In this issue

Welcome to the ninth edition of ACSSA Aware, the newsletter of the Australian Centre for the Study of Sexual Assault. ACSSA is now in its third year of operation at the Australian Institute of Family Studies, and during this time we have continued to build on our list of publications, and our capacity to get information to you about the contemporary issues affecting the work you do in the field of sexual assault. The scale of information we have for each edition of ACSSA Aware seems to expand as rapidly as our readership! And this is no doubt a reflection of the amount of good work being carried out by you as service providers, counsellor/advocates, policymakers, researchers, legal practitioners and police. We extend our thanks to you for continuing to inform us about the hard work being done by you to address and reduce the incidence of sexual assault.

We also welcome the increasing amount of feedback we receive from you in relation to previous editions, and the increasing number of contributions being submitted for inclusion in subsequent issues of Aware. In this edition of the newsletter we have the pleasure of including two contributions from subscribers. In response to our previous article on the link between mental health and sexual assault, two pieces of Australian research have been brought to our attention and are included as our feature section. The first was submitted to us by the Sexual Assault Resource Centre in Perth, while the second refers to a study undertaken by the South Australian Department of Health’s Epidemiology Branch.

For this quarter, the focus of our service profile is the Queensland community group, Sisters Inside, who advocate for the human rights of women in the criminal justice system. Sisters Inside recently organised and hosted a highly successful conference in Melbourne at which international and national guests spoke passionately of the injustices perpetrated against women prisoners, particularly the ongoing practice of strip-searching women prisoners, many of whom are survivors of sexual assault. In addition to the service profile, which focuses on the counselling service offered by Sisters Inside, the conference is reviewed, highlighting issues of sexual assault for women prisoners.

This edition of Aware also contains two reviews. The first review profiles a new “self-help” book aimed at adolescent girls and their parents, and the second report focuses on a recent event held in Tasmania to highlight the ongoing impact of child sexual abuse. Our good practice profile for this issue is the highly impressive video Anyone’s Story produced by the Education Centre Against Violence in New South Wales and the New South Wales Police.

ACSSA welcomes your contributions

As there are so few forums in which those working in the sexual assault field can share information with one another, we are keen to publish articles within this newsletter. We now accept contributions of up to 5000 words, although book reviews, news of conferences, training and research projects are also welcomed (up to 1500 words). If you would like to contribute an article or review to ACSSA Aware, details of how to do so are on the inside back cover of this newsletter. You can access our “contributor’s guidelines” from the website or contact ACSSA directly.
The Australian Centre for the Study of Sexual Assault aims to improve access to current information on sexual assault in order to assist policy makers, service providers, and others interested in this area to develop evidence-based strategies to prevent, respond to, and ultimately reduce the incidence of sexual assault.

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

In addition, there are the regular columns on conferences and training as well as literature highlights from recent additions to the ACSSA library collection at the Australian Institute of Family Studies. As always, ACSSA remains keen to receive feedback on how we can better meet the needs of those committed to working against sexual assault, so please continue to provide us with your comments on current or future publications. If this is the first issue of Aware you’ve read, earlier editions can be requested via email or by returning the form on the back page of this issue. And don’t forget, all our publications are freely available online at http://www.aifs.gov.au/acssa/.

Future directions at ACSSA

In response to the large number of research enquiries ACSSA receives on common topics, we are pleased to publish a new information bulletin, the ACSSA Wrap, a factual and accessible overview of current information on issues and practice in relation to sexual assault. As feedback indicates that some stakeholders have difficulty finding the time to read and digest our longer publications, the ACSSA Wrap will function as a summary of relevant issues, statistics and resources on topics that are regularly the subject of research enquiries. The Wrap will function largely as a resource tool, identifying what we know and what we don’t know about a particular topic and will provide a list of resources for readers to access should they want to explore the subject area in greater depth.

The Wrap replaces the Briefing Paper, though our in-depth analyses and comprehensive coverage of other areas will continue through the publication of our Issues Papers. Subscribers who receive our publications will have received the first Wrap with this newsletter, which looks at issues facing adult survivors of sexual assault. For those of you who would like a copy of this new publication, the Wrap can be downloaded from our website, at http://www.aifs.gov.au/acssa/pubs/pubsmenu.html.

Views expressed in the Centre’s publications are those of individual authors and may not necessarily reflect ACSSA or Institute policy.
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Sisters Inside Inc. held their third international conference, *Is Prison Obsolete?* in Melbourne in July 2005. The conference focused on the experiences of women prisoners, and asked whether prisons for women provide any benefit to society or women themselves. Activists such as Angela Davis, Kim Pate, Debbie Kilroy and Amanda George were joined by specialists in the areas of mental health, Aboriginal and Torres Strait Islander (ATSI) affairs, drug and substance abuse, as well as women and men working with the children of women in prison, sexual assault workers and prisoner advocates. Women recently released from prison also spoke about their experiences and over the course of the three days crucial issues relating to the criminalisation of women and their experience of prison, as well as post-release, were addressed.

Sisters Inside, an independent community organisation advocating for the human rights of women in the criminal justice system in Queensland, hosted the conference along with Flat Out Inc, a Victorian housing and support service for women leaving prison and their children, and the Aboriginal Family Violence Prevention and Legal Service of Victoria. Sisters Inside takes a clear abolitionist view of prisons, and proposes instead that society should resource prevention of crime through development of progressive social policies that value women and children. The organisation’s values statement puts forward the view that “currently the dominant group defines what ‘crime’ is”, and this “functions to criminalise the most marginalised social groups”. As such, Sisters Inside envisions a society where laws are created by and for the whole of society, and sees this as a necessary factor to the establishment of a criminal justice system that serves its function of protecting freedoms and creating social order.

For many sexual assault activists, an abolitionist approach to the prison system seems to go against the grain of much of our work, for instance in advocating for law reform to enable higher conviction rates or longer sentences for those who rape. However, much of this advocacy is itself based on critiques of the criminal justice system, including theorisations of the system’s reinforcement of structural inequalities, its inability to respond to abuses within the “private sphere”, and its reflection of sexist constructs of “good” and “bad” women when determining factors such as consent and degree of harm. Such theorisations share much common ground with the background philosophy of Sisters Inside, if not, necessarily, its abolitionist conclusions. Nevertheless, the conference presenters consistently challenged the audience to expand our thinking on prisons, and therefore on the criminal justice system more generally, and on the organisation of our society as a whole. While many of the participants no doubt held varying views of how the criminal justice system should function and under what circumstances imprisonment might be justified, if at all, there was a general consensus that the
The current situation was unacceptable, particularly in relation the imprisonment of women, and this was the focus of the conference. Sisters Inside’s research has built up a substantial portrait of women in prisons in the Australian context, which was articulated and developed at various stages throughout the conference. Sisters Inside’s work has been drawn together within their Submission to the Anti-Discrimination Commissioner for the Inquiry into the Discrimination on the Basis of Sex, Race and Disability Experienced by Women Prisoners in Queensland (Sisters Inside 2004). Some of the main areas of focus within this report are presented over the next few paragraphs, and provide a background to the issues discussed throughout the conference.

The vast majority of women in prisons are serving sentences of less than two years (approximately 85 per cent in Queensland prisons, for instance), and the majority are convicted of non-violent offences (Sisters Inside 2004: 7). Of the violent offences committed by women, almost all of the victims were known to the women and they often occurred in the context of long histories of abuse by partners, or self-defence during arguments or fights. Upon their release from imprisonment, women are less likely than men to be convicted of a subsequent offence, even less so a crime of violence, therefore, Sisters Inside notes, posing a minimal risk to society (Sisters Inside 2004: 7-8).

Research indicates that most women in prison have faced an “overlapping series of difficulties” in their lives, such as a disruptive upbringing that “tends to lead to dropping out of school and the failure to develop job skills, coupled with substance abuse and violence and mistreatment from many sources” (Sisters Inside 2004: 8). As a result, they are likely to be poor, undereducated and lacking the vocational skills that would enable them to earn enough income to be self-sufficient. Of Queensland women prisoners, for example, 50.5 per cent were unemployed prior to their involvement with the criminal justice system compared to 7.8 per cent unemployment for Queensland women overall (Sisters Inside 2004: 8, quoting ABS figures). Over 50 per cent of women in prison had been placed “in care” as children and approximately one quarter had been imprisoned in a juvenile detention centre. Prior to incarceration, a staggering 98 per cent of women prisoners had experienced physical abuse and 89 per cent had experienced sexual abuse (Kilroy 2001).

In the submission Sisters Inside (2004: 8) note that:

“Women prisoners often present with inter-related problems that need to be addressed (simultaneously and comprehensively) in order to effectively enable them to move forward. Common issues are dependency, low self-esteem, poor educational and vocational achievement, parental separation at an early age, foster care, living on the streets, prostitution, violent relationships, suicide attempts, self-injury and substance abuse. Many of the women have alcohol or drug addictions, which may have been the cause of their offending in some way. Drug and alcohol abuse are more likely in women who have experienced child sexual and physical abuse, domestic violence and prostitution.”

The conference was opened by Marion Hansen, Chairperson of the Aboriginal Family Violence Prevention Legal Service (Victoria), who outlined the many ways in which she saw the incarceration of Aboriginal women as obsolete. She began by highlighting the disproportionately high number of Aboriginal women in prison. In 1999, for example, ATSI women were imprisoned at a rate of 206.5 per 100,000 women, compared to 11.8 per 100,000 for non-ATSI women. The rate of imprisonment for ATSI women nearly doubled between 1991 and 1999, from 104 to 207 per 100,000 population (Cameron 2001). Marion noted that this was obvious at the Victorian women’s prison, the Dame Phyllis Frost Centre, where 18 of the 200 prisoners are Aboriginal. If Aboriginal women were equally represented on the inside as on the outside, she said, there would only be one Aboriginal woman in the Centre.
Marion Hansen spoke of the disproportionately high rate of deaths in custody of Aboriginal women. She noted that almost three quarters of Aboriginal women in prison are mothers and questioned whether the high rate of deaths in custody of Aboriginal women is linked to the removal of children from their mothers – many of whom themselves were also removed as children – and the removal of mothers from their families and communities. Marion Hansen in her opening address spoke of the scars the women bear of violence, sexual abuse and shame:

"Let us remember that most of those half-caste children removed from families were not the result of consensual communions between white men and our women. They were a consequence of the rape and sexual exploitation of our women who were domestics, nannies, women in camps and missions, at the hands of white pastoralists, missionaries, mission managers and police.

The children born from this violence were forcibly removed from the women who bore them and the communities that they were part of, so as to further break the hearts and lives of our people, and to whiten the stain of male colonial violence. These children who were removed lost their identity, culture, meaning and many of them their lives. Today they are still taking our children away. But now, increasingly they are also taking our women."

Marion emphasised what she viewed as the little, if any, rehabilitative value of the imprisonment of women. She noted that despite proven correlations between drug use and imprisonment (see for example Johnson 2004), there are only eight beds for Aboriginal women with drug and alcohol dependency issues in the whole country, all in metropolitan Victoria. Many women in prison, she said, serve sentences of one month or less, and many of these women are sentenced for drug and alcohol related offences. These women serving short terms, and women on remand, are usually not entitled to rehabilitation programs and so women often go “cold-turkey” in prison, causing them much distress, and are released in much the same, if not worse circumstances than in which they entered prison. It is no surprise to prisoner advocates that these women return to using illicit drugs and alcohol once released and that the recidivism rate for Aboriginal women is high.

Marion argued that a further reason as to why prison, particularly for Aboriginal women, is obsolete, is that the punishment of prison far outweighs the crime. Although women may go to prison for only a short time, during this time they often lose their jobs, as well as their accommodation. Women’s housing is often used by family members whilst they are in prison and often the rent and bills are not paid, resulting in the woman losing her house and accumulating bills and fines. So whilst on paper women’s sentences may only be for one month, the punishment may go on for years.

Women are not only at risk of losing their housing and jobs, but many women lose custody of and contact with their children once they enter prison. The removal of mothers from their children is extremely damaging to the children, the mothers and ATSI families and communities. Marion noted that children are often placed with already overworked elders, or with other adults who are not able or willing to look after their welfare. The placement of children with extended families often puts relatives in an unmanageable financial and social position. Aside from having to feed and clothe extra children, many carers are not able to afford to take the children to visit their mother in jail or are unable to do so due to health problems, a lack of transport, or other commitments. This is an added burden to children and mothers who may go many months without seeing each other.

**Children of imprisoned women**

Terry Hannon of Flat Out Inc, spoke at some length of the unintended victims of the system – the children of prisoners. Speaking about all women prisoners, Aboriginal and non-Aboriginal, she noted that women in prison are more likely to be carers of dependent children than men in prison, and that separation is a source of deep distress to both mothers and their children. Sisters Inside suggest that 85 per cent of women prisoners are mothers and the majority of them have primary responsibility for raising at least some of their children prior to incarceration. For women in prison, separation from their children and the
inability to deal with problems concerning them are major anxieties. The relationships between mothers and children are particularly affected by the stigma of being in prison and the separation of prisoners from the rest of the community (Sisters Inside 2004). Further, children are often terrified for their mother in prison, which adds to the psychological burden of having had their mother taken away.

**Sexual assault within the prison system**

Angela Davis, author of *Women, Race and Class*, and *Are Prisons Obsolete?* spoke in her keynote address of the centrality of sexual violence to the history of the imprisonment of women, including rape, strip-searching and daily sexual harassment. Survivors of the prison system in various states and territories described their personal experiences of a culture where harassment, disempowerment, humiliation and bullying were major features. One woman talked of the permanent feeling of vulnerability and the lack of any secure personal space as demonstrated by the fact that officers enter rooms immediately after knocking, even when women are dressing, and often for simple administration matters which could just as easily be dealt with by a letter under the door. Another prison survivor spoke of the extremely high levels of frustration, anxiety, anger and depression among women in prison as a direct result of their imprisonment, as well as, often, being separated from children and partners. She described the culture of violence this can create and reinforce.

Marion Hansen spoke of the mandatory strip-searching of women receiving visitors, including their children and of the abusive nature of these searches:

> “With our women’s long history of having experienced sexual violence as a weapon of colonization and since then at the hands of both Indigenous and non Indigenous men, to be forced to endure more sexual assault at the hands of the state is a total violation of our women’s human rights. This humiliating, degrading and punitive practice is archaic, and unnecessary. The 18,900 strip searches on women in Victorian prisons in 2001-2002 produced only one item of contraband.”

According to Debbie Kilroy (2001), Director of Sisters Inside, “the overwhelming majority of women in prison have histories of abuse, particularly sexual assault and/or incest. Strip-searching a woman against her will only heightens and reinforces feelings of helplessness and humiliation”. She further suggests that, “strip-searching infringes on human rights conventions and international treaty obligations such as the International Covenant on Civil and Political Rights, the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention on the Elimination of All Forms of Discrimination Against Women”. During the conference Debbie noted that:

> “Strip-searches are a violation of these agreements as they are conducted without reasonable suspicion and are an unreasonable invasion of a woman’s person. They also constitute cruel, inhuman and degrading treatment and, as a result of past abuses, women are affected disproportionately by the experience of strip-searching.”

Sisters Inside is conducting an Australia-wide campaign to lobby state and territory governments to put an end to the strip-searching of women in prisons. The organisation’s campaigning material notes that, despite the personal and social value of maintaining contacts with family and friends, women in prison have reported that they are reluctant to receive visits as a result of the feelings of humiliation and the trauma experienced during the resultant strip-searches. This inhibits the women’s attempts to overcome drug addiction, past abuses and traumas.

The campaign material also presents research showing that strip-searching is an ineffective way to prevent contraband and illicit drugs from entering the prison. For example, there were 41,728 strip-searches conducted in Brisbane women’s prison between August 1999 and August 2002. During these, there were only two instances of (unspecified) drugs reported as being found. As of 2004, a woman
is strip-searched approximately every one and a half hours in Brisbane Women’s Correctional Centre. In the light of this evidence, Sisters Inside concludes that strip-searching is used solely as a means to subdue and control women by imposing on them what can only be felt as a humiliating and degrading experience.

**Women in prison with mental illness**

Jenny Speed from Sisters Inside noted in her presentation that historically women have been over-represented in psychiatric facilities and underrepresented in the prison system. However, Queensland is now witnessing a marked increase in the number of women with cognitive and mental disabilities who are being criminalised in part due to the closure of psychiatric institutions and increasingly overtaxed and under-resourced community-based services. Jenny suggested that research into women in prison indicates that women prisoners have a significantly higher incidence of mental disability including schizophrenia, major depression, substance use disorders, psychosexual dysfunction, and antisocial personality disorder, than the general community. The Queensland Department of Corrective Services state that 57.1 per cent of women in Queensland prisons have been diagnosed with a specific mental illness (Hocking, Young, Falconer and O’Rourke 2002).

**Conclusion**

Keynote speakers, workshop facilitators, and survivors of the prison system all agreed that prison does not provide any solution to the problems which lead to the imprisonment of women: violence, drug and alcohol dependency, poverty, sexual assault, racism and reduced access to education, employment and health services. Rather, the strengths that women bring to prison, be they personal, community based or material, are likely to be eroded or destroyed whilst in prison. The rehabilitation programs that do exist are largely designed for non-Aboriginal, literate men and do not take into consideration, culture, literacy levels and mental health issues. Supports for women once they are released are even rarer and largely exist due to the hard work of women and men in organisations such as Sisters Inside. Over the three days, presenters, prison survivors and participants examined what could be done to change the system. Debra Parkes reflected the views of many activists present when she stated that there was a need to consistently measure short-term advocacy and action against more long-term goals: “we need to constantly be asking ourselves as activists: will this reform, or program, or position statement or whatever, support or undermine the idea of prisons as inevitable and necessary?”

**References**


Campaign materials in relation to ending the practice of strip-searching women in prison are available on request from Sisters Inside: PO Box 3407, South Brisbane, Queensland Australia 4101. Phone: (07) 3844 5066. Fax: (07) 3844 2788. Email: admin@sistersinside.com.au

**Sisters Inside’s Sexual Assault Counselling Service is profiled on page 8 of this newsletter.**
Service profile – Sister’s Inside Inc.’s sexual assault counselling service (Queensland)

Each edition of ACSSA Aware includes a profile that offers a perspective on current issues in service delivery. In this edition, ACSSA speaks to Debbie Kilroy from Sisters Inside Inc., an independent community organisation, which exists to advocate for the human rights of women in the criminal justice system in Queensland, and to address gaps in the services available to them. Sister’s Inside Inc. works alongside women in prison in determining the best way to fulfil these roles.

ACSSA: As your organisation is unique in Australia, readers may not be aware of what you do and how you came to be in existence. Could you briefly describe for us how Sisters Inside Inc. was established and the kind of work you do?

Debbie: Sisters Inside is an independent community organisation that began in 1992 in prison. We are a group of women who work with women in prison. Our Management Committee is made up of a Steering Committee of women in prison and other interested women from the community who want to challenge the injustices of incarceration of women in prison and their children and families. Sisters Inside’s Management Committee and Steering Committee meets regularly in the prison and identifies gaps and high needs areas within the prison system and then tries to resource these needs and gaps where possible. Presently Sisters Inside has ten programs for women in prison and on release, for their children and families.

ACSSA: How would you describe the philosophy and principles upon which Sisters Inside Inc. was formed, and how do they effect how Sisters Inside approach their work?

Debbie: Sisters Inside comes from the position of power with and not power over. This is fundamental to all our work with women in prison and on release, with their children and families. Women in prison are the primary decision makers of all we do, not the staff of Sisters Inside. This sometimes becomes a challenge to staff employed at Sisters Inside. It is a whole re-frame as to where people in the free world are and how they interact in the world. Women in prison, who usually have no power, have all the power at Sisters Inside.

ACSSA: One of your many services is a sexual assault counselling service. Could you tell us how the service works, and who it targets? Why is it that a specialist sexual assault service is needed for women in prison?

Debbie: Eighty nine per cent of women in prison have been sexually abused or assaulted before they enter prison – the majority from a very young age up until their adulthood. Women are continually sexually assaulted and abused whilst in prison through the strip-searching processes. It is important that women have external support and counselling from an organisation that they control. Women can make a referral to the program and the counsellors go into the prison weekly to see them face-to-face for counselling and support. The services are for all women in prison and of course women can continue to use these services on release.
ACSSA: You have two counsellors, one Indigenous counsellor and one non-Indigenous counsellor. How important has it been to have an Indigenous counsellor available to work with Indigenous women in prison?

Debbie: It is crucial that Indigenous staff are employed in organisations to work with Indigenous women. This has to be non-negotiable. Sisters Inside has five Indigenous staff and they are vital to our being and to the support provided to women in prison.

ACSSA: At the recent Home Truths: Stop Sexual Assault and Domestic Violence conference held in Melbourne you spoke about the overuse and abusive nature of strip searches for women in prison. Given the high number of women in prison who have experienced sexual assault, the practice of strip-searching is likely to significantly compound the impact of sexual assault. Could you speak a little about this issue, for example, the impact of strip searches on women in prisons and how Sisters Inside Inc. approach their advocacy on this issue.

Debbie: In Queensland prisons it is mandatory for women to be strip searched after every contact visit they have with their children, families and friends and whenever they leave (or return to) the prison itself (for example court appearances). They can also be strip searched on suspicion that they have concealed something prohibited. A woman is strip-searched in Queensland at least once every 100 minutes. During a strip search a woman is asked to remove her clothing including her underwear piece by piece and hand them to a prison officer. She is then told to turn around slowly with her arms spread out. Then she must face the prison officer and lift her breasts with her hands. Then she is told to turn around bend over and spread her buttocks apart with her hands, then she must squat and cough. If she is menstruating and using a tampon she must remove the tampon in front of the prison officer. As can be seen from this description strip-searching not only re-enacts sexual assault it actually constitutes sexual assault by the State. Sisters Inside continually advocates for an end to strip-searching, and at our conference from 20-22 July 2005 in Melbourne, we launched our Stop Sexual Assault by the State Campaign Kit for everyone to use. It will also be available on our website in the near future. So please access and become part of the campaign to stop state sexual assault by the states.

ACSSA: Are there any other issues related to sexual assault that are particularly of concern for Sisters Inside and that would be helpful to share with other service providers?

Debbie: It is important to understand that women in prison are usually traumatised by their prison experience and will not necessarily seek assistance to resolve their abuse as children or adults. We need to build trust with the women and this can take years in many cases. So the traditional 4-6 sessions will not suffice. Sisters Inside is also available to provide training and educational sessions for organisations that work with women in prison or after release. We have a wealth of personal as well as professional experience to share with you all.

ACSSA: Is there potential for Sisters Inside Inc to be modelled in other Australian states and territories? What would be an important first step?

Debbie: I have been working with women in most prisons across the country. I am pleased to inform you all that there are women actively involved in establishing their own organisations in Victoria, NSW and SA presently.
Sitting neatly amongst the brightly coloured books aimed at the teenage market, is a newly published self-help guide designed to assist teenagers to negotiate the minefield of adolescent health. **Body talk: A power guide for girls** covers some of the issues adolescent girls and their parents and carers find difficult to talk about: body image, eating disorders, drugs, sex and sexuality and the impact of the media and peer groups on these issues.

While soundly-based in current feminist thinking, Elizabeth and Abigail, both university lecturers, have managed to put aside academic language and write in a chatty but clear manner, peppering the book with quotes from those “in the know”: teenage girls themselves.

The chapter on sex and sexuality, rather than launching into the confrontational issue of sexual assault, weaves its way through related issues: sexual harassment on the streets and in the school yard; when to know if you are ready to have sex and how to negotiate this decision; why girls are often labelled “sluts” or “frigid” and what girls can do to counter this labelling. The chapter moves on to cover the issues of date rape, relationship violence (including verbal coercion into sex) and incest. The authors recognise that there is no stereotypical perpetrator and that violence can take many forms – and they manage to present this information in a non-threatening way.

*Body talk* successfully explains male violence as a historical and cultural phenomenon. This allows girls to view the violence, the coercion, and the name-calling as part of a wider societal experience and not as something that girls have brought on themselves, individually or collectively.

What the authors have achieved is to put into words what many parents and carers find difficult to say. They name the various types of violence that young women encounter, they discuss the fears and the decisions that girls are forced to make, and they provide sensible and empowering ideas to address verbal and physical violence. They talk about the possibility of girls standing up together against bullying and violence, as well as providing links to organisations who can provide help. *Body Talk* is a powerful antidote to the over sexualised media representation of young women. It should be and would be a valuable addition to any family’s or school library’s bookshelf.
Mental health revisited

The feature article in the sixth edition of ACSSA Aware (published in April 2005) prompted a number of workers to contact us wanting more information and resources on the issue of mental health and sexual assault. The Aware article focused particularly on the mental health issues facing women who have experienced adult or childhood/adolescent sexual abuse, as well as highlighting the increased likelihood of women being subjected to sexual abuse from within the mental health system itself, especially for women (and men) who are in-patient clients of the system.

Overall, the article calls for a more dedicated approach to exploring the relationship between mental health and sexual assault, and the urgent need for proper collaboration between the two key service sectors. Given the degree of interest expressed by our readers, we have taken the opportunity within this edition to present two important research reports that further investigate the relationship between mental health and sexual assault. Both studies are quantitative in nature, but differ greatly in their scope and content.

The first study reports on the findings from a recent client survey undertaken by the Sexual Assault Resource Centre (SARC) in Western Australia. Authors Judi Stone and Beth Clifton draw on the experiences of 500 of SARC’s clients to explore the nature, extent and impact of the mental health issues identified by service-users.

The second part of this feature refers readers to a South Australian report, by Eleonora Dal Grande and her colleagues, that documents the findings from the Interpersonal Violence and Abuse Survey 1999. This comprehensive report by the Epidemiology Branch of the SA Department of Human Services (now SA Department of Health) was produced and made available in 2000, and although the results were not widely publicised outside of SA, an article focusing on domestic violence did appear in the Australian and New Zealand Journal of Public Health (Volume 27, Number 5, October, 2003). Given the breadth and scope of this report, ACSSA is keen to bring the findings to your attention.

The South Australian research relies on a phone survey of 6,000 women and men to estimate the prevalence of domestic and other inter-personal violence that occurs within the community. As part of this survey, data was collected on experiences of sexual assault that occurred within the context of relationships involving domestic violence and also in other familial and social contexts. Questions were also asked within the survey about the mental and physical health consequences of sexual, physical and emotional violence.

Together, these two studies further assist us with understanding the link between sexual assault, mental health and drug and alcohol use, so that service providers, researchers, and policy-makers can ensure that their frameworks, strategies and approaches for responding to, and perhaps preventing, sexual and other forms of family and domestic violence, can best serve the needs of victims.

WE INVITE YOUR VIEWS

ACSSA invites readers to discuss the issues raised in this feature article through our email discussion list, ACSSA-Discuss. In particular, we invite workers and educators across the various sectors to talk on-line about schools-based education programs and prevention initiatives.

ACSSA-Discuss is a moderated email list for the discussion of topics of interest to people involved with the sexual assault field. To join ACSSA-Discuss send an email to “majordomo@aifs.gov.au” with the message “subscribe acssa-discuss”, and leave the subject line blank.

For more information about the ACSSA email discussion group visit the Mailing Lists page on the ACSSA website at www.aifs.gov.au/acssa.
**SARC: client profile and services**

The Sexual Assault Resource Centre (SARC) is located in Perth in Western Australia. SARC provides a free 24-hour service to males and females, aged 13 years and over. The service offers a crisis medical/forensic and counselling service to people who have been sexually assaulted within the previous 14-day period. The Centre’s doctors and counsellors work together as a team to provide this service. The doctors have a defined medico-legal role, while the focus of counselling staff is on advocacy and support of the client. SARC also provides individual therapeutic and group counselling support to people who have been sexually assaulted or who have experienced child sexual abuse, either recently or in the past. Counselling is short term. That is, clients are offered 10 sessions with a counsellor who is either psychology or social work trained and up to 15 sessions with a clinical psychologist.

For the purpose of this paper, people who access SARC for a medical/forensic and counselling service are referred to as Emergency Cases (EC). During the period January to December 2004, 348 Emergency Cases were seen. Of these cases, 6 per cent were men and 94 per cent were women. 6.3 per cent were Aboriginal. During the year January to December 2003, 351 Emergency Cases were seen. Of these cases, 5 per cent were men and 95 per cent were women. Eleven per cent of clients were Aboriginal. Clients who access this service are, where appropriate, offered follow up counselling. Generally between 60-65 per cent accept this offer at the time of the Emergency Case. A small percentage of clients are referred to a service more suited to the client’s needs.

People who attend SARC for individual counselling, are, for the purpose of this paper, referred to as Counselling Clients. SARC statistics show that during 2004, in excess of 7,000 counselling sessions were offered by the SARC Counselling Service.

**Purpose of this research**

Significant research has been done on the correlation between child sexual abuse and mental health problems, both in Australia and overseas. Whilst statistics vary, the findings generally indicate a high correlation between child sexual abuse and mental ill health. The Sexual Assault Resource Centre (SARC) in Western Australia undertook a cross-sectional study of clients who attended the service following a recent sexual assault or because of past sexual assault and/or sexual abuse issues. Information was collected on whether clients had a mental health diagnosis and/or drug and alcohol problem. The results indicated high rates of depression and drug and alcohol use problems. The greatest prevalence of mental health problems and drug and alcohol use was evident in clients who had experienced both child sexual abuse and sexual assault.

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**By Judi Stone and Beth Clifton**

**Sexual Assault Resource Centre: Client mental health survey**

Significant research has been done on the correlation between child sexual abuse and mental health problems, both in Australia and overseas. Whilst statistics vary, the findings generally indicate a high correlation between child sexual abuse and mental ill health. The Sexual Assault Resource Centre (SARC) in Western Australia undertook a cross-sectional study of clients who attended the service following a recent sexual assault or because of past sexual assault and/or sexual abuse issues. Information was collected on whether clients had a mental health diagnosis and/or drug and alcohol problem. The results indicated high rates of depression and drug and alcohol use problems. The greatest prevalence of mental health problems and drug and alcohol use was evident in clients who had experienced both child sexual abuse and sexual assault.

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**By Judi Stone and Beth Clifton**
The prevalence of mental illness in society today is estimated to be approximately 20 per cent, that is, one in five people experience mental illness at any time during their life. The 1997 Survey of Mental Health and Wellbeing (Australian Bureau of Statistics (ABS) 1999) found that 8 per cent of respondents reported having experienced the symptoms of a mental illness in the previous 12 months. Women were found to be more likely to have experienced anxiety disorders (12 per cent compared to 7 per cent of men) and depression (7 per cent of women compared to 4 per cent of men). Men, however, were more likely to report symptoms of substance abuse disorders (11 per cent of men compared to 4 per cent of women) (ABS 1999).

For the purpose of this study the DSM IV (American Psychiatric Association 1994) definition of mental disorder was used:

“A clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e. impairment in one or more area of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.”

In this research, people with a history of alcohol and other drug abuse were counted separately from those with an identified mental health illness. This differs from the DSM-IV definition of a mental disorder, which includes those with a history of alcohol and other drug abuse. The reason for this separation is to identify whether drugs and alcohol or mental health was a more prominent problem in SARC’s client population.

In view of the above literature the study undertaken by SARC had three main aims:

1) to investigate the proportion of people who access SARC services who have a diagnosed mental disorder;
2) to determine the most significant mental health diagnoses amongst the client group; and
3) to assist SARC in providing the most relevant in-service and external training, so that SARC staff and other professionals can better respond to sexually abused or assaulted clients with mental health problems.

Anecdotal information provided to SARC staff suggested that a high percentage of the SARC client group had been diagnosed with depression. Therefore and in addition to the above aims, the study also sought to identify the prescribed medication used by clients in order to help develop an understanding of the specific affects of medication on the clients’ cognitive functioning and the possible affects of the medication on the counselling process.

**Research methodology**

During the thirteen-month period spanning 14 November 2002 to 14 January 2004, SARC Counselling staff collected non-identifying data on their clients. The data was recorded on a form completed after the initial contact with a client. This includes both Emergency Case clients and those attending an individual counselling session. The following information was sought:

- reason for attending the service;
- history of childhood sexual abuse, sexual assault or both;
- diagnosed mental health illness/s;
- alcohol and other drug use problems;
- intellectual disability;
- prescribed medications; and
- present or past involvement with mental health agencies, drug and alcohol agencies, and/or disabilities services agencies.

While data on disabilities is not included in the findings in this research, this was nevertheless useful in assisting SARC to tailor services to meet the needs of this group.

It is acknowledged that because the questionnaire related to information gathered during a client’s initial contact with the service, in some cases the data was not complete or accurate. This is because clients will not always reveal the full extent of their history during an initial session. It was also not always appropriate for this information to be sought at such an early stage of the worker/client relationship, most particularly if the client was highly traumatised as a result of their experiences.
Results

A total of 564 clients were surveyed during the 13-month research period of which: 245 were emergency cases; 255 were clients accessing the counselling service; and 64 cases were excluded because data was incomplete. The total number of cases discussed in this paper is 500.

Figure 1 depicts the mental health issues experienced according to type of sexual violence, that is, sexual assault, child sexual abuse (CSA) or both. It includes the type of service received from SARC.

Seventy-one per cent of clients who had experienced both child sexual abuse (CSA) and sexual assault reported a diagnosed mental health condition or drug and alcohol problem, compared to 42 per cent of clients who had experienced a sexual assault and 57 per cent of clients who had experienced CSA alone.

Of the 500 clients surveyed, 274 clients (54.8 per cent) stated they had been diagnosed with a mental health disorder; 115 (20.6 per cent) of these clients experienced drug and alcohol problems; and 103 (31 per cent) had been diagnosed with depression.

Where anecdotal evidence had led to an expectation that a large number of clients would present with a diagnosed Post-Traumatic Stress Disorder or anxiety disorder, surprisingly, only a small number of clients had been diagnosed with Post-Traumatic Stress Disorder (n=11) or an anxiety disorder (n=7).

Of those surveyed 151 (30.2 per cent) people had been prescribed psychoactive medications; 63 (41 per cent) of those on psychoactive medication were prescribed antidepressants; 34 (23 per cent) were prescribed a number of different psychoactive medications (Polypharmacy); and 31 (21 per cent) did not specify their medication type.

14.6 per cent (n=73) of the survey group had current contact with a mental health service and 5 per cent (n=25) had current contact with drug and alcohol services. Only 10 per cent (n=50) had past contact with mental health services and 3.2 per cent (n=16) had been diagnosed with depression.

Discussion

This survey highlights that a large number of clients seen at SARC, for both an emergency case and/or counselling for past assault or abuse issues, have mental health and or drug and alcohol difficulties. Those who have experienced both child sexual abuse and sexual assault have higher rates of mental health and drug and alcohol difficulties; 71 per cent in total, compared to 42 per cent for those who have experienced sexual assault only and 57 per cent of clients who had experienced only child sexual abuse. Two interpretations are therefore possible.

First it could be suggested that repeated sexual victimisation can have serious consequences on a person’s mental health, as well as their drug and alcohol use. Harvey (1992) states that 31 per cent of all sexual assault victims develop “rape related PTSD sometime in their lifetime and that rape places women at elevated risk of abusing alcohol and other substances post rape.” Harvey cites the National Victims Centre...
study in 1992, which states “… rape victims were four times more likely than non-victims to have contemplated suicide and thirteen times more likely to have actually made a suicide attempt.”

Second, the results may indicate that people with mental health problems and/or drug and alcohol problems are more likely to experience repeated sexual victimisation. People subjected to child sexual abuse are more vulnerable to sexual victimisation as adults. Soler-Baillo, Marx and Sloan (2004) state that “… recent research has shown that women with a previous history of sexual victimisation are at increased risk of subsequent victimisation.” Repeated sexual victimisation increases the risk of developing psychological disorders.

Of the 500 SARC clients surveyed, 12.6 per cent (n=60) were prescribed antidepressants. This contrasts with statistics for the general population, which show 35.7 per 1000 head of the population, or 3.57 per cent, are prescribed antidepressants (McManus et al. 2000) - the conclusion being that the SARC client group is treated for depression at a greater rate than the general population.

It is also clear that only a small per centage of people in the survey access support from other agencies, hence making it important for workers at SARC to be skilled in responding to people who experience a mental health illness and/or drug and alcohol problem. Although this survey showed few clients access other services it is acknowledged in other research that many clients of mental health and drug and alcohol services have experienced sexual violence. From this, it can be surmised there is a need for training of staff in agencies responding to clients who have experienced sexual violence. Swift, Copeland and Hall (1996) state that “inappropriate attempts to address issues such as childhood sexual abuse by staff who are not professionally trained in that area may be counterproductive and contribute to relapse of problematic substance abuse. The training of primary health and community services workers is thus of prime importance”. Along with a sound understanding of the issues associated with sexual violence, professionals need to be better equipped to deal with mental health and drug and alcohol issues. Similarly, staff employed in the mental health and drug and alcohol sector need training to increase their knowledge, competence and confidence in responding to sexual violence.

References


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Judi and Beth would like to acknowledge Sue Helfgott (BSW) for her proof reading.

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Judi Stone, Beth Clifton, Sue Helfgott
his Interpersonal Violence and Abuse Survey is the second of two surveys carried out in South Australia in the late 1990s. The September 1999 survey involved 6,004 telephone interviews with residents across South Australia. The survey asked about a range of forms of interpersonal violence: domestic; sexual; child abuse and neglect; physical violence (non-family/domestic); and elder abuse. Questions regarding demographics, general health, ill health and risk factors were also asked. Questions related to mental health included questions on: self-esteem; neuroticism, perceptions of body weight, alcohol risk; the General Health Questionnaire (a test to detect non-psychosis psychiatric illness in community populations), and a suicidal ideation questionnaire. Below is an overview that distinguishes the findings for respondents who identified experiences of sexual assault.

It is important to note that some data is specific to those who identified sexual assault as the sole form of violence experienced, while other data refers to experiences of sexual violence that were experienced in addition to other forms of violence.

Summary of findings related to sexual assault

The following summary represents only a small part of the survey data, which also looked at other forms of violence.

Prevalence of sexual assault

Overall, 7.6 per cent of respondents reported sexual assault in either a domestic violence situation (2.6 per cent), a non-domestic violence situation (4.2 per cent) or both (0.8 per cent). Overall 2.7 per cent of males and 12.3 per cent of females reported sexual assault in either a domestic violence or non-domestic violence situation or both.

Sexual assault in a non-domestic violence situation

In all, 5.0 per cent of respondents reported sexual assault (7.9 per cent of females and 2.0 per cent of males) in a non-domestic violence situation since turning 18 years of age. Adults who reported experiencing sexual assault (in a non-domestic violence situation) were more likely to be females, in younger age groups, separated or divorced and working part time or unemployed. Furthermore, 46.1 per cent of victims reported being sexually assaulted on more than one occasion with 12.2 per cent reporting more than one person attacked them at the most recent incident. Of note, 90.3 per cent of respondents reported the perpetrators to be male and 71.4 per cent knew their attacker. For those who knew their attacker, 64.9 per cent said it was a friend/acquaintance/neighbour, 10.2 per cent stated it was an ex boy/girlfriend, and 8.2 per cent stated it was another relative/family member (not father or brother).

Health of those who experienced sexual assault compared with general population

When health variables were examined, survey respondents who had experienced sexual assault (in a non-domestic violence situation) showed a significantly higher prevalence rate than those who did not
report sexual assault (in a non-domestic violence situation) of being current smokers, of having mental health problems, of having had suicidal thoughts, and of having a body mass index indicating they are underweight or self reporting their weight as being overweight.

Respondents who reported sexual assault had a significantly higher mean EPQ-R neuroticism score (mean=4.48, sd=3.28) compared to respondents who did not report sexual assault (mean=2.88, sd=2.65). Males who reported sexual assault had a significantly higher mean EPQ-R neuroticism score (mean=5.08, sd=3.92) compared to males who did not report sexual assault (mean=2.52, sd=2.55). The same pattern was apparent for females (mean=4.34, sd=3.12 compared to mean=3.25, sd=2.71).

**Help sought by victims of sexual assault**

Of those who experienced sexual assault (excluding domestic violence) of the most recent assault only 8.4 per cent reported the incident to the police. The incident reported to the police was the most upsetting or stressful event where the victim had experienced more than one sexual assault (2.4 per cent of males and 9.9 per cent of females). Of the respondents who had experienced sexual assault only, in the last ten years, 6.8 per cent of victims sought welfare, housing and legal services and 10.2 per cent sought health services in South Australia in relation to the sexual assault. 3.1 per cent of victims of sexual assault only used prescribed medication to help cope and 11 per cent used alcohol or non-prescription drugs to help cope.

ACSSA encourage readers to access the detail of the full report online at:

**Ending violence against women around the world**

The 16 Days of Activism Against Gender Violence is an international campaign originating from the first Women's Global Leadership Institute sponsored by the Center for Women's Global Leadership in 1991. Participants chose the dates, 25 November, International Day Against Violence Against Women, and 10 December, International Human Rights Day, in order to symbolically link violence against women and human rights and to emphasize that such violence is a violation of human rights. This 16-day period also highlights other significant dates including 1 December, which is World AIDS Day, and 6 December, which marks the Anniversary of the Montreal Massacre.

The 16 Days Campaign has been used as an organising strategy by individuals and groups around the world to call for the elimination of all forms of violence against women by:

- raising awareness about gender-based violence as a human rights issue at the local, national, regional and international levels;
- strengthening local work around violence against women;
- establishing a clear link between local and international work to end violence against women;
- providing a forum in which organizers can develop and share new and effective strategies;
- demonstrating the solidarity of women around the world organizing against violence against women; and
- creating tools to pressure governments to implement promises made to eliminate violence against women.

For more information visit the 16 Days website at: http://www.cwgl.rutgers.edu/16days/about.html
For information on white ribbon day visit: http://www.whiteribbonday.org.au/index.cgi?tid=1
An historic event occurred in Tasmania in May this year when the Devonport City Mayor, Mr Peter Hollister, hosted a Civic Reception with a focus on child abuse. The Civic Reception was in acknowledgement of two seminars that were being staged in Devonport by a Tasmanian organisation called SCCAR Inc. (Survivors Confronting Child Abuse & Rape).

Peter Hollister, in his address, spoke of the importance of the child abuse seminars:

“These two seminars “Breaking the Bonds of Child Abuse” could be described as being the most important and worthy seminars that Devonport has ever hosted. Many of us have been fortunate enough to have good memories of our childhood and are able to look back and reminisce with fondness.

Those who were abused as children have expressed feeling alienated by their recollections of childhood; their memories contaminated by the devastating legacy of their abuse, whether that abuse was sexual, physical, and psychological or neglect.

As the name of the organisation that is hosting these two seminars suggest, the legacy of child abuse and rape is scars.

Psychological scars can be life long and sadly, many have paid the sacrifice with their lives as a result of child abuse. Without doubt, child abuse is a major source of trauma and disadvantage to children and every child is worthy of our protection. For that to happen we all need to be willing to take steps and responsibilities to reduce the incidence of child abuse. We must all be prepared to act if we have concerns about the safety of any child.

In the past child abuse was something that was not spoken about, either privately or publicly. That has changed forever. It is a subject that we cannot escape. We are confronted with the topic every day we read the papers or listen to the news.

It is timely for us all to grasp the opportunity to become better educated and play our part in helping reduce the incidence of child abuse in our community. We have a great opportunity to lead the way in doing just that.”

The seminars were also unique in that they were organised and hosted by survivors of abuse, with the emphasis on providing education to professionals and the community alike on the topic of child abuse and rape.

SCCAR have staged numerous seminars throughout Tasmania since their formation in 1997 and until this year all of these had been financed through survivor fundraising activities and donations. These latest seminars Breaking the Bonds of Child Abuse were funded by a successful grant application by SCCAR’s Treasurer from the Tasmanian State Government and attracted an audience of 159 people over the two-day event.
The keynote speaker was Dr Caroline Taylor, Research Fellow at the University of Ballarat and the author of two books, *Court Licensed Abuse* and *Surviving the Legal System*, a handbook for child and adult survivors of sexual abuse and those supporting them.

Other presenters included a psychologist and community educator focusing on grief and trauma recovery, and support and crisis management in organisations, Dr Colleen Jackson from the Sisters of Charity Outreach. Also presenting was Mr Michael Stoddart, the Tasmanian Crown Prosecutor and Mr David Gould, President of SCCAR Inc, and a survivor of child abuse. Also, two courageous members of SCCAR presented work they had written, one in the form of prayer and the other a poem, both powerfully delivered and very thought provoking. A panel discussion concluded day two with representatives from the media, Tasmania Police, the DPP, as well as a psychologist and a survivor.

SCCAR Inc. is an organisation consisting of survivors of child abuse and rape and their supporters. SCCAR is an incorporated body, administered on a voluntary basis, open to all survivors of abuse who are not or have not perpetrated abuse against another person with potential members scrutinised by police checks.

SCCAR Inc works on the philosophy that child abuse and rape are crimes against humanity and that survivors have a right to healing, empowerment and justice. Their key mission is to offer friendship, resources and networking, to promote the protection of children through education, lobbying and political action and to strive to be survivors not victims. Those who feel sufficiently healed are vigorous in their pursuit of reducing the incidence through distributing educational literature and creating community awareness.

It is through this organisation that many survivors, who otherwise may have felt isolated and vulnerable, have been embraced; where they feel able to form friendships within a network of support in a safe environment and are assured of confidentiality and encouragement in their quest toward finding inner peace.

**Dot Boxhall** is the State Secretary of SCCAR Inc (Survivors Confronting Child Abuse & Rape)
SCCAR Inc TAS (Survivors Confronting Child Abuse & Rape) Ph. 03 6423 2631 boxg@our.net.au

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**Building ACSSA’s knowledge base**

**Research into sexual assault**

As an information clearinghouse, ACSSA is often approached by various stakeholders, including victim/survivors, who are interested in participating in research and contributing to publications about sexual assault. We are, therefore, calling for researchers who are working in the area of preventing and responding to sexual assault, particularly in the justice system, to get in contact with us, in order that we may link them with stakeholders who might assist them with their research.

**Service provision for victim/survivors of childhood sexual assault**

Over the coming months ACSSA will be compiling information and resources on adult victim/survivors of child sexual assault. The information, to be reported through a later publication, will be sought via a survey to sexual assault services as well as community and health services who work with survivors. The topics to be explored include: the type of services that are offered to victim/survivors; the framework from which the organisations work; and the difficulties they face in providing assistance to victim/survivors. We look forward to being in contact with many of you over the coming weeks.
The origin of this research is based on five years of researching and critiquing anti-violence education and social policy to prevent sexual violence within relationships. Whilst undertaking this research I discovered a number of disturbing implications of the way anti-rape education is currently being conceptualised and developed. In summary:

- Programs had a primary focus on secondary and tertiary prevention after an assault has occurred.
- There was a focus on women managing risk or danger thus reinforcing women’s responsibility for avoiding rape with most programs targeted at women only.
- There are limited hours of input in programs in both the U.S.A. and Australia.
- Program designs assume awareness-raising about rape will lead to a change in abusive behaviour.
- Researchers found a rebound effect that is, a perpetrator-focused educational strategy aimed at reducing domineering masculine behaviour, backfired as stereotypes were unintentionally reinforced among the cohort.
- Programs were poorly evaluated with little long-term impact assessed.
- Programs made assumptions that all men are potentially violent and all women are at risk of violence.
- Programs provided no input to assist young women and men to develop skills based on care for themselves or their partner therefore ignoring the complexity of negotiating sexual intimacy.

These insights led me and my industry partner, the New South Wales Rape Crisis Centre to ask how we could develop alternative frameworks for prevention education about sexual assault. My theoretical work on sexual ethics and violence prevention and a subsequent qualitative study of 25 women and men on negotiating ethical sex, suggested a new direction.

Young women between the ages of 16-25 years are a high-risk group for sexual assault. Young men on the other hand are most likely to commit sexual offences between the ages of 16-25 years. This suggests that prevention education should have a primary focus on this age group and include men as well as women. Young people’s fears, anxieties and experiences of early sex as well as asking how they negotiate this intimacy are often invisible in framing anti-violence education. This research will begin with interviewing young women and men of diverse sexualities and cultural backgrounds from three rural and three metropolitan sites.

This knowledge, existing published research and practice experience will be used to develop a training package that will be delivered by educators who will be trained and supported by the project to run the program with young people. A key feature of the project is the capacity building of youth educators to deliver education based on increasing the skills of young people to negotiate sexual intimacy within a framework of sexual ethics and non-violence.

Ongoing evaluation of the project will occur, something that is often absent from existing programs. In addition and most importantly, young people who participated in the program will be interviewed six months after completion of the education program to assess the impact of the input on their intimate relationships.

The findings of the research will inform policy makers, educators and community organisations working with young women and men and contribute to debates and practice about sexual assault prevention.

For further information: contact Associate Professor Moira Carmody at the University of Western Sydney at m.carmody@uws.edu.au after September 2005.

Related publications

On 23 May, over 150 senior representatives from NSW Police and NSW Health, frontline workers and victim/survivors gathered to celebrate the launch of the training video Anyone’s Story: Understanding and Responding to Adult Sexual Assault. Anyone’s Story is the product of a unique partnership between the New South Wales’ Education Centre Against Violence (ECAV) and NSW Police. It offers an impressive contemporary teaching resource for health and police educators to deliver education to workers/members on responding to adult victims of sexual assault. In particular, it aims to provide a training tool for service providers whose behaviour and attitudes can impact significantly on how victims feel in the aftermath of sexual assault, or in the aftermath of disclosing past experiences. The video addresses the work of police, counsellors and sexual assault doctors or examiners and other health professionals in a bid to promote best practice responses for working in sexual assault victim care.

Anyone’s Story directly addresses the misinformation and stigma that has long accompanied the more pervasive myths about what constitutes “real” rape. It makes clear statements about rape being a crime whatever the victim-offender relationship and urges sexual assault victims carers, particularly police, to focus on the assailant’s actions, rather than the victim’s behaviour. The video also canvasses the long-term and short-term consequences of sexual violence for physical and psychological health.

Anyone’s Story is divided into two 20-minute parts. First, it profiles the key characteristics, including the incidence and prevalence of adult sexual assault, drawing on interviews with police, counsellors, doctors, researchers and an offender. However, even more powerfully represented throughout Part 1 of the video, are the views and experiences of a small group of survivors who speak plainly of their fears and anxieties about disclosing, and of the circumstances under which they struggled to make their decisions about whether to report to police. The experience of Cindy, an Indigenous woman raped by her then partner and of Jason, a male victim survivor, are critical inclusions here.

Part 2 of the video relates “Simone’s Story” which is a dramatisation of the sexual assault experienced by Simone, and of the subsequent responses by police and health professionals that follow her initial disclosure. The video (and/or DVD) includes a companion booklet that provides guidance on how to shape training programs or to facilitate discussion using each part of the video as a training tool to identify key issues.

GOOD PRACTICE PROFILE

ACSSA welcomes the video Anyone’s Story: Understanding and Responding to Adult Sexual Assault to its Good Practice Database

ACSSA is keen to build on its national collection of Good Practice Programs and Responses for Sexual Assault. This on-line collection of programs provides an important resource for national information-sharing across the work of service providers and policy makers in developing or refining models for responding to sexual assault. See details on page 22 for how to submit an entry to the database.
Overall, the project/video succeeds in:

- highlighting sexual assault as a criminal offence and a public health issue;
- providing accurate information on adult sexual assault to workers and the community;
- educating frontline workers on relevant legislation and policies and procedures;
- highlighting the range of effective practice responses and options to an adult who has been sexually assaulted;
- promoting initiatives for prevention;
- improving NSW Police initial and investigative response to victims;
- demonstrating interagency responses that provide improved outcomes; and
- demonstrating the importance of victim care in accordance with the Charter Of Victim’s Rights.

Anyone’s Story will encourage women and men to speak out about the hidden dimensions of sexual assault, promote public discussion of the injustices and harm experience by victims, and has the long term potential of restoring safety for the community in their homes and society. It also educates key agencies about recognising the diversity of victims that are affected by sexual assault, and about how to better facilitate their access to the criminal justice system and to appropriate support services.

To obtain copies of the video or the DVD, please contact the Education Centre Against Violence on (02) 9840 3737 or email them on ecav@wshas.gov.au
The following conference listings are taken from the website of the Australian Centre for the Study of Sexual Assault.

**Challenge, Debate, Inspire, Survive: the 4th Annual Australian and New Zealand Adolescent Health Conference**

**10-11 November 2005**
**Melbourne, Victoria**

The conference is presented by the Centre for Adolescent Health, and aims to better understand the origins of the health issues affecting young people in order to build a shared understanding of how youth health and wellbeing can be improved through practice and policy change.

*Further information:* please visit www.rch.org.au/akah

**Delivering crime prevention: making the evidence work**

**21-22 November 2005**
**Sydney, NSW**

The Australian Institute of Criminology is Australia’s national centre for the analysis and dissemination of criminological data and information.

This conference will examine the role of evidence-based policy (EBP) approaches in the development and delivery of crime prevention policies and programs in Australia. Different models for EBP programs will be critically assessed in terms of their appropriateness and effectiveness in informing and improving practical crime prevention policy and on-ground working. Barriers to the successful implementation of evidence-based initiatives will be reviewed and possible solutions explored.

*Further information:* contact (02) 6270 4947 and (02) 6244 2222. The conference will be held at the Australian Federal Police College - 9 Brisbane Avenue Barton ACT 2600.

Abstract Poster submissions deadline is 30 September 2005. Case Presentation submissions deadline is 4 November 2005. All abstracts must be submitted via email to: FAMSAC@act.gov.au

**Forensic and Medical Sexual Assault Care (FAMSAC) Sexual Assault Symposium: Best practice - “what to do and why”**

**26-27 November, 2005**
**Canberra, ACT**

*Further information:* contact (02) 6270 4947 and (02) 6244 2222. The conference will be held at the Australian Federal Police College - 9 Brisbane Avenue Barton ACT 2600.

Abstract Poster submissions deadline is 30 September 2005. Case Presentation submissions deadline is 4 November 2005. All abstracts must be submitted via email to: FAMSAC@act.gov.au

**Victorian Offender Treatment Association (VOTA) 3rd National Conference: “Broadening Perspectives” Open minds in partnership - offender treatment, victim/survivor treatment and work with families**

**30 November - 2 December 2005**
**Melbourne, Victoria**

VOTA aims to promote and raise awareness of the behaviour, treatment and management of sex offenders as well as early prevention of sex offending. The third National Conference will consist of the three streams: Victims, Offenders and Families.

*Further information:* Email: vota@dbconferences.com.au Website: http://www.dbconferences.com.au/content/view/25/50/ Phone: (03) 9347 0062 Fax: (03) 9347 1138

**Moving Masculinities: Crossing Regional and Historical Borders**

**30 November - 2 December 2005**
**Canberra, ACT**

This conference aims to encourage interdisciplinary dialogue on masculinities across regional borders and historical epochs, attempting to describe, understand and explain their diverse and changing forms, with particular reference to Australia, New Zealand, Asia and the Pacific.

Some questions to be explored include: how have masculinities changed and what forces have shaped historical transformations? are current theories of masculinity unduly influenced by European and American models of masculinity? and what are the contours of Indigenous and settler masculinities in colonial and contemporary situations?

*Further information:* Email: Richard.Eves@anu.edu.au and Jodi.Parvey@anu.edu.au Website: http://oceanicencounters.anu.edu.au/MovingMasculinities/ Phone: (02) 6125 4595

For more conferences and events visit the Conferences page on the ACSSA website: http://www.aifs.gov.au/acssa/conferences.html

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Environmental harm, terrorism, asylum seekers, use of torture, and cyber-crime urge criminologists to reassess analytical priorities. Amongst the rapid change and globalising social processes, there has been a growth in the human rights perspective as critical to the evaluation of policing and security practices, access to law and the protections of due process, the operation of courts and restorative justice measures, and the conditions under which people are detained or sentenced to work in the community. This conference provides an opportunity to explore further what a human rights approach to criminology might entail.

ANZSOC 2006 Conference: Criminology and Human Rights

7-9 February 2006
Hobart, Tasmania

Further information: Conference Design Pty Ltd PO Box 342, Sandy Bay TAS 7006 Tel: 03 6224 3773 Fax: 03 6224 3774 Email: info@cdesign.com.au Website: http://www.cdesign.com.au/anzsoc2006/

Sentencing: principles, perspectives and possibilities

10-12 February 2006
Canberra, ACT

This conference is the first of a proposed series of three conferences to deal with the many aspects of sentencing. It will provide an opportunity to share experiences, research, and proposed research among sentencers, corrective service professionals, policy makers, and academics.

Further information: ANU law faculty webpage: http://law.anu.edu.au/nissl/sentencing.htm Email: sentencing@law.anu.edu.au Phone: (02) 6125 6652 or (02) 6125 2906

The Australian Centre for the Study of Sexual Assault website lists organisations that provide training in areas relating to sexual assault. This column lists some of the courses on offer.

New South Wales

NSW Health Specialist Sexual Assault Training: Part 3

28, 29, and 30 November and 1 and 2 December 2005
Parramatta, New South Wales

This is the third part of the program designed for counsellors employed by New South Wales health sexual assault services. It will provide an intensive focus on specialised areas of work, including: mental health, disability, and cultural competence in accessing Aboriginal communities. It will also examine ways of working with culturally diverse populations in local communities to ensure better access and equity.

For further information contact the course co-ordinator of the Education Centre Against Violence (ECAV) Locked Bag 7118 Parramatta BC NSW 2150
Tel: (02) 9840 3737
Fax: (02) 9840 3754
Email: ecav@wsahs.nsw.gov.au

South Australia

Yarrow Place Recognise and Respond to Disclosures of Rape and Sexual Assault

22 & 23 March 2006
Adelaide, South Australia

This course will equip participants to provide appropriate responses to adults who have been sexually assaulted including: understanding context in which sexual assault occurs; the ability to assess client needs and match them to services; and supporting the rights of clients.

There are no prerequisites for this course.
Face to face (assessment) $275
Face to face (no Assessment) $198,
Distance (assessment) $264
Distance (no Assessment) $66, 20% discount to organisations where 2 or more people enrol.
50% discount for concession card holders.

Contact Yarrow Place: (08) 8226 8777 or 1800 817 421. Level 2, Norwich Centre, 55 King William Road, North Adelaide 5006 http://www.wch.sa.gov.au/services/az/other/yarrowplace/files/healthprof_training.htm

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


This study investigated the association between the timing of childhood sexual abuse disclosure and adult mental health. Findings indicated that a positive and supportive reaction to the disclosure was associated with less mental illness.


This UK study explored the mediating properties of secure relationships in the intergenerational transmission of child maltreatment. Two groups of parents were compared. One group had a history of childhood abuse, the other had no history of abuse. The groups were compared on measures of relationship security and intergenerational child abuse.


This research examined the link between a history of physical or sexual child abuse and the patterns of relationship formation for low-income women. Women who had been abused, either as children or adults, are less likely to form stable, long-term relationships. The authors suggest that this data may help explain the decline in marriage among low-income women and men.


In a study of 622 American women this study found that a history childhood sexual abuse was related to negative attitudes and feelings about marriage. It was also associated with less readiness for marriage and longer waiting periods before marriage.


“This book is a compilation of what we have learned from survivors of child sexual abuse, concerned maternity care professionals, and from the enlightened writings of experts on other emotional and health effects of childhood sexual abuse, trauma, and post-traumatic stress disorder. We aim to prevent retraumatization of childbearing women survivors, or better yet, to promote healing of old wounds during the challenging childbearing period.” p. xvii

Attitudes


This study builds on existing research and extends the literature on how cultural, religious and socioeconomic factors effect an individual’s attitude toward rape victims. The interactive effects of a range of demographic variables within a community sample were examined.

Costs of violence


This study provides estimates that the costs of intimate partner violence perpetrated against women in the US total over $8.3 billion. The cost savings of reducing such violence are substantial. However, more research is needed to refine cost estimates and monitor costs over time.

Diversity


This report was prepared by a sub-committee of the Committee on the Rehabilitation and Integration of People With Disabilities to identify and analyse factors causing discrimination against women with disabilities and propose measures and actions for achieving equality.


Several historical and cultural aspects of Navajo tradition are explored in an effort to explain Navajo women’s experience of abuse. The differences between the abusive experiences of Navajo and Anglo women are also examined.


The author situates the problem of domestic violence in East Timor within the context of the period of the 24-year Indonesian occupation, and the broader set of violations, problems and pressures faced by the women of East Timor. She refers to impediments to women speaking out about
sexual abuse, including that a woman who has suffered sexual abuse in East Timor is often thought to have contributed in some way to the act of violence she has experienced, and highlights the lack of legal redress. A case study is outlined which illustrates the ongoing problem of East Timorese refugees on the other side of the border, activism by women is described, and the author notes that, in spite of the pressures working against them, women have found a voice throughout the period of the transition and are paving the way for greater political participation after independence.

### Domestic violence


This paper is designed to inform the work currently being undertaken in Victoria in the development of an integrated response to domestic violence. Research and policy are reviewed and strategies for networking across community services and the justice system are examined, with an aim to assist policy makers and providers to work together to improve the safety of women and children.


This book covers violence and change in families across the lifespan. It examines these changes in light of a critical social theory of families, violence and social change.

### Drug and alcohol use


This report examines the issue of drug and alcohol assisted sexual assault. It looks at literature from Australian and International resources, anecdotal information and interviews with agencies dealing with drug and alcohol assisted sexual assault and prevention strategies that target young people. Statistics suggest that at least one in five cases of sexual assault reported to NSW health services are drug and alcohol facilitated and anecdotal evidence and victim surveys suggest that drug and alcohol assisted sexual assault is an under-reported crime.

### Ethics


This paper considers the ethical tensions that may arise when conducting in-depth interviews with convicted sex offenders. The issues of confidentiality and public protection need to be balanced against the possibility of the disclosure of previously unknown sensitive information relating to the risk of someone being harmed.

### Indigenous women


Though international human rights law is essential, it is limited as a strategy for managing Indigenous family violence. The article discusses racial and sex discrimination as prerequisites for Indigenous violence; racial discrimination and international treaties; international law and family violence; Australia’s international legal obligation to criminalise discrimination against women; criminal justice intervention as a means for managing Indigenous violence; legal strategies to address these problems; the Convention on the Elimination of All Forms of Discrimination against Women, the International Covenant on Economic, Social and Cultural Rights, and the International Convention on the Elimination of All Forms of Racial Discrimination; and self determination as a legal and political concept. The article suggests the use of international human rights norms, or “soft law”, in policy development to strengthen local Indigenous cultural, social and economic institutions.

### Justice


“The Taskforce on Women and the Criminal Code was established by the Minister for Justice and Attorney-General Matt Foley MLA and the Minister for Women’s Policy Judy Spence MLA in November 1998. The Taskforce was required to report and make recommendations to the Ministers on the operation of the Criminal Code as it impacts on women. This is the Report of the Taskforce” (from Introduction)


What do victim advocates and service providers think of the idea of restorative justice? This article reviews the literature on restorative justice and its potential applications for gendered violence, and then reports the views of Australian victim advocates on restorative justice. The article discusses the following themes: understandings of restorative justice; perceived benefits of restorative justice; restorative justice as an alternative to criminal justice; the victim’s voice; restorative justice allows offenders to acknowledge responsibility; concerns about restorative justice; revictimisation and imbalances of power; the cheap justice problem; restorative justice may harm offenders; victims seeking offender accountability; victim agency; when is restorative justice appropriate?

### Mental illness

**Untangling the Web - A resource for people with mental illness who are survivors of sexual abuse**, by D. Seifert & J. Neild, Brisbane, Qld, Mental Health Unit, Queensland Health, 2004.
This is a booklet for people with mental illness who are survivors of sexual abuse. Through the use of images, text and narrative stories it provides initial information, education and self help tasks on sexual assault for people suffering from mental illness.

Narrative therapy


This is a story about several young women from California and their journey back from despair and depression. These young women decided to share their stories so that other young women might learn from what happened to them. It is also a story of the ways in which narrative practices that were engaged with by two counsellors to assist these young women in telling and re telling their stories. (Journal abstract)


This study examined the association between prior criminal history, gender and dating violence. Risk factors associated with dating violence include prior violent crime, early onset of criminal behaviour and female offenders.


The perceptions of family environment held by adolescent sexual offenders and nonviolent adolescent offenders were compared. Adolescent sexual offenders perceived their families as high conflict, low cohesion and lacking in support.

Offender characteristics


This special issue contains articles on the assessment and treatment of youth who sexually offend.


This study examined the effect of sex offender community notification on the behaviour of local residents. The behaviour of residents who received sex offender notification was compared to the behaviour of those residents who had not received notification. Findings indicate that the residents who were notified were far more likely to engage in protective and community reporting behaviours.

Risk assessment


The paper describes an evaluation of a risk assessment tool's effectiveness in distinguishing between adolescent sexual offender recidivists and non-recidivists. Although the tool was unable to distinguish recidivists from non-recidivists, it has potential in identifying contextual and clinical risk factors, informing professionals' decision-making and developing and implementing a comprehensive risk management plan.

Risk factors

This article compared two studies of college students’ perceptions of the causes of physical abuse in dating relationships. The students that were presented with dating violence as a social problem identified the primary causes as power and gender socialization. Whereas, those that were presented with concrete scenarios identified communication and relationship problems as the causes.


This literature review aims to identify the risk factors associated with reabuse in intimate partner violence situations. The literature is spread across a number of disciplines. The range of predictors examined in the different studies, variations between the studies and the most consistent findings are presented.

**Trauma exposure and sexual revictimisation risk: comparisons across single, multiple incident, and multiple perpetrator victimizations**, by E. Casey & P. Nurius, *Violence Against Women*, vol. 11, no. 4, April, 2005, pp. 505-530.

In order to identify the risk factors associated with repeat sexual assault the outcome differences between survivors of a single assault, multiple assaults by a single perpetrator and multiple assaults by multiple perpetrators were examined. The findings are discussed.

**Rural issues**


This case study examines issues that are unique to rural domestic violence workers and victims. The study highlights such issues as: rural service provision being impacted by patriarchal attitudes about domestic violence geographic isolation which can affect the access to services and adequate service provision the lack of anonymity in a small community and limited funding for rural services.

**Self defense training**

**Self defense or assertiveness training and women’s responses to sexual attacks**, by L. Brecklin & S. Ullman, *Journal of Interpersonal Violence*, vol. 20, no. 6, June, 2005, pp. 738-762.

This study examined the effect self-defense training had on the physical and psychological responses of young women to sexual attacks. Women who had done training before the attack were angrier and less afraid during the attack. They also felt that their resistance had stopped or lessened the severity of the attack.

**Sexual coercion**


Nonphysical and physically aggressive methods of male sexual coercion are compared. In order to understand possible predictors and etiological factors associated with male sexual coercion four factors were examined. The literature relevant to each of the areas was reviewed and discussed.

**Sexual harassment**


The work of the NSW Working Women’s Centre in relation to sexual harassment is explained in this article. The article then discusses the impact of sexual harassment on the lives of the women who experience it and the issue of unreported harassment.

**Sexual offences**


“This investigation by the South African Law Commission into sexual offences addresses the growing and complex problems relating to rape and sexual abuse of particularly women and children, and the processes and procedures underpinning our criminal justice system in this regard. It has a particular focus on violence against women, both young and old, but is not limited thereto. It is with this primary focus that the Commission proposes changes to the criminal justice system and to the substantive and procedural laws that underpin it” p.3.

**Stalking**


Stalking is usually identified as an adult male phenomenon. This article, however, presents the case study of a 15-year-old female stalker. Although stalking behaviour may or may not be associated with mental illness, the girl was referred to the Child and Adolescent Mental Health Services. Management of the case was complicated because female adolescent stalkers are rare and there is a paucity of research on this subject.

**Trafficking**


This book explains the European policy on human smuggling. Ways to prevent human trafficking are examined.

**Training**


This is a comprehensive interactive training handbook with questions and case studies designed for the training and professional development of general medical practitioners and specialists in the care of patients who have been sexually assaulted.
This article examines the formidable task of teaching about domestic violence and racism. Based on pedagogical literature and the authors’ own experience as trainers in this area the challenges of this type of training are presented. Strategies for overcoming these challenges are proposed. A multilevel approach is proposed as the best way of meeting these challenges and implementing the strategies.

**Treatment**


This paper briefly reviews the use of treated paedophiles in the role of paraprofessional co-facilitators in a community based sex offender treatment program in the UK. Role dynamics, training issues and supervision are discussed.


This paper reviews the current literature relating to the denial of offending behaviour in adult male sexual offenders. The conceptualization, incidence and functions of denial are examined. Psychological interventions with deniers and the management of these offenders in prison are discussed.

**Victim characteristics**


This study was designed to determine if women with sexual assault histories have difficulties in rape-related threat situations because of impairments in risk recognition, responding to threat or both, compared to women without a history of sexual assault. Participants were asked to read scenarios and assess risk by rating the actions of the man in the scenario, as well as how upset they would be in a similar situation. Behavioural responses by the women were strongly influenced by risk appraisals that were influenced by the relationship to the perpetrator. Contrary to the hypotheses of the researchers it was found that sexual assault history had little effect on risk recognition.

Women with disabilities are vulnerable to unwanted sexual contact. This study collected data over a 5-year period of substantiated cases of sexually abused disabled women. Sixty-three per cent of the cases were of women aged over 59. Most of the perpetrators were older males known by the women.


In this literature review on sexual revictimisation 90 empirical studies were examined. The studies include information on prevalence, risk factors and the correlates of sexual revictimisation. The effects of revictimisation on the victims are also explored.

**Victim needs**


For this study, the researchers interviewed adult victims of sexual assault who attended a sexual assault centre. The aim was to understand quantitative and qualitative dimensions of sexual assault as well as ascertain the needs of victims, and whether these needs were being met by current services.


This special issue examines the services available to women with co-occurring disorders and a history of trauma. Historical and current service models are evaluated.


This report represents the end of Stage One of the Sexual Offences Project for Women with Disabilities. It aims to examine the obstacles victim/survivors with cognitive impairment experience when reporting sexual assault and proceeding with prosecution in Victoria. It includes chapters on the background to the project; research, reports and legislation; policy and practice; and findings and recommendations. There are four appendices containing a glossary, bibliography, consultation questions for sexual assault workers, and a flow chart of critical decision making points following disclosure. The report shows that victim/survivors of sexual assault with cognitive impairment are more vulnerable to abuse than those without a disability; generally have less knowledge of appropriate sexual behaviour (and of the law); may be denied self-determination in reporting; and are frequently disbelieved when they report sexual assault. These and other factors were considered to contribute to the decreased incidence of reporting sexual assault by victim/survivors with cognitive impairment.


This study examined non-identifying medical and nursing information that was collected at urgent care services used by sexual assault victims. Both male and female victims were compared on demographic, assault and service delivery variables. The findings indicated that men and women used a similar range and number of urgent care services following a sexual assault.
We welcome your feedback

Australian Centre for the Study of Sexual Assault

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

What other services would you find useful for your work?

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

Membership form overleaf ➤
ACSSA services

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

Resources

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

Advisory service

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

Policy advice

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

Publications

ACSSA produces Issues Papers, Briefing Papers/Wraps 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 Government and non-government agencies.

Email alert and discussion lists

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

Membership form

Australian Centre for the Study of Sexual Assault

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

☐ Please add my name to your mailing list to receive ACSSA publications

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