to be widespread in these communities, noting that children who had been sexually abused were frequently abused by more than one perpetrator; 248 allegations of sexual abuse related to 119 individual children since the year 2000. The report found that child sexual abuse on the Lands is symptomatic of entrenched social disadvantage, poverty, lack of hope for the future, and the imposition of destructive aspects of non-Aboriginal ways. Government and non-government agencies involved in welfare and child protection, health, education and the administration of justice are identified as crucial agents of change, in line with the strategic plan proposed by Tjungunngu Kuranyukutu Palyantjaku (the peak body of representatives from the Lands, with State and Federal governments). The report argued that the provision of timely services, including protective and therapeutic responses, will require both a substantial dedication of resources and restructuring of the agencies responsible for providing these services. Working towards a greater sense of safety in the communities as a whole is identified as a crucial factor in exposing and preventing child sexual abuse, work that must be guided by consultation with community women in particular. According to the report, reducing the prevalence of child sexual abuse and preventing its occurrence in the future will only be achieved through promoting the wellbeing of whole communities on the Lands.

For more details and to download the full report, see http://www.service.sa.gov.au/ContentPages/sagovt/mullighaninquiry_apy.aspx

Nowhere to be safe: Women's experience of mixed-sex psychiatric wards,

Victorian Women and Mental Health Network. (2007). Available at: www.vicserv.org.au

High dependency is such a scary place. It doesn't take long to get raped. “Miranda”

The Victorian Women and Mental Health network conducted a series of “Listening Events”, to hear directly from women who had spent time in mixed-sex psychiatric wards. The overriding theme reported was a lack of safety for women in such wards, especially in High Dependency Units—61% of women surveyed by the network had experienced harassment or abuse. Having to live with male patients was highlighted as a potentially traumatising experience for many of the women. The report lists 10 practical recommendations

to make such institutions safer for women, and details some steps that are being taken in Victorian organisations in response to the Listening Events.

ACSSA publications forum

In May, ACSSA held a forum in Brisbane, Queensland, based on Issues Paper 8, *Sex Workers and Sexual Assault in Australia*. This was ACSSA's first publication forum. We intend to have this become an ongoing feature of ACSSA's communication and dissemination strategy with key stakeholders across Australia.

The aim of the forum was to bring insights from the sexual assault field to safety issues in terms of sex workers and to sharpen understandings of the priority issues in relation to this topic for those working in the sexual assault, sexual health and sex work advocacy sectors. The paper's author Dr Antonia Quadara (Senior Research Officer for ACSSA) presented the key issues for sex workers' safety, that emerged from the review, to a diverse audience including policy makers, researchers, sexual assault service providers, sex workers and sex worker advocates. Ms Janelle Fawkes (CEO of Scarlet Alliance), Dr Margot Legosz (Acting Director of the Research and Prevention Unit of the Crime and Misconduct Commission in Queensland) and Dr Barbara Sullivan (University of Queensland) also participated as respondents. They identified important issues and questions relating to sex workers' safety and sexual assault prevention. Dr Zoë Morrison, then co-ordinator of ACSSA chaired the event. Chris D'Aquino of the Office of Women's Policy Queensland provided closing remarks.

ACSSA presentations available online

In April 2008, Dr Zoë Morrison, then ACSSA Coordinator, presented to the Brotherhood of St Lawrence, in Melbourne, and to UnitingCare Wesley in Adelaide on *The parameters of social inclusion in Australia: On social exclusion, social justice, homelessness, family violence and sexual assault*. Available on the ACSSA website: <http://www.aifs.gov.au/acssa/pubs/pubsmenu.html#seminar>

In February 2008, Cameron Boyd, ACSSA Research Officer at the time, presented at the Queensland Department of Child Safety Research Forum on ACCSA Wrap No. 3, *Young People Who Sexually Abuse*. Also presenting was Simon Blake, Chief Executive of Brook services (UK), on *Sexual Health Matters of Children in the Care System*. The forum was well attended (including video-links to remote regions), and was opened by The Honourable Margaret Keech, Minister for Child Safety and Minister for Women.

These presentations, and others from the Child Safety Research Forums, are available online at <http://www.childsafety.qld.gov.au/research/forums>

Subpoenaing counselling notes

An interview with Angela Lynch

INTERVIEW CONDUCTED BY HALEY CLARK

Angela Lynch, from Queensland's Women's Legal Service, spoke with ACSSA Research Officer Haley Clark about the issue of subpoenaing counselling notes.

ACSSA: What is a subpoena and how it is applied to counselling records?

Angela Lynch (AL): A subpoena is a court order requiring either:

- the attendance "in person" of a person to give evidence at a trial;
- the production to the court of written information and notes that has been specified in the subpoena; or
- a combination of the above.

In sexual assault and rape trials in Queensland, it is common for the notes of the counsellor who has been supporting the complainant to be subpoenaed to the criminal trial. It is less common for counsellors themselves to be called to give evidence in person.

There are very serious ramifications if a counsellor does not comply with the requirements of a subpoena. Non-compliance is considered a contempt of court and a counsellor could be imprisoned for this.

It is usually the defence lawyers who subpoena counselling notes and records. They do it to learn more about the complainant and the allegations that have been made. The information in the counselling notes can assist them in their cross-examination of the complainant and other witnesses.

A common purpose [for] why defence lawyers subpoena counselling notes is to find out whether the notes reveal any inconsistent statements. That is, whether the complainant has provided a different version of events about the alleged assault to the counsellor than that which has been provided to the police or to other people who are giving evidence at the trial.

ACSSA: How do QLD subpoenaing laws differ from other Australian states?

AL: All other Australian states and territories, except Queensland, have enacted legislation that provides some level of protection or privilege for counselling notes in trials relating to sexual offences.

This means that all other state and territory governments, except Queensland, have accepted the public policy argument that there is a need for legislative protection because a largely unfettered right of access to counselling notes by defence lawyers through the subpoena process can discourage sexual assault victims from accessing counselling and reporting crimes to the police.

Currently, where counselling notes are subpoenaed in Queensland courts, there are some legal arguments that can be made to try to object to a subpoena, but they are quite limited. For example, you could argue against a subpoena on the basis that the defence have not been specific enough in the detail of their subpoena and are "fishing" for information; or the defence has not complied with procedural rules or the information that is sought is not relevant to the court case.

Although the legal arguments are limited, counsellors who want to object to a subpoena should always get legal advice about the options that may be available to them.

It is also a good idea to get advice about other possible outcomes. For example, even though a subpoena may still be allowed *in total*, there may be some options to get court orders in place that detail restrictions, they may for example:

- limit the documents that are seen to only "relevant documents";
- place limits on who sees the notes;
- specify whether the notes can be photocopied; and
- detail a process for the destruction of any copies that have been made at the end of the trial.

ACSSA: Does legislation “fix” the problem?

AL: Much of the legislation in other states has now been in operation for a number of years. From the research that we have undertaken to date, it appears even the partial or qualified privilege that has been introduced in some jurisdictions are not a complete “fix” to the problem. For example, whether or not the notes will be allowed to be used in the trial involves sexual assault services having to pay lawyers to make these arguments. This is a very costly exercise. The other choice is for the service to act for themselves, which is very resource intensive and a possibly harrowing experience.

Another major problem with much of the current legislation is that a judge, in making a decision about whether to allow the notes to be used, often has to weigh up the competing interests of the rights of the accused to a fair trial against broader public interest arguments. That is, the judge has to consider whether to allow the notes to be used in the trial because they are relevant—and the defence has a right to see and use all relevant material in order to properly defend the accused. The competing interest would not allow the use of the notes because of the broader public interest concerns—that it could discourage future rape and sexual assault victims from accessing counselling and/or reporting crimes to the police.

Arguing that the privilege of withholding counselling notes be applied goes against the long held culture in the criminal law of “the right of an accused to a fair trial”. It would seem judges will often allow the notes into the trial on this basis and are not so willing to accept the broader public interest arguments.

Although there are problems with some aspects of how the current legislation in some states is working, this is not an argument against Queensland introducing its own legislation. Rather we would argue that the Queensland Government is now well placed to learn from the mistakes of these other jurisdictions and introduce “model” legislation in the area.

ACSSA: You have been developing a new resource on how to respond to subpoenas, could you tell me a bit about it?

AL: Over many years, the Women’s Legal Service in Brisbane has received a number of calls from counselling agencies who have been subpoenaed, so are aware that there is a need for information on this topic in the community.

The Women’s Legal Service in Brisbane is developing a booklet about counselling notes and subpoenas. We are also intending to develop and deliver a training package that can be delivered to help support organisations to utilise the information contained in the booklet in their internal policy development.

The booklet provides general information about what a subpoena is; what the purpose of subpoenaing is; the likely circumstances when a counsellor would be called to give evidence; information about the grounds to object to a subpoena; tips and strategies to assist professional note-taking; and what to do if a counsellor is subpoenaed.

Although the booklet will be quite Queensland specific in its focus, there will be some useful information for people from other states to consider, including in particular, the tips and strategies to assist professional note-taking and things to do if a counsellor is subpoenaed.

ACSSA: Are there any strategies that counsellors can apply in their everyday practice to protect their notes from a subpoena?

AL: It is impossible to give definitive guidelines about best practice in note-taking and, naturally, guidelines and obligations relevant for membership of specific professional bodies may also be relevant. One of the more important tips that can be given is to only take notes that a counsellor *needs* for the counselling relationship. What issues are “relevant” and should be recorded to do your work properly?

Also be aware that at the time of writing your notes that they could be subpoenaed and viewed by “other audiences”. Therefore, think carefully about the wording of your notes and the inferences that can be drawn. Be diligent about your assessment and conclusions drawn and be able to back these up if necessary.

Haley Clark is a Research Officer at the Australian Institute of Family Studies.

At the time of this interview, the Women’s Legal Service was still developing the information booklet. It is anticipated that the publication will be available by the end of the year. For more information email admin@wlsq.org.au or visit the Women’s Legal Service Queensland at <http://www.wlsq.org.au>

Sexual Assault Team Family Planning Queensland, Cairns

INTERVIEW CONDUCTED BY CAMERON BOYD

Sexual Assault support worker and educator Rowena Harper gives a snapshot of the unique challenges of providing a sexual assault counselling and prevention service to the diverse communities that make up Far North Queensland. Rowena spoke with ACSSA Research Officer Cameron Boyd in preparing this article.

ACSSA: What is the history of the sexual assault service being attached to a Family Planning Queensland clinic and education service? Is this unique to Cairns?

Rowena Harper (RH): The sexual assault service in Cairns is located in a unique context. The Cairns program used to exist as a stand-alone rape crisis organisation. About eight years ago Queensland Health put out a tender for the provision of sexual assault services, and Family Planning Queensland (FPQ) was successful in obtaining funding for its model. FPQ is traditionally a provider of, and advocate for, sexual and reproductive health and education services, so was in a position to provide complementary services to survivors and to those at risk of sexual assault—including continuing medical care, and a range of prevention/early intervention/education options. Ours is the only region in Queensland that operates in a multi-disciplinary team like this—most other sexual assault services are either located as stand-alone organisations, or are acute services within Queensland Health.

ACSSA: What client groups does the service work with?

RH: In Cairns we now have funding to provide sexual assault services for women over the age of 15, and children up to the age of 18 who have been sexually assaulted at any time in their life. We also operate a 24-hour acute sexual assault support system, so there's a continuity of care in follow-up after an acute assault. Our education program also works with school communities and other community groups to spread the education and prevention message.

ACSSA: What kinds of opportunity are presented by the sexual assault team being located within Family Planning Queensland?

RH: The obvious benefit of working closely with a clinic that specialises in sexual and reproductive health is having immediate referral access to a team of very knowledgeable and understanding practitioners. Although forensic examinations are not conducted by our staff (yet!), any follow-up and ongoing medical care for immediate and long-term effects of sexual assault can all be carried out in-house.

The sexual assault counselling programs also have access to a strong education and training team. Sometimes people don't seem to make the link between sexuality education or sexual health promotion and sexual assault prevention/intervention. We're lucky to be able to draw on about 30 years of sexual health experience, knowledge and research in promoting healthy sexuality from birth throughout life. It's like encouraging self-protection skills and healthy and ethical relationships at every age and developmental level.

The combination of services allows us to provide a broad spectrum of care, with different people being able to contribute to different areas according to their strengths (as opposed to some places with limited staff to call on, where everyone is required to do a bit of everything). So, in terms of service provision, our sexual assault team generally concentrates on providing therapy and support for individuals and groups, information, advocacy and community development work, and links in with our education program for community education, awareness raising, health promotion and much of the training and workforce development side of things.

ACSSA: Can you describe the geography of the area your service covers? Far North Queensland is a big place, with an extremely diverse range of communities and environments. What are the challenges involved in providing a service to such a vast and complex area?

RH: It's difficult to define our geographic area in a simple way. We're funded from several different sources for different services. We're funded to provide sexual assault services for adult females basically from Cardwell (about 2 hours south of Cairns) to what used to be the Douglas Shire (about another 2 hours north of us). The western area (the Tablelands) has its own sexual assault service. Aside from a designated position within Qld Health in Weipa, there is no specifically funded sexual assault service in the Cape. In terms of child

services our geographic area is smaller, covering Mossman/Port Douglas and Cairns areas. In education, however, we cover Cardwell to the Torres Strait. So it's all quite varied and sometimes confusing—especially in places where no other services exist.

So over all, we cover all the “R’s”—regional, rural and remote—in some way or another. How do we do it? It is an ongoing challenge. We’ve tried out different ways of providing services to outlying areas over the years. Sometimes we’ve had staff flown up to respond to remote areas, and sometimes clients have been flown down. We’ve worked with services like the Royal Flying Doctors Service and others who have more constant presence in some remote communities. We’ve provided outreach where possible on a regular basis, and currently have a worker situated in the Douglas Shire area, which covers some largely Indigenous communities (such as in and around Mossman) as well as the big tourist attraction of Port Douglas. So even within about 15 minutes of driving we can sometimes be immersed in very different contexts.

It’s very difficult to know what the most effective mix of services is and how best to provide them to such a vast geographical area that incorporates so many different environments and communities. We acknowledge that physically we don’t have the capacity to cover it, and also that we’re not necessarily the best people placed to know what is needed in so many different places. So the direction we’re heading in is one of capacity building. We’re always on the lookout for ways we can link in with others who are already working or living in other areas to support the development of skills, knowledge and confidence in dealing with sexual assault and sexual health in any way we can. It makes far more sense to equip people who are already there to respond to their own community issues than to have a stranger walk in and try and coax a response.

ACSSA: Can you tell us about some recent examples of this “community capacity-building” approach?

RH: Some of the ways we’ve responded so far this year, that are a little outside of usual service provision, have revolved around health promotion. Last year clinic, sexual assault and education teams worked together on a pilot project to build the capacity of Indigenous health workers in Hopevale (a small community near Cooktown, about 4–5 hours drive from Cairns) to respond to sexual health issues in their community. This stemmed from requests from local clinic staff for information and training around sexual and reproductive health issues. Further consultation with workers in the community resulted in putting together a more comprehensive series of workshops that covered sexual health, health promotion and sexual assault issues. It then formed the basis of a funding application to the Rio Tinto Aboriginal Fund to roll out training for Indigenous health workers in Aboriginal Medical Services around the state over the next three years. We ran the first round of funded workshops in March this year here in Cairns with ten health workers, covering areas of clinical sexual and reproductive health care, health promotion, recognising and responding to sexualised behaviours in children, and sexual assault responses with adults. The feedback was really encouraging, and we’ll continue to provide follow-up support to participants as well as roll out the next couple of workshop rounds.

A completely different project that evolved earlier this year, was carried out by our sexual assault counsellor based in Port Douglas. Each year Port Douglas hosts the “Reef and Rainforest Carnivale”—a local festival involving various activities such as a circus, fireworks, a lavish street parade, food and wine tasting, live music/dancing, fashion parades, sporting interests and displays of fine arts. Previous years’ involvement in promoting safe festivities prompted our worker to highlight the issue of sexual assault and healthy, safe sexuality in what became the “Consent is...” campaign. The idea was to highlight healthy sexuality and relationships rather than to focus on sexual violence; and thus fit into the atmosphere and intent of the festival. The campaign involved promotion of a “Consent is...” slogan competition (one of which was also printed on t-shirts) to encourage community discussion and engagement on the theme of healthy, safe sexuality and relationships in a manner that captures the imagination of residents and visitors to the region. It resulted in some great discussion among community members both in the lead up and at the actual carnivale festivities. There were a lot of really great slogan entries, with the winner being “Consent is... a pleasure to give not the pressure to give out”. Because the t-shirts were printed before the competition closed, we used a different one on them: “Consent is... the yes you give when you’re free to say no”. Both reflect a really positive, informed and confident approach to sex. So these are two quite different examples of ways we’ve tried to fit service provision to different community needs.



A slogan from the “consent is...” logo competition

Family Planning Queensland website: www.fpq.com.au

At the time of writing, **Cameron Boyd** was a Research Officer at the Australian Institute of Family Studies.

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. Three recent additions to the database are outlined below. Visit our website to see the profiles in full!

SADA (Sexual Assault in Disability and Aged Care Action Strategy project).

<http://www.aifs.gov.au/acssa/ppdb/sada.html>

The overall aim of SADA is to effectively prevent and respond to sexual assault of vulnerable women in disability and aged care residential settings. The SADA project has focused on raising awareness with residential service providers in the disability and aged care sectors about the issue of sexual assault of women with disability and older women thus accessible formats were not a priority this time.

Understanding and Teaching About Sexual Assault and Sexual Abuse

<http://www.aifs.gov.au/acssa/ppdb/utsasa.html>

Run by Sexual Assault Resource Centre (SARC) in W.A, this train-the-trainers program is for school teachers, school health nurses, chaplains and youth workers (basically anyone who works with high school aged young people). The manuals cover two separate age groups: Year 8/9 and Year 10–12, with a slightly different focus and level of information for each age group. Underpinning the program is the idea that sexual violence should be incorporated into the education setting in the aspect of the curriculum that deals with sexual health and relationships, rather than a one off discussion for an hour from an outside agency.

Jacaranda Project

<http://www.aifs.gov.au/acssa/ppdb/jacaranda.html>

The Jacaranda Project is a therapeutic group work program for adult survivors of childhood sexual abuse, and also incorporates a capacity-building element by training non-specialist workers to work with this client group. A detailed evaluation of the program has been undertaken (see *Aware 19* for a summary).

Publish in ACSSA *Aware!*

There are so few forums in which those working in the sexual assault field can share information with one another. ACSSA provides one of these forums through the document you are reading—*ACSSA Aware*. We are keen to publish articles written by you within this newsletter on the topic of sexual assault. We are particularly keen on publishing articles that will be of interest to those working in the sector, and to any and all interested in preventing sexual assault.

We accept article contributions of up to 5,000 words. We also accept film and book reviews, and news of conferences, training and research projects of up to 1,500 words.

If you would like to contribute an article or review to *ACSSA Aware*, please email a Microsoft Word document to acssa@aifs.gov.au, or post to ACSSA, Level 20, 485 La Trobe Street, Melbourne, Victoria 3000.

You should also view our “contributor’s guidelines” on the ACSSA website www.aifs.gov.au/acssa/pubs/pubsmenu.html

CONFERENCES

For a full list of upcoming conferences, seminars and events, visit the Conferences and Events page on the Australian Centre for the Study of Sexual Assault website: <http://www.aifs.gov.au/acssa/conferences.html>

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

Building generations: A strengths-based, solution-focused, parenting program for female adult survivors of childhood family sexual violence: Manual. (2007). Basham, S. Perth, WA: Incest Survivors' Association

Survivors of childhood intrafamilial sexual abuse or domestic violence often face problems when they become parents—overprotective or neglectful parenting skills, fears of not being a good parent, or risks of a repeating cycle of family violence. The “Building Generations” parenting program provides education and support for groups of women, and covers parenting styles, healthy versus unhealthy parenting, consistency, handling emotions, child development and behaviour, safety issues for children, dealing with anger and violence, and self care. This manual outlines group sessions, and includes handouts, background information and literature review, and tips for group facilitation and closure.

Forgotten Australians: Supporting survivors of childhood institutional care in Australia. (2008). Harrison, E. J. Barton, ACT: Alliance for Forgotten Australians

The Forgotten Australians are survivors of the institutional care system that was the main form of out-of-home care in Australia until the 1970s. This booklet is designed to inform and assist health workers, social workers and service delivery organisations to recognise, support and respond to Forgotten Australians, many of whom suffer long-term trauma because of their childhood experiences in orphanages or homes. The booklet covers: who the Forgotten Australians are; where you will meet them; what they experienced; the long term impacts; and, working with Forgotten Australians.

Costs of violence

Measuring the burden of interpersonal violence victimisation in Western Australia. (2008). Meuleners, L., Hendrie, D., & Lee, A. H. Canberra, ACT: Australian Institute of Criminology. Available at: <http://www.aic.gov.au/publications/tandi2/tandi352.html>

People who have been victimised by interpersonal violence have an increased risk of mental illness, and the associated hospitalisation costs burden the Australian population. A paucity of data makes it difficult to develop appropriate preventative initiatives. This paper

outlines a population-based study in Western Australia investigating mental illness in hospitalised victims due to interpersonal violence, using linked data from the Western Australian Mortality Database, the Hospital Morbidity Data System and the Western Australian Mental Health Information System from 1990 to 2004. The findings document the demographic characteristics and prevalence of mental illness in victims, and the share accounted for by people with and without mental illness. The results showed that groups at risk of interpersonal violence include young people between 20 and 29 years old and Indigenous females. One in four hospital admissions for interpersonal violence also had a hospital admission for a mental illness during the study period. Hospital admission costs vary, with higher mean costs per hospital admission for males and the non-Indigenous population. Indigenous people are overrepresented as victims of interpersonal violence, contributing 41% of total hospital costs. Since 1998, there has been a small, steady decrease in the overall hospitalisation rate, although an increase in that for Indigenous females with a mental illness. (Author abstract)

Working it out: Domestic violence issues and the workplace. (2008). Murray, S., & Powell, A. Sydney: Australian Domestic & Family Violence Clearinghouse, UNSW. Available at: http://www.adfvc.unsw.edu.au/PDF%20files/Issues%20Paper_16.pdf

This paper provides a comprehensive review of Australian and international literature about domestic violence and employment issues. It examines the impact of domestic violence on employment and the impact of employment on abusive relationships. It outlines workplace responses to domestic violence and includes a number of Australian examples of domestic violence prevention programs.

Domestic violence: A workplace issue. (2008). Pennings, B. *Australian Domestic and Family Violence Clearinghouse Newsletter*, 31, 15

Domestic violence affects workers in most workplaces. Its effects are felt in workplaces through the presence of exhausted or injured workers, absenteeism and disruptions such as persistent phone calls or emails. Staff who are experiencing domestic violence have difficulty in concentrating and are less productive. The costs to the workplace include security, decreased productivity, legal compliance, staff turnover, absenteeism, high insurance costs, as well as increased health and safety risks. This article discusses how to identify and help both victims and perpetrators in the workplace, issues that are covered

in detail in *Domestic violence and the workplace training manual*, by Betty Taylor. It also describes the activities of Australia's CEO Challenge, a not for profit organisation working on the issue of domestic violence and the workplace in Australia.

Why assess the health impacts of domestic violence policy? Making the case for the application of health impact assessment to domestic violence policy development. (2008). Potter, J. L. *Just Policy*, 47, 46–52

Recent Australian research has highlighted the extensive health costs of domestic violence in Victoria, domestic violence has been identified as having a greater impact on the health of women under the age of 45 than any other risk factor. Policy decision making in non health sectors is clearly influential in determining health outcomes of pervasive social problems such as domestic violence. Health impact assessment (HIA) is a tool that can be used to assess how a specified policy or practice might affect the health of a population. This paper draws on examples of domestic violence policy development where potential and actual impacts on health have been identified and on case studies where HIA has been applied within the domestic violence policy context. The discussion of the role of HIA does not suggest that domestic violence should be viewed only as a health issue; rather, it seeks to show that HIA can contribute to addressing the issue of domestic violence by providing a consistent focus on the health of the women and families experiencing the violence across all relevant policy sectors.

Disabled victims

A framework for influencing change: Responding to violence against women with disabilities 2007–2009. (2007). Howe, K. Melbourne, Vic: Victorian Women with Disabilities Network Advocacy Information Service. Online only. http://www.whv.org.au/vwdn/documents/influencing_change_final_version.pdf

This Framework outlines a plan for the work of the Victorian Women with Disabilities Network Advocacy Information Service. It targets family violence and sexual assault as priority areas of concern. It recognises that women residing in a range of domestic environments, including their own homes, boarding houses and supported accommodation are vulnerable to physical, sexual and psychological violence. Women with disabilities are also vulnerable to violence from both paid and unpaid carers providing personal support. This Framework seeks to intersect with the Victorian Government's family violence and sexual assault reform strategies that are currently being implemented under the Fairer Victoria Policy. (Author abstract, edited)

Domestic violence

Evaluating domestic and family violence programs and services. (2008). Braaf, R. *Australian Domestic and Family Violence Clearinghouse Newsletter*, 31, 5–8

The evaluation of domestic and family violence interventions is essential to ensure that relevant

and effective programs and services are offered. This article focuses on key issues for good practice in evaluating domestic and family violence programs and services. It discusses: the need for evaluators to have an understanding of domestic and family violence; conducting participatory evaluation; adopting an action research approach; timing the evaluation; identifying performance measures; collecting baseline data; promoting data quality; making use of findings; ethical practice and safety of participants.

Domestic violence screening: Findings of a pilot project conducted by allied health staff in community health. (2008). Howard, J. *Australian Journal of Primary Health*, 14(1), 43–51

This article examines a pilot project that introduces screening for domestic violence into an allied health team at a community health service. The screening was delivered over a three month period from May 2005, with 44 clients screened. The article explores the context in which the project was initiated, the experience of allied health staff in undertaking the screening, and project findings. It concludes that although the screening did not result in significant numbers of women disclosing domestic violence, it enhanced the capacity of allied health staff to respond to women who have experienced domestic violence, and strengthened the linkages between allied health and counselling staff. (Journal abstract)

Theorising men's violence towards women in refugee families: Towards an intersectional feminist framework. (2008). Pease, B., & Rees, S. *Just Policy*, 47, 39–45

Violence against women occurs in most societies, but research shows that immigrant and refugee women are at particular risk of domestic violence. This article describes the use of an intersectional feminist framework to analyse the results of an empirical investigation of men's violence against women in refugee families. The framework is intended to recognise cultural variations in violence against women without necessarily accepting cultural justifications for abusive practices. Analysis of domestic violence in the refugee context is needed in order to move beyond the provision of culturally appropriate services to develop models and practices of social change that reflect the complexity of issues affecting the lives of refugees during settlement. The use of an intersectional feminist framework allows an appreciation of patriarchy as it is manifested through cultures, maintaining a focus on the factors that place women at risk rather than on pathologising broader cultural frameworks.

A deafening silence: Hidden violence against women and children. (2008). Romito, P. Bristol, UK: Policy Press

Although awareness of violence against women and children and measures to prevent it has increased, the violence persists and has provoked a backlash against those who seek to expose it. This book analyses the mechanisms through which male violence is hidden in contemporary society. It describes forms of violence against women and children and links them to discrimination. It identifies the tactics used to hide

male violence, and discusses the strategies employed similarly in various countries as a social response to hide the violence.

Northern Crisis Advocacy Response Service. (2008). Rorke, F. *DVIRC Quarterly*, 1, 8–10

This article introduces a new crisis service for women in northern metropolitan Melbourne, Victoria: the Northern Crisis Advocacy Response Service (NCARS). NCARS was developed through a collaboration of six local agencies: the Women's Domestic Violence Crisis Service, Berry Street Northern Family and Domestic Violence Service, Salvation Army - Mary Anderson Family Violence Service, Women's Health In the North, Georgina Women's Refuge, Martina Women's Refuge, and Victoria Police. The NCARS model aims to provide integrated counselling, information, refuge, referral, social service, legal and support services, to help women make more informed decisions and without necessarily being uprooted from their homes in order to be safe from violence.

Diverse and inclusive practice: Redrawing the boundaries: National Forum on Domestic Violence, Disability and Cultural Safety, 8–9 November, Brighton-Le-Sands, Sydney. (2008). Wilcox, K. *Australian Domestic and Family Violence Clearinghouse Newsletter*, 31, 12–14

The 2007 National Forum on Domestic Violence, Disability and Cultural Safety focused on problems caused by service gaps, inaccessibility, inadequate training and the needs of women with disabilities. This article provides an overview of the Forum's themes and presentations. It discusses what is meant by inclusive practice, some of the issues raised, and some of the programs described in the Practice Exchange sessions. It presents the Forum's key recommendations, arranged according to Commonwealth, State and sector responsibilities.

DV coverage uncovered: An analysis of current news media coverage of domestic violence. (2008). Woodlock, D., & Morris, B. *DVIRC Quarterly*, 1, 2–7

The news media are one of the main sources from which people gain information about the society in which they live. When the media fail to accurately depict the complexity of domestic violence they contribute to the perpetuation of a culture of violence against women and children. In this article the authors look at the coverage of domestic violence amongst recent Australian online and printed news media stories. (Journal abstract)

Domestic violence guidelines

Guidelines for responding to family and domestic violence. (2007). Western Australia Department of Health, Women's Health Policy and Projects Unit. Perth, WA: Department of Health. Online only. http://www.health.wa.gov.au/publications/documents/Gudielines_for_responding_to_family_and_Domestic_Violence.pdf

The guidelines were developed to provide health workers with an understanding of family and domestic violence and the impact it has on members of the family and

the wider community, and to assist health workers to intervene safely and effectively with victims of violence and abuse, their children and other vulnerable people in the household. The document sets out principles of screening for violence and abuse, and of intervention. It provides standard information applicable to health professionals and clinical settings.

Gender issues

Gender matters: A manual on addressing gender-based violence affecting young people. (2007). van der Veur, D., Vrethem, K., Titley, G., & Toth, G. Strasbourg, France: Council of Europe Publishing

This manual aims to assist educators and youth leaders work on issues of gender and gender-based violence with young people. Gender-based violence, including violence against women, is a key human rights challenge in contemporary society. Working with young people on human rights education is one way of preventing gender-based violence from occurring. By raising awareness on why and how it manifests and exploring its impact on people and in society, gender-based violence will no longer go undetected.

Health issues

The way we treat each other. (2008). Moodie, R. *Medical Journal of Australia*, 188(8), 477–480

Family violence, discrimination, bullying and social exclusion increase the disease burden and impose significant social and economic costs on Australian society. The way we treat each other is an important determinant of health; family violence, discrimination, bullying and social exclusion are causes of suffering and loss of productivity. A reduction in the human and economic costs has major implications for the way opportunity, wealth and amenity are distributed. In turn, these have implications for the way minority groups are protected and empowered, and for legislation, education and the availability and accessibility of services.

Indigenous issues

The emergency response to family violence in the Northern Territory: Where's the evidence? (2008). Nancarrow, H. *Queensland Centre for Domestic and Family Violence Research Newsletter*, 6(3), 4–6. Available at: <http://www.noviolence.com.au/public/newsletters/news23.pdf>

Urgent action is needed to address the abuse of women and children in Indigenous communities. However, there is widespread concern that the Howard Government's intervention in the Northern Territory is not being implemented in partnership with community members, and that principles of evidence-based practice have not been applied to the intervention measures. This article reviews the Federal Government's Northern Territory intervention up to November 2007 against the researched evidence on effective interventions in Indigenous family violence. It notes the Government's ready access to information

on evidence-based interventions for Indigenous family violence, particularly through the Commonwealth funded Partnerships against Domestic Violence (PADV) initiative, and similar information through the Prime Minister's National Indigenous Council. Apart from its failure to draw on available research, the emergency plan imposes a top down approach on communities rather than building programs from the ground up in partnership with communities.

Law reform

Increasing criminalisation of domestic violence: The perils of "protection". (2008). Nancarrow, H., & Bradford, M. *Queensland Centre for Domestic and Family Violence Research Newsletter*, 6(3), 12–13. Available at: <http://www.noviolence.com.au/public/newsletters/news23.pdf>

Activists have called for the increased criminalisation of assaults in domestic violence cases and the removal or minimisation of police discretion in application of the criminal law for domestic violence offences. This approach is gaining favour in public policy in Australia. However, two significant and unintended consequences of these policies have been identified. Firstly, research has found that while a pro-arrest strategy seems to reduce violence perpetrated by men who are married and employed, it has the opposite effect for men who are unmarried and unemployed. This is consistent with reports from Indigenous Australian women that criminal justice interventions result in more violence against them. The second unintended consequence of increased criminalisation is the occurrence of dual arrest, in which both victim and perpetrator are arrested when the victim fights back or is found to have engaged in other offences such as substance abuse.

Mental health

Women, catastrophe and mental health. (2008). Raphael, B., Taylor, M., & McAndrew, V. *Australian and New Zealand Journal of Psychiatry*, 42(1), 13–23

This paper examines the concept of catastrophic experience, its relationship to the range of acute and prolonged stressors to which women may be exposed and the broad impacts on their mental health and wellbeing. Catastrophic experiences include intimate partner abuse, sexual assault and child physical and sexual abuse. Women's experiences of loss through the violent deaths of children and loved ones may also have such enduring impacts. The catastrophes of war, conflict, genocide, sexual exploitation and refugee status differentially affect large numbers of women, directly and through their concerns for the care of their children and loved ones. There is recognition of the large numbers of women currently experiencing catastrophe in ongoing ways that may be silent and unacknowledged. This is significant for clinical care and population impacts, and in the losses for women across such contexts. (Journal abstract, edited)

Offender programs

Exploring men's perpetrator programs in small rural communities. (2008). Jamieson, S., & Wendt, S. *Rural Society*, 18(1), 39–50

This paper outlines the findings of an exploratory study conducted in a small rural community in South Australia in 2006. Human service providers, experienced in working with victims and/or perpetrators of domestic violence, were asked about their experiences and perceptions of perpetrator programs in small rural communities. Specifically, questions about the value of, and the factors impacting on, the availability of perpetrator programs in the rural context were explored. Alternative intervention options to address domestic violence perpetration were also discussed. The key findings of the research were that concerns about anonymity, and community attitudes, which condoned male control of female partners, would prevent men from using behaviour change programs in small rural communities, and therefore impact on their viability. The implications for human service providers are outlined in the paper. (Journal abstract)

Police role

Police response to domestic violence: Making decisions about risk and risk management. (2008). Trujillo, M. P., & Ross, S. *Journal of Interpersonal Violence*, 23(4), 454–473

Police are at the front line of domestic violence prevention. How then do police make judgements about the risks associated with domestic violence, and how do those judgements influence their actions? This study analysed family incident risk assessment reports made by Victorian police using a risk assessment instrument. A limited number of items on the risk assessment instrument were important in police decisions about risk. Police officers' judgments about level of risk and which risk management strategy to use were influenced by victims' levels of fear. The results suggest that the risk assessment instrument's effectiveness as a decision making tool could be increased by simplifying questions to more closely reflect police decision making process, and it should also accommodate information about the victim's fear and the perpetrator's emotional state.

Pornography

The porn report. (2008). McKee, A., Albury, K., & Lumby, C. Carlton, Vic: Melbourne University Press

Who uses pornography? How should pornography be defined? Does pornography turn people into sexual deviants? In the first part of this book, the authors draw on the results of the Understanding Pornography in Australia project to present a wide ranging view of the content, production and consumption of pornography in Australia. The chapter on content examines the extent to which the most popular porn videos in Australia contain violence, coercion and the exploitation of women. Part two of the book explores current issues and debates, including feminism and pornography,

amateur pornography, children and pornography, and porn, sex and ethics.

Prevention programs

School-based violence prevention programmes: A literature review. (2007). Hassall, I., & Hanna, K. Auckland, NZ: Institute of Public Policy. Online only. <http://www.ipp.org.nz/publications/Violence%20Prevention%20Programmes.pdf>

An outcome of a project to establish best-practice criteria for the evaluation of school-based violence prevention programs, this literature review considers international and New Zealand research identifying programs that: model and teach healthy relationships within the classroom and playground; focus on the school culture as a whole and aim to make it peaceful; lead or contribute to community-wide programs aimed at reducing violence; identify and help to change students with antisocial behaviour; prevent children from inflicting or suffering bullying, dating violence, family maltreatment, child sexual abuse and sexual violation or rape; and equip students to avoid inflicting or suffering intimate partner violence and maltreating children when they become adults.

Sex offenders

Do sex offender registration and notification laws affect criminal behavior? (2008). Prescott, J. J., & Rockoff, J. E. Cambridge, MA: National Bureau of Economic Research. Available at: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1100663

Using detailed information on the timing and scope of changes in state law, the authors study how registration and notification affect the frequency of sex offences and the incidence of offences across victims, and check for any change in police response to reported crimes. The results correspond with a model in which community notification deters first-time sex offences, but increases recidivism by registered offenders due to a change in the relative utility of legal and illegal behavior. This finding is consistent with work by criminologists suggesting that notification may increase recidivism by imposing social and financial costs on registered sex offenders and making non-criminal activity relatively less attractive.

Sexual offences

The uses and impacts of medico-legal evidence in sexual assault cases: A global review. (2007). Du Mont, J., & White, D. Geneva: Dept. of Gender, Women and Health, World Health Organization. Online only. <http://www.svri.org/medico.pdf>

This review examines the existing peer-reviewed scholarly and grey literature from industrialised and developing regions on medico-legal responses to sexual assault victims. It broadly describes the protocols and procedures involved in the collection and processing of medico-legal evidence. Findings are presented from studies that have evaluated the legal impact of such evidence in sexual assault cases, and factors that may create barriers to its successful use in criminal justice proceedings are discussed.



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?

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 list

ACSSA-Alert keeps members posted on what's new at the Australian Centre for the Study of Sexual Assault and in the sexual assault field generally.

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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