

Aware

AUSTRALIAN CENTRE FOR THE STUDY OF SEXUAL ASSAULT

In this issue

Welcome to the sixth edition of *ACSSA Aware*, the newsletter of the Australian Centre for the Study of Sexual Assault. The feature in this issue looks at the link between mental health and sexual assault, addressing this relationship in terms of how sexual assault impacts on women's mental health as well as looking at the vulnerability of people with mental illness to sexual assault. The article highlights the need for cross-sectorial collaboration in how service providers respond to domestic violence, sexual assault and the mental health needs of their client groups. It also provides links to useful websites and articles on the subject, as well as references and resources currently not available electronically, but which can be accessed on loan from the library collection held at the Australian Institute of Family Studies.

This edition also features a number of reviews and updates from around the sector. A summary of the Australian component of the International Violence Against Women Survey is provided as well as an update on the progress of the Personal Safety Survey (which will largely replicate the Women's Safety Survey conducted in 1995). Reviews of recently published reports include the Australian Institute of Criminology's national report on drink spiking and Denise Lievore's report on prosecutorial decision-making in sexual offence cases. A review of the book *Not for Sale*, about the normalisation of the sex industry, is also provided alongside details on how to obtain copies at a special price if subscribers mention *ACSSA-Aware*.

The service profile for this newsletter comes from Vivian Waller, head of the "Sexual Assault Unit" at the law firm Maurice Blackburn Cashman. The Unit is the first of its kind in Australia dedicated to helping victims of sexual and physical assault make a civil claim for financial compensation against the person who abused them. The Good Practice profile is of the newly uploaded "About Date Rape" website, produced by the Violence Against Women Specialist Unit, of Communities Division, NSW Department of Community Services.

Readers will also find our regular updates on conferences and training courses as well as literature highlights from recent additions to ACSSA's 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 available online at <http://www.aifs.gov.au/acssa/>.

ACSSA PUBLICATIONS

As there are so few forums in which those working in the field can share information with one another, ACSSA is very keen to accept articles for publication within the newsletter (we now accept articles up to 5000 words). News of conferences, training, research projects, book reviews and the like 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.



Australian Government

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

The Australian Centre for the Study of Sexual Assault aims to improve access to current information on sexual assault in order to assist policy makers and other 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 National Initiative to Combat Sexual Assault. The Centre is hosted by the Australian Institute of Family Studies.

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

Designed by Double Jay Graphic Design
Printed by Impact Printing

REVIEW

by Melanie Heenan

International Violence Against

Findings from the Australian component

A total of 6,677 women aged between 18 and 69 years participated in the Australian component of the International Violence Against Women Survey (IVAWS) telephone survey between December 2002 and June 2003, and provided information about their experiences of both physical and sexual violence. Participants were asked to recount their experiences of violence (including threats of violence) by current and former male partners, other males known to them including family members, acquaintances and friends, and their experiences of violence by strangers. They were also asked to recall instances of childhood violence and abuse.

As IVAWS was a telephone survey, participation was limited to women living in private residences who had telephones. This inevitably results in the experiences of particular groups of women being significantly under-represented or excluded entirely; in particular, women who are homeless, in prison, women living in rural or remote communities, Indigenous women, women with disabilities, and women who are not English-speaking. However, the survey did capture the experiences of 92 Indigenous women and 1122 women from non-English-speaking backgrounds.

Experiences across women's lifetimes

- Over half of the women surveyed (57 per cent) had experienced at least one incident of *physical* or *sexual* violence over their lifetime.
- More than one-third of women (34 per cent) had experienced this violence from a former or current partner, although violence from a former partner was more common, and more likely to result in women being injured and feeling that their lives were in danger.
- 12 per cent of women reported experiencing *sexual* violence by an intimate partner (current or former) over their lifetimes, including instances of attempted (3 per cent) and completed (6per cent) forced intercourse – that is, rape.
- Women who had experienced *sexual* violence by their intimate partners were also likely to have been physically abused by them (73 per cent).
- 18 per cent of women reported being *sexually abused before the age of 16*: almost 2 per cent of women identified parents (fathers in all but two cases) as the perpetrators, while a further 16 per cent identified someone other than a parent. The results suggest that the risk of sexual violence in adulthood doubles for women who experience child abuse.
- 27 per cent of women reported *sexual* violence by non-intimates such as other close family members, relatives, friends, colleagues and strangers (although a number of women reported violence from both intimate partners and others): 7 per cent of these women reported attempted forced intercourse and 4 per cent reported forced intercourse over their lifetime.
- Only 1 per cent of the women surveyed identified having been raped by a stranger.

Women's experiences in the 12 months prior to survey

- Ten per cent of the women surveyed had experienced at least one incident of *physical and/or sexual* violence in the past 12 months. They were more likely to report physical violence (8 per cent) than sexual violence (4 per cent).

Women Survey

Findings from the Australian component of the International Violence Against Women Survey were recently published by the Australian Institute of Criminology (Mouzos and Makkai 2004). The report provides important and up-to-date estimates on prevalence rates for various types of sexual and non-sexual violence against large proportions of women residing in Australia. Here, some of the key findings from the report are summarised.

- With respect to *sexual* violence, Indigenous women reported three times as many incidents in the previous 12 months as compared with non-Indigenous women.
- Women from non-English-speaking backgrounds reported experiencing roughly the same level of sexual violence in the past 12 months compared with English-speaking women. However, English-speaking women reported higher levels of physical and sexual violence when asked about experiences across their lifetimes.
- Indigenous women reported higher levels of both *physical* and *sexual* violence than was reported by non-Indigenous women.
- Younger women reported higher levels of both violence types compared with older women.
- Women who were not in a current relationship tended to be at greater risk of experiencing *sexual* and *physical* violence in the previous 12 months than women who were in a current relationship.

Disclosure and reporting to police

- Approximately only one in seven women (14 per cent) who experienced violence from an intimate partner, and just over one in six women who experienced violence from someone else (non-partner), indicated that they had reported the most recent incident to police (16 per cent).
- Women who experienced physical or sexual violence from their intimate partners were more likely to report the most recent incident to police if the offender was a former (24 per cent) rather than current husband/partner/boyfriend (8 per cent).
- The degree of satisfaction women reported in terms of their contact with police tended to accord with whether the charges were laid and whether the charges resulted in convictions in court. However, overall, a majority of women indicated that they were satisfied with the way the police had responded. Higher levels of dissatisfaction were reported by women who experienced violence from an intimate partner compared with women who experienced violence by a non-partner.
- Overall, the most common reason why women did not contact police (whether intimate or non-intimate violence was experienced) is because they felt the incident was too minor in nature. However, almost half of the women indicated that their reason for not reporting was because they preferred to deal with it themselves, preferred to keep the matter private, or out of shame or embarrassment. Indeed a quarter of women (25 per cent) who identified intimate partner violence through the IVAWS had never before spoken to anyone else about the incident.

Melanie Heenan is the Coordinator of the Australian Centre for the Study of Sexual Assault at the Australian Institute of Family Studies.

INTERNATIONAL VIOLENCE AGAINST WOMEN SURVEY

The International Violence Against Women Survey (IVAWS) is an international, comparative survey designed specifically to collect information on women's experiences of physical and sexual violence by intimate and non-intimate partners. Participating countries include Argentina, Uruguay, Costa Rica, Trinidad & Tobago, Estonia, Serbia, Ukraine, Poland, Indonesia, Philippines, South Africa, Canada, Finland, Sweden, Denmark, Norway, Netherlands, Italy, Czech Republic, Spain, and Switzerland.

The survey is the result of collaborative efforts involving two United Nations criminal justice agencies – the United Nations Interregional Crime and Justice Research Institute and the European Institute for Crime Prevention and Control – and Statistics Canada.

The Australian component of the survey is coordinated by the Australian Institute of Criminology, and funded by the Australian Government's Office for Women through the *National Initiative to Combat Sexual Assault*. The full report can be downloaded from the Australian Institute of Criminology website at <http://www.aic.gov.au/publications/rpp/56/index.html>.

The full citation for the report is: Jenny Mouzos and Toni Makkai, *Women's Experiences of Male Violence, Findings from the Australian Component of the International Violence Against Women Survey (IVAWS)*, Research and Public Policy Series No. 56, Australian Institute of Criminology, Canberra

National report on drink spiking

National Project on Drink Spiking: Investigating the nature and extent of drink spiking in Australia, Report prepared by Natalie Taylor, Jeremy Prichard and Kate Charlton, Australian Institute of Criminology, Canberra, 2004. Commissioned by the Ministerial Council on Drug Strategy as a project under the cost shared funding arrangement.

One of the issues raised in ACSSA's second Briefing Paper, "Beyond drink spiking: Drug and alcohol facilitated sexual assault", was how little was known about the nature and prevalence of drink spiking (Neame 2003). In July 2003, the Australian Institute of Criminology (AIC) was commissioned by the Commonwealth Attorney-General's Department to conduct a national project that would help to improve our knowledge of the nature and extent of drink spiking in Australia, and the kinds of initiatives that might assist with prevention and improve on current responses.

One of the important tasks undertaken by the AIC for stage one of the project was conducting a national phone-in that encouraged victims to speak anonymously about the circumstances in which they believe they were drink spiked. The AIC defined "drink spiking" as an incident where drugs and/or alcohol are added to a drink without the consent of the person who will consume the drink. Specifically, the telephone interviewers asked victims to recall details such as where and when the incident occurred, the location, the type of drink spiked, the type of agent added, the effects of the spiking, whether additional crimes were committed, and whether the offender was known or unknown to the person spiked. The phone-in was conducted over a four-week period between November and December 2003.

The report by the AIC presents the results of the phone-in alongside a comprehensive summary of information that currently exists on drink spiking across Australia and internationally. It also reports on the themes that emerged through stakeholder consultations and identifies strategies that could assist with prevention and for developing good practice in responding to drink spiking.

In brief, the phone-in generated a total of 197 calls relating to incidents of drink spiking although only a proportion of these involved sexual assault. Specifically:

- 82 per cent of the victims were female; 18 per cent were male.
- the largest proportion of victims were aged between 16 and 24 years.
- 32 callers (16 per cent of the total) described incidents of drink spiking that involved sexual assault – the other type of crime most identified by victims of drink spiking was robbery or theft. ▶

CORRECTION

Gold Coast Sexual Assault Service training course

At present the training schedule for "Understanding and Responding to Disclosures of Intimate Partner Violence", developed by the Gold Coast Sexual Assault Service, depends on there being sufficient numbers of workers able to attend. While GCSAS are happy to take "expressions of interest", there are currently no dates for training scheduled for 2005. Our apologies for any confusion arising from our last edition.

- compared with victims of drink spiking not related to sexual assault, victims of drink spiking that involved sexual assault were more likely to: know the identity of the offender; have met or be acquainted with the offender prior to the drink spiking incident; have had their drink bought or poured for them; have had their drink spiked at their own home or in the perpetrator's home; and reported the incident to the police.

Based on these results, and in combination with the available data from police and from sexual assault centres, the researchers estimated that between 1 July 2002 and 30 June 2003 there were:

- between 3000-4000 suspected incidents of drink spiking that occurred in Australia;
- approximately one-third of these incidents involved sexual assault; and
- less than 15 per cent of suspected drink spiking sexual assaults are reported to police.

In summary, the report calls for the building of a comprehensive database to monitor the incidence of drink spiking over time and for better coordination of responses from police, hospitals, sexual assault services, forensic laboratories and licensed venues to victims who identify drug and alcohol facilitated sexual assault.

For a copy of the full report, go to the Australian Institute of Criminology website

<http://www.aic.gov.au/publications/reports/2004-11-drinkspiking.html> and

<http://www.aic.gov.au/publications/cfi/cfi086.html>.

This report and several other research papers and reports on drug and alcohol facilitated sexual assault have been added to the ACSSA Online Documents section <http://www.aifs.gov.au/acssa/onlinedocs/drugalcohol.html>

Melanie Heenan is the Coordinator of the Australian Centre for the Study of Sexual Assault at the Australian Institute of Family Studies.

NEW VIDEO/DVD PUBLICATION

Tough Guise

Tough Guise

Violence, Media and the Crisis in Masculinity

Written by Jackson Katz and Jeremy Earp

Featuring Jackson Katz

Directed by Sut Jhally

Published by Media Education Foundation, 1999

1 videodisc (DVD) (105 minutes)

Tough Guise is the first educational video geared toward college and high school students to examine systematically the relationship between pop-cultural imagery and the social construction of masculine identities in the United States at the dawn of the 21st century.

In this innovative and wide-ranging analysis, Jackson Katz argues that widespread violence in American society – including the tragic school shootings in Littleton, Colorado, Jonesboro, Arkansas, and elsewhere – needs to be understood as part of an ongoing crisis in masculinity.

Tough Guise is extensively illustrated with examples from popular culture ranging from Howard Stern to Stone Cold Steel

Austin, from *Good Will Hunting* to *Boyz'N the Hood*, from Garth Brooks to hip-hop.

"Jackson has a rare gift for applying feminist insights about gender and power to the real life experiences of boys and men. He does this in a way that helps men think critically without becoming defensive, while offering women valuable perspectives in to masculinity." Susan McGee Bailey, Director, Wellesley Centers for Women.

(Summary and review taken from the DVD cover)

Available for order from: <http://www.mediaed.org/videos/MediaGenderAndDiversity/ToughGuise>

Also available on loan from the Australian Institute of Family Studies library.

Resisting prostitution and pornography

Reviewed by Lara Fergus

This three-part book, *Not For Sale: Feminists Resisting Prostitution and Pornography*, is a timely and necessary addition to debates surrounding issues of prostitution and pornography. It firmly places human and civil rights at the core of the debate, and examines the connection of prostitution and pornography to racism, poverty, colonisation, globalisation and militarism. In drawing such links with wider social and global structures, the contributors to this book expand common analyses of prostitution and pornography beyond moral debates and “band-aid” solutions. The scope and depth of analysis is impressive, and will be a great help to those working to end sexual assault and other violence against women.

“Prostitution and pornography both reflect and anchor larger systems of male dominance, as well as other oppressive institutions and structures such as racism, imperialism, militarism and global corporate capitalism. The industries of sexual exploitation do devastating harm to the women and children within them. Sexually exploited persons are subject to massive physical and psychological violence, as well as poverty, drug addiction, racism and homelessness. Prostitution and pornography also undermine all women’s safety and dignity by legitimizing the objectification of women, and by training men and boys to desire and expect compliant sexual servicing from women and girls.” (Editor’s introduction)

Published in Australia by the independent feminist press Spinifex, *Not for Sale* includes research, testimony, and theory by more than 30 writers and activists from different countries and generations, including a number of industry survivors.

***Not For Sale: Feminists Resisting Prostitution and Pornography*, Edited by Christine Stark and Rebecca Whisnant, Spinifex Press 2004, 445 pages. Price: \$34.95.**

The book is available from all good bookstores or direct from Spinifex Press for \$34.95 – or at the special price of \$30 if you mention ACSSA’s newsletter. Phone (03) 9329 6088 or email women@spinifexpress.com.au to place your order.

For further information go to: <http://www.notforsale-book.org/> For enquiries contact: nikki.anderson@ozemail.com.au or <http://www.spinifexpress.com.au/non-fict/nfs.htm>

The book is divided into three major sections. The first, “Understanding systems of prostitution”, analyses how sex industries work. The different contributors focus on different aspects of the systems, such as male demand, pimp’s methods, connections with militarism and racial stereotyping, or the use of new technologies. The second section, “Resisting the sexual new world order”, explores connections between the sex trade, neoliberal dogma, trends in pop culture and geopolitics. It includes a critique by Mary Sullivan of Australia’s legalised brothel prostitution, and a late addendum addressing “war porn” and the Abu Ghraib scandal. The final section, “Surviving, conceiving, confronting”, describe various modes of social change or activism on behalf of prostituted women, including by industry survivors, and also offers new conceptual approaches to prostitution and pornography.

The publishers note that “as prostitution and pornography increasingly saturate our lives and our communities, they are also becoming normalised and accepted as harmless entertainment for men and as legitimate, even liberating, forms of work for women.” *Not For Sale* shows the harm these

multi-billion dollar industries cause to those within them, and exposes the vested interest its profiteers have in promoting a rhetoric of “liberation” and “individual choice”.

According to the Spinifex Press website: “*Not For Sale* brings the feminist movement against prostitution and pornography into the 21st century, showing how these industries cause grievous harm to those within them while undermining the possibilities for gender justice, human equality, and truly diverse and joyful sexual relationships.”

Lara Fergus is a Research Officer with the Australian Centre for the Study of Sexual Assault at the Australian Institute of Family Studies.

Prosecutors' decision-making in sexual assault cases

Denise Lievore

provides a summary of her newly published report

In recent decades prosecution agencies have been criticised for establishing barriers to the successful prosecution of sexual assault. The exercise of prosecutorial discretion is one of the most important but least understood aspects in the administration of criminal justice, as the process is rarely subject to external scrutiny.

Prosecutorial decisions in adult sexual assault cases: An Australian study presents the results of recent Australian Institute of Criminology research that addresses the paucity of local research on the topic. The study established attrition rates and analysed legal and extralegal factors influencing prosecutors' decisions to proceed with, discontinue, or negotiate charges in 141 adult sexual assault cases referred to the Office of the Director of Public Prosecutions in the Australian Capital Territory, New South Wales, the Northern Territory, Tasmania and Western Australia.

The statistical results indicate that prosecutors' case-processing decisions are largely driven by legal and evidentiary considerations related to the prospects of conviction, but they also raise questions about the significantly higher withdrawal of cases involving prior relationships. A thematic analysis of interviews with 24 Crown Prosecutors sheds light on some of the practical factors that are taken into account in prosecutorial decision-making, particularly in regards to prosecutors' view of what constitutes a "credible" victim or witness. While the prosecutors stated that they do not assess credibility in terms of moral or gender stereotypes, the study cannot rule out the possibility that prosecutors' perceptions and decisions may be influenced by traditional views about women either conforming or departing from an image of some archetypal "real rape" victim.

The study also highlights tensions between the lawyer's and the "outsider's" perspective on various matters and suggests that prosecution agencies, victims and the victim support sector have much to gain through increased dialogue.

Funding for the project was provided through the *National Initiative to Combat Sexual Assault* – an Australian Government Initiative administered by the Office for Women.

References

- Lievore D. (2005), *Prosecutorial decisions in adult sexual assault cases*, Trends and Issues in Crime and Criminal Justice No. 291, Australian Institute of Criminology, Canberra. <http://www.aic.gov.au/publications/tandi2/tandi291.html>
- Lievore D. (2004), *Victim credibility in adult sexual assault cases*, Trends and Issues in Crime and Criminal Justice No. 288, Australian Institute of Criminology, Canberra. <http://www.aic.gov.au/publications/tandi2/tandi288.html>

Dr Denise Lievore is a research analyst at the Australian Institute of Criminology, specialising in criminal justice responses.

***Prosecutorial decisions in adult sexual assault cases: An Australian study*, by Denise Lievore, Australian Institute of Criminology for the Australian Government's Office for Women, Canberra, 2005.**

Hard copies of the full report are available free of charge and can be ordered from the Office for Women website: <http://www.nationalmailing.com.au/nationalmailing/OSW/index.cfm>

Summaries of the statistical and qualitative results, as well as copies of the report, can also be downloaded from the Australian Institute of Criminology website: <http://www.aic.gov.au/publications/reports/2004-10-decisions.html>.

A spotlight on court licensed child abuse

Child sexual abuse and exploitation are notorious for the difficulties they create for a legal system which seeks to act with integrity. Unfortunately, these crimes, particularly when carried out within the family, create less difficulty for a legal system which seeks to distance itself from the realities of child sexual abuse and exploitation. Missing out on, or ignoring the realities, or not wanting to acknowledge them, brings about the result that the abuse and exploitation are compounded by the very system which exists, ostensibly, to end them.

Steps must be taken to correct this, but how? And what? *Court Licensed Abuse* shows the way. Dr Caroline Taylor's work is notable for its thorough explication of the issues confronting not only children and young people, but adults who seek justice through the courts. It is notable, too, for the issues that should confront judges, defence counsel and prosecutors. However, when great truths are told, those about whom they are told, particularly when they sit in positions of power and authority, choose not to accept the truth. Rather, they attack the truth-teller. This is a pity, for it means that the legal system is denied a chance of redeeming itself and working towards a design that may better represent the interests of the community and the state, in ensuring that justice may be done in child sexual abuse and exploitation cases.

Court Licensed Abuse is another great step in the march towards clearing the courtroom and criminal justice system of the anomalies, deceptions and distortions that have accompanied child sexual abuse and exploitation in the courtroom from Chief Justice Hale's time, in early to mid 18th century England.

Dr Caroline Taylor's work highlights for every one of us the deficiencies in the running of the criminal justice system which add to the abuse, by confirming so well to victims and survivors of child sexual abuse and exploitation that the power of the father is supported by the power of the courts, while the powerless are not. This is what they have learnt at the feet of their fathers. It is what they are told as sexually abused and exploited children by the parent who engages in these crimes: "Don't tell anyone, because no one will listen to you". "Don't bother telling anyone, because no one will believe you". "I am your father, I can do what I like with you". "You are *my* child, so I have the right . . ."

Every child or young person whose case is recounted in *Court Licensed Abuse* has had their father's abusive words and the intimidation underlying them confirmed to them by the processes adopted and played out in the courtroom. "No one will listen to you, even if you tell them." "Why did you bother telling anyone, because no one believes you." This means, in turn, that fathers are placed in an almost unassailable position, where their own immorality is supported and condoned by the legal system.

The newly released book, *Court licensed abuse: Patriarchal lore and the legal response to intrafamilial sexual abuse of children*, by Dr S. Caroline Taylor, is based on national award winning research that analyses complete transcripts of intrafamilial child sex abuse trials. The reader is taken on a virtual walk through a finite number of trials and is privy to evidence and legal arguments withheld from juries.

These trials are presented as textual case studies and show the legal mechanisms through which victim/survivor accounts of abuse are transmuted into forms that facilitate both the theoretical and legal acquittal of the alleged abuser, thus replicating the power relations inherent in the original abuse.

The work presents hitherto uncharted terrain in explicating the response of the judicial system when confronted with disclosures of child sexual abuse.

Renowned Australian feminist lawyer and author of numerous books on law and violence against women and children

Dr Jocelyne Scutt

has this to say about *Court Licensed Abuse*.

The criminal justice system should not be about who is sufficiently “clever” to have evidence kept out of the courtroom, then using its absence to portray a picture to the jury, which is at odds with what the court knows to be true, or untrue. Nor should the criminal justice system be about judges and defence counsel reaching agreement on eliminating evidence so that witnesses must (with the sanction of court and counsel) constrain and strain their evidence to conform to the false picture that is necessitated by the absence of “key” evidence.

Yet *Court Licensed Abuse* gives numerous examples of this occurring with prosecutors being hamstrung or simply complying with the defence counsel’s arguments for evidence to be omitted, and making no or little argument to the contrary.

Several examples in this book stand out.

In one, the judge agreed with defence counsel that DNA evidence should be excluded. The DNA evidence showed that the accused was father to two of his daughter’s three illegitimate children. Once the DNA evidence was removed, defence counsel was free to impugn the character of the young woman, using the existence of three children born out of wedlock to support the proposition that she was a “slut”, a person of “loose morals”.

In another, DNA evidence showing that the father had been in his daughter’s bed was excluded. The proposition was then put to the jury that semen belonged to her boyfriend – although they had not had sexual intercourse for some time before the father’s alleged imposition.

In others, where a man is alleged to have committed multiple crimes upon several children, the cases are run individually, as if he is alleged to have committed crimes upon one child only. Then, when giving evidence, the child and mother are obliged to put their evidence without any reference to the crimes alleged to have been committed upon the other child, or other children. The jury receives a false story. This is a false story sanctioned by the court, promoted through the court processes. These lies are condoned – nay, *required* by the court to extend “justice” to the accused.

The jury receives a false story. This is a false story sanctioned by the court, promoted through the court processes. These lies are condoned – nay, *required* by the court to extend “justice” to the accused.

Court Licensed Abuse is essential reading for everyone who ever hoped that the legal system would and should be opened to thorough scrutiny. It is essential reading for those who believe that the way they conduct their courtrooms is “right”, whatever the consequences for victims and survivors of child sexual abuse and exploitation. It is essential reading for defence counsel and prosecutors, along with judges, who may deep down have an inkling that what they do is not admirable, but worthy only of condemnation.

The book is essential reading for everyone who ever cared about making the legal system into a system of justice – one where the abuse and exploitation of children and young persons will no longer be condoned, and “truth” is truth, not a court manufactured lie masquerading behind a mask which shames us all.

Respected journalist and author of numerous books dealing with criminal law in Australia, Evan Whitton, reviewed *Court Licensed Abuse* and provided this advanced praise for the book: “This is a stunning piece of work. It exposes the evils of the adversarial legal system in allowing defense lawyers to defeat the truth by vicious cross-examination of child victims of sexual abuse. Dr S. Caroline Taylor’s rigorous research and magisterial analysis make a compelling case for change.”

Dr S. Caroline Taylor is currently a Research Fellow at the University of Ballarat and is the author of *Surviving the Legal System: A handbook for child and adult survivors of sexual abuse and those supporting them*, Coulomb, Melbourne, 2004. The Australian stockist for *Court Licensed Abuse* is Ballarat Books, Armstrong Street North, Ballarat. Phone (03) 5333 3222; Fax (03) 5331 5604. Email orders@ballaratbooks.com.au The book may be viewed and ordered on line at [Ballarat Books: www.ballaratbooks.com.au](http://BallaratBooks.com.au)

***Court Licensed Abuse: Patriarchal lore and the legal response to intrafamilial sexual abuse of children*, by S. Caroline Taylor, Peter Lang, New York, 2004. ISBN 0-8204-6171-7. Price: \$59.95.**

Sexual assault and mental health in Australia

Collaborative responses for complex needs

Monique Keel

“The mental health system is filled with survivors of prolonged, repeated childhood trauma . . . abuse in childhood appears to be one of the main factors that lead a person to seek psychiatric help as an adult.” (Herman 2001: 122)

In 1992 Judith Herman published her book *Trauma and Recovery*, detailing the trauma suffered by victim/survivors of incest, rape and domestic violence. The book explored the experiences of these women within a social context, likening their trauma to that experienced by soldiers of war. Herman proposed a recovery program involving a reconnection within the wider community and provided a model by which mental health practitioners, as well as society itself, might view subsequent trauma and the recovery process experienced by victims.

Trauma and Recovery was hailed as a groundbreaking contribution to understanding the experiences of women survivors of violence. It was hoped that it would pave the way for a new way of thinking about the impact that violence has on the mental health of victim/survivors. Throughout the 1990s, other research undertaken in both the United States and the United Kingdom has consistently provided evidence of the link between sexual assault and mental health.¹ Notwithstanding the research evidence, mental health practitioners and policy makers have generally been slow to recognise the extent to which child sexual abuse and abuse in adulthood impacts on mental health, and slow to provide services to victim/survivors of sexual assault suffering from mental ill-health.

This article provides a brief overview of the current literature linking mental health and sexual assault. Included is literature that considers the link between abuse and subsequent mental ill-health, as well as literature that explores what is known about the vulnerability of people with mental illness to experiencing sexual assault, particularly within the mental health system. An argument for greater collaboration between the sexual assault and domestic violence sectors with the mental health sector is also presented, as well as an examination of the barriers that tend to discourage or inhibit closer working relationships between these sectors. A number of programs that involve collaborative efforts between the mental health, sexual assault and domestic violence sectors are also detailed, some of which have won awards as examples of good practice within the field. Links to these programs and initiatives are provided in the reference list and endnotes.

The link between mental health and sexual abuse

“Women who have been exposed to violence have a greater risk of developing a range of health problems including stress, anxiety, depression, pain syndromes, phobias, somatic and medical symptoms” (Victorian Health Promotion Foundation 2004: 12).

Although within Australia there is little research linking child abuse and abuse in adulthood with mental illness, over the past two decades there has been an enormous amount of international research linking interpersonal violence with a range of long-term and serious mental illnesses in women and men. In the United States in 1989, researchers Briere and Zaidi reported that 70 per cent of non-psychotic women seeking emergency assistance for psychiatric issues, on direct questioning, acknowledged a history of sexual abuse in childhood. The women they interviewed reported a connection between sexual abuse and problems such as suicidal ideation, suicide attempts, self-mutilation, drug abuse, sexual problems, diagnosis of personality disorders and more psychiatric diagnoses than non-abused patients.

In-patient studies by Bryer, Nelson, Miller and Krol in 1987 in the United States found similarly high incidences of childhood sexual abuse (between 59-63 per cent). Also in the United States, Lisa Goodman and

her associates (2001) found that 68 per cent of women with severe mental illness had a history of sexual assault and 40 per cent of men with severe mental illness had a history of sexual assault. High correlations between experiences of sexual assault in adulthood and mental ill-health have also been recorded, with both women and men with severe mental illness being more likely to have experienced sexual assault in the previous 12 months than people in the general population (Goodman et al. 2001). A similar study found that around 40 per cent of women presenting in psychiatric outpatient clinics had a history of child or adult sexual abuse (Surrey, Swett, Michaels and Levin 1990).

Current research points not only to there being a relationship between violence and poor mental health, but also suggests a causal link, with a number of studies controlling for possible mediating variables. For example, New Zealand researchers, Fergusson, Horwood and Lynskey (1996) controlled for other influential factors, such as childhood development, intelligence, delinquent peers and adolescent life events. They concluded that child sexual abuse was associated with an increased risk of psychiatric disorder in young adults even when they allowed for the influence of the other factors.

In light of these and other similar findings worldwide, the World Health Organisation (WHO) released a paper in 2002 entitled *World Report on Violence and Health* in which it clearly articulates a link between violence against women and mental health issues. The report suggests that: "Women who have experienced violence, whether in childhood or adult life, have increased rates of depression and anxiety, stress related symptoms, pain syndromes, phobias, chemical dependency, substance use, suicidality, somatic and medical symptoms, negative health behaviours, poor subjective health and health service utilisation" (WHO 2002: 101).

The WHO report also describes the direct health consequences of violence to women, that include: depression, anxiety and phobias; suicide attempts; chronic pain syndromes; psychosomatic disorders; physical injury; gastrointestinal disorders; irritable bowel syndrome; and a variety of reproductive health consequences (WHO 2002: 101). It further suggests that the influence of the abuse can persist long after the abuse has stopped, that the more severe the abuse, the greater its impact on the woman's physical and mental health, and in women who experience different and multiple episodes of abuse, the impact appears to be cumulative.

Australian literature on sexual assault and mental health

Given the extensive international research that is available, it is surprising that Australian research into the specific relationship between violence and mental health is still reasonably limited. Approximately one in five Australians is thought to experience mental health problems during his or her lifetime. In 1999, the Australian Bureau of Statistics (ABS) reported that around 18 per cent of Australians had experienced some form of mental illness within the last 12 months. Similar rates of mental illness were found in Victoria, with approximately 20 per cent of women experiencing mental illness over their lifetime (Victorian Government Department of Human Services 1997). Women are reported to be more likely than men to experience anxiety disorders, such as post-traumatic stress disorder, and affective disorders such as depression. However, men are more likely than women to experience substance abuse disorders (ABS 1999). Nonetheless, internationally, it is suggested that women are generally more likely than men to experience mental illness (WHO 2002).

The high prevalence of violence against women and children in Australia confirms the extent to which issues of mental health and violence must certainly overlap. Of the women surveyed for the Australian component of the International Violence Against Women Survey (IVAWS), 57 per cent reported experiencing at least one incident of physical or sexual violence over their life course (Mouzos and Makkai 2004: 19). Twelve per cent of women reported experiencing sexual violence by an intimate partner over their lifetimes, including instances of attempted (3 per cent) and completed (6 per cent) forced intercourse (Mouzos and Makkai 2004: 46). Of the women who had experienced sexual violence by their intimate partners, 73 per cent also experienced physical abuse by them. Disturbingly, 18 per cent of women surveyed reported having been sexually abused before the age of 16; almost 2 per cent of them indicating the perpetrators were parents (fathers in all but two cases). The remaining 16 per cent identified someone other than a parent. The survey also suggested that the risk of sexual violence in adulthood doubles for women who experience child abuse.

A notable exception to the absence of Australian literature that explores the relationship between sexual assault and mental illness is Angela Taft's 2003 article, "Promoting women's mental health: The

challenges of intimate/domestic violence against women". Although not specifically concerned with sexual assault, it does provide one of the most thorough reviews of the connection between violence and mental health in the Australian context. Taft summaries two Australian studies by Mertin and Mohr (2000) and Roberts, Lawrence, Williams and Raphael (1998), which demonstrate this relationship. Taft further provides a review of the literature on good practice responses to disclosures of violence, both at a societal and individual level.

While the statistical literature in Australia is scarce, there are a number of qualitative research papers that explore the experiences of women with mental health issues who have experienced sexual assault. In 1994, Carolyn Graham published a report prepared for the South East Centre Against Sexual Assault (Victoria) in which she detailed the responses of 30 women who had used psychiatric services and had been victims of child sexual abuse. The women in her study identified a link between their mental health issues and their experience of abuse, which mental health professionals tended to define strictly in medical terms, as a mental illness. This contradiction resulted in the women's dissatisfaction with the treatment they received. Graham also identified the extent to which mental health professionals were in denial of the impact of sexual abuse, which not only affected their ability or willingness to address sexual assault as an issue for their patients but also acted as a barrier to research being carried out in this area.

While the Australian literature on the effects of violence on mental health is growing, albeit slowly, there is still an acute lack of research and documentation of the experiences of the most marginalised women and men within the mental health system, those with disabilities, refugees and Indigenous Australians.

For example, many refugee women experienced rape and other forms of violence during wartime and/or during transit to Australia, but there is little research into the needs of refugee women who experienced sexual assault and are now experiencing mental health problems. Jan Thompson (1999) notes that for Vietnamese women, the circumstances in which they experienced rape was at times vastly different from that of the experience of Australian-born women. For example, the assault often occurred at the same time as the murder of family members, or was watched by family and others. The circumstances in which they experienced the assault impacts on women's willingness or ability to disclose the abuse and seek assistance for the immediate and long-term outcomes of the assault. Many refugee women face stigmatisation from their communities and family were they to disclose the assault and have therefore remained silent.

Historical and gendered accounts of women's mental health

"More women than men are users of mental health services because they are more oppressed, hence more distressed and unhappy. They are more likely to seek help for their problems; are exposed to masculinist standards of mental health when they do seek help; and will be perceived as sick whether they display behaviour at odds or in keeping with a stereotypical female role" (Gerrand 1987, summarising Chesler 1972).

As noted above, Angela Taft's (2003) article provides an excellent summary of how our growing understanding of mental health issues and of women's experience of domestic violence continues to reveal how profoundly they intersect. Further, she historically situates an analysis of violence and mental health that starts with the social and cultural context in which women's mental health has often been constructed. She notes that women's mental health has historically been understood to be about individual psychopathology, determined largely by the predisposition of the "feminine" personality, and certainly one that was positioned as inferior to men's. Prior to the late nineteenth century, women's "madness" was even conceived as evidence of their being possessed by the devil, which resulted in the infamous witch-hunts and burnings that took place across Europe at this time.

By the late nineteenth century, women's "madness" was attributed to a "disease of the womb", and labeled as evidence of "hysteria". Sigmund Freud, who is often referred to in the literature as the father of psychoanalysis, was a proponent of the hysteria theory, the causes of which he initially attributed to the experience of sexual abuse. However, upon further consideration, and under pressure from colleagues, he re-attributed the origins of hysteria to women's repressed sexual fantasies. It is here that Freud substantially shaped and reinforced the belief that women lie or sexually fantasise about sexual assault. He simply became impervious to the notion that so many women could be the subject of abuse, especially by their fathers and other male members of their families, without it being the result of some latent form of desire. Hence, for Freud, women's disclosures were interpreted as fantasies; their trauma as grief over lost relationships with their fathers. In more general terms, Freud viewed

women as passive, inferior and receptive (Dennerstein, Astbury and Morse 1991) and these views formed the basis of psychological theories of women's mental ill-health for the most part of the twentieth century. These theories, according to Judith Herman, were largely based on the "denial of women's reality" (2002: 44).

In the 1970s, mental health theories that had tended to pathologise individual women, and had viewed their mental health as a consequence of biological, reproductive and hormonal factors, were to a large extent replaced by ones that examined the role that social factors played in women's mental health more broadly (Taft 2003). These factors include the socialisation and status of women in society, the effects of violence and discrimination against women and biases that support the inequality of women (Hodges 1997). These factors are now understood not only to impact on the higher rates at which women experience mental health problems, but also to affect the type of mental health problems they might experience.

However, an awareness of the impact of violence on women's mental health has not necessarily resulted in better outcomes for women within the mental health system, as women are still routinely "treated" with psychiatric medication to address issues resulting from violence. In 1994, Mazza reported that women who had experienced domestic violence or child physical or sexual abuse were more likely to have been prescribed psychotropic drugs than those who had not experienced abuse. Graham (1994) also reported that mental health practitioners often viewed the abuse as a symptom of the women's mental health problems, rather than as the cause.

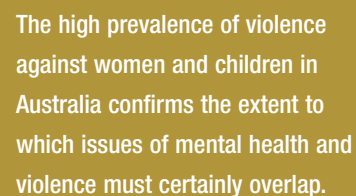
There also remains persistent sex role stereotyping in the area of mental health. A 1988 study found that the terms "hysterical" and "neurotic female" were still used in hospital emergency department responses even though the term "hysteria" was removed from the *Mental Disorders Diagnostic Manual* in 1952 (Kurz and Stark 1998, cited in Taft 2003). Such stereotyping has had an impact on the treatment and quality of service that women have received following disclosures of sexual assault, and on the diagnoses that informed practitioners understanding of mental illness.

Until the late 1970s therapists tended to ignore violence or sexual assault as a factor in the development of more chronic mental illness, or to counsel women about the virtues of remaining in their relationships, violent or otherwise. Further, until recently, most mental health practitioners would have overlooked the relationship between common determinants of mental health and women's experiences of violence (Dennerstein, Astbury and Morse 1991).

While the role that mental health practitioners have played in the lives of abused women has sometimes been damaging, an awareness of the social determinants of health has led to a number of positive changes. Feminists' inspired reforms have done much to provide women with therapeutic responses that not only avoid pathologising them, but that acknowledge women's unequal position in society, and that recognise the devastating effects of violence on their lives. Greater attention was also paid to the power imbalance in the therapeutic relationship and to developing techniques that assisted women to regain a sense of agency through their processes of healing and recovery.

However, there remains a lack of any serious consideration of the relationship between mental health and other issues relevant to diverse populations. For example, the experience of non-Anglo women within the mental health system in Australia is that little attention has been given to the particular health effects of violence on Indigenous women, on immigrant women, and on refugee women. Barbara Ferguson and Eileen Pittaway's book, *Nobody wants to talk about it: Refugee women and mental health* (1991) is an exception. Within the book, it is noted that the services and understanding of mental health within Australia are foreign and irrelevant to many refugee women.

As the literature and theories on mental health come for the most part from Europe (as a result of Freud and his colleagues' influence) and the United States, the mental health field's understanding of what is "normal" in mental health terms has historically been defined from a western, middle-class, male viewpoint (Hodges 1997). Thus theoretically, while all women are seen as deviating from the (male) norm, women from non-English-speaking backgrounds and Indigenous women are doubly disadvantaged, not only because of the perceived inherent predisposition all women have towards "madness", but on account of cultural practices, beliefs and languages that are non-Anglo and non-white. Difference has often been, even in a popular sense, a euphemism for being "abnormal".



The high prevalence of violence against women and children in Australia confirms the extent to which issues of mental health and violence must certainly overlap.

Disclosure of abuse histories

"I kept it a secret because I remember that he threatened me that if I ever said anything that he would just deny it, and that he would get back to me one way or another . . . Another reason why I didn't want to say anything earlier was that I wasn't sure that I would get the support I needed from my family." (Research participant, quoted in Graham 1994: 22)

One major outcome of the failure of mental health practitioners to acknowledge the role of violence in developing or compounding mental ill-health is the failure to enquire about sexual and other abuse and/or provide appropriate responses and services. While it is evident that many people accessing mental health services have a history of recent or past sexual assault, international studies indicate that patients do not routinely disclose their abuse histories to mental health staff unless asked directly. For example, Wurr and Partridge (1996) found that psychiatric case notes revealed that only 14 per cent of patients had a history of sexual assault, while on direct questioning 46 per cent of the same patients disclosed childhood sexual assault. Similarly, Briere and Zaidi (1989) found that the rate of abuse histories in women presenting at a psychiatric emergency room increased from 6 per cent to 70 per cent once the staff were instructed to directly question women about their abuse histories.

Research in community mental health centres in New Zealand, undertaken by Agar, Read and Bush (2002), also found that unless directly asked, victim/survivors were unlikely to disclose the abuse. Factors that deter women from disclosing include: denial; fear of stigmatisation; inability to trust; loyalty to the perpetrator; and feelings of shame. They also note that once a person has disclosed the abuse, they are not likely to repeat their disclosure, unless asked again. Agar, Read and Bush's research highlighted that staff often failed to arrange abuse-related therapy or support during or after hospitalisation, and rarely discussed the possibility of legal redress with the patient.

Sexual assault in psychiatric/ mental health facilities

There is considerable evidence in the literature that also suggests that people with diagnosed mental illness also have a heightened vulnerability to sexual assault, particularly within mental health and other health care facilities. Denise Lievore (2003: 112) notes that: "Institutional sexual assault follows the general pattern of sex offences, with known perpetrators having access to potential victims in their place of residence. Perpetrators may be staff members, other residents, or visitors, but they are generally men and they seek victims who are unlikely to resist or report the attack."

Jane Davidson's and Lorna McNamara's (1999) article (based on Davidson's work published in 1997) provides one of the few papers that look at sexual assault in mental health facilities. Davidson found that experiences of victimisation varied from a single instance of assault to multiple ongoing assaults. Of the 34 incidents described to the researchers, only five were reported to police, with criminal charges being laid in only one case. There are few incentives for staff or victims to report an assault on a patient, especially if the perpetrator is a staff member. Unless protocols and workplace policies dictate that staff report the abuse, it is unlikely that reports to police or management will occur.

Lievore (2003) also notes that institutional structures reward compliant and passive behaviour, which inhibits reporting by victims. Other barriers to reporting include that patients do not identify the experience as abuse or realise that they have a right to safety. Other patients may fear retaliation by the perpetrator or others. Lievore (2003: 112) also suggests that patients who do report the abuse risk being labeled as liars, attention-seeking and out of touch with reality: "Institutions tend to deal with disclosure by disbelieving, denying, minimising or ignoring patients' accounts. Alternatively, experiences of victimisation are left undiscovered, as abuse histories are often not obtained on admission and victims are not taught how to deal with exploitative situations and defend against attacks in the institution."

Staff reporting of assaults on patients (where the perpetrator is either a staff member or a patient) also is not common. Davidson and McNamara (1999) note that when staff do disclose that an assault has occurred (either by a staff member or another patient) they are unsupported by management and may even be further victimised as a result. Staff may fear bad publicity, dismiss allegations in the absence of observable injuries, or fear retaliation. Maureen Crossmaker, in a 1991 paper detailing the social and

institutional dynamics leading to the high incidence of sexual abuse of people with a mental illness, developmental delay or intellectual disability, notes that the low regard in which people with a mental illness are generally held by health professionals (and society in general) means that staff members are unlikely to report when the offender is a co-worker.

Crossmaker argues strongly for the need for advocacy for people within institutions to ensure their sexual rights and safety. She notes (1991: 215) that: "Sexual abuse can occur in any residential facility. To deny that fact, or to fail to implement appropriate policies, procedures and service connotes a failure of the institution to respect residents' right to a safe and respectful environment."

Davidson's (1997) report provides a descriptive account of women's experiences in psychiatric hospitals. Comparable studies of men's experiences of sexual abuse within Australian mental health facilities have not been undertaken. Nonetheless, there are a number of studies, primarily undertaken in the United States, that have looked at sexual assault of men in the prison system, which reveal alarmingly high rates of abuse, and a culture of denial on the part of the institutions/prisons both in terms of its incidence and of the likely effects on men who are repeatedly victimised (King 1992; Stemple 2003). Comparisons across these institutionalised settings may well be useful.

The need for collaboration

The research linking sexual assault with mental health issues, coupled with women's dissatisfaction with their experience of mental health services, provide compelling reasons for stronger links to be forged between the sexual assault and mental health fields. Certainly in Australia, there is a growing interest in looking across sectors to find ways of integrating service responses to violence against women that meet women's needs. However, while a number of arguments can be made in favour of collaboration, service providers from both the mental health and anti-violence sectors have reservations and urge caution when developing working relationships.

Carole Warshaw and Gabriela Moroney from the Domestic Violence and Mental Health Policy Initiative in the United States published a working paper in 2002 in which they detail collaborative initiatives, service models and curricula incorporating mental health and domestic violence. Some of these initiatives exclusively address sexual assault and mental health. Warshaw and Moroney suggest that the differing perspectives of the service providers, and the lack of integrated frameworks addressing women and children's social and psychological needs are key reasons why collaborative models have been slow to develop.

Warshaw and Moroney (2002: 7) argue that collaboration is important on many levels: "For individual battered women who may initially seek help in either system, having a provider who helps them assess their needs and who provides access to a full range of resources can only enhance the quality of care they receive. As some women will feel safer and more connected with a mental health provider, others will feel more comfortable in an advocacy environment. If clinicians and advocates are able to develop the trust and understanding necessary for good working relationships, they will better be able to help battered women to traverse those boundaries and to be safe, to heal, and to move forward in their lives."

Warshaw and Moroney (2002: 7) also outline the benefits to the service providers: "Mental health clinicians are less likely to feel overwhelmed by women's need for safety or their need for help negotiating the legal system if they are working in partnership with domestic violence advocacy programs. At the same time, having a network of clinicians who can assess the mental health needs of a domestic violence survivor and/or her children, provide treatment, or help negotiate the mental health system will only enhance the capacity of domestic violence programs to address the needs of the women they serve."

It is essential, Warshaw and Moroney argue, that the treatment models reflect the social and advocacy needs as well as the psychological needs of women and their children and that they address issues surrounding current *as well as* past abuse. Such models, they suggest, are few and where they do exist, are rarely evaluated. In preparation for their paper, Warshaw and Moroney interviewed service providers to determine what their concerns were regarding the mental health concerns of their clients and the barriers they envisaged to successful collaboration.

An awareness of the impact of violence on women's mental health has not necessarily resulted in better outcomes for women within the mental health system.

The four areas of concern raised by the domestic violence/advocacy service providers are summarised as follows:

- Advocacy services increasingly see the most marginalised women in society and, due to limited resources and training, often feel ill-prepared to meet the short and long term mental health needs of women and their children.
- Due to the increased professionalisation of the domestic violence sector, new employees are often professionals rather than peer-supporters. This has resulted in a concern that advocacy models within domestic violence services will be diminished and replaced by mental health models of intervention that may put women's safety at risk. Central to the concern about strengthening mental health models of response within domestic violence services, are concerns about mental health screening of clients. It is argued that screening may be to women's detriment in custody hearings and may leave women labelled and stigmatised. The introduction of mental health screening may also alienate women who seek refuge for their safety rather than for mental health issues.
- Many domestic violence workers are generally apprehensive about working with mental health professionals, often based on previous unsatisfactory or unsuccessful attempts at working collaboratively. There is concern that mental health service providers are often ill prepared to work with survivors of violence, ignoring or minimising their safety or advocacy needs, and that the mental health responses often pathologise women and minimise the importance of advocacy work.
- Finally, domestic violence services saw an urgent need for resources and training in the area of mental health.

The mental health providers and/or agencies also raised a number of concerns including the lack of resources available to the public mental health system and an inability of their systems to incorporate new services. Although many mental health service providers were keen to work with domestic violence programs, the way in which their work is funded does not readily allow for such collaboration. Further, they felt that many domestic violence workers saw mental health treatment as inherently problematic and this provided further barriers to working together.

Warshaw and Maroney's working paper (2002) does not focus specifically on sexual assault, but many of the issues they raise are applicable to the sexual assault field. Although a concern for the immediate safety of victim/survivors of sexual assault (which is a focus within their paper) is not always an immediate priority, women often do experience sexual assault in the context of other violence in their lives. Further, the concerns raised by the domestic violence/advocacy groups are equally valid within the context of sexual assault.

Although research like Warshaw's and Maroney's is uncommon, the Victorian Department of Human Services (DHS) did undertake a project in 2004 which explored partnerships between sexual assault, mental health and domestic violence services. The 12-month project entitled the "Partnerships between Mental Health, Family Violence and Sexual Assault Services Project" included a forum in November 2004 outlining the achievements of the project and showcasing Victoria's best practice models of partnership between the domestic violence, sexual assault and the mental health sectors.

Concern for the immediate safety of victim/survivors of sexual assault (which is a focus within their paper) is not always an immediate priority, women often do experience sexual assault in the context of other violence in their lives.

At the forum Sabin Fernbacher, the mental health project officer, outlined a number of obstacles identified by Victorian services that were similar to those discussed by Warshaw and Maroney (2002). Fernbacher noted that at a policy level there was ambiguity about who is responsible for education on this issue and that there is a lack of planning around how to collaborate on these issues at state and regional levels. Sabin reported that there were a number of reasons why projects may not succeed. These include senior-

level management's failure to endorse and support collaborative efforts, which results in an ad-hoc approach to addressing the issues and which means that any success for the project tends to rest on individuals themselves getting the work organised and completed. A lack of staff expertise in the areas of sexual assault/family violence or mental health issues, was also seen as a barrier to good working relationships across the sectors.

Other barriers identified included the negative attitude of staff members and philosophical and language differences across service models and frameworks. The hierarchy of professions and disregard of

expertise of staff in other sectors was experienced by some participants and a lack of resources was also a significant hindrance. For Aboriginal women, the lack of culturally appropriate responses when working with some mainstream organisations, discouraged staff from working collaboratively.

Sabin also identified a number of factors that were conducive to a successful collaboration. An organisational culture that encourages, supports and influences new ideas and collaborative processes was integral to developing relationships across sectors. This included having an interested manager who endorses and supports this work, as well as having interested and trained staff. Further, having staff that respected others' work and expertise, and recognition of others' limitations, assisted in the process. The fact that the mental health and anti-violence service sectors have not traditionally looked beyond their expertise and client-base has meant any new pathways must challenge workers to move beyond the parameters that had originally shaped the scope of their service provision.

The Australian response

On the whole, the response of governments to the growing body of literature on the link between sexual assault and mental health, and the vulnerability of women with mental illness to violence, has been slow. Over a decade ago, a list of recommendations designed to assist in the provision of appropriate service responses to women was published within the conference proceedings, of the *Women and Mental Health: After Burdekin* conference in 1994. As Alavi (1994) noted, the recommendations specific to sexual assault included:

- Training of mental health professionals on the social and political context of sexual assault, the effects of sexual assault, the appropriateness of psychiatric diagnoses and the need for mental health professionals to use community services and referral systems.
- That there is increased acknowledgement and training of non-medical health workers such as domestic violence and sexual assault workers in relation to the mental health consequences of sexual assault.
- That there be community education programs on the link between sexual assault and mental health and on appropriate standards of care by mental health workers.
- That protocols be established to protect women in care from sexual assault and other abuse.
- That a complaints mechanism be set up, publicised and made accessible for women who experience sexual assault within the mental health system.
- That women can access legal remedies for sexual assault.
- That advocacy groups be established.

While these recommendations have not been adopted across the board, there have nonetheless been some recent and encouraging developments in the areas of policy, service delivery, research and education.

Perhaps the most comprehensive and welcomed study to demonstrate reliably the health impacts of violence was the release of the report by the Victorian Health Promotion Foundation (hereafter "VicHealth") that measured the "burden of disease" caused to women by intimate partner violence. The project's researchers took what we know about the prevalence of current and former partner violence and matched it with population-based research that exposed the health status of women who had also identified as a victim of physical and/or sexual abuse by a partner. The estimates revealed that intimate partner violence contributed to more ill-health and premature death among Victorian women under the age of 45 than any other well known risk factor, such as high blood pressure, obesity and smoking. While the report laid to rest any doubt that the harm caused to women by intimate partner violence is severe, often long-term, and certainly preventable, it also revealed that the "greatest proportion of the disease burden", or the most likely health consequence of violence, "is associated with mental health problems" (VicHealth 2004: 25).

Federal and state policy

The consequences of studies like the one undertaken by VicHealth will need to be adequately reflected in the broad objectives of government policy. At present, the National Mental Health Plan 2003-2008 neglects even to mention violence and certainly does not distinguish it as a priority area. Moreover, while there are two Commonwealth documents that do mention violence – the *Mental Health Statement of Rights and Responsibilities* (1991), which acknowledges both the mental health impact of violence and the vulnerability of people with mental illness to violence, and the *National Standards for Mental Health Services* (1996), which states that "treatment and support offered by Mental Health Services [must] ensure that the

consumer is protected from abuse and exploitation" (Standard 2.2), neither document appreciates the particularly pervasive impact of violence in the home and its profound public health consequences. As Hodges (1997: 24-25) notes: "Mental health policy in Australia has tended to be gender blind . . . whereby gender-neutral language has tended to exclude rather than include women."

While the states and territories have also been slow to speak of sexual assault, either as a determinant of mental illness, or in terms of patients within mental health facilities being vulnerable to assault, there have been some recent indications that this tide may finally be turning.

In Victoria, the first statewide response came in 1997 with the release of a policy document by the Victorian Department of Human Services (DHS) entitled *Victorian Mental Health Services: Tailoring Services to Meet the Needs of Women*. This report clearly recognises that many of the Mental Health Service's female clients may have experienced sexual abuse and that this may or may not be disclosed within treatment.

The report also provided "principles for responsive service" and gives examples of three service responses to the needs of clients who have mental illness and have been sexually abused. These service responses include: ensuring mental health staff are aware of the possibility that their clients have been sexually assaulted and know how to respond appropriately; a peer support group for survivors of sexual assault; and reciprocal training between mental health and sexual assault services.

Estimates revealed that intimate partner violence contributed to more ill-health and premature death among Victorian women under the age of 45 than any other well known risk factor.

A second report produced by the Bendigo Health Care Group, entitled *Crossing the Chasm: Women and the Public Mental Health System in the Loddon Mallee Region* (Fraser and Nunan 1998) considered concerns raised in the DHS report but at a local level. Issues raised by the women who informed the report included: the need for women to be able to choose a female worker to ensure

their feelings of safety; that women found disclosing the abuse was problematic and often traumatic and workers frequently did not know how to respond appropriately; rather than recognising the abuse as a cause of the mental illness, workers often referred women too readily to sexual assault services, which separated the abuse from other conditions the woman experienced; women wanted strong assurances of confidentiality; and women raised issues of safety and feelings of powerlessness within the hospital setting.

As noted earlier, in 2004 DHS implemented a project that aimed to improve client outcomes by facilitating improved relationships and service collaboration between family/domestic violence, sexual assault and specialise mental health services. The project included holding consultations with key stakeholders as well as undertaking a comprehensive literature search. Some of the findings were presented at an awards ceremony that paid tribute to some of the programs and services that had demonstrated "good practice" in terms of working collaboratively on these issues. However, the full report detailing the findings and the analysis of the literature is still keenly awaited by service providers in all three sectors.

More recently, VicHealth (2005) has released a document entitled *A Plan for Action 2005-2007: Promoting Mental Health and Wellbeing* that recognises the impact that violence has on the mental health of people throughout their lives. One of the three key social and economic determinants of mental health and themes for action listed within this document is "freedom from discrimination and violence". The Plan incorporates the findings of VicHealth's 1994 "burden of disease" report, that intimate partner violence is responsible for 9 per cent of the total disease burden of women in Victoria aged 15-44, with anxiety and depression accounting for over 60 per cent of this burden.

In New South Wales the Health Department has recently published their second edition of *Guidelines for the Promotion of Sexual Safety in NSW Mental Health Services* (2004), which deals largely with experiences of sexual assault that occur within the mental health services. Within this document there is a recognition of the fact that many of their service users are likely to have experienced sexual assault in childhood, which makes them more vulnerable to further abuse and also often less likely to disclose abuse if it occurs in the hospital setting. Similar protocols are being developed in South Australia.

One of the most comprehensive responses to date within Australia is the Queensland Government Health Department's *Responding to Sexual Assault and Promoting Sexual Safety Guidelines* (2004). These guidelines are intended to inform policy and procedure development and provide practical advice for responding to sexual assault and promoting sexual safety for women and men within Queensland Health

Inpatient Mental Health Services. The guidelines were developed following successful lobbying from workers within the disability, mental health and sexual assault fields. The guidelines focus on immediate and practical responses to sexual assault occurring within inpatient mental health facilities and include relevant sections of legislation as well as referral and interpreting services information.²

Although neither the New South Wales nor Queensland guidelines provide a comprehensive analysis of the social contexts in which women and men experience violence or background statistics, the Queensland guidelines provide a section highlighting the importance of a gendered and socially contextualised understanding of violence and mental illness, further identifying the majority of victims of sexual assault as female. Additionally, it is assumed that these issues will be more comprehensively addressed in training undertaken by both New South Wales and Queensland mental health staff in relation to their respective guidelines.

Following the release of the Queensland guidelines, implementation workshops to embed the guidelines in inpatient mental health service practice were undertaken across the State in late 2004. Discussions with Mel Shelley from Queensland Health, who is the Senior Project Officer of the project, suggests that the initial training that has occurred has been well received and there is recognition and acknowledgement from both the mental health and sexual assault sectors, of a knowledge gap in these areas. Building on this knowledge and in line with a comprehensive approach to these issues, Mel will be responsible for progressing the development and implementation of training for inpatient mental health services during 2005.

Developing good practice

While specific programs involving collaboration between sexual assault and mental health services are few, some examples of good practice are being established in Australia. In Victoria, there have been a number of smaller programs, which are discussed briefly in the DHS report *Victorian Mental Health Services: Tailoring Services to Meet the Needs of Women*.

More recently the Mallee Sexual Assault Unit, the Mallee Domestic Violence Services and the Northern Mallee Mental Health Unit (Victoria) have collaborated to run a number of projects, two of which have won Victorian Government awards. One of these projects involved the development of multi-level partnerships between the three services. The project involved: the development of formal referral protocols; a portfolio system, whereby a person in each agency was responsible for a certain practice area (domestic violence, sexual assault or mental health) and was the contact and resource person for that area; changes to the Mental Health Service intake and assessment process to identify issues of abuse and facilitate specialist service referrals; collaborative case planning and discharge planning in order to provide ongoing support and counselling for victims of sexual assault and domestic violence, post-hospital admissions, and/or mental health services treatment; reciprocal and regular ongoing small group training; and jointly facilitated group programs for female clients.

The second project to win an award was the eight-week Self Esteem and Assertiveness (SEA) Change group program. This program involved co-facilitated peer support group for women with a mental illness who have experienced sexual assault and/or domestic violence. This project was well received by women, as there was no other form of peer support available for women with similar experiences. The participants were glowing in their praise of the project and many continue to meet outside of the program in order to provide ongoing support and friendship to one another.

Education and training

Education on the interrelationship between mental health and sexual assault is mostly conducted by sexual assault/domestic violence services and state-government health departments. University education in this area appears to be limited to specialised units within post-graduate degrees, which means that many health and welfare practitioners complete their training with little if any knowledge of the impact that sexual and other violence has on the mental health of their future clients. However, again, there are some important and encouraging exceptions.

The Education Centre Against Violence (ECAV) holds accredited training for mental health service providers and sexual assault service providers to encourage cross-sectorial professional development and to reduce the silo approach to managing issues of mental health with experiences of sexual violence. Although located in New South Wales, the training is open to service providers across Australia.³

In Victoria, the Domestic Violence and Incest Resource Centre provides bi-annual training on working with women with mental illness who have experienced family violence. The training is developed and delivered in collaboration with mental health staff. NorthWest Mental Health in Melbourne also has a Training Unit which has taken a lead role in ensuring issues of sexual assault are attended to within the network. The Bouverie Centre delivers annual training on working with sexual assault within a mental health setting via the units training calendar. The training unit also resources the Network for Mental Health Workers Addressing Sexual Abuse Issues. This group meets monthly and aims at supporting clinicians in their work. A staff member of the Bouverie Centre's sexual abuse team delivers the professional development, including case discussions and presentations.

The *Good Practices in Women's Mental Health: Training and Resource Kit*, produced by Healthsharing Women's Health Resource Service (Victoria) provides thorough background information on women's mental health as well as detailed information on providing appropriate and sensitive mental health care for women (Cox 1994). Although this kit has only limited information on violence, and has a Victorian focus, it is unique in its women-centred approach.

Other states are also demonstrating the importance of developing tools to assist with raising community awareness around the issue of sexual assault and mental health. Two booklets have recently been published, aimed at service users that cover the area of mental health and sexual assault. First in South Australia, Shine SA, a sexual health information service, has produced a brochure on sexual health for

people with a mental illness, which includes information on sexual assault.⁴ Queensland Health has also updated and reprinted a booklet entitled *Untangling the Web*, which was originally developed by the Trauma Research Group formed by staff at the Princess Alexandra Hospital in Brisbane. The booklet was developed in consultation with consumers and is designed to assist people with mental illness who have experienced sexual abuse.⁵

Internationally there are also a variety of resources to assist mental health practitioners in working with clients who have experienced sexual assault. In 1992, *Meeting At The Crossroads*, a video produced by the Bureau of Community Mental Health, Wisconsin Department of Health and Family Services, is aimed to raise awareness of the importance of collaboration

between mental health and other agencies. The video includes case studies of survivors, and discussions with individual counsellors and therapists. The video advocates the importance of collaboration and is part of an effort to promote, enhance, and expand effective community-based services for people with mental illness and/or substance abuse issues who have been or currently are experiencing abuse and/or trauma.⁶ More recently, in the United States, a training guide for mental health workers, particularly therapists provides guidelines on screening for and responding to intimate partner violence (Jordan, Nietzel, Walker and Logan 2004).

The participants were glowing in their praise of the project and many continue to meet outside of the program in order to provide ongoing support and friendship to one another.

Paving the way for future collaborations

"Cross-cultural research demonstrates that gender inequality is the most significant cause of men's violence against women. The policy implications for reducing gendered violence seem clear from this research. We need to reduce the gender power inequality between men and women if we are going to effectively address the problem of men's violence." (Bob Pease, Associate Professor Social Work, RMIT University, cited in VicHealth 2004: 28)

Fortunately, much has changed in the way society views women and their mental health since Freud's time. A feminist-inspired approach to understanding the effects of violence on women's mental health, and of the high incidence rate of sexual assault of people living with mental ill-health, has meant greater inroads are now being made to work across sectors that have typically remained siloed in their approach to service delivery.

However, there is still much to be done in raising awareness of how sexual and physical violence – particularly of the nature experienced by women and children in the home and particularly given how pervasive it remains – is having serious and sometimes long-term effects on the health and wellbeing of large numbers of people in our communities.

Armed with the kind of research conducted by VicHealth (2004), governments are in a position to take leadership on this issue and ensure that future policy and practice clearly identifies this relationship and supports the routine development of collaborative programs that result in policy makers, mental health practitioners, and sexual assault and domestic violence workers developing service frameworks that cut across the conventional service boundaries.

According to the Director General of the World Health Organisation (WHO 2002): "We have some of the tools and knowledge to make a difference – the same tools that have successfully been used to tackle other health problems. Violence is often predictable and preventable."

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Endnotes

- 1 Within the mental health literature, there is a range of terms used to describe women with mental health issues. Within this paper the terms "mental ill-health" and "mental illness" are used.
- 2 Interestingly, although Queensland Health has introduced one of the most progressive guidelines to responding to violence within its own department, policy development appears to occur on an ad hoc basis. For example, in 2003 the Queensland Health Department released a report on the social determinants of health, with service guidelines and other accompanying documents that were silent on the extent to which violence impacts dramatically on the health of individuals and on the health of the entire community. This Queensland situation is indicative of the haphazard approach to

policy development in the area of violence against women.

- 3 An up-to-date calendar of their training can be found on the ECAV website at: <http://www1.health.nsw.gov.au/ecav/Courses/>
- 4 This booklet is available from Shine South Australia at: http://shine.esc.net.au/pdf_search.php?site_section=resource_downloads&action=general
- 5 The booklet is available online at: http://www.health.qld.gov.au/mental_hlth/publications/22860dmp.htm
- 6 The video can be ordered at: <http://www.sidran.org/catalog/wime.html> and is also available on loan from the Australian Institute of Family Studies library.

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ACSSA INVITES YOUR VIEWS

The Australian Centre for the Study of Sexual Assault invites readers to discuss the issues raised in this feature article through *ACSSA-Discuss*. In particular, we invite workers across the various sectors to talk online about the current status of their working relationships with each other and whether there is scope for establishing new ways of responding to mental health that takes account of the extent to which high proportions of service-users will have previous histories or current experiences of sexual and/or physical abuse.

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.

ABS 2005 Personal Safety Survey

The Australian Bureau of Statistics (ABS) will be running a Personal Safety Survey from August to November 2005. The survey will expand on the 1996 Women's Safety Survey and will include men for the first time. Funding for the women's component of the survey is provided through the National Initiative to Combat Sexual Assault, and Partnerships Against Domestic Violence, both Australian Government initiatives administered by the Office for Women.

The Personal Safety Survey will provide much-needed data about the experiences of female and male victims of violence and their outcomes. It will also enable analysis of the relative changes in women's personal safety over time, based on the comprehensive national benchmark provided by the Women's Safety Survey.

The broad objectives of the Personal Safety Survey are to provide information on people's safety at home and in the community and, in particular, on the nature and extent of violence against women and men in Australia. It is proposed to collect exactly the same information for women as for men. This will provide a consistent basis for comparing male and female experiences of violence. As with the Women's Safety Survey, the Personal Safety Survey will collect information relating to: physical assault; physical threat or attempt; sexual assault; sexual threat or attempt; stalking; partner violence; general safety and harassment; experience of emotional abuse; experience of child abuse; and socio-demographic information.

All respondents in the Personal Safety Survey will be asked if they have experienced physical or sexual violence (assault or threat) since the age of 15. This information will be obtained for each type of perpetrator (current partner, previous partner, boyfriend/girlfriend or date, other known man or woman, and stranger). If respondents report experiencing violence, they will be asked when the most recent incident by each perpetrator type occurred. More detailed information will then be collected about the most recent incident of physical violence, and the most recent incident of sexual violence by a man and/or a woman, irrespective of how the perpetrator was known to them.

Survey design

The ABS has sought input and advice from a range of expected "users" of the data through a broad consultation process and the membership of a Survey Reference Group.

The survey procedures will largely follow those used for the Women's Safety Survey and will be designed to be sensitive to women's and men's experiences. The survey will use face-to-face interviews, and for those not wishing to proceed in person, the option of a telephone interview will be offered. However, similar limitations will apply in terms of the survey being restricted to private residents which means certain groups in the community are likely to be under-represented (for example, people with disabilities not living in private households; Indigenous communities; people from non-English-speaking backgrounds who fall outside a select number of language groups; prison populations; women in emergency accommodation).

Nonetheless, the survey will be able to produce national and broad level state estimates for women (New South Wales, Victoria, Queensland, South Australia and Western Australia) and primarily national estimates for men. A key aspect of the survey design is providing for reliable comparisons to be drawn between the data on women's experiences from the 1996 Women's Safety Survey and the Personal Safety Survey. Results from the survey are scheduled for release around July 2006.

For further information, email Fiona Blackshaw, Assistant Director, Special Social Surveys, at the Australian Bureau of Statistics: fiona.blackshaw@abs.gov.au

Lawyers from the firm Maurice Blackburn Cashman have established a specialist Sexual Assault Unit

Each edition of *ACSSA Aware* includes a service profile that offers a perspective on current issues relevant to service responses in the area of sexual assault. In this edition, ACSSA speaks to **VIVIAN WALLER**, lawyer and head of the Sexual Assault Unit at the law firm Maurice Blackburn Cashman in Victoria.

The Sexual Assault Unit is the first of its kind in Australia. It is dedicated to helping victims of sexual and physical assault make a civil claim for financial compensation against the person who abused them.

ACSSA: What led to the establishment of the Sexual Assault Unit and when did it commence operations?

VW: I have been helping those who have endured sexual and physical assault to claim compensation for ten years. The area is so specialised that I decided to set up a practice that dealt exclusively with these matters. With the support of the firm it was officially launched in March 2003.

ACSSA: What is the role of the Unit?

VW: The Unit supports men, women and children who have endured rape, sexual assault and /or child abuse. Specifically, the Unit works with each person to recover compensation for any physical or psychiatric harm suffered as a result of abuse. We do this by assessing a person's legal rights and advising if they are able to recover compensation. We act on their behalf in the conduct of their case. If for any reason we can't assist someone, we will let them know at the outset.

We work in three main areas.

Crimes compensation: The Unit runs applications for Victims of Crimes Assistance, a statutory compensation scheme for those who have been the victims of a crime, regardless as to whether the perpetrator was charged or convicted. This used to be called Crimes Compensation.

Alternative dispute resolution: Not everyone wants to start a case. Sometimes people instruct us to try and settle their matter by talking, or to represent them at the alternative dispute resolution processes set up by some of the churches. For example, the Anglican and Catholic Churches have developed their own internal processes for dealing with allegations of sexual abuse by their clergy. Although people may be encouraged to participate in these without a lawyer, it's always better to be represented by someone independent. We have represented many people abused by Catholic Clergy in the Catholic Church's "Towards Healing" process.

Civil claims for compensation: A civil case aims to obtain financial compensation to assist people who have suffered physical or psychiatric harm as a result of physical and sexual assault. Technically, the claim may be for assault, battery, negligence or breach of duty.

ACSSA: How many people work in the Unit? How does the team's understanding of sexual assault inform your work and approach?

VW: There are three experienced personnel working in the Unit at present. I am a solicitor of ten years' experience and have just completed my doctorate in law about psychiatric injury and rules about time limits in relation to child sexual assault cases. I work with an Articled Clerk, Keren Adams, who is soon to become a solicitor, and with Rob Heazlewood, who is the law clerk handling Victims of Crime Applications.

Over the years we have developed a really good understanding of the nature of psychiatric injury arising from sexual assault and particularly how it affects kids. We have seen the long term damage and effects that can last well into adulthood. Another common feature of child sexual assault is the phenomenon of delayed disclosure – that complex web of reasons why kids too often feel they can't speak out about the abuse at the time. Our understanding of this complex area helps us mount arguments as to why these cases should be brought now even though the Courts are inclined to say that too much time has gone by.

ACSSA: What is a civil claim and how does it differ from going through the criminal justice system? Does the victim have to have made a report to police to be eligible to make an application? In other words, who is eligible to make a civil claim in this context?

VW: A civil case aims to obtain financial compensation to assist people who have suffered physical or psychiatric harm. It does not depend on a report to the police nor on police pressing charges. It is completely outside the criminal system. It does not result in the perpetrator being punished but aims to recover an amount of money by way of compensation. It is initiated by the victim/survivor against the perpetrator or against another person or organisation who may be liable. Unlike a criminal matter where the police run the case and don't seek input from the victim, in a civil claim the client calls the shots and runs the case through their solicitor.

ACSSA: Is a claim for financial compensation always made against the offender or are there others who might be liable?

VW: A civil claim can be brought against the perpetrator where the identity and whereabouts of that person is known and they have sufficient assets from which to pay compensation. That is, they must have enough money to pay compensation otherwise there is no point suing them. Claims can be brought against family members, boyfriends, school staff, religious leaders, neighbours or friends of the family. It is common for most women and children to know the person who has assaulted them. Claims can be commenced against strangers too, as long as their location is known and they have assets.

In some cases an organisation is at fault for not taking appropriate steps to protect our clients. For example, an organisation may have ignored earlier complaints or may not have supervised the offender properly. An organisation may have breached a duty of care to our client. We have had successful cases against Catholic and other religious orders, churches, schools, children's homes and government bodies. We have had a number of successful cases against governments who had not supervised state wards properly and failed to protect them from abuse. We have acted for a number of men who have been abused by Catholic priests and other religious clergy.

ACSSA: Why can't every victim of sexual assault make a civil claim against the offender?

VW: Where the offender is dead or has no funds from which to pay compensation there is no point commencing a case against that individual. Sometimes, a person has been assaulted by a stranger. If we can't find out who they are, and the police were not able to identify the attacker, we can't sue them. These are the main reasons why a person may not be able to proceed with a claim.

ACSSA: What cases have been most successful?

VW: We have had a lot of success with cases against governments on behalf of state wards who were neglected in care. For example, we have acted on behalf of many former state wards that were

residents of the children's homes and orphanages. Increasingly we are acting for girls and young women sexually assaulted at school. Also on the increase are claims against individuals such as footballers. Many matters settle on confidential terms so that the general public don't necessarily get to hear about our successes.

ACSSA: What cases pose the most difficulty?

VW: Cases where a child abuses another child are difficult as it is not really possible to sue the offending child. Where the offender is dead or has no assets, it will not be possible to sue that person. Claims against Catholic orders are notoriously difficult as the Catholic Church routinely relies on complex technical defences. Nonetheless we have had many successful claims against Catholic entities.

ACSSA: Can you tell us about the service provided by the Unit. How would victims make contact with you? What is the process for making a claim?

VW: A person can call the unit and provide brief details over the phone so that an initial assessment can be made. If we can help we will invite the caller to attend for an initial appointment where we spend up to a couple of hours talking, assessing and explaining. If a client prefers, this can be done over the phone. We offer a confidential, free and no strings attached assessment of any potential case. In some cases there will need to be a detailed investigation. If we go on to act for a person we are usually able to offer a No Win No Charge arrangement. This means that we will only charge a person where their case is successful. No-one should fail to get legal advice just because they don't have the funds to do so.

ACSSA: Can the Unit only assist victims in Victoria?

VW: At the moment we can only assist people whose cause of action arose in Victoria. That means we can only help those who were assaulted in the state of Victoria, regardless of where they are living now.

ACSSA: Victims of sexual assault often decide against proceeding with a legal response due to the very nature of the process itself. There are often lengthy delays involved; they are sometimes left feeling uninformed about the process; they become distressed about having to repeat the details of the assaults; and they are not always treated sympathetically by the legal professionals involved. How does the Unit, and the process of making a civil claim, offer victims a better deal before the law?

VW: There is no doubt that talking about these things can be very difficult. As the Unit deals only with these kinds of matters the staff are experienced in dealing with people in a sensitive way. We also understand how distressing it can be. Sometimes we are the first person a victim / survivor has disclosed to. It will be necessary for a client to give a history to us. Where a report has already been made to the police we can rely on that statement without putting the client through the process again. It will usually be necessary for a client to attend a psychiatrist so that we may obtain a report. These are usually the most upsetting elements of running a case. We attend to everything else. Unlike criminal cases, most civil cases settle before trial. In the vast majority of cases it is not necessary for the client to give evidence in court.

A civil claim can be lengthy and usually follows a four to six-month investigation, but we keep our clients updated as to our progress.

ACSSA: What should a victim do right now if she or he wants to explore the possibility of making a civil claim?

VW: Give us a ring for a confidential obligation-free chat. Our hours are 9am to 5pm Monday to Friday.

**Sexual Assault Unit, Maurice Blackburn Cashman Lawyers, Level 10, 456 Lonsdale Street, Melbourne 3000.
Website: www.mauriceblackburncashman.com.au**

NSW date rape website

About Date Rape website: produced by the Violence Against Women Specialist Unit, Communities Division, New South Wales, Department of Community Services. Website address: www.aboutdaterape.nsw.gov.au

The Australian Centre for the Study of Sexual Assault is keen to build on its national collection of Good Practice Programs and Responses for Sexual Assault. This online 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.

A recent addition to ACSSA's good practice collection is the *About Date Rape* website, which provides non-judgemental and supportive information to young people seeking help or information about date rape and sexual assault. It particularly challenges the myths and misconceptions about sexual assault and date rape and allows an understanding of the experiences of victims.

The website includes case examples and provides links to appropriate services and other sources of information. The *About Date Rape* website is a component of the "Negotiating Consent Resource Kit", which is a range of resources for teachers and facilitators to discuss safer sexual relationships, negotiating consent and date rape.

The website is considered to be an example of good practice as young people were involved in its design and content. It was also extensively focus tested by young people from metropolitan and rural areas. This type of website is important for young people as research such as the Partnerships against Domestic Violence and National Crime Prevention Program's examination of youth attitudes to sexual assault, "Young People and Domestic Violence" (2001) have found that there was an increase in acceptance of sexual violence in adolescent males. Adolescence is the developmental state when young people are forming their beliefs and experiences about intimate relationships. So this is an opportune time to reinforce the value of non-violent relationships as well as raise awareness of the dynamics, impact and responsibility associated with sexual violence.

The *About Date Rape* website provides a valuable challenge to the increasing acceptance in some young men's attitudes that forcing women to have sex is acceptable. It also ensures that young people are conscious of their rights, are aware of assistance and services available to them as victims of sexual violence and they are enabled and encouraged to access these services.

Submissions invited

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

For more information or to contribute a program by completing the short online questionnaire, contact ACSSA on (03) 9214 7888, or go to www.aifs.gov.au/acssa/gpdb/goodpractice.html For a copy of Sexual Assault Unit's free brochure, send an email to Viv Waller at vwaller@mbc.aus.net. Or phone the Unit on 1800 810 812.

PROMOTING GOOD PRACTICE

SPECIAL EDITION OF ACSSA-AWARE

The special "good practice" edition of ACSSA-Aware that ACSSA is currently preparing features the "highlight" program or project selected by services for their relevant state or territory. This has been done in the spirit of sharing information and experiences across the sector that not only respect good practice, but that are particularly innovative or important models to profile for other services in different parts of the country. *ACSSA-Aware, the special edition - coming soon!*

CONFERENCES

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

Indigenous family violence prevention forum: Men and women working together

Mackay, Queensland
12–13 May 2005

The theme of men and women working collaboratively to address violence in Indigenous communities will be reflected in the forum structure with the workshops co-facilitated by men and women. Major areas of focus for the forum are justice responses and education initiatives. Three keynote speakers at this forum are Magistrate Jacqui Payne; Kerrie Tim, Office of Indigenous Policy Co-ordination and Chris Sarra, Queensland of the Year and Cherbourg State School Principal.

Further information: Administration Officer, Queensland Centre for Domestic and Family Violence Research, Central Queensland University, Boundary Road, Mackay, Qld 4740. Website <http://www.noviolence.com.au/> Phone (07) 4940 7834. Fax (07) 4940 7839.

Safety, crime and justice: From data to policy

Canberra, ACT
6–7 June 2005

This Australian Institute of Criminology conference will provide a venue for participants to network with other practitioners, researchers and policymakers in the criminal justice area. The conference will also give attendees an opportunity to discuss research and evaluation methodologies, problems and issues as well as the opportunity to further explore both the complexities and the specific issues related to evidence-based policy.

Further information: Website <http://www.aic.gov.au/conferences/2005-abs/>

Women in prison conference: Is prison obsolete?

Melbourne, Vic
20–22 July 2005

The "Sisters Inside" 3rd International conference will be held in Melbourne at the Hotel Y. The focus will be on women and prisons, addressing the crucial issues relating to the criminalisation of women, their experience of prison and experiences post their release from prison. The debate over the three days will focus on women in prison, service provision, advocacy, and alternatives to prisons.

Further information: Website sistersinside.com.au/ Phone (07) 3844 5066. Fax (07) 3844 2788. Email admin@sistersinside.com.au

Children and young people as citizens: Participation, provision and protection

Dunedin, New Zealand
7–9 July 2005

Keynote speakers at the Sixth Child and Family Policy Conference are: Sydney Gurewitz Clemens (early childhood practitioner and consultant, San Francisco); Hon Judge Peter Boshier (Principal Family Court Judge, New Zealand); Dr Ruth Sinclair (Director of Research, National Children's Bureau, UK); Bruce Smyth (Australian Institute of Family Studies). Conference themes include participation, provision, protection, culture and ethnicity.

Further information: Children's Issues Centre, University of Otago, PO Box 56, Dunedin, New Zealand. Phone +64 3 479 5038. Fax +64 3 479 5039. Email cic@otago.ac.nz Website <http://www.otago.ac.nz/CIC/CIC.html>

Third National Sexual Assault Response Team (SART) training conference

1–3 June 2005
San Francisco, California

The Office for Victims of Crime (OVC), Office of Justice Programs, US Department of Justice announces that registration has opened for the Third National SART Training Conference in San Francisco. OVC is providing funding to support two types of scholarships for the conference. A limited number of team scholarships for four-member sexual assault response teams are available. Visit www.theiacp.org to request an application for a law enforcement scholarship.

Further information: The Sexual Assault Response Team (SART). Website <http://www.sane-sart.com/>

WIDE annual conference: Poverty, inequality and insecurity: What solutions do feminisms have?

23–25 June 2005
London, United Kingdom

Further information: Website <http://www.eurosur.org/wide/home.htm>

NEWR final conference: Trafficking in women, reproductive rights, political participation and social entitlements

30 June–1 July 2005
Birmingham, United Kingdom

The NEWR Final Conference will be held at the Barber Institute of Fine Arts at the University of Birmingham. It will bring together 200 delegates

from Europe and beyond. The conference will give participants and speakers the opportunity to discuss the results of the NEWR research. For the past three years, researchers from academic and institutional circles, from non-government organisations and civil society have taken part in the research led by NEWR on the four themes of trafficking in women, reproductive rights, political participation, and social entitlements of women in the context of an ever-growing European Union. In this respect, the final conference represents a crucial step towards the dissemination of the NEWR outcomes. It is also an opportunity to widen the network and enable discussions on ways forward.

Further information: Barber Institute, University of Birmingham. Website http://www.newr.bham.ac.uk/general/Conference/newr_final_conference.htm

14th world congress of criminology: Preventing crime and promoting justice: Voices for change

7–12 August 2005
Philadelphia, Pennsylvania,

The conference of the International Society of Criminology will include topics on many criminological issues such as: life-course criminology; restorative justice; prison sentencing policy; biology, neuroscience and crime; drug abuse prevention; and crime problems in different regions of the world.

Further information: Website <http://www.worldcriminology2005.org>

Australasian sexual health conference

22–24 August 2005
Hobart, Tasmania

This conference will be held back-to-back with the 17th Annual Conference of the Australasian Society for HIV Medicine, 24–27 August 2005, in Hobart.

Further information: Email Nicole Robertson, Conference Coordinator, nicole@ashm.org.au. Website www.ashm.org.au/conference2005

International conference on domestic violence, sexual Assault and stalking

3–5 October 2005
Baltimore, Maryland, USA

Topics at this conference include: enhancing management of juvenile and adult sex offenders using a victim-centred approach; protocols for probation officers working with adult sex offenders; community protection issues and risk assessment levels; stalking technology; relationship violence; medical documentation of domestic violence and sexual assault; grants and sustainable programming; juries and gender bias; use of expert witnesses; leadership in law enforcement; abuse of vulnerable adults and mandated reporting; the military's response to sexual assault; and communicating with victims of sexual assault.

Further information: Website <http://www.evawinc.com/baltimore2005.html>

Sexual assault: A holistic approach

30 November – 2 December 2005
Melbourne, Victoria

The third national conference of the Victorian Offender Treatment Association (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: Website vota@dbconferences.com.au

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

Let's Face it

The Man Who Stole My Mother's Face is an award winning film by Cathy Henkel that follows her search for justice and healing for her mother Laura, who was sexually assaulted in South Africa more than a decade ago.

ACSSA reviewed the film, together with the companion website *Let's Face It* (www.themanwhostolemyothersface.com) in the last issue of *ACSSA Aware* (Issue 5). The film was screened for the first time in Australia on the ABC in August 2004 (not 1993 as our editorial suggested – apologies for that embarrassing typo!) and we are delighted to remind readers that Hatchling Productions have recently finished production of *The Man who Stole my Mother's Face* DVD, which is available for sale online at the *Let's Face It* web site.

The DVD includes the feature-length version of the film, updates on each of the main characters 12 months after the film, commentary on the issue of sexual assault (an interview with Dr Melanie Heenan), a photo gallery, New York audience responses, actress Glenn Close comments on the film, and a South African wildlife tour.

Copies can be ordered online at www.themanwhostolemyothersface.com



The following training courses in areas relating to sexual assault are taken from the ACSSA.

Project Respect and Sexual Assault Crisis Line (SACL)

Training on prostitution and trafficking issues for workers in women's services.

Introduction to trafficking issues – Tuesday 26 April 2005: 9.30 am – 4.30 pm.

Working with women in the sex industry – Wednesday 11 May 2005: 9.30 – 4.30pm.

Venue for both training dates: Kathleen Syme Room, Royal Women's Hospital, 251 Faraday Street, Carlton, Melbourne.

Contact: Phone (03) 9416 3401. Fax 9417 0833. Email training@projectrespect.org.au

New South Wales Education Centre Against Violence

The Centre offers a large number of sexual assault courses including:

- Foundations for working with adults who were sexually assaulted as children;
- Who can a man tell? Working with men who have been sexually assaulted;
- Responding to adults and children with a disability who have been sexually assaulted;
- Adult sexual assault in Aboriginal communities.

Contact: Education Centre Against Violence (ECAV). Phone (02) 9840 3737. email ecav@wsahs.nsw.gov.au. View course information and calendar, and apply for courses on the website <http://www1.health.nsw.gov.au/ecav/index.asp>

Victoria: CASA House workshops 2005

- Responding to sexual assault – Level 1
- Responding to sexual assault – Level 2
- Alcohol and drug-facilitated sexual assault
- Working with older women responding to past or current violence (with DVIRC)

Contact: CASA House. Phone (03) 9347 3066. Website <http://www.rwh.org.au/casa/>

Graduate Certificate in Social Science (Male Family Violence)

"No To Violence" offers a range of competency-based training packages for individuals and organisations working with men in the context of violence, particularly towards family members. Applications are now open for the 2005 Graduate Certificates in Social Science (Male Family Violence) for Men's Behaviour Change group facilitators and telephone counsellors.

- Respond holistically to client issues in the male family violence context;

- Work with users of violence to effect change;
- Manage own professional development in responding to domestic and family violence context.

Further information: Phone 61 3 9428. Mobile 0408 761 806. Email lindsay@ntv.net.au. Website <http://www.ntv.net.au>

Criminal profiling workshop: Sex crimes

2–3 April 2005, Gold Coast, Queensland

Forensic Solutions is pleased to sponsor the following two-day training event on the Gold Coast in Queensland, Australia. This workshop is equal parts theory and application. The first day will be dedicated to understanding the investigation of rape and sexual assault. The second day will focus on sexual homicides. Both days will include group work and the examination of case material. This workshop is open to the public, and is strongly recommended for students and professionals.

Further information: Wayne Petherick Phone +617 55951124. Email wpetheri@staff.bond.edu.au. Forensic Science Website http://www.forensic-science.com/seminar_2005.html

Graduate Certificate in Forensic Medicine/Graduate Diploma in Forensic Medicine/Master of Forensic Medicine

Offered by Monash University's Department of Forensic Medicine.

The Victorian Institute of Forensic Medicine (VIFM) was established by the Coroners Act 1985. The Director of the Institute holds the chair of Forensic Medicine at Monash University and the Institute operates as the Department of Forensic Medicine at Monash University. The Department of Forensic Medicine has been an active provider of undergraduate and postgraduate education and has a comprehensive research program.

- Applicants must hold a medical degree and have at least three years experience in clinical medicine;
- Courses are offered by distance education as part-time study;
- No full-time programs are available;
- Not all subjects are available every year;
- All courses are full fee paying.

Further information: Ms Carole Bickle, Course Administrator Victorian Institute of Forensic Medicine, 57-83 Kavanagh Street, Southbank Victoria 3006. Phone (03) 9684 4480. Fax (03) 9684 4481. Email caroleb@vifm.org. Monash University website: <http://www.monash.edu.au/>

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.

For more training courses visit www.aifs.gov.au/acssa/training.html

The following resources are selections from new additions to the ACSSA library collection.

Adolescent offenders

The handbook of clinical intervention with young people who sexually abuse, edited by G. O' Reilly, W. Marshall, & A. Carr, 2004, Psychological Press, Hove, UK.

This handbook includes a range of theoretical and practical information on preadolescents and adolescents who sexually assault. Includes international perspectives and information on working with minorities.

Gang rape in Sydney, crime, the media, politics, race and sentencing, by K. Warner, *Australian & New Zealand Journal of Criminology*, vol.37, no.3, 2004, pp.344-361.

In 2001 and 2002, print, radio and television gave extensive coverage to a series of gang rapes in Bankstown and other suburbs of south-west Sydney. The mass media's coverage of gang rapes by ethnic-minority youth is analysed alongside other racial issues in the media at the time of the arrival of asylum-seekers and terrorism fears subsequent to the September 11 attacks in 2001, to reveal how localised stories of crime become "racialised". The article draws out some of the criminal justice issues from these incidents. The flaws in the sentencing process are explored and a pedagogical role for judges is suggested in relation to the public understanding of crime.

Sexual offending adolescents, a challenge for out-of-home services, by L. March, *Children Australia*, vol.29, no.3, 2004, 3pp.0-34.

An issue of some concern that has emerged in the field of youth welfare in recent years is that of treatment services for young people who are sexually abusive and unable to reside with their families, or other family settings. This issue has been of such concern to staff at St Luke's Anglicare in Central Victoria that a project of review, both of the need for therapeutic intervention and of contemporary practices, was undertaken in the last twelve months. This short paper summarises the specific findings of staff that worked on this practice-oriented project and makes recommendations for future practice with the client group. (Journal abstract)

Attitudes

The impact of past sexual experiences on attributions of responsibility for rape, by G. Mason, S. Riger & L. Foley, *Journal of Interpersonal Violence*, vol.19, no.10, 2004, pp.1157-1171.

This study hypothesised that women with a history of sexual victimisation would not ascribe to rape myths and would not blame the victim. This hypothesis was not supported by the study.

Just sex? The cultural scaffolding of rape, by N. Gavey, New York, Psychology Press, 2005.

Social science research and feminist theories have prompted a radical shift in Western understandings of rape and coercive sex in recent decades. The new phenomenon of date rape now clouds the divide between what is now perceived as rape and what was once considered "just sex".

The word of a woman?, police, rape, and belief, by J. Jordan, Houndmills, Hampshire, Palgrave Macmillan, 2004.

This book examines the pervasive influence of the widely held belief that women lie about rape. Police file data is combined with interviews from both rape survivors and detectives. In this way the author is able to critically explore how this belief affects police officers' responses to women who report rape.

Child sexual abuse

Adult psychopathology and intimate partner violence among survivors of childhood maltreatment, by A. Lang, M. Stein, C. Kennedy, & W. Foy, *Journal of Interpersonal Violence*, vol.19, no.10, Oct, 2004, pp.1102-1118.

This paper examines whether different types of child maltreatment were associated with different long-term outcomes. Female victims of intimate partner violence and females with no history of violence were compared. Current stress and intimate partner violence were associated with childhood abuse. The number of abuse types were associated with adult trauma and psychopathology. The paper concludes that the cumulative effects of abuse experiences need to be considered.

The long-term effects of child sexual abuse by female perpetrators: a qualitative study of male and female victims, by M. Denov, *Journal of Interpersonal Violence*, vol.19, no.10, 2004, pp.1137-1156.

The long-term effects of childhood sexual abuse by a female perpetrator is explored. Both male and female victims reported a range of harmful and damaging outcomes. This study should alert people working with the victims of female sex offenders that the effects of the abuse can be as severe as the impact described by victims of male offenders.

Resources listed in these pages may be borrowed from the Australian Institute of Family Studies library via the interlibrary loan system.

Child maltreatment and perceived family environment as risk factors for adult rape, is child sexual abuse the most salient experience?, by T. Messman-Moore & A. Brown, *Child Abuse & Neglect*, vol.28, no.10, 2004, pp.1019-1034.

This study examined the relationship between child sexual abuse and adult rape victimisation. Child sexual abuse was found to be a risk factor for adult rape regardless of family functioning.

Is there a specific relationship between childhood sexual and physical abuse and repeated suicidal behavior? by M. Ystgaard, I. Hestetun, M. Loeb, & L. Mehlum, *Child Abuse & Neglect: The International Journal*, vol.28, no.8, 2004, pp. 863-875.

Childhood sexual and physical abuse was compared to other childhood negative experiences in relation to chronic suicidal behaviour. Findings confirm that childhood physical and sexual abuse are significantly and independently associated with repeated suicidal behaviour.

Remembering and forgetting childhood sexual abuse, by R. Fivush & V. Edwards, *Journal of Child Sexual Abuse*, vol.13, no.2, 2004, pp.1-19.

This paper explores the phenomenology of memory experiences of women who had been sexually abused as children. Issues in relation to recovered memory are also discussed.

Court procedures

Court licensed abuse, patriarchal lore and the legal response to intrafamilial sexual abuse of children, by C. Taylor, New York, NY, Peter Lang Publishing Inc., 2004.

This book examines flaws in the adversarial legal system through an analysis of the cross examination of child victims of sexual abuse. It presents arguments on how law and psychiatry silence and blame victims of sexual assault. Six trials are studied as textual case studies from a critical, feminist point of view. Trials are seen to enact a narrative template that maintains a patriarchal status quo around intrafamilial child sexual abuse. (See our more detailed review in this issue of *Aware*)

Developing countries

The adverse health and social outcomes of sexual coercion, experiences of young women in developing countries, by D. Ganju, S. Jejeebhoy, V. Nidadavolu, K. Santhya, W. Finger, S. Thapa, I. Shah & I. Warriner, New Delhi, India, Population Council, 2004, www.popcouncil.org/pdfs/popsyn/PopulationSynthesis3.pdf

In September 2003, a global consultative meeting on Non-Consensual Sexual Experiences of Young People in Developing Countries was held in New Delhi, India. This paper summarises the findings of research regarding the association between early

experiences of sexual violence and the physical, mental health and psychosocial outcomes for the young women involved. Findings of studies in various developing countries indicate that females who experience sexual coercion at an early age are more likely than others to experience subsequent non-consensual sex, as well as to engage in risky consensual sexual behaviours both in adolescence and early adulthood. They appear to be more likely to experience unintended pregnancy, abortion and sexually transmissible diseases, and to suffer a higher rate of adverse mental health and psychosocial conditions such as low self-esteem, depression and substance abuse.

Forced sexual relations among married young women in developing countries, by D. Ganju, S. Jejeebhoy, V. Nidadavolu, K. Santhya, W. Finger, S. Thapa, I. Shah & I. Warriner, New Delhi, India, Population Council, 2004, www.popcouncil.org/pdfs/popsyn/PopulationSynthesis1.pdf

This paper summarises the findings of papers presented with regard to the nature and prevalence of sexual coercion within marriage in developing countries. The research suggests that a large number of young women experience forced sex within marriage, but that it goes largely unreported for various cultural reasons. While the nature of coercion varies within different cultural contexts, cross-cultural comparisons reveal a number of striking similarities within different settings. Women found to be most at risk of sexual violence within marriage are those who marry young, those in arranged marriages, and those whose societal norms support a belief in male entitlement to sex. The paper concludes with recommendations for action to be taken to reduce young women's vulnerability to non-consensual sex within marriage.

Non-consensual sexual experiences of young people, a review of the evidence from developing countries, by S. Jejeebhoy & S. Bott, New Delhi, India, Population Council, 2003, www.popcouncil.org/pdfs/wp/seasia/seawp16.pdf

"This review synthesizes the evidence about non-consensual sexual experiences of young people in developing countries, its magnitude and correlates. Studies tend to be sparse and disparate, and the profile depicted here has had to rely on a few pioneering studies, drawn on selected sub-populations of youth. Findings may not be representative and comparability limited and for obvious reasons, responses in standard surveys are not always reliable. Findings suggest that non-consensual sexual experiences are not unknown and that for considerable minorities, including boys, sexual debut itself was coerced. Leading factors that place young people at risk of non-consensual sexual relations or inhibit them from seeking care, taking action against a perpetrator, or withdrawing from a coercive relationship include gender double standards; and a lack of (a) communication and negotiation on sexual matters; (b) a supportive environment; and (c) trusted adults

and peers to consult on sexual health matters”—
Publisher website.

Sexual coercion, young men’s experiences as victims and perpetrators, by D. Ganju, S. Jejeebhoy, V. Nidadavolu, K. Santhya, W. Finger, S. Thapa, I. Shah & I. Warriner, New Delhi, India, Population Council, 2004, www.popcouncil.org/pdfs/popsyn/PopulationSynthesis2.pdf

This paper outlines the findings of papers presented on the experiences of young male victims of sexual coercion, as well as the perspectives of young male perpetrators of sexual assault against women.

Domestic violence

101 ways great & small to prevent family violence: A Victorian resource kit bursting with community-based education projects to end family violence, by M. Finucane & S. Finucane, Domestic Violence and Incest Resource Centre, 2004.

“With a focus on the work of Victoria’s 30 Family Violence Prevention Networks, *101 Ways* was produced to document a diversity of community-based prevention activities around Victoria. The kit includes some notable projects conducted elsewhere in Australia and internationally. It aims to draw out the way projects work; the approaches they take; why they work; some of the key lessons learned along the way; and resources, issues and hot tips for those working in the area. Created against a background of unprecedented cooperation and collaboration around family violence between government and non-government agencies in Victoria, the kit is designed as an action guide and a resource for any organization that wants to work with the community to prevent family violence” (Introduction)

Domestic violence at the intersections of race, class, and gender, by N. Sokoloff & I. Dupont, *Violence Against Women*, vol.11, no.1, 2005, pp.38-64.

This article provides a comprehensive review of the emerging domestic violence literature using a race, class, gender, sexual orientation intersectional analysis and structural framework fostered by women of colour and their allies to understand the experiences and contexts of domestic violence for marginalized women in U.S. society. The first half of the article lays out a series of challenges that an intersectional analysis grounded in a structural framework provides for understanding the role of culture in domestic violence. The second half of the article points to major contributions of such an approach to feminist methods and practices in working with battered women on the margins of society.

Domestic violence, sexual assault and stalking findings from the British Crime Survey, by S. Walby & J. Allen, London, Home Office Research, Development and Statistics Directorate, 2004, www.homeoffice.gov.uk/rds/pdfs04/hors285.pdf

This report presents the findings of a computerised self-completion questionnaire included in the 2001

British Crime Survey to determine the nature and extent of inter-personal violence in England and Wales. The results of the survey show that inter-personal violence is widespread, approximately one third of the population has been affected by inter-personal violence at some time in their lives; one in twenty women have experienced serious sexual assault; and one in five women and one in ten men have been victims of domestic violence. The results also indicate that there are high levels of repeat victimisation, especially in cases of domestic violence.

Drink-spiking

Drink-spiking and sexual assault, innovative approaches to a difficult problem, by M. Costello & C. Blyth, *Australian Social Work*, vol.57, no.3, 2004, 247-258.

The Sutherland Drink-Spiking Project is a collaborative interagency project initiated by the Southern Sydney Sexual Assault Service. Focusing on selected intervention as well as primary and secondary prevention with drink-spiking and sexual assault in southern Sydney, this project is distinctive due to its primary focus on perpetrators, potential perpetrators and their peers. Beyond this, the project also provided an opportunity for social workers to meaningfully engage with and apply innovative project management practice. This is notable since reform initiatives in public sector agencies in New South Wales are encouraging the use of project management practice and social workers need to engage with these ‘new directions’ or risk becoming marginalised. This paper explores The Sutherland Drink-Spiking Project and demonstrates how applying a project management methodology benefited social work practice. (Journal abstract)

Drug facilitated sexual assault in Darwin urban, Darwin, NT, *Women’s Health Strategy Unit, Territory Health Services*, 2004, www.nt.gov.au/health/comm_health/womens_health/dfs/PROTOCOL.pdf

Developed as part of a broader project, the first stage of which was an awareness raising campaign, ‘Watch Your Drink, Yourself and Your Friend’, this protocol has been developed to ensure all victims of drug-facilitated sexual assault receive appropriate treatment and referrals as required; and to improve the current services provided to victims/survivors of drug-facilitated sexual assault by promoting better understanding of the roles and responsibilities of each service provider, which results in appropriate referrals of victims/survivors. The protocol includes information about the extent of the problem of drink spiking, and, as an appendix, a literature review on drug facilitated sexual assault by Liz Kasteel.

Help seeking behaviour

The help-seeking strategies of female violent-crime victims, the direct and conditional effects of race and the victim-offender relationship, by C. Kaukinen, *Journal of Interpersonal Violence*, vol.19, no.9, 2004, pp.967-990.

In this study the author examined the help-seeking behaviour of female victims of crime. The effects of race and victim-offender relationship on this behaviour was also examined. Results indicated that white women and victims of intimate partner crime were engaging in increasing levels of help seeking behaviour.

Indigenous women

Intimate partner violence and sexual assault in Native American communities, by S. Wahab & L. Olson, *Trauma, Violence & Abuse*, vol.5, no.4, 2004, pp.353-366.

This article addressed the problem of intimate partner violence and sexual assault in Native American communities. Different types of interventions are described and examples of interventions are given. It concludes with a brief discussion of the barriers to service accessibility.

Northern outreach report, by Legal Aid Queensland, Brisbane, Qld, Legal Aid Queensland, 2001, www.legalaid.qld.gov.au/publications/northern_report/default.html

The Northern Outreach Report is about an Indigenous client legal needs survey undertaken in remote Cape York and Gulf of Carpentaria communities. It was an initiative of the Integrated Indigenous Strategy Unit, the purpose of which is to assist women who have been victims of violence and sexual assault to gain access to Legal Aid Queensland (LAQ) by breaking down the barriers to mainstream legal services. The report describes the methodology and provides analysis of the requirement for a client needs survey, and consultations undertaken.

International trends

Future trends and developments, violence against women in Europe and East Asia, by M. Hester, *Violence Against Women*, vol.10, no.12, 2004, pp.1431-1448.

In this article the author examined domestic violence, the link between the abuse of women and the abuse of children and prostitution in the United Kingdom, Denmark and China. Transnational links and global or international concerns that may impact on violence against women are also addressed.

Legal procedures

Joint inspection into the investigation and prosecution of rape offences in England and Wales, by Her Majesty's Crown Prosecution Service Inspectorate, Great Britain and Her Majesty's Inspectorate of Constabulary, Great Britain, 2001, London: Her Majesty's Crown Prosecution Service Inspectorate.

The purpose of this inspection was to analyse and assess the quality of the investigation,

decision-making and prosecution by the police and the Crown Prosecution Service (CPS) of allegations of rape. In doing so, its aim was to ascertain, if possible, the reasons for the high attrition rate, and to identify good practice and make recommendations to address this.

Prosecutorial decisions in adult sexual assault cases, an Australian study, by D. Lievore, Canberra, ACT, Australian Institute of Criminology, 2004, www.aic.gov.au/publications/reports/2004-10-decisions.pdf

To inform the evidence base of the Australian Government's National Initiative to Combat Sexual Assault, the Office of the Status of Women commissioned the Australian Institute of Criminology to conduct a multi-jurisdictional study of decisions made by Crown Prosecutors in adult sexual assault cases. The analysis was based on a sample of 141 case files, involving 148 victims and 152 defendants, which were referred to the Offices of the Director of Public Prosecutions (DPP) in five jurisdictions between 1999 and 2001. In addition, interviews were held with 24 Crown Prosecutors who were experienced in prosecuting sexual assault cases. The report includes a brief discussion of the concept of discretion as it applies within the local context; a literature review of current issues and debates in the field; and details of project methods and findings. Appendices include an overview of patterns in sexual assault prosecutions; the process for a typical indictable matter; and an overview of rape myths and reality. The findings suggest that existing prosecution policies and guidelines provide a reasonable safeguard against biased decision-making in sexual assault cases. However, the study highlights tensions between the lawyer's and the 'outsider's' perspective on various matters. (See our more detailed review in this issue of *Aware*)

Media coverage

Picturing a life free of violence: media and communications strategies to end violence against Women, from the End Violence Against Women website, J. Drezin (ed), New York: United Nations Development Fund for Women, 2001.

The materials in this catalogue have been used around the world in public service announcements or awareness-raising campaigns to combat gender-based violence. The materials featured are available from the Violence Against Women Resource Center, Media/Materials Clearinghouse at Johns Hopkins University, and many can be seen on the End Violence Against Women website developed by the Clearinghouse and UNIFEM, at: <http://www.endvaw.org>. The catalogue includes detailed descriptions of selected projects that use innovative communication strategies.

The coverage of rape in the Israeli popular press, by A. Korn & S. Efrat, *Violence Against Women*, vol.10, no.9, 2004, pp.1056-1074.

This article analysed the coverage of two rape cases reported in the Israeli popular press. The reports tended to focus on the victims' behaviour prior to the rape and identified them as 'bad girls'. The newspaper reports supported the myth that sexually active women cannot be raped and were 'asking for it'.

Framing abuse, media influence and public understanding of sexual violence against children, by J. Kitzinger, London, Pluto, 2004.

This book examines how the media shape the way we think about the sexual abuse of children. It combines in-depth analysis and interviews with journalists, campaigners, abuse survivors and a cross section of the general public.

Framing the victim, domestic violence, media, and social problems, by N. Berns, Hawthorne, N.Y., Aldine de Gruyter, 2004.

In this book the politics and processes that shape how we understand and respond to social problems are explored. It describes how victims of domestic violence are often falsely blamed by the media for the crimes committed against them. The author recommends that the focus should be less on the victim and more on the abuser.

Medical responses

Managing adult sexual assault, by A. Williams, *Australian Family Physician* vol.33, no.10, 2004, pp.825-828.

It is estimated that only 15-20 per cent of women who have been sexually assaulted report to police and therefore the real incidence of sexual assault unknown. Once reported, acute cases of sexual assault (within 72 hours of the allegation) may undergo a forensic medical examination to document injuries, collect forensic specimens and provide an opinion to be used by the criminal justice system. Dealing with a sexual assault case is easier and more efficient when the treating doctor has a good understanding of the issues involved in adult sexual assault and how to obtain crisis care for the victim. Early management of a victim of sexual assault, regardless of whether they want to report to police, is important for minimising associated risks, and documenting injuries and obtaining forensic specimens. This article outlines the process of a forensic medical examination as well as providing a management flow chart for medical practitioners who are caring for a victim of sexual assault who does not wish to report to police. (Journal abstract, edited)

Offenders

Gender differences in adolescent and young adult predictors of later intimate partner violence, by P. Chen & H. Raskin White, *Violence Against Women*, vol.10, no.11, 2004, pp.1283-1301.

This article examines the risk factors of perpetration and victimisation of intimate partner violence among young men and women. Alcohol abuse and other negative social affects were risk factors of perpetration for both men and women. There was no common predictor of victimisation for both genders.

Therapeutic jurisprudence and sex offenders, a psycho-legal approach to protection, by A. Birgden, *Sexual Abuse*, vol.16, no.4, 2004, pp.351-364.

There exists an uncertainty in society about whether sex offenders should be punished or treated. A psycho-legal approach is suggested where treatment, assessment and management can be addressed. Therapeutic jurisprudence which emphasises an increase in therapeutic effects and a decrease in anti-therapeutic consequences of the law, is suggested as a possible framework for community and offender protection.

Personal safety

Making a case for personal safety, perceptions of vulnerability and desire for self-defence training among female veterans, by W. David, A. Cotton, T. Simpson & J. Weitlauf, *Journal of Interpersonal Violence*, vol.19, no.9, 2004, pp.991-1001.

Female military personnel in the United States armed forces are victims of high rates of sexual harassment, sexual and physical assaults. A sample of these women currently undergoing mental health treatment for post-traumatic stress disorder were assessed on their perceptions of vulnerability and the desire for personal safety. The study found that the women believed self-defence training would help in their recovery, especially in the areas of self-confidence, self-esteem and personal safety.

Professional training

Intimate partner violence, a clinical training guide for mental health professionals, by C. Jordan, M. Nietzel, R. Walker & T.K. Logan, New York, Springer Pub. Co., 2004

This training manual provides generalist clinicians and mental health professionals with manageable, concrete guidance for providing care in instances of intimate partner violence.

A national protocol for sexual assault medical forensic examinations, adults/adolescents, [Washington, D.C.], U.S. Dept. of Justice, Office on Violence Against Women, 2004, www.ncjrs.org/pdffiles1/ovw/206554.pdf

This protocol provides guidelines for criminal justice and health care practitioners responsible for dealing with the immediate needs of sexual assault victims. It outlines the role of health care providers, advocates, law enforcement representatives, forensic scientists, and prosecutors.

The protocol emphasises the need for collaboration between agencies in providing the best possible treatment and support for victims, as well as in collecting evidence necessary for the identification and punishment of the sex offenders.

Sustaining and containing the learning: the network for mental health workers addressing sexual abuse issues, by D. Dureau, In: Robertson, Sadie et al, eds. From rhetoric to reality: book of proceedings, 13th annual The MHS Conference, 3-5 September 2003, Canberra, Australia. Balmain, NSW: The Mental Health Services Conference Inc. of Australia and New Zealand, 2004, p120-124.

How can clinicians sustain the learning and enthusiasm generated from a workshop long enough for it to be translated into effective practice? This paper describes the Network for mental health workers addressing sexual abuse issues, an initiative developed by North Western Mental Health. Outcomes to date include the creation of a policy document on sexual assault disclosures of registered consumers for incidences of past child or adult sexual assault, regular attendance at monthly meetings, the employment of a convenor with specialist skills and positive feedback from participants.

Referral centres

Sexual Assault Referral Centres, developing good practice and maximising potentials, by J. Lovett, L. Regan & L. Kelly, London, Home Office Research, Development and Statistics Directorate, 2004, www.homeoffice.gov.uk/rds/pdfs04/hors285.pdf

This report provides a brief history of the development of Sexual Assault Referral Centres (SARCs) in Great Britain. The range of services offered and the way in which they are provided by each of three SARCS are described. The report compares access to services, forensic examination and follow-up medical services, support, advocacy, and counselling. Assessments of SARCs by both service users and service providers are included.

Rural communities

Linking Women with Safety Across the Communities Inc, by K. Galvin, *Women Against Violence*, no.15, 2003-2004, pp.59-60.

The Linking Women With Safety Across the Communities INC (LWWSAC) is a community driven service with the aim of increasing the safety of women, children and families in situations of domestic violence across six rural communities in the Orana Far Western region of New South Wales. LWWSAC aims to provide, coordination of services; community education about violence; recognition of the diversity of women; community capacity building; and increased access services by Aboriginal women.

Public secrets/private pain, by C. Taylor, *Women Against Violence*, no.15, 2003-2004, pp.12-21.

It is an interesting contrast. On the one hand society has never been so aware and conscious of child sexual abuse and sexual violence against women and children, but despite this awareness the degree of denial, victim blaming, prejudice and ignorance around sexual abuse continues to pose challenges for those affected by such violence and those who work and research in this field (Taylor, 2002). This paper is concerned with identifying and articulating some of these ongoing challenges within a rural domain. Given both the author's grass-roots involvement, activism and professional work in the field of sexual assault against women and children, this paper draws on relevant research literature concerned with sexual violence and rural communities, before utilising a case study and vignettes obtained either directly from victim/survivors' or from the author's research in issues of sexual assault. It is my intention to bring together a small sample of experiences relating to sexual violence within rural domains to elucidate the very real and ongoing challenges that face those victim/survivors. (Journal abstract)

Working with survivors of sexual assault, attitudes and beliefs of rural health and welfare workers, by M. Radcliffe, R. Green & S. McLaren, *Women Against Violence*, no.15, 2003-2004, pp.22-29.

The central purpose of this study was to explore the attitudes and beliefs about sexual assault of health and welfare professionals in a rural area. These front line staff are often the professionals to whom a woman discloses her story, yet many generalist health and welfare workers feel ill equipped to deal with such disclosures. This study sought to understand the frameworks and beliefs held by ►

Women Against Violence Journal

Next issue out soon

The *Women Against Violence Journal* is a national journal examining issues relevant to the work to stop violence against women. The journal is founded on the belief that those working

against violence against women welcome the opportunity to document initiatives, policy and practice development and encourage debate. The journal reflects a feminist philosophy and a social justice framework.

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Visit the CASA website at www.rwh.org.au/casa/ and click on to Women Against Violence Journal.

generalist health and welfare workers about sexual assault. The findings of this study indicate that attitudes and beliefs of many participants included theoretical frameworks that ignore the role of power and gender, and are based on myths and assumptions about the behaviour and/or psychology of victim/survivors and perpetrators. Such beliefs have an impact on outcomes for survivors, and the quality of service offered to them, and indicates a need for comprehensive further training for health and welfare workers about sexual assault. Participants also lacked confidence in their ability to work effectively with survivors, although they clearly understood the long-term effects of experiencing sexual assault. (Journal abstract)

Sexual exploitation

Women at risk in sex work: strategies for survival, by P. Pyett, & D. Warr, *Journal of Sociology*, vol.35 no.2, 1999, pp.183-197.

This paper reports findings from a qualitative study of female sex workers who were identified as particularly vulnerable to risks to their sexual health and physical safety. In-depth interviews were conducted with 24 women to explore issues of safe sex and risk management in relation to their work, health and private lives. The main risks identified were client violence and client resistance to condom use. Non-use of condoms with private partners also placed many of these women at risk of STDs and HIV. Various approaches to avoidance or management of risk are described. The degree of control individual women were able to exert during sexual encounters with clients was affected not only by the legal context of sex work but also by the age, experience, self-esteem and self-confidence of the women and by their drug use at the time of the encounter. For some of these women, problems associated with homelessness, drug use and extreme social isolation far outweighed the risks associated with sex work. (Journal abstract) ➤



The Australian Domestic and Family Violence Clearinghouse is a national information resource for all workers involved in responding and preventing domestic and family violence. The Clearinghouse acts as a central point for the collection and dissemination of information about policy, practice and research concerning domestic and family violence.

Services

The Clearinghouse provides a range of services to inform and provide up-to-date information about key issues and service system responses:

- **A library and information service** is available to assist workers locate the most relevant information on a specific subject matter.
- **Publications** are regularly produced to report on current research, innovative practice and knowledge about effective responses to domestic violence. This is achieved through the publication of Issues Papers, Newsletters, and Occasional research papers.
- **Website – www.austdvclearinghouse.unsw.edu.au**
The website includes online access to reports and resources through:
 - research and resources database
 - state based resources (including legislation links) page
 - good practice database
 - links page
 - news page
 - topics papers

Research

The Clearinghouse has the capacity to undertake research projects. We have recently finalised our first qualitative research study *Staying Home Leaving Violence* which examined whether it is possible for women leaving violence to stay in their own homes.

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Please join our free mailing list by emailing, phoning or faxing us according to the details listed below, or subscribe to *Email alert* by accessing the “subscribe now” button on our home page.

The Australian Domestic and Family Violence Clearinghouse is funded by Partnerships Against Domestic Violence. It is located within the Centre for Gender-Related Violence Studies at the University of New South Wales.

CONTACT

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Sexual harassment

Evaluating sexual harassment: psychological, social, and legal considerations in forensic examinations, by W. E. Foote & J. Goodman-Delahunty, 2004, Washington, DC: American Psychological Association.

Contents include: discussion of sexual harassment as an evolving social-psychological phenomenon; a review of the characteristics of harassers, harassment contexts, and overviews harassment theory. The practical, legal and ethical issues are also explored as is the potential for alternate dispute resolution to deal with sexual harassment claims.

Sexual harassment in employment: workers still exposed, by Job Watch [electronic resource], Melbourne, Vic: Job Watch, 2004.

Topics include: sexual harassment; sexual behaviour; sexual assault; employment; employees; working conditions; grievance procedures; legislation; statistics; statistical analysis; and case studies. Available at: www.jobwatch.org.au/jwissues/sexharass0407.pdf

Statistics

Measuring violence against women, a review of the literature and statistics, by J. Phillips & M. Park, Canberra, ACT, Parliamentary Library, Parliament of Australia, 2004, www.aph.gov.au/library/INTGUIDE/SP/ViolenceAgainstWomen.htm

This electronic brief aims to draw together major resources, research and studies on violence against women and sexual assault in Australia, and a selection of the major international surveys. ►

PREVIEW

ACSSA publications

Briefing Paper 5

Available now!

ACSSA's fifth Briefing Paper addresses the issue of trafficking in human beings, a phenomenon that is both large-scale and growing. It is a human rights abuse as well as a crime, crossing international, national and regional jurisdictions. Trafficking can be for a wide variety of purposes, such as domestic, agricultural or sweatshop labour, marriage and prostitution. Recent years have seen many changes in international and national responses to, and legislation on, trafficking in persons. In the fifth Briefing Paper we review some of the theoretical approaches to trafficking for the purposes of sexual exploitation, as well as legislative, policy and service responses. We aim to provide an overview of recent developments and navigate the varied and often opposing modes of analysis surrounding the issue. ACSSA intends this paper to serve as an informative resource for services, policy makers and researchers on the subject of trafficking in women for sexual exploitation in Australia.

Issues Paper 2

Available now!

In response to broad enquiry from sexual assault services around Australia, Issues Paper 2, by Liz Olle, looks at the range of formal inter-agency health sector protocols that currently exist to guide service responses to victim/survivors of sexual assault, throughout Australia's different states and territories. The specific protocols reviewed tend to be those that guide interaction between medical, counselling and police services who respond to sexual assault in terms of crisis care and, sometimes, beyond.

Issues Paper 3

Available now!

Issues Paper 3, by Monique Keel, Lara Fergus and Melanie Heenan, provides a review of some of the major themes and issues that emerged during the recent "Home Truths" Conference held in Melbourne on 15-17 September 2004. The paper aims to convey the hum of ideas that were expressed and challenged throughout the three days. We aim to highlight how delegates variously responded to new ideas or challenges, and to consolidate what areas participants say are obvious next steps for governments, policy workers, service providers and communities to extend their collective efforts. The paper will also serve both delegates and non-delegates in navigating what are identified as the critical issues surrounding sexual violence at the local, national and international level, and in providing a record of the kinds of outcomes reached by participants that suggest future directions or agendas.

Topics covered include, whether violence against women is growing; whether victims know the perpetrators; injuries to women in cases of sexual assault; state and territory comparisons; whether victims access support services; outcomes of the criminal justice system; women's fear of violence; economic, social and health costs of violence against women; at risk groups. Links are provided to resource centres and websites.

Sexual assault in Australia, a statistical overview, Melbourne, Vic, Australian Bureau of Statistics, 2004.

This report presents a 'snapshot' view of sexual assault in Australia. Measures for prevalence, individual experiences, responses provided and resultant outcomes are given. Chapters also cover the conceptual framework for sexual assault in Australia, experience-based definitions and offence-based definitions of sexual assault and an examination of disclosure, non-disclosure and

reporting to police and service providers. Data quality issues and gaps in the data currently available are highlighted.

Wife rape

Studying wife rape, reflections on the past, present, and future, by R. Kennedy Bergen, *Violence Against Women*, vol.10, no.12 Dec. 2004, pp.1407-1416.

This article provides a brief description of research into wife rape. In the past there was virtually no research or scholarly information on this subject. Whilst the situation is somewhat better in the present, it is far from adequate. In conclusion the author highlights three areas of concern that need to be addressed in the future: first, the effects of wife rape on children; secondly, research on wife rape within the criminal justice system; and third the undertaking of a large-scale, national study of the diverse populations of women who are victims of wife rape.

Contribute to ACSSA Aware

Service providers, researchers and those interested in working against sexual assault are encouraged to contribute to the ACSSA *Aware* newsletter. We are interested in short reviews (no more than 1500 words) of books, conferences, workshops and projects. We will also consider more substantial articles (no more than 5000 words) on significant issues in understanding, responding to, or preventing sexual assault.

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

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

We welcome your feedback

Australian Centre for the Study of Sexual Assault

Help to shape the work of the Australian Centre for the Study of Sexual Assault. We are interested in hearing your views on the best way to meet the needs of our stakeholders. If you have any comments on services that could be offered, possible topics for publications or areas of research, please fill in the section below and return it to the Institute. Comments can also be provided online 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 *National Initiative to Combat Sexual Assault*. ACSSA provides stakeholders with a variety of services (see below). ACSSA is located at the Australian Institute of Family Studies in Melbourne.

Resources

ACSSA is building a collection of publications and best practice literature, reports, and training resources to inform initiatives and programs directed at improving the understanding of, and response to, sexual assault. These materials are available for browsing at the Australian Institute of Family Studies 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 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



◀ Details overleaf

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

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