

Aware

AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT

In this issue

Women's rights as human rights . . .

This third edition of *ACSSA Aware* grew from a reflection on the global campaign that marks the thirteenth year of "16 Days of Activism Against Violence Against Women", where individuals and groups around the world unite in positioning violence against women as a violation of human rights. The "16 Days" campaign commenced on 26 November with the International Day for the Elimination of Violence Against Women and ended on 10 December, with activists joining globally to honour International Human Rights Day.

"16 Days" is an important opportunity for those working in the Violence Against Women sector in Australia to position the right of women to live free from violence amidst broader human rights agendas. World AIDS Day falls on 1 December, a week into the "16 Days" Calendar, and it is this context that prompted the main feature of this issue of *Aware* to focus on the links between violence against women and HIV/AIDS.

The relationship between HIV/AIDS and violence against women is not something that receives much attention in the Australian context, and certainly much of the research was new to us also. Theoretically, the connections between HIV and gender violence are instructive in terms of the relevance of sexual assault issues to a variety of contexts (like HIV prevention), as well as the importance of examining gender dynamics and women's experiences across disciplines, from public health to development theory. We hope that readers agree that this is a critical issue in considering the status of the world's women.

"16 Days" clearly reflects the project of working against sexual violence as a global campaign, and as a movement that has been going on for several decades, on numerous fronts – in activist circles, in service provision, and in the political arena. In this issue, *ACSSA* speaks with Senator Natasha Stott Despoja, the Democrat's Spokesperson for the Status of Women, who offers her views on the political dimensions of the campaign to eliminate violence against women, and on the feminist movement more broadly in Australian politics at the present time.

The service profile for this edition is presented in an interview with Roseanne Lee, Coordinator of the North Western Centre Against Sexual Assault, in Tasmania. And we also introduce a new section, the *Best Practice Profile* that includes an example drawn from our Good Practice Programs and Responses for Sexual Assault Database. The profile for this edition is of a training manual published by CASA House in Victoria titled, "Working with Older Women: Resources and Standards for Responding to Current or Past Violence".

There are our regular updates on the *ACSSA* Website, information on forthcoming conferences, and literature highlights from recent additions to *ACSSA*'s library collection at the Australian Institute of Family Studies Information Centre.

ACSSA is also keen to hear how we can better meet the needs of our stakeholders, so please continue to provide us with your comments on current or future publications. If you would like to contribute an article or review to *ACSSA Aware*, details of how to do so are on page 23. If this is the first issue of *Aware* you've read, earlier editions can be requested via email or by returning the form on the back page.



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 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 of the Status of Women, through the National Initiative to Combat Sexual Assault. The Centre is hosted by the Australian Institute of Family Studies.

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Australian Centre for the Study of Sexual Assault

RESEARCH COLLECTION and
LIBRARY SERVICES

The Australian Centre for the Study of Sexual Assault is developing a comprehensive collection of Australian and international resources on sexual assault research, service responses, and prevention theory. All kinds of materials form part of the collection, but with particular emphasis on books (including "classic" texts), periodicals, newsletters and electronic resources.

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Women's Safety Awards 2004

The Women's Safety Awards 2004, hosted by Women in Cities International, aims to elicit information on good practices relating to women's safety and municipal gender-based policies in crime prevention. The awards also seek to promote local initiatives that include significant elements relating to women's safety, and to build the capacity of local groups to develop projects and practices relating to women's safety and the improvement of women's sense of safety.

Up to ten Canadian and ten international initiatives will be awarded in each of the following categories:

Political dimensions of violence against women



Senator Natasha Stott Despoja joined the Senate in 1995 as the youngest woman to enter Federal Parliament. Her current portfolios include Higher Education, Work and Family, Foreign Affairs, and Science and Biotechnology, and she is the Australian Democrats spokesperson for the Status of Women.

Senator Stott Despoja spoke to ACSSA researcher *Alexandra Neame* about her perspectives on violence against women and its political significance in Australia today. This is an edited transcript of that interview.

ACSSA: Is it your impression that violence against women is a political issue at the moment? Is it high on the political agenda?

NSD: Undoubtedly it's a political issue. But I'm not sure if violence against women is necessarily a political priority. I think in terms of policy priorities it's not necessarily reflected in budget allocations, nor is it reflected in the commitment of high-level politicians – ministers, senior ministers and the executive – to identify it as an issue. So, I think it's always a big issue, but it's not necessarily as high a priority as it should be.

ACSSA: If violence against women is not given sufficient political priority, is this merely reflective of public sentiment? In other words, do you think violence against women is a public concern?

NSD: It's an interesting question, because I've no doubt that violence, and violence against women and children in particular, is an incredibly important issue to the public. And it's something that the public cares about for very understandable reasons. Women are dealing with assault and battery in their homes on a daily basis – of course it is an important issue. How that translates, though, from a private political concern to a public issue of debate, and then to a public issue that receives a response and action ... that's where the difficulty is.

There's no question that the issue of violence against women remains taboo to a degree still. We talk about it more, we have programs, and funds allocated to it, but there is still an extent to which we as a society don't really address it. And the way ►

- advocacy, networking and community mobilisation;
- capacity-building and training;
- educational programs and public awareness;
- safety planning and design for public spaces; and
- municipal gender-based policies in crime prevention and community safety.

Good practices and policies will be announced at a press conference, results will be published on the *Femmes et villes/Women in Cities International* website (which is linked to other relevant websites), and information will be disseminated through

list-servs and newsletters. A publication documenting results of the competition will also be distributed to community groups, municipal governments and other relevant bodies.

The Women's Safety Awards 2004 follow on from the First International Seminar on Women's Safety, held in Montreal from 9-11 May 2002. At that event, participants from all five continents shared their expertise, experience and knowledge in this field. You can now access the seminar proceeding and the Montreal Declaration on Women's Safety on

www.femmesetvilles.org

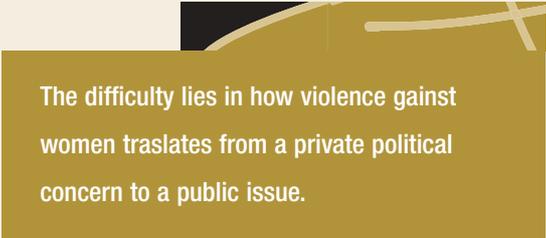
that the media portrays it is very different from other forms of violence, or even other key political issues. We've still got a long way to go, but I think it does matter to the public, and I don't know if that is reflected in the political priorities of the Parliament.

ACSSA: Do you think it's a contentious policy issue?

NSD: Anne Summers recently did a wonderful new book about equality – she drew attention to the lack of substantial debate in the parliament about issues affecting women generally, including domestic violence and sexual assault specifically.

ACSSA: Is Anne Summers right? Have we reached the end of equality as a political goal in Australia?

NSD: I think she's spot on. She has put her finger on the pulse of something that's been happening for a long time, that some of us have tried to identify and articulate. There are very strong pressures to assume that things are getting better, that things are improving. But some very insidious perceptions and messages about the role of women, particularly at home, have really taken root in a way that worries me . . . I get worried that the whole paid maternity leave debate gained momentum because of this notion that we're not breeding as much as we should be, and maybe this is a way of providing an incentive, instead of people saying "it's a workplace entitlement".



The difficulty lies in how violence against women translates from a private political concern to a public issue.

ACSSA: Do you see the issue of women's inequality, in terms of things like income disparity and family stereotypes, as linked with the issue of violence against women?

NSD: We know that violence affects women regardless of background. However, it is necessary to recognise the links between poverty and violence; and in doing so, you have to start with the very basics. You've got to recognise that women need good health and education . . . seemingly small policy changes like an education bill can actually affect women's status for years to come.

Wages are a clear area in which women have gone backwards in terms of parity with men. If there is an interest rate hike of .25 per cent the world goes insane . . . but why is it that women's wages continue to slide backwards compared to men's and it is not front-page news? We live in a society where women are still not getting equal pay for equal work – because they're not, we know that they're not. So, why is that?

ACSSA: How have we managed to reach such a level of complacency about it?

NSD: That's a core question. I think there is a dilemma about the potentially negative connotations of feminism or being a feminist. But I also think that there's something more pervasive than that among some in my generation. There's almost an unspoken recognition that we don't really refer to women's inequality, we don't complain. There's an individualist streak, that if things aren't going so well, then it's not the collective's fault or responsibility. I just feel more strongly than ever, particularly in my political career, that women's issues are being swept under the carpet, and women who speak out, more likely than not, get attacked for it. So I feel quite sad about the current situation in terms of women's policy and priorities, and I don't see an end in sight. I will continue to speak out, but I want a political leader to come out and say, "this is an issue".

ACSSA: Are connections between sexual violence and other issues of women's inequality (pay equity, primary responsibility for child care) made in the political context when violence against women is raised as an issue?

NSD: Part of the problem is that even when you do have politicians acknowledging specific elements like violence or poverty, there are real disincentives for making connections between different aspects of women's inequality. For example, in the education debate, if I make those kinds of connections, there would be an element of "oh, come on, that's a bit over the top", whereas everything we know indicates that all these things tie in. Of course, if a woman is living in a violent relationship, there's a power dynamic as a consequence of gender, but there is also a power dynamic as a consequence of income disparity, responsibility for children, and all of these things are interlinked. And until we acknowledge that, I don't see any move away from piecemeal attempts to address violence against women.

Complacency is perhaps the greatest challenge we face. Women who work in these areas, who identify these issues, wonder “Am I making any headway? Is anything getting better?” And I think that’s why Anne Summers’ book has been a revelation – there’s a feeling of “Hang on, we’re in the 21st century, and we’ve gone backwards! These last twenty years in political life, particularly the last ten years, what have we been fighting for?” And I don’t mean to sound too despondent, or too frustrated, but I do think that we need a mini revolution, and part of that involves women who have power, and women who gain power, doing more on these issues, not staying silent. Which is not always easy, because I don’t think there are many rewards for women who speak out on these issues. But the reality is until women start doing it, things won’t change because male political leaders aren’t.

ACSSA: Do you think that there is a solution to sexual violence against women? Is it a completely intractable problem?

NSD: It’s seemingly intractable but it shouldn’t be. We all know the rhetoric, we all understand that violence is bad – that violence against women is unacceptable. It’s how we deal with that reality: whether we acknowledge it, whether we address it. I think that we still have a culture that blames the victim. It’s a convenient culture, and it doesn’t matter who you are, or in what circumstances it happens, it still results in the victim feeling that this is her responsibility, her fault. And social pressure reinforces that.

I’ve been doing a bit of work recently looking at the issue of the legal defence of women who kill violent partners, as opposed to men who kill partners. When you look over news clippings, it’s so pronounced how men’s violence is excused, explained, forgiven, blamed on provocation. I still am startled by it. I still find it confronting.

So, solving it? Well, acknowledgement. Addressing some of the core issues, and they may relate to women’s power, women’s income, women in poverty, women and family, all of those issues. But at some point, people have to

not commit acts of violence, and that’s going to mean people are responsible for the consequences of their actions and their own behaviour. And that will involve penalties, and sometimes that will involve treatment, rehabilitation. But to begin with you need that acknowledgement.

Ultimately, I think assault is criminal, and needs to be recognised in that context. Even though I know that there are other factors that contribute, and we hear them all. We hear – violence in families – it’s stress, it’s pressure, it’s alcohol, it’s poverty. But nothing excuses it. And yet there’s still an expectation in society that it’s okay, that we can do it. So I think acknowledgement is a big part of it, and acknowledgement at every level: politics, policy making, allocation of resources, right through to individual men and communities making it very clear that there’s pressure on men not to commit violence.

ACSSA: One step in the direction of changing men’s attitudes towards violence was the announcement by Senator the Hon. Kay Patterson (Minister assisting the Prime Minister for the Status of Women) of a diverse group of men as White Ribbon Ambassadors on 25 November, the International Day for the Elimination of Violence Against Women. What do you think of the idea of having men as Ambassadors in calling for an end to violence against women?

NSD: While, of course, men have to be part of this campaign, their responsibility is to their brothers. They have to send strong messages to themselves and each other that violence against women is unacceptable. And women don’t have to thank men for doing that; we have to expect it. If people want to be ambassadors – male or female – that’s positive. But I don’t want us being grateful for those men who are prepared to be a part of this campaign or this cause because we should expect nothing less. I don’t want us being grateful for the small amounts of support that we get from powerful people. We should be empowering each other, empowering ourselves, and saying “yes, an end to violence is exactly what we expect”.

ACSSA is grateful to Senator Stott Despoja for speaking with us. Please email any comments you have about the Senator’s remarks to Alexandra.Neame@aifs.gov.au

HIV/AIDS and violence against women

ALEXANDRA NEAME reflects upon why World AIDS Day is significant in the campaign to end violence against women

The annual *16 Days of Activism Against Violence Against Women Campaign* begins on 25 November, International Day for the Elimination of Violence Against Women, and concludes on 10 December, International Human Rights Day. The campaign spans these two dates as a way of identifying women's rights, including the right to live free from violence, as *human rights*. World AIDS Day, on 1 December, is often mentioned as significant in the "16 Days" period. However, there is little elaboration, in Australia at least, of the links between violence against women and HIV/AIDS.

This discussion of the links between HIV/AIDS and violence against women is framed in the context of South Africa, for two reasons. First, the sheer magnitude of the problems of gender violence and HIV/AIDS in South Africa means that much research on the intersection of violence against women and HIV/AIDS is being produced there. Second, these conditions are also gradually prompting a re-evaluation of both gender violence and HIV prevention strategies, and the emergence of new best practice responses that link violence against women and HIV/AIDS.

Prevalence of gender violence and HIV/AIDS in South Africa

Globally, HIV/AIDS and violence are the greatest public health issues facing women today (Jacobs 2003). South Africa's rates of both violence against women and HIV/AIDS are among the highest in the world.

HIV/AIDS

Sub-Saharan Africa remains the world's worst affected region, with 25–28.2 million adults and children living with HIV/AIDS; 3–3.4 million newly infected; and an adult prevalence rate of 7.5–7.8 per cent, according to the *AIDS Epidemic Update 2003* (UNAIDS and WHO 2003). It is also the only region in the world where women are significantly more likely (at least 1.2 times) to be infected than men. The ratio is highest among young people aged 15–24 years, with two and a half times more women than men infected.

Women's greater vulnerability to HIV is mediated by both biological and socio-cultural factors.

In South Africa, the rate of HIV infection among pregnant women attending antenatal clinics has reached 25 per cent¹; however, these statistics do not highlight the gendered distribution of HIV/AIDS. The Nelson Mandela/HSRC HIV/AIDS Survey indicated that the age group 25–29 is most at risk of infection, with prevalence at 28 per cent. In the 15–29 age group, prevalence is 17.6 per cent for African women, compared with 13.5 per cent for African men. A Medical Research Council study of death certificates from 1997–2001 found that AIDS related illnesses killed 22.5 per cent of the young women aged 15–29 who died in 2001, while the proportion of men who died from AIDS in the same period was 7.6 per cent (South African Department of Health 2002).

Violence against women in South Africa

The 1995 Human Rights Watch report *Violence Against Women in South Africa: State Responses to Domestic Violence and Rape*, noted that the levels of reported rapes had risen each year, attributing the increase both to greater reporting and increasing violence generally. The number of reported rapes increased by 20 per cent from 1994 to 1999, with 51,249 rapes reported in that year. Estimates of the levels of under-reporting vary. However, South African Police themselves suggest that only 1 in 35 rapes are reported to them. Based on police statistics and estimates of underreporting, a study by the University of South Africa estimated that one million women and children are raped annually (cited in Leclerc-Madlala 2002).

Physical and sexual violence against women in intimate partnerships is believed to be endemic in South Africa. The most conservative prevalence estimates, from the 1998 South African Demographic and Health Survey (SADHS), found the incidence of abuse by a partner in the last year was highest at 7.9 per cent for those aged 20-24, and 7.3 per cent for 15-19 year olds (Department of Health 1998). Smaller, more targeted studies revealed especially alarming rates of sexual violence and/or coercion experienced by young women in relationships:

- The LoveLife survey found 39 per cent of 12-17 year olds reported having been forced to have sex, and 33 per cent indicated that they were afraid of saying no to sex (cited in Kistner 2003a: 9).
- Maforah et al. (cited in CHANGE 1999: 10) surveyed 191 teenage mothers at an antenatal clinic outside Cape Town. Of these mothers, 32 per cent reported that their first intercourse had been forced; 72 per cent reported having sex against their will at some point; and 11 per cent said they had been raped. In addition to this, 78 per cent claimed they would be beaten if they refused sex; and 58 per cent said they had been beaten by their sexual partner ten or more times.

While both gender-violence and HIV/AIDS have been regarded as at epidemic proportions for some time, the idea that these two threats to women's health may be causally linked is more recent. The next section considers some of the explanatory frameworks now being used to describe the relationship between sexual violence and HIV/AIDS.

HIV/AIDS and violence against women

Rather than understanding violence against women and HIV/AIDS as distinct social and medical problems, there is a consensus that "patterns of HIV transmission, incidence and prevalence are structured by gender and social inequalities, within which violence against women and girls is embedded" (Kistner 2003a: 11). The World Health Organisation's *Violence Against Women and HIV/AIDS: Setting the Research Agenda* (WHO 2000: 12), identified four linkages between violence and HIV:

- forced sex may directly increase women's risk for HIV, both as a result of physical trauma, and because condom use is unlikely in such contexts;
- violence within intimate partnerships limits women's ability to negotiate safe sexual practices within the relationship, and thus compromises HIV prevention efforts;
- childhood sexual abuse may lead to increased sexual risk taking as an adult; and
- HIV testing and disclosure of serostatus² may increase women's risk of experiencing violence.

Rape and HIV/AIDS

Women's greater vulnerability to HIV infection is mediated by both biological and socio-cultural factors in South Africa. It is known that during heterosexual intercourse women are at greater risk of HIV transmission than men for physiological reasons (the vagina's greater mucosal surface can sustain more abrasions and this increases the likelihood of infection)³. Women are also more likely to have asymptomatic and untreated sexually transmitted infections, which dramatically increase the risk of HIV transmission (Weiss and Gupta 1998). Since sexual assault can involve more genital trauma than consensual sex, forced sex is seen as further increasing women's risk of contracting HIV⁴. In the South African context, high levels of HIV infection in the general population make it likely that many sexual assaults are committed by perpetrators who are HIV-positive.

There have been moves in South Africa to provide rape victims with free post-exposure prophylaxis (PEP), a course of antiretroviral drugs to prevent seroconversion and HIV infection (Kistner 2003b). However, there are a number of salient arguments about whether this is cost-effective or even ethical. The World Health Organisation demonstrates that, from a public health perspective, PEP following rape would prevent only a very small number of infections for a massive investment of resources (WHO 2000: 34-36). Poor compliance has been noted for PEP in many studies, further decreasing the value of such an investment.

In terms of the ethics of administering PEP to rape victims, there is a small window of opportunity for PEP to be started after potential exposure (72 hours, at the outside). This means that only ►

Research into gender and HIV suggests that violence against women cannot be understood as an isolated issue, or as contained solely within the boundaries of sex and gender relations.

victim/survivors reporting and seeking medical treatment immediately after the rape will receive treatment. It has been suggested that the trauma of HIV testing and the side effects of the drugs would compound the trauma already suffered by victims. Another problem with PEP from a victim/survivor perspective is that it reinforces the invidious distinction between women who are the victims of stranger rape, and those who experience ongoing sexual violence at the hands of an intimate partner.

Finally, state provision of antiretroviral drugs to a particular “class” of people (victims of sexual assault), when drugs are not usually obtainable, raises the question of equity. Is it ethical to imply that rape victims “deserve” antiretroviral drugs more than people who have been infected through consensual sex, or vertical transmission? Given the stigma and prejudice attached to HIV/AIDS, any intervention that symbolically identifies certain people as deserving or undeserving of treatment, and therefore attaches ideas of innocence or guilt to different modes of transmission, is highly problematic.

Violence and gender inequality in intimate partnerships

Sexual violence and coercion within intimate partnerships exacerbate women’s biological vulnerability to HIV infection for the reasons outlined above. In addition, however, intimate partner violence and sexual abuse exist within broader patterns of gender inequality that undermine women’s ability to

protect themselves from HIV. Two problems emphasised in the literature are sharply differentiated norms of masculinity and femininity, and an ensuing sexual double standard. Both these factors are evident to a greater or lesser degree in virtually any culture; however, they are having particularly disastrous consequences in the context of South Africa’s HIV pandemic.

Kistner (2003a: 45) is one of many authors who emphasise the problematic nature of gender identity in South Africa. According to these authors, “masculinity” is constructed by many South Africans in terms of positively valued attributes such as commanding sex within a relationship, having uncontrollable sexual “needs”, and controlling decisions about sex, sexual experimentation, and having multiple

partners. “Femininity”, in contrast, is frequently described in terms of not having multiple partners, providing sexual pleasure to men, and taking responsibility for reproductive and sexual health issues.

Such a gender dichotomy leads to a sexual double standard that enshrines men’s sexual access to women and sanctions male sexual experimentation and multiple partners, while closely regulating women’s sexuality. Where men explicitly disassociate having multiple partners from promiscuity (a trait only associated with women), they may refuse to take responsibility for safe sex, and women may not be able to challenge this refusal. When these gendered power dynamics are taken into account, the insensitivity of HIV prevention strategies to women’s experience of sexual relations becomes apparent. The classic HIV prevention strategy relies on implementing the “ABC” of sexual practices: *Abstain; Be monogamous; Condomise* (use condoms).

Advising abstinence as a means of HIV prevention assumes that women are always in control of when they have sex. Varga’s (1997) study of sexual decision-making and negotiation among youth in KwaZulu-Natal challenged such an assumption. She found that although 55 per cent of the women reported having refused sexual advances from their current boyfriend, 71 per cent had “not been successful”. Varga (1997: 56) states: “Refusal nearly always resulted in physical coercion, abuse or threats of rejection. Many female subjects chose not to refuse sex in order to avoid physical abuse and maintain the stability of the relationship.”

Within an established sexual relationship, women’s monogamy is of little value in terms of HIV prevention if they are unable to secure *men’s* fidelity. In the study referred to above, Varga also describes the importance men place on being *isoka* (a man with many sexual partners), rather than *isishimane* (a man having only one or none). The young men in her study emphasised that *isoka* and promiscuity are completely unrelated: “Being *isoka* was considered a natural, laudable and traditional part of African manhood. In contrast, being promiscuous was seen as being distasteful and dirty... associated with women thought to have many sexual partners – such women being known as *izifebe*, whores” (Varga 1997: 56).

A study from Rwanda (Allen et al. 1991) of 1458 women aged 18-35, illustrates the danger women are exposed to when they assume that *their* fidelity protects them from HIV. Ninety per cent reported being monogamous, although only 34 per cent felt certain of their partner’s fidelity. Twenty-four per cent of women who thought they were in mutually monogamous relationships were HIV positive. Two-thirds

When gendered power dynamics are taken into account, the insensitivity of HIV prevention strategies to women’s experience becomes apparent.

of the women had had only one lifetime partner (their husband), yet 21 per cent of these were infected. As Heise and Elias (1995: 934) point out: “Many women feel incapable of challenging their husband’s infidelity – to do so places their relationship, their economic security and their physical safety at risk.”

Finally, women report significant difficulty in persuading their partner to accept condom use, as it is seen as a sign of distrust or infidelity (Selikow, et al. 2002; Fox 2003). AIDS workers report that men are more likely to use condoms with girlfriends or prostitutes than with wives or primary partners. Men’s refusal to use condoms, and both men and women’s association of condoms with distrust and infidelity and a subsequent unwillingness to suggest condom use, are significant barriers to HIV prevention in virtually every society (Weiss and Gupta 1998).

For this reason there has been a strong push to develop a topical microbicide – a substance that can be used in the vagina to reduce the transmission of HIV and other sexually transmitted infections (Gottemoeller 2000). This technology, unlike condoms, is within women’s control, and would give women the ability to protect themselves from HIV without the consent, or even knowledge, of their partner. Heise and Elias (1995: 940) make a strong argument for the development of a microbicide to be seen as a question of gender equality: “Only women who confront centuries of social conditioning that grants sexual licence to men, are expected to protect themselves with a technology that is outside of their personal control.”

Childhood sexual abuse and high risk behaviour

The Research Agenda outlined by the World Health Organisation refers to studies indicating that women with a history of childhood sexual abuse initiate sexual behaviour earlier and engage in more risk taking behaviour. The World Health Organisation suggests that research should be undertaken to ascertain whether there is a direct association between childhood sexual assault and HIV, perhaps because “childhood sexual assault lower[s] self esteem, which then affects self-perceived ability to negotiate safe sex” (WHO 2000: 14).

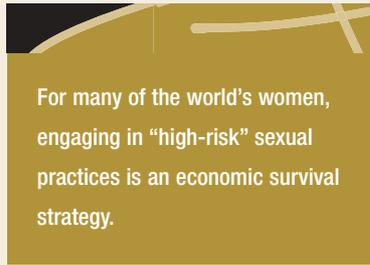
Locating the source of high-risk sexual behaviour in childhood sexual abuse risks pathologising women and sexual assault victims; indeed, the World Health Organisation poses as a topic for future research: “Does childhood sexual abuse create expectations about partnerships that women fulfil in their choice of partners?” (WHO, 2000: 14).

While supporting victims of child sexual abuse is an end in itself, psychologising and internalising women’s “choice” of high-risk sexual behaviour neglects the numerous (and arguably more important) reasons that underlie high-risk sexual activity. The link between child sexual abuse and adult high-risk behaviour is occasionally mentioned in the South African literature⁵. However, there is frequent reference to the risks involved in a broad range of sexual practices that can be grouped under the rubric of *transaction or survival sex*, and there are compelling reasons for treating this group of practices as distinct from the long-term effects of child sexual abuse.

Transaction or survival sex

There has been a rather naive tendency in HIV prevention theory to assume that people engage in sex, especially high-risk sex, in pursuit of pleasure. The childhood sexual abuse thesis positions high risk sex as a response to childhood trauma. Yet the implication for prevention strategies remains: high risk sex is an individual “choice”, resulting from some form of *internal* prompt, be it desire or trauma. From this perspective, avoiding high-risk sex is simply a matter of exercising self-control on the basis of a rational calculation. For many of the world’s women, however, engaging in high-risk sexual practices (like having more than one partner, exchanging sex for resources, or agreeing to particular types of sex to avoid abandonment) is more appropriately described as an economic survival strategy (Jacobs 2003).

Sexual relationships underwritten by economic necessity range from “sexual networking”⁶ through to outright exploitation and abuse. At the more exploitative and abusive end of the spectrum, survival sex poses a range of HIV risks, in addition to that of multiple partners. Such relationships are characterised by a large age gap – a well-established HIV risk factor for young women (Kistner 2003a). They are also necessarily premised on an asymmetry of power, which constrains or nullifies the extent to which women can negotiate safe sex. ➤



For many of the world’s women, engaging in “high-risk” sexual practices is an economic survival strategy.

A typical example of transactional/survival sex is the large number of secondary school girls in Africa who are exploited by older men to afford school fees and expenses (Human Rights Watch 2001). Recognising the external (economic and social) forces implicated in transactional/survival sex (in contrast to the individualist perspective of the childhood trauma/high risk behaviour model) has important implications for HIV prevention. As Heise and Elias (1995: 939) point out: “Subsidising the uniform and school fees of adolescent girls in Africa might actually do more to reduce HIV transmission – by eliminating the need for Sugar Daddies – than the most sophisticated ‘peer education’ campaign.”

As South Africa moves from an HIV epidemic into an epidemic of AIDS-related morbidity and death, younger children (especially girls) are increasingly left to care for dying relatives, or heading households after the death of parents⁷. A lack of economic and social support will dramatically increase the pressures on such young women to engage in transaction or survival sex.

Voluntary counselling and testing and disclosure of serostatus

As well as increasing women’s risk of contracting HIV, violence against women has been identified as a consequence of HIV/AIDS. Women may avoid voluntary counselling and testing for fear of their partner’s reaction, and those who do disclose their serostatus may be at increased risk of violence. A study of the links between HIV infection, disclosure and partner violence found that 82 per cent of women who tested negative said that their partners showed support and understanding, while only 49 per cent of those who tested positive received a similar response (Population Briefs Special Edition 2000). Fear of stigma, violence or abandonment may also prevent women from taking AZT⁸ during pregnancy to avoid vertical transmission, and from formula feeding their babies.

There is debate about whether men’s experience of a positive HIV test result leads to violence against women. A number of authors mention anecdotal reports of men “vowing to infect women, so as not to die alone” after testing positive (Kistner 2003a: 71; Leclerc-Madlala 1997; Vetten and Bhana 2001). There is also substantial (and emotionally charged) debate over whether the “virgin cleansing” myth (that sex with a virgin can cure HIV) is leading to an increase in the rape of young girls and even infants by HIV positive men.

The “virgin cleansing” myth

There has been a great deal of media attention, both in South Africa and internationally, on a perceived increase in child rapes because of the belief that sex with a virgin can “cure” HIV/AIDS. Both the extent of belief in the myth, and whether child rape is increasing because of it, are strongly contested.

Rachael Jewkes, Director of Gender and Health Research at the Medical Research Council, has argued that child rapes had existed in South Africa long before the AIDS epidemic, and that the attribution of child rapes to the virgin cleansing myth protects men’s interests because it “enable[s] public outrage to be channelled without challenge to male sexuality and the hallowed institution of the family within which much of the rape occurred” (cited in Muthien, 2003: 24). Jewkes dissociates child rapes from the

HIV epidemic, claiming, “The root of the child rape problem substantially lies at more mundane doors. It should be regarded as part of the spectrum of sexual violence against women and girls” (cited in Leclerc-Madlala 2002: 87).

While it is certainly impossible to dissociate child rapes from broader issues of sexual violence, some commentators have offered a gendered analysis of the “virgin cleansing myth” that links local ethnomedical knowledge about disease and treatment, women’s oppression, and the impact of interventions following the HIV epidemic. Leclerc-Madlala (1996, 2002) highlights the stigmatisation of adult women’s sexuality as dirty, and of sexually active women as the bearers and transmitters of disease (in the literal form of “dirt”) to men. The “virgin cleansing myth” is arguably consistent with popular explanations of illness (as caused by “dirt” in the blood), and cure (a process for cleansing “dirt”).⁹

The belief that *women’s* sexuality in particular is “dirty” is compounded by the primary targeting of women for HIV testing and education (broad-based HIV screening began in antenatal clinics) and by sexual health campaigns’ focus on women’s responsibility for sexual health and contraception. In education campaigns, HIV transmission was often represented as occurring unilaterally from women to men, while depicting women as complicit in their own infection (Muthien 2003).

As South Africa moves from an HIV epidemic into an epidemic of AIDS-related morbidity and death, younger children (especially girls) are increasingly left to care for dying relatives, or heading households after the death of parents.

Where sexually active women are seen as the bearers and transmitters of HIV, there is structural support for both the virgin cleansing myth, and also, as Kistner (2003a: 48) points out, a blurring between western public health categories of prevention and cure: younger girls are implicitly positioned, in the language of public health, as "low risk" sexual partners. Finally, Leclerc-Madlala (2002) questions whether the myth's durability would have been lessened had antiretroviral treatment, or even appropriate information and counselling, been available for those infected.

Conclusion

Apart from the magnitude of the problems that violence against women and HIV/AIDS poses for women in Africa and many other parts of the world, one of the clearest implications of this area of study is that violence against women cannot be understood as an isolated issue, or as contained solely within the boundaries of sex and gender relations. Violence against women has an impact on, and is in turn affected by, economic relations, social and cultural schemas, and mechanisms of governance (medical practices, education programs and health intervention strategies).

This is a vital lesson to learn if violence against women is to be properly understood, and public health interventions designed and implemented in ways that attend to the impact that violence has on women's lives.

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Endnotes

1. Obviously, HIV infection is not spread evenly across the country. KwaZulu-Natal is worst affected, with a rate of nearly 40 per cent, while the Western Cape has an adult prevalence one third of this.
2. Serostatus denotes the condition of having or not having detectable antibodies to a microbe in the blood as a result of infection. One may have either a positive (infected) or negative (not infected) serostatus.
3. It has been estimated that per-exposure transmission from man to woman is about 2.5 times more efficient than from woman to man (European Study Group on Heterosexual Transmission of HIV 1991).
4. While sexual assault is often described, from a forensic medical perspective, as resulting in little or no genital trauma, the level of trauma necessary to increase risk of HIV transmission is of a different scale.
5. For example, Fox (2003:16): "The experience of having been physically abused as a child, or having witnessed violence perpetrated by the father against the mother, may predispose the survivor to early sexual debut, multiple partnerships and other high risk activities . . . In order to address this, research and interventions would have to be designed to identify and target girls at an early age"; and Kistner (2003a: 70): "Children's responses to trauma . . . and to therapy would have to be documented, with a view to identifying recovery strategies that can prevent risk taking behaviour later in life."
6. "Sexual networking" is a phrase used by anthropologists and public health experts to describe patterns of multi-partnered sexual relationships.
7. While these relationships are not necessarily exploitative (and can and often do involve affection) they are primarily underwritten by women's economic need: "Women often have relationships with more than one man to gain access to resources – resources they do not command themselves because of entrenched gender discrimination in access to education, to credit and to the formal wage economy" (Heise and Elias 1995: 935). These researchers point out that women engaged in sexual networking strongly resist being identified as prostitutes, and further emphasise "the difficulty of applying western categories – 'prostitution', 'multiple partners', 'monogamous relationship' – to the reality of third-world women's lives. Such labels do not begin to capture the subtlety or fluidity of sexual networks under conditions of economic scarcity, nor do they acknowledge the degree to which economic vulnerability shapes the sexual decision-making of third world women" (1995: 936).
8. A phenomenon widely described in the "burden of care" literature (Machipisa 2001).
9. AZT (azidothymidine, marketed under the names Zidovudine or Retrovir) is a nucleoside reverse transcriptase inhibitor that has been routinely given to pregnant HIV-positive women following a 1994 study (ACTG 076) that claimed efficacy in reducing the transmission from mother to child.
10. The demonisation of women's sexuality has been a frequently recurring theme across many times and places, and has been linked with "virgin cures" for venereal disease in Europe in the 19th century. Smith (1979:303) describes a 1884 court case in which a man accused of raping a young girl defended himself on the basis that he did not mean to harm her, only to cure his "bad syphilis ulcers". ➤

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Sexual assault service delivery in Tasmania

Each issue of *ACSSA Aware* includes a profile that offers a perspective on current issues in sexual assault service delivery. In this edition, ACSSA speaks to North Western Centre Against Sexual Assault, in Tasmania.

ACSSA: Please briefly describe the origins of the service.

North Western: The *North Western Centre Against Sexual Assault* was established in Tasmania in October 1992 as a result of the hard work of a group of people committed to the establishment of sexual assault crisis and support service in the region. Research was carried out and focused on the needs of women. Initially it was set up as a service for women, by women, using the findings and recommendations of the North Western Women's Research Project.

ACSSA: What is the philosophy or framework underpinning the service model used?

NW: The philosophy behind our service delivery is feminist and our work is based on the Narrative principles of counselling. Our practise is client driven and focuses on the issues they identify. We work from the perspective that "the problem is the problem" and separate from the individual. Our work focuses on each life being made up of a series of stories and that it is possible to change future stories. The past does not represent a lifetime script.

Our client base is made up of men, women and children who have been affected by sexual assault; they can be survivors or survivor supporters, and include professionals who approach us for information, consultations and debriefing.

ACSSA: How many workers provide services at NW?

NW: Our team is made up of an Administrative Officer, a Service Development Officer, Counsellors, all part-time, and a Manager who is also a counsellor.

ACSSA: What are the main functions of the service?

NW: Crisis support and counselling are our two main functions. The services we provide are both in-house and outreach. Community education and group work, both supportive and therapeutic, are additional services that we provide. We also provide systems advocacy, which includes assisting individuals through legal processes such as making statements, attending court, communicating with the Department of Public Prosecutions, and accessing other support services for needs we are unable to meet. We also provide information packages to other professionals.

ACSSA: Is the service able to offer 24 hour response?

NW: The after-hours service is crisis only. Non-crisis callers are able to leave a message to which we respond in office hours. Our counsellors are rostered on call at weekends and the Manager is contactable by police and hospitals through the week.

ACSSA: Is there much community knowledge about the service? What about community support?

NW: The nature of the service has brought about the decision to not draw attention to who individual workers are and the location of the service. This is to protect the safety of both the clients and workers and client confidentiality. It means that awareness campaigns, although highlighting sexual assault issues, do not necessarily give our service the exposure ideally required in the local community. ➤

A state-wide initiative to raise awareness of individual Sexual Assault Support Services (SASS) is currently underway which will involve stickers with a map of Tasmania and the North, South and North West service contact telephone numbers. The sticker will be distributed throughout each region and will initially target the back of public toilet doors as well as pubs, clubs and other entertainment venues. Another New Year campaign will centre on drink spiking and it is hoped it will encourage support from the local hotel industry. However, these will not openly identify our service.

ACSSA: What are the main challenges you face in providing the service?

NW: One of the big challenges for us is negotiating our relationship with Department of Public Prosecutions (DPP). While the communication is generally good and relationships stable, processes let us down in terms of supporting our clients through the system. Clients receive the information about hearings and trials only one or two days before the proceedings are listed to go ahead. No information is passed on to our service from the Department. This makes it very difficult to help clients prepare for court and to manage diaries due to the late hour information is received.

The second big challenge is working with police. In regard to police officers this is on an individual basis. The difficulty is that police do not always refer on when complaints are made, and often do not offer our support to a complainant in regard to forensic testing.

On the other side of the coin, geographical isolation can often be an issue in regard to forensic testing. The availability of doctors and the remote nature of some of the communities our service covers can mean that the process from the time a complainant first approaches the police to the time of completion can take more than twelve hours. This process can include many hours travel between police stations and hospital for all involved. One of our clients had an experience that involved eight hours of travel. Others have travelled further.

Another challenge is related to the same isolation factors that affect forensic testing. We have several isolated communities within the area our service covers. These communities are not all in the one general direction; they spread out in a circular formation from our office location with one location requiring access by air. This puts enormous strain on both financial and human resources.

ACSSA: Are there any strategies you employ in dealing with these challenges that might be of use to other services similarly situated?

NW: In dealing with the issue of the DPP we work hard at building relationships that keep the information flow happening. Protocols have been developed but need more work to be effective.

In regard to addressing forensic issues, a working party has been established that includes key stakeholders from across the state. This group is looking at practices both at a state-wide level and in terms of the particular considerations that effect individual areas. It has been very useful in terms of learning legalities, highlighting inconsistencies, and looking at strategies.

In the issue of working with the police, we are working at developing relationships with both the Inspectors and the CIB Officers of regional stations and running training and information sessions with the uniformed officers. The relationships we are developing are via phone – ringing on behalf of a client to check on an investigation, making appointments for clients to make statements, and making sure that our practises will not compromise the legal process insofar as the complainant is concerned. It is also important for police to be aware of where our boundaries lie, in terms of where we can be of assistance, but also ensure other irrelevant and confidential information is kept private to the counselling relationship. We have found that these strategies not only build rapport, they also help to break down the misunderstandings about victims of sexual assault and clarify the way we operate.

The issue of our isolation also requires we take a very creative approach to our service delivery. We work in with other services to share the burden of travel and maximise the client contact time when we travel to isolated areas.

ACSSA: What would you like to be able to do more of?

NW: We would like to be more proactive in the prevention of sexual assault and include more community education. We would like to focus more on “not being a perpetrator”. It seems that the

focus of education is mostly on “not being a victim” – perpetuating victim blaming, rather than on controlling the offending behaviour.

We would also like to take a more politically active role. We feel that a lot of the issues of which we are aware and have knowledge are taking too long to come into the limelight.

ACSSA: What would assist you in running or developing the service?

NW: An acknowledgement of our existence and the work that we do by the appropriate government departments would be useful in this climate of unrest with increased awareness of the prevalence of sexual assault within our communities. Our existence is known and acknowledged but individual agendas and biases create an environment where Sexual Assault Support Services in Tasmania are constantly having to justify their existence and prove themselves in order to prevent resources being taken away from the services we offer.

■ ACSSA is grateful to the staff of North Western for taking the time to answer our questions about the service.

North Western Centre Against Sexual Assault, Tasmania

Contact North Western on 03 6431 9711

GOOD PRACTICE PROFILE

The Australian Centre for the Study of Sexual Assault is developing a national collection of Good Practice Programs and Responses for Sexual Assault. This collection, which will be accessible from the ACSSA website, will provide an important resource for informing the work of service providers and policy makers in developing or refining models for responding to sexual assault.

The Older Woman Project, CASA House, Victoria

An example of good practice recently added to the collection is the development of a resource manual by CASA House, *Working with Older Women: Resources and Standards for Responding to Current or Past Violence*.

The objectives of this project were to review sexual assault and domestic violence services available to older women, establish standards of practice for these services based on the findings of the review, and ensure there are ongoing educative programs aimed at a broad range of service providers about the support needs of older women experiencing or surviving violence. The resulting manual is designed to increase older women's access to support services through providing standards of practice for people working with older women victim/survivors.

“Good practice” aspects of the project included: taking account of contemporary research and practice developments in the sexual assault and domestic violence fields; adhering to the principle of diversity in that women born before 1950 constitute a distinct cultural group susceptible to discrimination through ageism in service delivery; and contributing to an improvement in the system's responses to sexual assault through the creation of standards of practice for working with older women.

Submissions invited

ACSSA invites submissions of examples of Good Practice Programs and Responses for Sexual Assault from service providers, policy and program developers, educators and trainers, researchers and others working to address sexual violence. These can be programs, approaches or initiatives currently or recently conducted.

For more information, or to contribute a program by completing the short online questionnaire, go to www.aifs.gov.au/acssa/gpdb/goodpractice.html or phone the Australian Centre for the Study of Sexual Assault on (03) 9214 7888.

*The Victorian Centres Against Sexual Assault (CASA Forum)
and Domestic Violence Victoria (DV Vic)*

present the

HOME TRUTHS CONFERENCE

Stop sexual assault & domestic violence *a national challenge . . .*

15-17 September 2004
Southgate, Melbourne

The Home Truths Conference will provide a dynamic national forum for service providers, policy makers, academics and victim/survivors to discuss, debate and highlight practice and policy issues relating to sexual assault, and domestic and family violence.

The *Home Truths Conference* aims to

- **foster** a vision for the year 2014 of the optimum service response for victim/survivors of sexual assault and domestic violence
- **create** partnerships between sexual assault and domestic violence sectors at both a practice and policy level in the local and national arenas
- **highlight** examples of best practice with respect to involving victim/survivors of sexual assault and/or domestic violence in service and policy development
- **weave** the voices of victim/survivors through practice and policy discussions
- **showcase** the aims, achievements and key findings of the *National Initiative to Combat Sexual Assault*
- **contribute** to the ongoing feminist debates on sexual assault and domestic and family violence

The chief sponsor of the *Home Truths Conference* is the Australian Government Office of the Status of Women. Supporting sponsors are the Victorian Department of Human Services, and the Victorian Health Promotion Foundation.

The Australian Centre for the Study of Sexual Assault is represented on the *Home Truths Conference* Planning Committee, and its ACSSA website will broadcast the call for abstracts and provide regular conference updates on the program, accommodation, the dinner and other events.

www.aifs.gov.au/acssa/conferences

The call for papers will be available on ACSSA online by the end of February 2004

CONFERENCES

The following conference listings are taken from the website of the Australian Centre for the Study of Sexual Assault

International Conference on Domestic Violence, Sexual Assault and Stalking

7–9 April 2004
San Diego, California, USA

This Fourth International Conference is aimed at professionals from victim services, the justice system, medical services and education. Topics will include: sexual assault investigation and prosecution; barriers to criminal justice responses to domestic and sexual violence; teen dating violence and sexual assault; developing effective health promotion media; drug facilitated sexual assault; and sex offenders and risk assessment.

Further information is available from the Sexual Assault Training and Investigations website: www.mysati.com/2004_agenda.htm

Sexual Abuse and Sexual Offending: The Whole Picture

14–17 April 2004
Auckland, New Zealand

The Third Biennial Conference of the Australian and New Zealand Association for the Treatment of Sexual Abusers is an educational symposium to promote understanding and collaboration in the successful treatment and prevention of sexual abuse, bringing together both offender and survivor perspectives. Major themes of the conference are: prevention; offenders; survivors; treatment programmes; alternative and restorative justice; and psychiatric/mental health responses.

Further information is available from the Australian and New Zealand Association for the Treatment of Sexual Abusers website: www.anzatsa.org

For a full list of conferences, seminars and events visit the Conferences page on the ACSSA website: www.aifs.gov.au/acssa/conferences.html

Annual Conference of the Australian and New Zealand Association of Psychiatry, Psychology and Law

15–18 July 2004
Port Douglas, Queensland

The theme of this 24th Annual Conference is “Walking an ethical tightrope: Issues surrounding indefinite and preventive detention”. The conference will bring together professionals from the areas of mental health, risk prediction, law and ethics. Topics will include: indefinite and preventive detention of sex offenders and those deemed to be seriously personality disordered or dangerous; relationship between preventive detention and treatment; mental health of indigenous people involved in the criminal justice system; and managing recidivism for serious violent and serious sexual offending.

Further information is available from the ANZAPPL Congress Organiser, phone (03) 9509 7121 or email info@conorg.com.au

Towards a Safer Society: Understanding and Tackling Violence

31 August – 3 September 2004
Edinburgh, Scotland

This Second International Conference is designed to promote a dialogue amongst professionals with a concern about violent offenders. It will be of interest to mental health care professionals, social workers, lawyers, prison service professionals, policy makers and researchers. Major themes of the conference include: origins of violent behaviour; assessment of violence risk; management of violent offenders in the community; family violence and stalking; legal and ethical issues; youth violence; alcohol and crime; and spousal violence.

Further information is available from the Towards a Safer Society website: safersociety.gcal.ac.uk/

Seminar with

Professor Mary P. Koss

Hosted by the Education Centre Against Violence

- When** • Wednesday 28 April 2004
Where • Westmead Hospital, Sydney
Key topics • Overview of current research on reactions to adult sexual assault
• Prevention initiatives and sexual violence as a public health issue
• Critical issues in implementing a restorative justice model for adult sexual assault

Dr Koss is Professor of Public Health, Psychiatry and Psychology at the Mel and Enid Zuckerman Arizona College of Public Health, University of Arizona. She is renowned for her substantial research and numerous publications that include works on adolescent date rape, effects of sexual violence, and restorative justice. She has served on expert panels for the New York Academy of Sciences and National Academy of Science. In recognition of her contributions, the American Psychological Association honoured her with its 2000 Award for Distinguished Contributions to Research and Public Policy, and the Committee on Women in Psychology selected her to receive its 2003 Leadership Award.

Mary Koss's current work involves implementing a restorative justice program for selected sexual offences, studies of alcohol and violence among American Indian tribes, and behavioural HIV/AIDS prevention in South Africa.

Registration with the Education Centre Against Violence closes on 31 March 2004. Phone (02) 9840 3737. Email ecav@wsahs.nsw.gov.au. Website www.ecav.health.nsw.gov.au/

The works listed in these pages are selections from new additions to the library collection of the Australian Centre for the Study of Sexual Assault. ACSSA is collecting classics in the sexual assault literature, as well as contemporary publications. They may be borrowed from the Australian Institute of Family Studies library via the interlibrary loan system.

Access and equity for services

Knowing her better, by C. Naksook & M. Kremidas, Working Women's Health, Fitzroy, Victoria, 2000.

This project sought to identify the concerns and experiences that women from Non-English-speaking backgrounds have with sexual and reproductive health services. Turkish, Spanish, and Vietnamese women and their health professionals were surveyed. Based on the survey, a training manual was produced for educating health professionals about the issues raised.

Sex workers

The relationship between adult sexual assault and prostitution: an exploratory analysis, by R. Campbell, C. Ahrens, T. Sefl, M. Clark, *Violence & Victims*, vol. 18, no. 3, June 2003, pp. 299-317.

This study examines whether experiencing sexual assault is associated with subsequent engagement in prostitution, using a survey of US female rape survivors.

'You just give them what they want and pray they don't kill you': street-level sex workers' reports of victimization, personal resources, and coping strategies, by R. Dalla, Y. Xia & H. Kennedy, *Violence Against Women*, vol. 9, no. 11, November 2003, pp. 1367-1394.

This research explores violence against street prostitutes, and their subsequent coping behaviour; including social supports, use of escapism, levels of stress, and depression, using a small sample of American female sex workers. The authors note the connections between child abuse and/or drug culture in the victimisation of sex workers.

Drug and alcohol involvement in sexual offending

Alcohol-related assault, findings from the British Crime Survey, by T. Budd, London, Research Development and Statistics Directorate, Home Office, 2003, <http://www.homeoffice.gov.uk/rds/pubsintro1.html>

Statistics from the British Crime Survey for 1996, 1998 and 2000 are analysed in this report to provide information on the extent and nature of alcohol-related violence in England and Wales.

The relationship between the quantity of alcohol consumed and the severity of sexual assaults committed by college men, by A. Abbey, A. Clinton-Sherrod, P. McAuslan, T. Zawacki, P. Buck, *Journal of Interpersonal Violence*, vol. 18, no. 7, July 2003, pp. 813-833.

This study examines the effects alcohol has on sexual assaults, including offender aggression and victim resistance, using a survey of US college men and similar studies. Other variables and reporting discrepancies are discussed.

Media and cultural analysis

Rape on prime time: television, masculinity, and sexual violence, L. Cuklanz, Philadelphia, University of Pennsylvania Press, 2000.

"[This] is the first book to examine the changing depictions of rape on television and provides important insight into the social construction of rape in mainstream mass media since the inception of rape law reform in 1974" (Book jacket)

Rape on trial: how the mass media construct legal reform and social change, L. Cuklanz, Philadelphia, University of Pennsylvania Press, 1996.

"Why has so much of the public discussion of rape focussed on a few specific cases, and to what extent has this discussion incorporated the feminist perspective on rape? [This book] explores these questions and provides answers based on a detailed examination of the mainstream news coverage and subsequent fictionalized representations of three highly publicised trials in the United States... Each case is discussed in the context of rape law reform efforts and arguments, analyzing how traditional and reformed views of rape were included in or excluded from the public discourses surrounding the trials." (Book jacket)

Theoretical perspectives

Sexual consent, by D. Archard, Boulder, Colorado, Westview Press, 1998.

"A popular belief is that whatever takes place in private between consenting adults should be allowed. This book offers a systematic philosophical examination of what might be meant by consent and what role it should play in the context of sexual activity. Investigating the adequacy of standard accounts of consent, the book criticizes an influential feminist critique of consensuality, and applies a new theoretical understanding of sexual consent to controversial topics, such as prostitution, rape, sadomasochism, and the age of consent." (Book jacket)

Representing Rape: Language and Sexual Consent, S. Ehrlich, London, Routledge, 2001.

A feminist-linguistic analysis of the language of sexual assault trials, arguing that language is central to all legal settings – specifically sexual harassment and acquaintance rape hearings. In such contexts, language is not a neutral and transparent reflection of the world, but rather helps to construct the character of the people and events under investigation. Based on a case study of the trial of a male student accused of two instances of sexual assault in Canada, Ehrlich shows how culturally dominant notions about rape percolate through the talk of sexual assault cases in a variety of settings and ultimately shape their outcomes. (Book jacket) [edited].

Legal issues/court processes

Sexual history and sexual character evidence in Scottish sexual offence trials: a study of Scottish Court practice under ss. 141A/141B and 346A/346B of the Criminal Procedure (Scotland) Act 1975 as inserted by the Law Reform (Miscellaneous Provisions) (Scotland) Act 1985, s.36 / B, B. Brown, L. Jamieson & M. Burman, Edinburgh, Scottish Office, 1992.

This research report examines the impact of Scottish legislation reform restricting the use of sexual character evidence in sexual offence trials, using interviews with legal practitioners and monitoring rape trials.

College women who had sexual intercourse when they were underage minors (13-15), age of their male partners, relations to current adjustment, and statutory rape implications, by H. Leitenberg & H. Saltzman, *Sexual Abuse*, vol. 15, no. 2, April 2003, pp. 135-147.

In response to a call for toughening statutory rape laws in America, this report discusses the varying legal age of consent in America and examines a survey of female college students on the incidence of underage sex, the age of their partners, and the psychological impact.

Big girls don't cry, the effect of child witness demeanor on juror decisions in a child sexual abuse trial, by J. Golding, J. Golding, H. Fryman, D. Marsil, J. Yozwiak, *Child Abuse & Neglect*, vol. 27, no. 11, November 2003, pp. 1311-1321.

In a mock rape trial the impact of the emotional demeanor of the child witness on the mock jurors was assessed. Findings indicated that the credibility of the witness in the eyes of the jurors was associated with the demeanour of the witness. Jurors made judgements about the credibility of witnesses who displayed either "too much" or "too little" emotion.

A legal process or a justice system? Sex offences in Queensland - still seeking justice by S. Kift, *Alternative Law Journal*, vol. 28, no. 6, December 2003, pp. 292-296.

In June 2003, the Queensland Crime and Misconduct Commission released its report 'Seeking justice, an inquiry into the handling of sexual offences by the criminal justice system'. The author considers the report and examines the broader implications of the issues raised and the areas of remaining concern.

International

Violence against women in Asian societies, edited by L. Bennett & L. Manderson, London, Routledge Curzon, 2003.

The following chapters deal with sexual violence against women in Asian societies: **Introduction: gender inequality and technologies of violence**, by L. Bennett & L. Manderson, provides an introduction to violence against women living in Asian societies. The authors argue that abuse of power to maintain or create inequality is central to the issue of violence. **Loss of face, violence against women in South Asia**, by M. Bandyopadhyay & R. Mahmuda, focuses on acid attacks on women in South Asia. **Presumed consent, marital violence in Bugis society**, by N. Idrus & L. Bennett, is concerned with marital violence in Bugis society in Indonesia, in particular women's experiences of violence within marriage, including rape and sexual assault, and men's presumption of sexual access to their wives' bodies. **Rape and sexual transgression in Cambodian society**, by R. Surtees, explores the complex nature of rape and sexuality in Cambodia. **Violence against women, the challenges for Malaysian women**, by R. Foley, explores the efforts of the women's movement in Malaysia to raise awareness of violence against women.

Sex crime in the Islamic context: rape, class and gender in Pakistan, A. Zia, Lahore, Pakistan, ASR, 1994.

This introductory discussion of sexual offences in Pakistan focuses on social and legal inequality. Topics include the effect of Islamic law and British colonial law, laws regarding marriage, consent, adultery and rape, and media representations.

Prevention programs

Investigation of attitude change in a rape prevention program, by J. Johansson-Love & J. Geer, *Journal of Interpersonal Violence*, vol. 18, no. 1, January 2003, pp. 84-99.

This research study examines the impact of an attitude modification program for rape prevention, where an educational video was delivered to a sample of American college men. Previous studies have found that reducing rape supportive attitudes, such as rape myths and low victim empathy, assists in preventing sexual assault.

Prevention programs for young people that promote healthy relationships, by J. Mulrone, in, *Practice and prevention, contemporary issues in adult sexual assault conference*, Sydney, NSW Attorney-General's Department, Crime Prevention Division, 2003, Online only. <http://www.lawlink.nsw.gov.au/cpd.nsf/pages/mulrone>

The author discusses the work involved in compiling the background research paper for the Kids Relate project undertaken by the Australian Domestic and Family Violence Clearinghouse. An overview of prevention programs, initiatives and resources that have been developed and implemented with young people in Australia to address violence within relationships is given. The author highlights

the implications such findings have in relation to prevention activities concerning sexual assault; discusses prevention programs for young people; the three stages of prevention; the theoretical underpinnings of the programs; and different methods, such as a whole of school approach, community development approaches, community arts and peer education. She considers which methods worked, and what the implications for work in the context of sexual assault prevention might be.

Rape prevention with college males, the roles of rape myth acceptance, victim empathy, and outcome expectancies, by W. O'Donohue, E. Yeater & M. Fanetti, *Journal of Interpersonal Violence*, vol. 18, no. 5, May 2003, pp. 513-531.

This study examined the immediate impact of an experimental video based prevention program developed to decrease undergraduate men's potential to rape. The experimental video was found to produce greater immediate changes on rape myth acceptance, victim empathy and outcome expectancies. Limitations of the study, and future directions for research are discussed.

Prevention theory

Bystander education: bringing a broader community perspective to sexual violence prevention, V. Banyard, & E. Plante & M. Moynihan, *Journal of Community Psychology*, vol. 32, no. 1 January 2004, pp.61-79.

This study furthers the literature on sexual assault prevention programs by examining the psychology of the bystander and the wider community, including community norms, community change, and bystander training.

Preventing the human rights violations of family violence, R. Cumberland, *Parity*, vol.16, no.10, November 2003, pp. 7-8.

This article examines what is meant by prevention of family violence, and some weaknesses in approaches to prevention. The degendered nature of family violence policy in Australia is discussed, along with tensions between government and women's services. The author argues that prevention must be integrated with crisis responses so as not to overlook the rights of women in preventing family violence, and suggests several human rights mechanisms that should be considered for integration into the current service framework.

Preventing violence: a review of the literature on violence and violence prevention: a report prepared for the Crime Prevention Division of the NSW Attorney General's Department, R. Homel & T. Burrows, Crime Prevention Division, Attorney General's Dept., Sydney, 2001.

Available for viewing in html format or for downloading as a pdf file via the Lawlink NSW website: <http://www.lawlink.nsw.gov.au>

Victim/Survivors

Conceptualizing the harm done by rape, applications of trauma theory to experiences of sexual assault, by S. Wasco, *Trauma, Violence, & Abuse*, vol. 4, no. 4, October 2003, pp. 309-322.

This article examines the limitations of Western views of posttraumatic stress, using the experience of rape which is inadequately served by current trauma models. Rape as a process rather than an event, chronic shock, cross cultural responses, and societal responses are discussed.

The role of sexual victimization in women's perceptions of others' sexual interest, by P. Donat & B. Bondurant, *Journal of Interpersonal Violence*, vol. 18, no. 1, January 2003, pp. 50-64.

Using a sample of American college women, this research examines how victims and non-victims of sexual assault or coercion perceive and rate sexual cues and sexual interest in others, in order to explore whether victims are more vigilant to cues, affecting their risk of revictimisation.

The context of sexual violence, situational predictors of self-protective actions, by J. Clay-Warner, *Violence & Victims*, vol. 18, no. 5, October 2003, pp. 543-556.

This study examines the impact of situational factors on what methods women use for defence and resistance against sexual assault, including the effect of intimate relationship, weapons, drug use, private residence, time, and the presence of bystanders, on decision making and whether the response is verbal, physical or no self-protection.

Integrating domestic violence and sexual assault in victim support services

Implementation of the domestic violence screening project in a sexual assault service: an unexpected result, by G. Hall & R. Hatley, in, *Practice and prevention: contemporary issues in adult sexual assault conference*, Sydney, NSW Attorney-General's Department, Crime Prevention Division, 2003, Online only: <http://www.lawlink.nsw.gov.au/cpd.nsf/pages/hallhatley>

On a global scale, violence is among the leading causes of death for people aged 15 - 44 and violence against women and girls is a major health and human rights issue. The authors document current research on the relationship between domestic violence and sexual assault and discuss responses to violence against women in intimate relationships. They discuss the trial conducted by Northern Sydney Health, which implemented the domestic violence routine screening tool in several hospitals and services, and they explain why a sexual assault service got involved in routine screening for domestic violence.

Counselling services for battered women, a comparison of outcomes for physical and sexual assault survivors, by A. Howard, S. Riger, R. Campbell, S. Wasco, *Journal of Interpersonal Violence*, vol. 18, no. 7, July 2003, pp. 717-734.

This study of counselling and support services in America compares the treatment progress of battered women with women who were both battered and raped by their partner. Social support, self-blame, and self-efficacy measures were surveyed.

Evaluating services for survivors of domestic violence and sexual assault, by S. Riger, Thousand Oaks, California, Sage Publications, 2002.

"[This book] provides comprehensive guidelines and field-tested tools for direct service evaluation programs. It also chronicles and celebrates over thirty years of progress made by the anti-violence movement. The authors offer a wealth of practical information while identifying key issues and placing them in the broader context of social and political change." (Book jacket)

Workplace harassment

The prevalence of sexual harassment, stalking, and false victimization syndrome (FVS) cases and related human resource management policies in a cross-section of Canadian companies from January 1995 through January 2000, by B. Schell, *Journal of Family Violence*, vol. 18, no. 6, December 2003, pp. 351-360.

This study examines the nature of sexual harassment in the workplace, using a survey of human resources managers in Canadian companies. Workplace policies and reported prevalence are examined, and the nature of harassment, and the issues of false reporting and under-reporting are discussed.

Sexual offenders

Trait empathy and criminal versatility in sexual offenders, S. Smallbone, J. Wheaton & D. Hourigan, *Sexual Abuse*, vol. 15, no. 1, January 2003, pp. 49-60.

This study examines the variations in victim empathy in sex offenders who have also committed other types of crimes, using a survey of prisoners in Australia.

Victim empathy, social self-esteem, and psychopathy in rapists, by Y. Fernandez & W. Marshall, *Sexual Abuse*, vol. 15, no. 1, January 2003, pp. 11-26.

This study examines victim empathy, general empathy and psychopathy in sex offenders as compared with non-sexual offenders, using a survey of prisoners in Canada.

The importance of offense characteristics, victimization history, hostility, and social desirability in assessing empathy of male adolescent sex offenders, by T. Curwen, *Sexual Abuse*, vol. 15, no. 4 October 2003, pp. 347-364.

This study examines both the levels of empathy in adolescent sex offenders and the efficacy and reliability of current scales, particularly to deceptive responses.

Men who use violence, intimate violence versus non-intimate violence profiles, by D. Lawson, D. Weber, H. Beckner, L. Robinson, N. Marsh, A. Cool, *Violence & Victims*, vol. 18, no. 3, June 2003, pp. 259-277.

This study explores psychopathology in male violence, comparing different typologies of intimate partner violence and general violent behaviour to examine severity, exposure to family violence, and personality disorders.

Special rural issue

Women Against Violence journal

The next edition of *Women Against Violence – an Australian feminist journal* features articles, briefings and news from rural Australia.

We know that violence against women happens outside the major cities, but there has been little research into the issue. The forthcoming special rural edition of the journal features case studies of how rural communities have responded to violence, and a study of the beliefs and attitudes of rural health and welfare workers about sexual assault. Authors in this edition also ask the question: *Is there a rural culture? If so, how does it affect the lives of women living with violence in rural towns?* Personal stories of survival in regional Queensland are included, along with news about the work of women working against violence around Australia.

The Journal is a biannual, peer-reviewed publication, sponsored by CASA House in Melbourne, with a national advisory committee. To subscribe, visit the CASA House website at www.rwh.org.au/casa and click on Women Against Violence Journal.



Psychopathological profile of men convicted of gender violence, a study in the prisons of Spain, by E. Echeburua, J. Fernandez-Montalvo & P. Amor, *Journal of Interpersonal Violence*, vol. 18, no. 7, July 2003, pp. 798-812.

This study examined the characteristics of men imprisoned in Spain for violence against their partners, including sexual assault and homicide. Socioeconomic status, criminal history, empathy, personality traits, self-esteem and mental illness are measured.

Juvenile sex offenders, toward the development of a typology, by J. Hunter, A. Figueredo, N. Malamuth, J. Becker, *Sexual Abuse*, vol. 15, no. 1, January 2003, pp. 27-48.

This study examines characteristics of juvenile sex offenders, including developmental risk factors, personality mediators, physical abuse, sexual abuse, exposure to violence against women, and victim selection, based on a survey of US juvenile offenders.

Offender programs

Predicting psychological distress in sex offenders' therapists, by L. Ennis & S. Horne, *Sexual Abuse*, vol. 15, no. 2, April 2003, pp. 149-157.

This study examines occupational distress, hours worked and social and peer support in therapists who work with sex offenders, using a survey with professionals in America and Canada.

Sex crime recidivism, evaluation of a sexual offender treatment program, by R. Schweitzer & J. Dwyer, *Journal of Interpersonal Violence*, vol. 18, no. 11, November 2003, pp.1292-1310.

An evaluation of the Australian Sexual Offenders Treatment Program (SOTP), a program based on cognitive behavioural principles and aiming to reduce sexual offence recidivism, examined the recidivism rate among a target group of offenders over a period of five years. The study reviews the research evaluating sexual offender programs, describes the SOTP, discusses difficulties with the data and methodology, and summarises the findings of the evaluation of SOTP. The analysis shows no significant reduction in recidivism among the SOTP target group. The authors emphasise the importance of the continued evaluation of sex offender programs and the use of longitudinal data.

A brief history of behavioural and cognitive behavioural approaches to sexual offenders, Part 1. Early developments, by D. Laws & W. Marshall, *Sexual Abuse*, vol. 15, no. 2, April 2003, pp. 75-92.

This article summarises the history of cognitive behavioural therapy for sexual offenders, from the 1800s to 1969.

A brief history of behavioural and cognitive behavioural approaches to sexual offenders, Part 2. The modern era, by D. Laws & W. Marshall, *Sexual Abuse*, vol. 15, no. 2, April 2003, pp. 93-120.

This article summarises the history of cognitive behavioural therapy for sexual offenders, including law and public health issues, from 1970 to the 1990s.

Measuring motivation to change in sexual offenders from institutional intake to community treatment, by M. Barrett, R. Wilson & C. Long, *Sexual Abuse*, vol. 15, no. 4, October 2003, pp. 269-283.

This study examines changes in treatment motivation of sex offenders, from prison admission to community treatment, using a survey of Canadian sex offenders, and discusses variables in motivation and outcome.

Evaluation of a national prison-based treatment program for sexual offenders in England and Wales, by C. Friendship, R. Mann & A. Beech, *Journal of Interpersonal Violence*, vol. 18, no. 7, July. 2003, pp. 744-759.

This study examines the impact of the Sex Offender Treatment Program in Great Britain by measuring risk of reconviction and 2 year reconviction rates for former program participants. Recidivism rates in general are also discussed.

Outcome of a treatment program for adult sex offenders, from prison to community, by R. McGrath, *Journal of Interpersonal Violence*, vol. 18, no. 1, January 2003, pp. 3-17.

This study examines the reoffending rates of adult male sex offenders who completed, partly attended, or refused to attend a prison-based rehabilitation program.

Treating sex offenders: a guide to clinical practice with adults, clerics, children, and adolescents, W. Prendergast, New York, Haworth Press, 2004.

"[This book] updates the groundbreaking original with new material that integrates adolescent and adult sex offenders, emphasizing similarities and differences in personality type, behavior, and treatment". (Book jacket) ■



Issues Paper 1

Just two decades ago in most Australian states and territories, men were able to rape their wives with immunity. Rape in marriage was quite simply not a crime. While state legislatures have enacted laws that remove men's licence to rape women with whom they share marital or established relationships, our understanding of whether this resulted in effectively changing the social, cultural and legal response to sexual violence by male intimate partners is surprisingly limited. Reports from Australian women and research findings overall suggest few inroads

have been made in identifying the scope of male partner sexual violence or in considering how to prevent it. The unspoken response to rape in the home has much in common with a whispering campaign – known about by many, but with few willing to address it openly.

It is important to place these impressions and the "silent knowing" in the context of a systematic examination of the issue, and a broad assessment of Australia's efforts to protect women from what they say is a debilitating and soul destroying assault.

While a reluctance to respond to male partner sexual violence is shown to exist within the practice and enforcement of law, it is also reflected in our failure to acknowledge the difficulties women face in naming their experience of rape, by a range of services marginalising their responses to rape, and through our neglecting to identify the particular health effects, and emotional impact of rape.

It is this notion of *reluctance* that structures ACSSA Issues Paper No. 1, *Just "keeping the peace": A reluctance to respond to male partner sexual violence* (available March 2004).

Briefing Paper 3

In its third Briefing Paper ACSSA will be examining issues relating to sexual assault in rural and remote communities. Some of the areas we plan to examine include: prevalence figures, reporting patterns, barriers to disclosure, service delivery challenges and innovations, and criminal justice responses. A key aim of the research will be to understand issues facing both victim/survivors and service providers in rural and remote parts of Australia, and how these differ from a metropolitan context.

Contribute to ACSSA Aware

Service providers, researchers and those interested in working against sexual assault are encouraged to contribute to the *ACSSA Aware* newsletter. We are interested in short reviews (no more than 1500 words) of books, conferences, workshops and projects. We will also consider more substantial articles (no more than 3000 words) on significant issues in understanding, responding to, or preventing sexual assault.

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

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

We welcome your feedback

Australian Centre for the Study of Sexual Assault

Help to shape the work of the Australian Centre for the Study of Sexual Assault. We are interested in hearing your views on the best way to meet the needs of our stakeholders. If you have any comments on services that could be offered, possible topics for publications, or areas of research, please fill in the section below and return it to ACSSA at the Australian Institute of Family Studies. 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?

Four horizontal lines for text input.

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

Four horizontal lines for text input.

Membership form overleaf ►

ACSSA Services

The Australian Centre for the Study of Sexual Assault is funded by the Australian Government Office of the Status of Women, under the *National Initiative to Combat Sexual Assault*. ACSSA provides stakeholders with a variety of services (see below). ACSSA is located at the Australian Institute of Family Studies in Melbourne.

Resources

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

Advisory service

ACSSA's research staff can provide specialist advice and information, including detailed analysis and interpretation of 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, Briefing Papers and Newsletters which are mailed free of charge to members of the mailing list. Publications can also be received electronically.

Good practice database

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

Research

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

Email alert and discussion lists

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

Membership form

Australian Centre for the Study of Sexual Assault

◀ Details overleaf

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

- Please add my name to your mailing list to receive ACSSA publications I would like to receive publications electronically
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