

## No Longer Silent

# A study of women's help-seeking decisions and service responses to sexual assault

A report prepared by the Australian Institute of Criminology  
for the Australian Government's Office for Women

June 2005



Australian Government

Department of Family and Community Services  
Office for Women

# Women



Dr Denise Lievore



Australian Government  
Australian Institute of Criminology



# Contents

<b>Acknowledgements</b>	<b>IV</b>
<b>Executive Summary</b>	<b>V</b>
<b>1 Introduction</b>	<b>2</b>
Terms used in the report	3
<b>2 Help-Seeking Decisions of Sexual Assault Victim/Survivors: A Literature Review</b>	<b>6</b>
A model of rational decision-making	8
Naming sexual assault	10
Studies of help-seeking behaviour	11
Other influences on decision-making: Legal personnel and information	16
Conclusion	18
<b>3 Eliciting and Analysing Survivor Testimonies</b>	<b>20</b>
Procedure, sample and analytic approach	20
Descriptive statistics	22
Summary	26
<b>4 Circumstances of First Disclosure</b>	<b>28</b>
Unsolicited disclosures	28
Solicited disclosures	29
Rescues	30
Naming sexual assault	30
What was needed on disclosure and were those needs met?	31
Summary	32
<b>5 Reporting to Police</b>	<b>34</b>
Reasons for not reporting	34
Decisions to report to police: self-reports	34
Reasons for reporting	35
Decisions to report to police: reported to police by another person	36
Perceptions of the criminal justice system	36
Summary	38
<b>6 Case Attrition and Disposition</b>	<b>42</b>
Case disposition	42
No charges laid	42
Factors shaping women's decisions	46
Summary	49
<b>7 What was Helpful and Unhelpful About Interactions with Criminal Justice and Associated Agencies</b>	<b>52</b>
Police	52
Prosecutors and DPP staff	55
Other criminal justice agencies, processes, or personnel	57
Summary	59

<b>8</b>	<b>Knowing What You Know Now...</b>	<b>62</b>
	Likelihood of reporting again	62
	Advice to other women	63
	Summary	64
<b>9</b>	<b>Helpful and Unhelpful Responses from Non-Legal and Informal Support Providers</b>	<b>66</b>
	Sexual assault centres	66
	Other non-legal support services	69
	Family and friends	70
	Self-help	73
	Women who utilised additional support services but received no informal support	74
	Summary	76
<b>10</b>	<b>The Ripple Effect</b>	<b>80</b>
	Summary	83
<b>11</b>	<b>Stakeholder Perspectives on Victim/Survivor Decision-Making</b>	<b>86</b>
	Mainstream sexual assault services	86
	Victim/survivors with disabilities	95
	Women from non-English speaking backgrounds	102
	Indigenous women	109
<b>12</b>	<b>Victim/Survivor Decision-Making: Discussion and Recommendations</b>	<b>118</b>
	The dynamics of help-seeking decisions	118
	Supporting women's decisions to engage with the criminal justice system	119
	Changing the messages: Recommendations	120
<b>13</b>	<b>Approaches to Service Delivery: A Brief Literature Review</b>	<b>124</b>
	Interagency protocols for sexual assault: the Australian context	125
	Implementing coordinated responses to sexual assault	126
	Evaluations of coordinated responses	127
	Summary	129
<b>14</b>	<b>Sexual Assault Workers' Views on Service Provision</b>	<b>132</b>
	Protocols and service models	132
	Interagency links and leadership	133
	Intersectoral training	136
	Sexual assault workers' perceptions of coordinated service delivery	136
	Promoting coordinated service delivery: What works	139
	Impediments to coordinated service delivery	140
	Summary	143
	Recommendations for facilitating coordinated community responses	146
	Summary	149

<b>15</b>	<b>Assisting Victim/Survivors to Make Informed Decisions</b>	<b>152</b>
	Conclusion	154
	<b>References</b>	<b>155</b>
	<b>Appendix A: Service Providers Participating in consultations</b>	<b>160</b>
	<b>Appendix B: Interview Schedule for Victim/Survivors</b>	<b>161</b>
	<b>Appendix C: Consultations with Service Providers</b>	<b>165</b>

## Acknowledgements

I wish to express my sincere thanks to the numerous people who were involved in formulating, implementing and completing this study.

Profound thanks and admiration are extended to the victim/survivors who had the courage to speak candidly to a stranger about their experiences. Your strength in sharing your experience has immeasurably enriched our understanding about what is involved in obtaining help after a sexual assault.

The efforts of the many people in the sexual assault and victim services sector who supported the study are greatly appreciated. They include members of the National Association of Services Against Sexual Violence, whose backing was integral in initiating the project, and workers in the sexual assault, disability, Indigenous, immigrant women's services and other related services, who recruited interviewees, participated in consultations, provided feedback on various aspects of the study and cared for the well-being of the researchers.

Dr Holly Johnson made a significant contribution to this report by providing input and advice on the methodology and draft report, conducting interviews with victim/survivors and consultations with service staff, and through her unstinting personal support and encouragement. Her willingness to collaborate and to share her considerable expertise has deepened the author's understanding and enhanced the analysis in so many ways.

Finally, I wish to acknowledge the support of my colleagues Dr Katherine Anderson, Dr Judy Putt and the staff of the JV Barry Library.

Funding for this report is provided through the National Initiative to Combat Sexual Assault – an Australian Government Initiative administered by the Office for Women.

# Executive Summary

## Background

In 2004 the Australian Government Office for Women (OFW) commissioned the Australian Institute of Criminology (AIC) to conduct a qualitative study of victim/survivor decision-making and coordinated responses to adult sexual assault. The research addresses gaps in knowledge about the social and personal contingencies that influence victim/survivors' help-seeking behaviour and their decisions in respect of the criminal justice system and on the efficacy of coordinated service responses to sexual assault. One of the primary aims of the study is to provide information for service providers so that they can offer suitable support to help victim/survivors make informed decisions about whether to pursue legal redress.

This report makes a number of original contributions to knowledge, including a fine-grained analysis of social, situational and personal factors that influence decisions to seek help from formal and informal support sources; taking up the added complexity of help-seeking decisions for survivors with disabilities and from Indigenous and non-English speaking backgrounds; and addressing the scarcity of research on coordinated approaches to service delivery in the Australian context.

## Methodology

The research had two components. The first part examined social and personal factors that impact on victim/survivors' decisions to seek help from various sources, including whether to pursue legal redress, which support services were perceived as helpful or unhelpful, and recommendations on ways of improving criminal justice responses. Semi-structured interviews were conducted with 36 female victim/survivors of adult sexual assault who were recruited through sexual assault services across Australia. To complement the women's narratives, sexual assault counsellors were asked to give their views on factors that influence women's decisions to report sexual assault to police and to continue through or withdraw from the criminal justice process. Consultations were conducted with 65 individuals representing twenty-three services across Australia, including specialist service providers working with women with disabilities or from Indigenous and non-English speaking backgrounds (NESB).

The second component of the study collected qualitative information on sexual assault workers' perceptions of the efficacy of coordinated service provision and their recommendations for improving service delivery. Fifty-five staff at fourteen sexual assault services across Australia were consulted about their experiences of collaborating with criminal justice and forensic medical personnel.

## Initial disclosures

The interviews with victim/survivors demonstrate that first disclosures often reflect the dynamics of and opportunities offered by women's social contexts, their informal social networks, and their social location. In many cases help-seeking decisions were fundamentally shaped by the context of the sexual assault or the social context in which disclosure was possible. The findings highlight the instrumental role of informal social networks and health providers in facilitating further help-seeking from formal sources, including police. The interviews revealed three distinct disclosure patterns with differing motivations and degrees of choice.

Disclosure was not always a conscious decision or planned action and not all survivors had a clear objective in disclosing. Those who did were primarily motivated by the need for safety, protection and support; not wanting to be alone; or were seeking information to help them to clarify their understandings about the nature of the assault. Most women's needs on initial disclosure were met.

## Reporting to police

The recipients of sexual assault disclosures act as vital information sources for victims on how to behave in situations of crisis, ambiguity or fear. Decisions to report to police were often made after other people confirmed that this was a serious criminal victimisation and that they would support the woman if she decided to bring the matter to police attention.

- Six of the 36 women did not report the sexual assault(s) to police. The primary reasons for not reporting centred on women not naming intimate partner violence as sexual assault, fear of retribution, and fears about confidentiality and disbelief.
- Thirty reports were made to police, with 17 women reporting on their own behalf. Most women gave multiple reasons for reporting, with the most common responses being that they were encouraged to report by a friend or counsellor, or that they had no hesitation or doubt, because they did not blame themselves, saw it as their duty to report, wanted justice, or feared for their safety.
- For 13 of the women, the reports to police were made by other people. Nine of these women felt comfortable about someone else reporting on their behalf, but the other four women would not have reported of their own volition and felt the decision had been taken out of their hands.

Regardless of whether a sexual assault was reported to police and who reported it, most interviewees expressed concerns or had negative perceptions about becoming involved in the criminal justice process. Primary concerns about reporting were underpinned by fear: fear of disbelief, police attitudes, about confidentiality, being blamed for precipitating the assault, of their personal or criminal history being used against them, of the legal process, and of the adverse consequences of reporting. A number of women experienced negative social reactions from police and others, which deterred further help-seeking in some cases.

### Case attrition and disposition

In this sample attrition was primarily the result of filtering by criminal justice agents or processes. In general, once a decision was made to report to police, the women were committed to following through on this course of action and rarely wanted to stop the process. Some women experienced some degree of doubt about whether to commence or continue with legal proceedings, but their hesitation was allayed after discussion with supportive others or simply by getting through a period of anxiety.

The interviews raised questions about the extent to which women's decisions to either enter into or withdraw from the process were matters of free choice, informed choice, or a choice between equivalent outcomes. In general, the women's information needs were not adequately met and they felt that they lost control once they entered the criminal justice system. Some women's options were reduced when decision-making was taken out of their hands. Lack of information about their options or the criminal justice process limited their capacity to make informed choices that were appropriate to their own circumstances and, in the worst case, contributed to secondary victimisation during the legal process.

### What was helpful and unhelpful about interactions with criminal justice and associated agencies

A small number of factors contribute to women's perceptions that their interactions with police, prosecutors and forensic officers were helpful. These factors include belief, respect, information and being taken seriously, as denoted by police taking swift action. While some women encountered individuals who were compassionate and knowledgeable about sexual assault, the majority were either disillusioned or further harmed through their involvement with the criminal justice system. Of major concern is the number of women who encountered misogynistic attitudes, or felt "fobbed off" or that they were "wasting" criminal justice officials' and doctors' time.

The most highly valued aspect of the criminal justice system stemmed from comments made by magistrates or judges presiding over victim compensation schemes: this was often the only form of belief and validation the women received throughout their involvement with the system.

### Knowing what you know now...

The 30 women who had some involvement with the justice process were asked whether they would report a sexual assault to police again. Seven women said they would not report again, often because they received neither substantive nor procedural justice. While the majority said that they were likely to report again, this was often subject to some type of qualification; some responses were equivocal at best.

None of the women explicitly stated that they would advise another woman against reporting sexual assault to police. Their responses highlight firstly, that it is crucial for women to regain control and make their own decisions about what steps are necessary to advance their personal well-being and secondly, that decision-making is facilitated by social support and knowing what options are available. They also point to the value of speaking out about sexual assault, rather than remaining silent, whatever the reporting decision.

### Helpful and unhelpful responses from non-legal and informal support providers

While a substantial number of the women said they had received help from a range of formal and informal support sources, there were clear variations in the quality of support, or the overall helpfulness of different sources. The specialised training and knowledge of sexual assault counsellors was highly valued by the majority of the women while, in the main, other formal helping agencies, such as medical and mental health services and not-for-profit community organisations that offer counselling, crisis help lines, or accommodation, were perceived to be less helpful and less empathetic and were subject to more criticism.

In relation to informal support networks, the women were more likely to disclose to friends than family members and to perceive them as more helpful and supportive than family members. While some friends and family members were patently unsupportive and unhelpful, it appears that the majority wanted to help but were often unsure about what to do or say.



Seven women who lacked informal support sources and had poor mental or physical health indicators sought additional formal help from services in addition to police and sexual assault services. These women's stories are consistent with research that shows that violence is a prevalent and serious contributor to the burden of disease among women. Women who have fewer social supports and financial resources, or a lesser ability to protect themselves, may be particularly vulnerable to violence and its health impacts.

## The ripple effect

Traditional criminological approaches to the under-reporting of sexual assault are based on the view that survivors' major decision is whether or not to invoke the criminal law. However, the interviews revealed that sexual assault affects every domain of survivors' lives. In the immediate or longer-term aftermath of sexual assault, the question of legal redress is only one of a range of decisions faced by women whose lives have been completely disrupted and are marked by loss.

## Stakeholder perspectives on victim/survivor decision-making

Sexual assault services help victim/survivors with decision-making around a variety of issues by offering information, support and advocacy. They do not direct women towards any particular outcome, as best practice is to provide information and offer choices that help them to regain control. Once women enter the criminal justice system, their support and information needs may change over time or across situations, while an additional range of factors comes into play with the involvement of different criminal justice agencies.

Criminal justice agencies and the media play a powerful role in defining women's realities and sending messages about sexual assault. High attrition and low conviction rates, the perception that sexual assault is very difficult to prosecute and that judges are isolated from social reality, as well as the moralistic tone of media coverage, send discouraging messages to victims, but are highly encouraging to offenders. The media are particularly influential in rural areas.

Women with disabilities face distinct issues in respect of sexual victimisation, choice, and participation in the criminal justice system. In particular, women with intellectual disabilities are offered fewer choices in life than women in the general population and their capacity for decision-making is further reduced by a criminal justice system that is generally exclusionary of people who are disadvantaged intellectually or in other ways. The attitude of service providers is a major factor in the decisions made by

these women. Misunderstandings about intellectual disability perpetuate harms at the group level, as many members of the legal profession are unable to see past disability and focus on survivors' capacities.

Consultations with service providers indicate that women from non-English speaking backgrounds (NESB) face different issues depending on their pre-migration experiences. Having said this, many NESB communities in Australia come from collectivist cultures and this can have a profound effect on the way that decisions are made and on the appropriateness of dominant service models, which are geared towards women from the dominant culture. NESB women are doubly disadvantaged by poor outreach from the mainstream sector and by community silencing. The choices of many immigrant women are constrained and shaped by their alienation from a range of legal, health and victim services.

Consultations with services that work with Indigenous women reveal that their help-seeking decisions are often more communal and community-focused than in the dominant culture. Disclosure decisions are heavily influenced by geographical and social isolation, kinship structures, the intergenerational nature of sexual assault, mistrust of service providers, particularly the criminal justice system, and the prospect that the victim will be further harmed by disclosing the assault. Help-seeking may compound rather than alleviate women's problems and the individualistic understandings underlying western models of decision-making are not necessarily appropriate for Indigenous victim/survivors, since the optimal outcome is to assist entire communities to heal through holistic processes.

## Victim/survivor decision-making: discussion

The dominant theme emerging from the analysis pertains to the multi-faceted and socially situated nature of sexual assault survivors' help-seeking decisions. The report demonstrates that survivors' help-seeking decisions are formed through relationships with others, within social contexts, and at multiple decision points. Survivors often seek social information to help them select the most appropriate way of responding to sexual assault, particularly when the situation is ambiguous and they are in crisis. The reactions of and support offered by the recipients of these disclosures are often highly influential on future actions. Other people act as information sources that help women to clarify the nature of ambiguous experiences, verify and validate that they have been sexually victimised, determine what to do next or at least establish what choices are available.

Criminal justice personnel can be instrumental in changing social messages about sexual assault. What is required is renewed enthusiasm and leadership by well-trained and knowledgeable police, prosecutors and judges, who are willing to challenge stereotypes, call for a halt to prejudicial defence tactics, pursue test cases and push boundaries, and educate juries about the realities of sexual assault.

### Sexual assault workers' views on service provision

From the perspective of sexual assault workers, none of the regions represented by the services included in the study has yet achieved a fully coordinated community response to sexual assault, although considerable steps have been taken by criminal justice agencies, forensic medical services and sexual assault services in some areas. While a reasonable and sometimes very good degree of collaboration has been established in some regions, the concept of a coordinated approach has not been institutionalised at the government, systemic, or practice levels. There appeared to be a higher degree of satisfaction with service delivery and relationships with criminal justice agencies among workers in sexual assault services that had input into, if not control over, the provision of forensic medical services. Regardless of what types of service models or protocols are in place, there are a small number of underlying principles that facilitate cooperation among service providers, including:

- formal and informal networking;
- building respectful relationships;
- sharing information;
- accepting and tolerating different philosophies, objectives and practices and valuing complementary roles; and
- proximity of services.

### Recommendations

The recommendations put forward in this report largely focus on improving social responses to sexual assault and promoting organisational change. A brief summary of the major suggestions includes:

- promoting community awareness of the prevalence and nature of sexual assault and challenging rape myths and changing social responses to violence against women;
- dismantling barriers to services, which often reflect wider social structural inequities;

- specialised training for staff in criminal justice agencies and education for all professionals or volunteers who are likely to have contact with survivors;
- increased support for sexual assault centres and specialised service providers;
- greater focus on offenders and holding men accountable for their actions;
- specialised training for all systems personnel dealing with marginalised groups;
- collection of reliable statistical data on sexual assault among women with disabilities and from Indigenous and non-English speaking backgrounds, underpinned by the allocation of targeted research funding;
- more transparency and accountability among criminal justice system staff, particularly in respect of biases, prejudice, intolerance and apathy;
- admission as evidence of offenders' history of violent or controlling behaviour or breaches of intervention orders; and
- clarification for juries that the burden of proof beyond reasonable doubt does not mean beyond any doubt.

At the level of individual systems staff, the results show that the objectives of all agencies are best served when victim/survivors are informed and aware of what is happening and why. Supportive attitudes and behaviours that help victim/survivors to make informed decisions about what services to access include:

- belief;
- listening and understanding;
- communication and information;
- cooperation and collaboration with other support systems; and
- acting on women's needs.

In respect of promoting coordinated community responses to sexual assault:

- Leadership and coordinating mechanisms within and across agencies are integral to establishing collaborative structures, concretising policy initiatives, and overseeing adherence to the guidelines.
- Cross-sectoral training and professional development are key components of establishing effective interagency partnerships.
- Staff turnover among police and sexual assault services is an impediment to the development of strong relationships, which will continue to be important until and beyond a time when coordinated responses are ingrained.

- Recommendations for improving forensic medical services include enhancing the professional expertise of doctors who participate as expert witnesses, recruiting more female doctors with forensic training, instituting changes in states and territories where access to a forensic medical examination is controlled by police and establishing forensic nursing as an integral component of local responses to sexual assault.
- Adequate funding for police, health and sexual assault services is imperative to meet increased reporting rates to police, numbers of people seeking assistance from sexual assault services and community requests for information and training.
- Funding bodies should also consider the need for further research that investigates the complex effects of sexual assault and what this means for criminal justice responses to different groups, including prison populations or people who are arrested for drug use.
- Sexual assault counsellors continue to provide the most valued support for survivors and sexual assault services also undertake a range of community and other activities. The public good is served by promoting awareness of the role, functions and contact details of sexual assault services. Sexual assault counsellors' expert knowledge is a resource that should be recognised and utilised in planning legal and social policy changes, training staff from other agencies and promoting intersectoral links.

# Introduction

Women 01



# 1 Introduction

The right of sexual assault victims to “be given relevant options, have control over choices and have these choices respected” (Dean Hardiman & Draper 1998: vii) is a fundamental principle of sexual assault services. The rhetoric of victim rights, choice and control, is increasingly evident in the policies and guidelines of police and prosecution agencies and in interagency protocols that guide the provision of coordinated legal, health and crisis care services (e.g. Queensland Government 2002). However, there is a paucity of research about factors that influence victims’ decisions to report sexual offences to police and to continue through the criminal justice process. The majority do not report to police or seek help from other formal agencies such as sexual assault services or health professionals, but use alternative strategies to deal with the aftermath of sexual assault, including seeking help from informal social networks such as friends and families.

Overseas research indicates that victims’ help-seeking decisions are shaped by a range of social contingencies, including the victim/offender relationship, gender and race/ethnicity (Kaukinen 2002; Mahoney 1999; Ullman & Filipas 2001). Still, there are considerable gaps in knowledge about what motivates victim/survivors to seek help from particular sources of help, the types of solutions they are seeking from different support sources, whether family and friends prevent access or provide a pathway to further help-seeking from legal and professional agencies, or whether negative reactions from formal support sources inhibit subsequent help-seeking and continued participation in the criminal justice process. Some researchers have found that victim/survivors often withdraw from the criminal justice process due to lack of information about case progress, lack of contact with criminal justice officials and lack of support (Temkin 1997). Others suggest that collaboration between service providers can improve criminal justice outcomes in sexual assault cases (Lord & Rassel 2000).

There is a pressing need for Australian research that elucidates the social and personal contingencies that influence victim/survivors’ help-seeking behaviour and their decisions in respect of the criminal justice system. At the same time, very little local research has investigated the practicalities and efficacy of coordinated service responses to sexual assault, that is, responses that involve collaboration among police, forensic, health, and sexual assault services. This information is needed to ensure that service providers offer suitable support and information to help victim/survivors make appropriate and informed decisions about whether to pursue legal redress for sexual assault.

The Australian Government Office for Women (OFW) has commissioned the Australian Institute of Criminology (AIC) to conduct a qualitative study of victim/survivor decision-

making and coordinated responses to adult sexual assault. The research was identified as a priority by key stakeholders in roundtables held in 2004. This study is part of a three-year project investigating criminal justice responses to adult sexual assault. The research findings inform the evidence base of the Australian Government’s *National Initiative to Combat Sexual Assault*. The primary objectives of the research are to:

- further understanding of factors that impact on the help-seeking and other decisions of victim/survivors of adult sexual assault. Salient issues include the victim/offender relationship; formal and informal support available to the victim/survivor; encouragement from criminal justice personnel or others to withdraw cases or continue through the system; aspects of services that are valued; and how services could be improved;
- provide feedback to criminal justice and other agencies about “what works” in terms of their current practices, including ways forward for the provision of coordinated service delivery;
- produce a practical guide of ways that service providers can assist victim/survivors to make informed decisions; and
- collect qualitative data on coordinated service delivery.

Previous research in this area has mainly involved statistical analyses of survey data and has primarily been conducted in the United States. This has been valuable for delineating broad patterns in help-seeking, but cannot shed light on situational factors that influence these decisions. To the best of the author’s knowledge, the current study is the only research of its kind to be conducted in the southern hemisphere and one of a small number of projects involving victim interviews being conducted in western countries (e.g. Kelly Lovett & Regan 2005). This qualitative study makes original contributions by:

- exploring help-seeking decisions from the perspective of Australian victim/survivors;
- providing a fine-grained analysis of social, situational and personal factors that influence decisions to seek help from formal and informal support sources;
- highlighting the fundamentally social nature of post-assault decision-making;
- examining factors that lead to decisions to report sexual assault to police and continue through the criminal justice process, rather than focusing exclusively on non-reporting or withdrawal from the legal process;
- asking victim/survivors about their needs at the time of disclosure and their perceptions of control once they enter the criminal justice system;

- elucidating what victim/survivors found helpful and unhelpful about their interactions with various formal and informal support sources;
- through consultations with specialist service providers, addressing the added complexity of help-seeking decisions for survivors with disabilities and from Indigenous and non-English speaking backgrounds; and
- addressing the scarcity of research on coordinated approaches to service delivery in the Australian context through consultations with sexual assault services.

Chapters 2 to 12 focus on social and situational contingencies that influence survivor's help-seeking decisions. This section of the report begins with a selective review of relevant research literature. This is followed by an analysis of interviews conducted with 36 female survivors of adult sexual assault who volunteered to speak about their post-assault help-seeking decisions. The research findings provide detailed information about a range of factors associated with victim/survivors' decision-making processes, their perceptions about the degree of choice available once they enter the criminal justice system and what aspects of service provision they most value. This part of the report also presents the views of 65 workers from sexual assault, disability, Indigenous, migrant and other victim services across Australia. Recommendations for change made by the victim/survivors and service providers highlight ways of providing appropriate support and information to victims, with the objective of encouraging help-seeking.

The next two chapters focus on coordinated approaches to service delivery, beginning with a short literature review. Chapter 14 focuses on issues raised by consultations with staff in 14 sexual assault services across Australia. It presents sexual assault counsellors' views on "what works" and does not work in terms of interagency agreements, particularly in respect of collaborative relationships between police and sexual assault centres. It concludes with sexual assault workers' recommendations for ways forward in the provision of coordinated service delivery. The report concludes with a short summary of recommendations made in other chapters and recommendations on ways that individual service providers can assist victim/survivors to make informed decisions about future steps.

## Terms used in the report

Under the various Australian state and territory laws indictable sexual offences are defined as either sexual assault or rape. Both terms are used in this report, but "rape" is primarily used when citing previous authors or interviewees who specifically used the word.

The debate on terms such as victim, survivor and victim/survivor is noted. The terms are used interchangeably in this report. Pronouns reflect the gendered nature of most sexual assaults.

References to adult sexual assault mean that the victim/survivor was over the legal age of consent at the time of the assault (either 16 or 17, depending on the jurisdiction). It is acknowledged that some victim/survivors of adult sexual assault are also victims of childhood sexual abuse and that this would influence their help-seeking decisions as adults. However, their childhood experiences were beyond the project brief.

The report refers to sexual assault centres or services, a phrase that encompasses terms such as sexual assault referral/resource centre (SARC), rape crisis centre (RCC), centres against sexual assault (CASA) and sexual assault support service (SASS).

# Help-Seeking Decisions of Sexual Assault Victim/Survivors: A Literature Review

*Women 02*



## 2 Help-Seeking Decisions of Sexual Assault Victim/Survivors: A Literature Review

In the aftermath of a sexual assault, victim/survivors may choose from a range of potential response options, including reporting the crime to police, contacting other formal agencies such as government, medical or specialist services, seeking help from private support networks such as family and friends, doing nothing, or cognitively reframing the experience as a way of coping with the aftermath (Kaukinen 2002). Figure 1 depicts some of the decision-making steps facing victims in the immediate aftermath of a sexual assault.

Research shows that most victims of violent and sexual crime do not involve police, but many seek help from family and friends. Crime victim surveys are an important tool for estimating the extent of under-reporting of sexual assault and for eliciting information about victims' reactions to sexual violence, including patterns of disclosure and help-seeking. Surveys from various countries consistently show that most women are unlikely to report sexual offences to police or other authorities but more likely to disclose sexual victimisation to informal social networks (Fisher et al. 2003; Johnson 1996; Walby & Allen 2004).

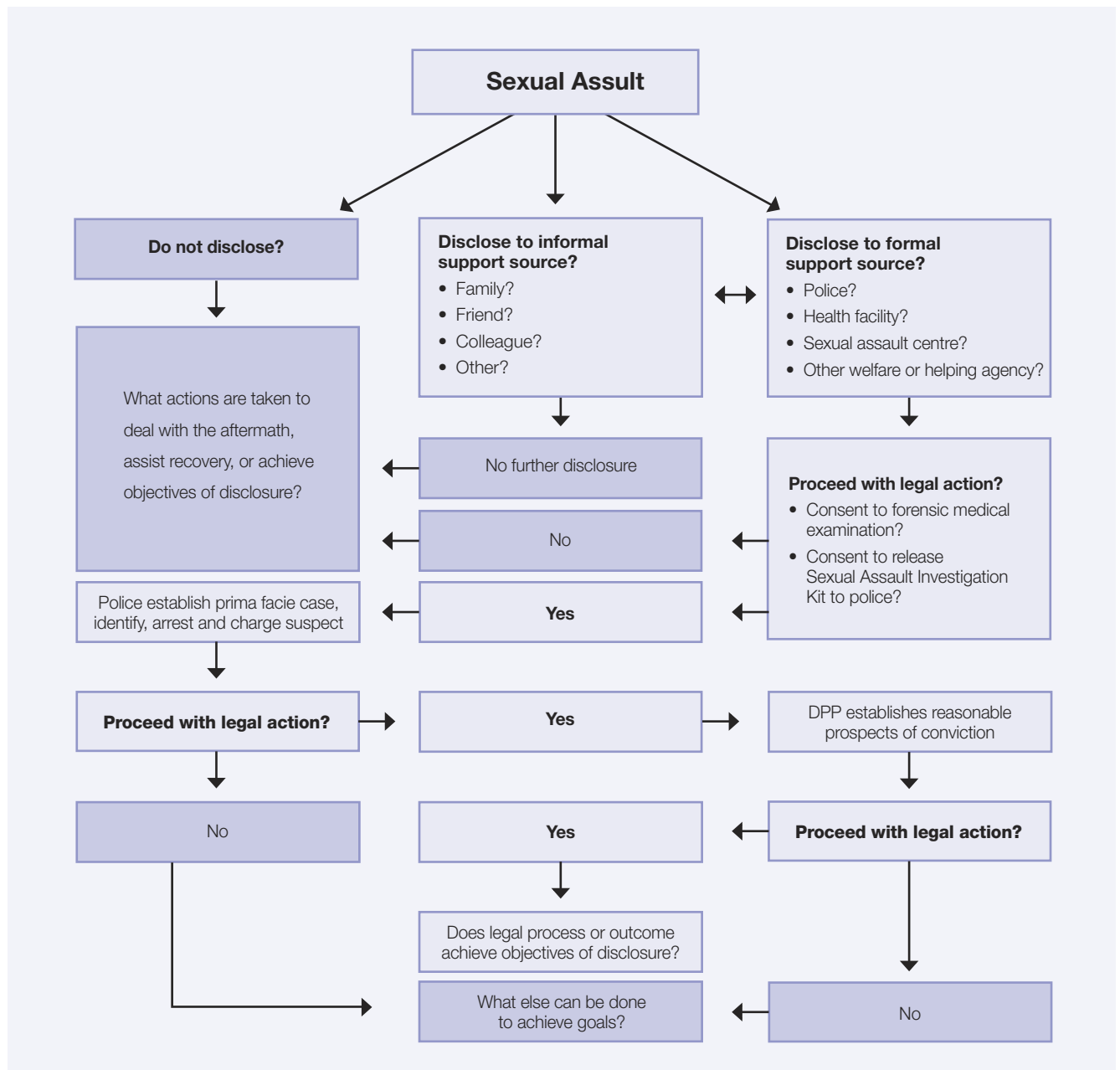
The most recent Australian statistics were obtained in the International Violence Against Women Survey (IVAWS), a comparative study that gauges the level of victimisation among women aged between 18 and 69 in Australia and overseas. The Australian component of the IVAWS, conducted between December 2002 and June 2003, comprised a national sample of 6,677 women who described their experiences of physical and sexual violence. Consistent with previous studies most women did not report sexual or physical violence to police. Among women who had been victimised in the previous twelve months, 14 per cent of those victimised by a current partner and 16 per cent of those victimised by any other male reported the most recent incident to police. Reasons for non-reporting often centred on the women's view that the incident was not serious enough to report, or on the wish to keep the matter private (Mouzos & Makkai 2004).

Few women sought help from another specialised agency, such as a shelter, crisis centre or health centre, but those who did were more likely to have been victimised by an intimate partner and more likely to contact a counsellor rather than a shelter or crisis centre. Irrespective of the victim/offender relationship, most women (79%) spoke to friends, neighbours or family members about the most recent incident of violence, although women who were victimised by an intimate partner (75%) were slightly less likely to do so than those victimised by any other male (84%) (Mouzos & Makkai 2004).



**Figure 1**

Steps in decision-making following a sexual assault



Factors contributing to women's perceptions of the seriousness of the most recent incident included the victim/offender relationship, injury, and prior experiences of violence. Women were more likely to perceive the most recent incident as serious and a crime when the perpetrator was a stranger, more likely to perceive it as serious if they had experienced violence in a previous relationship or childhood sexual assault perpetrated by a parent, and more likely to report to police if they were injured during the assault (Mouzos & Makkai 2004). The impact of the victim/offender relationship on women's perceptions of and reactions to the most recent incident is summarised in Figure 2. More specific analyses based on the type of victim/offender relationship are provided in the original report and some authors argue that a more fine-grained analysis of relational distance is needed to better understand the impact of relationship on decision-making by victims and legal decision-makers (Mahoney 1999; Temkin 2002).

Victimisation surveys have drawn attention to the fact that sexual offences reported to police are not representative of all sex crimes, but they are not designed for in-depth exploration of the reasons underlying women's reporting decisions or their alternative help-seeking strategies. It is important to understand women's use of alternative strategies, firstly because there are indications that informal support may buffer the effects of victimisation, but also because decisions to mobilise legal and alternative support networks may be facilitated or constrained by a range of sociodemographic contingencies (Kaukinen 2002). Traditional theoretical approaches to understanding victim decision-making often fail to consider these factors. Moreover, while criminological research often attempts to understand how to encourage victims to report to police by focusing on factors contributing to the underreporting of sex crime, this endeavour may be better served by understanding why alternative responses are perceived as preferable options.

## A model of rational decision-making

Underreporting of violent crime has broad implications for crime prevention and justice, but victims' goals and decisions are not necessarily consistent with the objectives of the criminal justice system and any one decision may embody a number of objectives. The decision to report a crime to police may signify a desire for formally sanctioned retribution, a general sense of social obligation, hope of restitution, and/or a way of dealing with an immediate crisis, including cessation of victimisation (Gottfredson & Gottfredson 1988).

Gottfredson and Gottfredson describe victim decision-making as a process that is "highly discretionary and extremely low visibility" (1998: 18). Their model of rational decision-making is based on the premise that there are three essential components to any decision: the decision-maker's goals; the availability of alternatives; and relevant information that reduces uncertainty and guides the selection of choices. Rational decision-making involves identifying one's objectives and alternatives and, after assessing the information available, making a choice that maximises the likelihood of achieving defined goals. Within the criminal justice system, limited decision alternatives are available to victims and they generally lack information about the consequences of their decisions. Victims who report crime lose control over subsequent decisions and case disposition and this may have important implications for the ultimate goals underpinning the decision to report (Gottfredson & Gottfredson 1988).

Rational choice models are premised on the notion that victims of crime are thoughtful decision-makers who, on the basis of reasonable assumptions about the crimes perpetrated against them, engage in a careful cost-benefit analysis of the consequences of reporting crimes to police. For the victim, the consequences of this decision include how well the objectives were met and whether the outcome was perceived as just. As invoking the law involves the victim in a lengthy and sometimes traumatic process, outcomes such as freedom from victimisation or retribution must outweigh the time and energy costs involved in reporting crime and pursuing redress (Gottfredson & Gottfredson 1988).

Traditional criminological approaches to the under-reporting of violent victimisation are often underpinned by the assumption that the major decision facing victims of sexual assault is whether or not to report the crime to police. They also suggest that invoking the criminal law is the preferred and socially normative response to violent victimisation. In contradistinction to this view, Kaukinen (2002) observes that traditional approaches to victim decision-making fail to consider the importance of informal social networks in responding to violent crime. Therefore, they potentially result in the view that victims of crime who do not initiate criminal justice responses are helpless and passive. Dussich (2001), for example, argues that the non-reporting of sexual assault is a passive response because it ensures that the matter is kept private and is easier for the victim in terms of the amount of energy required.

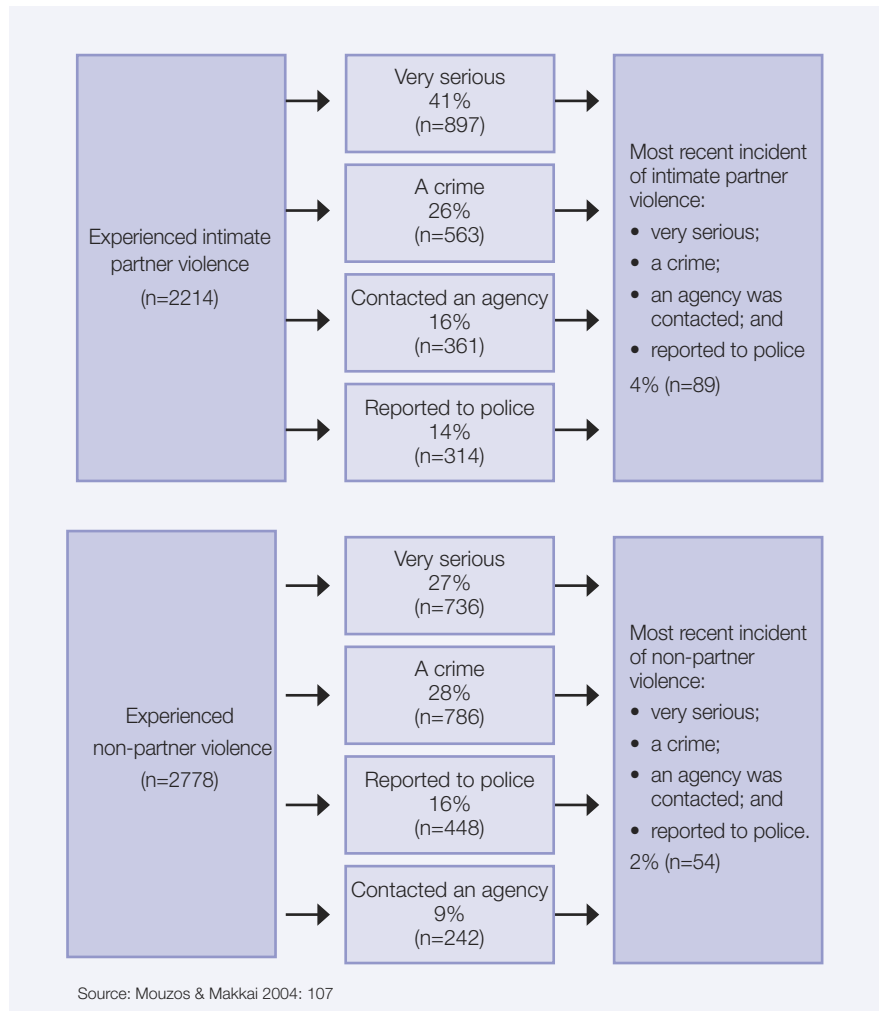
Gilmore and Pittman have outlined a range of social, interpersonal and personal factors that act variously as incentives to reporting, “*disincentives* to reporting or as *incentives* to not report” sexual violence (1993: 7). Incentives to reporting include a desire for redress, wanting to meet community expectations by allowing the justice process to take its course and a wish to stop the offender from harming others. Broad factors that inhibit reporting or continued participation in the criminal justice process include:

- trauma, the emotional and physical impacts of the assault, and economic, emotional and social resources;
- differing definitions of sexual assault: women may underestimate the seriousness of the assault, be confused about what has happened to them, or their understandings of sexual assault may differ from legal definitions;
- fear of repercussions, particularly when the victim knows the offender, including fear of reprisal if she reports the assault, or social isolation if family and friends support the offender;
- anticipation of secondary victimisation through the legal process;
- stereotypes: the majority of sexual assaults (and sexual offenders) do not correspond to the “real rape” stereotype and this may impact on victims’ perceptions of the nature and seriousness of the assault;
- police attitudes, including beliefs about false reporting and adherence to rape myths: this can result in victim blaming or complaints being screened out inappropriately;
- complex and competing needs, such as differences between victim/survivors’ post-assault needs and police investigative needs;

## Figure 2

Australian component of the International Violence Against Women Survey (IVAWS):

Women’s perceptions of and reactions to the most recent incident of partner and non-partner violence



- timing: reporting decisions are often made immediately post-assault, at a time of significant crisis. In the immediate and longer-term, victims' decisions are influenced by the availability or lack of support and information, as well as cooperation between services. Providing survivors with accurate and detailed information about their options is central to informed decision-making, but police arrangements for providing or following up with information are not always reliable. Police do not always refer victims to sexual assault centres, where staff are equipped to explain options and support informed decision-making;
- police training: unskilled or insensitive responses from police when an initial report is made can discourage victims from proceeding with further action; and
- lack of confidence in the legal system, including insensitive treatment during the forensic examination, the police investigation or the trial, which result in women regretting the decision to report to police and indicating that they would be unlikely to do so again. This in turn may discourage others from reporting.

Consideration of these factors leads to the conclusion that the statistically normative decision not to report sexual assault to police is often the outcome of an active process that takes into account a range of complex social and personal contingencies. While this process does not necessarily involve a conscious and calculated cost-benefit analysis, it may be rational in the sense that victim/survivors *may* have hopes of achieving desired goals, such as avoiding reprisal or stigma.

## Naming sexual assault

One of the pre-requisites for reporting sexual assault is the recognition that a crime has occurred, but victimisation surveys indicate that many women do not label as sexual assault incidents that meet the legal definition of the crime. This may happen for a number of reasons, including the fact that sexual assaults often occur in ambiguous circumstances, such as within the context of intimate relationships where consensual sex has previously taken place, or where the victim's recollection of the events may be impaired by the effects of alcohol or other drugs. Fear of disbelief, devaluation or stigmatisation may also be a powerful motivation to avoid acknowledging sexual victimisation and identifying with the "rape victim" role (Koss & Harvey 1991).

Liz Kelly (1988) notes that women may not always name their experience as sexual violence at the time it occurs, but that their definitions can change over time, as they negotiate the tension between their own lived experience and understandings, and dominant male discourses, which justify male violence against women and have the power to invalidate women's truths. Some women do not initially name

their experience as sexual assault because their perceptions at the time are influenced by stereotypes, whereas the process of redefinition involves them focusing on their own feelings about the incident. Others seek to minimise the effects of sexual violence by defining it as not serious and therefore something they do not have to act on. They may do so because the consequences of acting will result in further negative experiences, because they feel unable to act at all, or because they do not have the support needed to act. Yet minimising the seriousness or severity of sexual violence as a way of coping does not prevent them from experiencing the effects of the assault.

Recent research findings have supported Kelly's seminal work, by confirming that many women do not label incidents that meet behavioural definitions of sexual assault as either serious or a crime (Easteal 1994; Fisher et al. 2003; Mouzos & Makkai 2004; Walby & Allen 2004). Harned's (2005) qualitative research examined why and how a sample of 251 female undergraduate students who had unwanted sexual experiences with a dating partner did or did not label their experience as sexual abuse or sexual assault. The research included a continuum of unwanted sexual experiences, from unwanted sexual contact and sexual coercion to attempted and completed rape, not all of which meet the legal criteria for sexual offences. Almost half of the women described an experience that included an attempted rape and more than a third described an experience involving a rape, but less than a quarter considered the experience to constitute sexual abuse or assault. Among those who labelled the incident as sexual abuse or assault, the majority defined it as such because the sexual activity was non-consensual, while a small proportion focused on the negative impact of the experience on their feelings about themselves or future relationships, or used a synonym such as "acquaintance sexual assault or mild rape" to describe the type of victimisation. Responses from the women who did not label their unwanted sexual experiences as sexual abuse or assault were categorised into five clusters:

- victim-focused: the woman went along with requests or pressure to engage in unwanted sexual activity, did not say 'no', or blamed herself for the incident;
- perpetrator-focused: the woman cared about the perpetrator, or did not believe that he knew that the sexual activity was unwanted;
- incident-focused: no force or physical violence was used;
- minimization: the incident was not serious enough to be called sexual assault, did not result in serious physical or emotional damage, or simply reflects "normal" heterosexual dating behaviour; and
- other: the woman was unsure how to label the experience (Harned 2005).

These findings indicate that at least some of the women's perceptions were influenced by victim-blaming rape myths and gender stereotypes that absolve perpetrators of responsibility for their actions. While some of the incidents may have been at the "less serious" end of the continuum of sexual violence, it is possible that the women who minimised their experiences did so to avoid the psychological disempowerment of the victim role, as well as the stigmatisation, isolation and disbelief with which complaints of sexual assault are commonly met (Harned 2005).

Consistent with Kelly's (1988) earlier work, Harned (2005) found that labelling was generally a gradual process: only a third of the labellers recognised their experience as sexual abuse or assault at the time it occurred. Social support was a crucial factor in the process of labelling for more than two-thirds of the women who labelled their experience retrospectively, as labelling was often triggered when they disclosed their experiences to supportive others at a later time. Harned grouped the factors involved in labelling into seven categories, and these can be further classified under two superordinate categories of social information and personal factors.

- Social information
  - Sought social support: talked to others about the incident;
  - Educational information: was exposed to information about sexual assault through magazine articles, workshops, etcetera; and
  - Repeat offending: found out that he had done similar things to others.
- Personal factors
  - Thinking about it over time and processing the experience;
  - Negative impact: realisation that she had been physically or emotionally injured;
  - Personal growth: growing up, maturing; and
  - Sobering up: thinking clearly about the incident after she sobered up.

The consequences of women not recognising that they have been sexually assaulted include a decreased likelihood that they will seek help, understand their distress, avoid revictimisation, or report to police or other authorities. Harned (2005) argues that women's difficulty in recognising sexual assault and reporting to police means that there is little deterrence for perpetrators and that social and political change may be hindered "by preventing recognition of the pervasiveness of male violence against women and keeping women from uniting to solve legitimate common problems" (2005: 410). She argues that women can be empowered

to name their experiences through "educational efforts that provide clear behavioural definitions of sexual assault, explain the various ways non-consent can be defined, challenge rape myths that promote victim blaming and refute stereotypes of what constitutes real rape" (p. 411). While this is a valid argument, failure to call for educational efforts that make men aware of and accountable for their own actions can have the unintended effect of reinforcing the view that women are responsible for preventing sexual assault.

## Studies of help-seeking behaviour

Relatively few researchers have investigated the correlates of help-seeking among sexual assault survivors, although the issue has received greater attention in the domestic violence literature and in relation to victims of violent offences in general. In recognition that there is some overlap between sexual assault and other violent crimes, particularly intimate partner violence, this review includes a selection of studies from those areas.

The literature demonstrates that the help-seeking behaviours of violent crime victims take on distinct forms that are patterned by social contingencies such as gender, race and the victim/offender relationship (see Table 1 for selected findings). Most victims seek some type of assistance to deal with the consequences of violence and family and friends are an important source of help, since many victims who utilise formal support sources also continue to rely on informal support sources.

Rebecca Campbell and colleagues (2001) examined the help-seeking experiences of 112 female sexual assault victims from targeted areas of Chicago who sought help from five social systems: legal, medical, mental health, rape crisis centres and religious communities. The survivors were recruited by posters, fliers and in-person presentations to groups of women. Approximately one-third of the women sought help from community agencies but some women were more likely to turn to specific help providers, contingent on the victim/offender relationship and race. The results revealed significant gaps in legal and medical service responses, as victims of nonstranger rapes and ethnic minority women experienced greater difficulty in obtaining assistance from these services.

Holly Johnson's (1996) analysis of the 1993 Canadian Violence Against Women Survey showed that similar proportions of women who were victims of wife assault and victims of sexual assault outside of marriage sought help from someone, primarily family and friends, although sexual assault victims were more likely to tell friends than family. This may be because most sexual assault victims are young women who may not wish to disclose sexual activity to family members. However, the two groups differed in respect of formal help-seeking, as victims of wife assault were far more likely than sexual assault victims to report to police, a social service or a doctor. In addition to the relatively large proportion of each group who told no one about the assault, most sexual assault victims were unlikely to report even very serious assaults to police, including incidents that involved strangers and weapon use or resulted in injury or required medical treatment. These findings reveal "the very hidden nature of some forms of violence in women's lives, even some very serious, potentially life-threatening events" (Johnson 1996: 205).

Catherine Kaukinen's analyses of data from the 1993 Canadian General Social Survey (Kaukinen 2002) and the 1996 Violence Against Women and Men in the United States Survey (Kaukinen 2004) utilised a multi-category conceptualisation of help-seeking that highlights qualitative differences between different strategies. She found that police reporting and alternative help-seeking are not necessarily mutually exclusive strategies, because distinct forms of help-seeking often overlap. In addition, patterns of help-seeking reflect social factors. For example, the Canadian data showed that female victims of violent crimes are more likely to seek help than male victims and are also more likely than men to seek help from alternative sources, such as family, friends, victim or social service agencies (Kaukinen 2002). The United States data showed that female victims of intimate partner violence, and white women in particular, are more likely to seek increasing levels of help and social support, which includes family and friends, mental health and social services, and reporting to police, while women in minority communities under-utilise social support (Kaukinen 2004). She explains that these differing responses are patterned by social factors, because previous research has shown that:

- women are more likely than men to utilise mental health and social services;
- women are more likely than men to seek support from informal social networks;
- women who are victimised by a partner are likely to come into contact with social service agencies during the process of ending the violence; and
- there may be race and ethnic differences in women's responses to violent victimisation, as some minority women in the United States are more likely to withdraw than seek help.

Patricia Mahoney (1999) explored the relationship between sexual assault chronicity and seeking help from police, medical or other agencies, among a non-clinical sample of survivors of marital, acquaintance and stranger sexual assaults who responded to the 1992-1994 United States National Crime Victimization Survey. Survivors of sexual assaults by partners or ex-partners were significantly more likely than the other groups to experience multiple sexual assaults within relatively short time periods, but less likely to seek help from any source, even when the severity of the attack was controlled for. Mahoney argues that common cultural messages about sex in marriage contribute to high chronicity of sexual assault and low help-seeking among marital survivors, as compared to survivors of sexual assaults by acquaintances or strangers. Without help, marital sexual assault survivors must cope alone with the effects of sexual assault and may also remain at high risk for repeat victimisation, because their partners are not held accountable for the assaults. However, marital survivors have reported that their complaints have been trivialised and brushed off by police and other formal help agencies, a response that reinforces cultural messages about women's duty to have sex with their partners and that forced sex in marriage is about men's greater need for sex, rather than power and dominance (also see Heenan 2004 for an excellent overview of the literature on cultural and legal responses to male partner sexual violence).

Victims of violent crime often benefit psychologically and physically from disclosing traumatic events, but many victims of sexual assault experience negative social reactions and unhelpful responses to their disclosures. Thus, the therapeutic value of disclosure may depend on the reaction of the support provider and the context of disclosure. Negative social reactions that have a detrimental impact on a survivor's psychological well-being include rejection and victim blaming, while unhelpful or unsupportive behaviours include taking control of her decisions and treating her differently. The timing of disclosure is also important, as women who delay disclosure may be less likely to receive help or treatment for the effects of sexual assault (Ullman 1996).



Sarah Ullman (1996) examined correlates of and social reactions to disclosures of adult sexual assault in a convenience sample of 155 female victims who completed a mail survey. The results confirmed previous findings that victims were more likely to disclose to informal support sources than formal agencies (specifically, police and doctors) and that they perceived formal support providers as least helpful and more often responding with negative social reactions. While similar proportions of victims sought help from rape crisis centres, police and doctors, rape crisis centres were perceived to be more helpful than police or doctors (11% versus 5%). Negative social reactions were also associated with avoidance coping strategies (e.g. alcohol use, withdrawal from others, moving to a new place), which in turn was associated with delayed help-seeking. Delays in seeking help were also associated with experiencing childhood sexual assault or a completed adult rape. These findings may indicate that victims who feel invalidated by negative reactions use harmful coping strategies as a result, or that victims who are not coping well elicit negative reactions from others. The concern is that women who delay seeking help may be at higher risk for adverse psychological outcomes, experience higher levels of distress and are more likely to be in need of mental health services and support.

More recently Ullman and Filipas (2001) investigated correlates of help-seeking in a sample of 323 adult sexual assault victims who were recruited from the general community, college students and mental health agencies. They analysed factors associated with disclosure of sexual assaults to informal (family and friends) and formal support sources (police, doctor, mental health professional, rape crisis centre staff, clergy), as well as support sources' reactions to the disclosure. The results showed that the women sought help from a range of sources, but that help-seeking strategies differed by ethnicity, relationship to offender and parental status. They also highlight that many women continue to perceive that particular factors are required to legitimate seeking help from formal sources: victims who were assaulted by strangers or sustained injuries disclosed to formal support sources more often than victims who were assaulted by acquaintances or were less injured. Victims who sought support from formal sources received more tangible assistance than those who told informal support sources only, but at the cost of more negative social reactions, including victim blaming. The authors speculated that negative social reactions from formal support sources may inhibit subsequent help-seeking.

A Victorian study that analysed the reporting decisions of 117 victim/survivors who attended a Crisis Care Unit over a six-month period also concluded that police management of the initial contact can be highly influential on survivors' willingness to approach other support agencies. Formal complaints were lodged with police in 80 per cent of cases, but a substantial proportion (30%) was made on the survivor's behalf by a family member, friend or bystander. The most common disincentives to lodging a formal complaint were fear of the legal process, of the offender, and of family and friends' reactions. Even where a report was made to police, a quarter of the survivors chose either to make no statement, or to make a statement but request no further action. One of the primary reasons survivors withdrew from the reporting process was on the recommendation of, or in response to, the negative reaction of the police. As many of those deciding whether to report to police and/or to continue pursuit of legal redress are "young, inexperienced and vulnerable to intimidation, if not exploitation, by those who are in positions of formal power and authority" (Gilmore & Pittman 1993: 25), a negative initial response may discourage further help-seeking, which isolates survivors from care and support.

The domestic violence research highlights the importance of taking the victim perspective into account in trying to understand why survivors choose to not to use particular formal or informal interventions or sources of help. One study explored the decisions of 491 women, who were screened as abused when they presented at a medical facility, to access help offered by an agency or counsellor, medical care, police, and talking to someone (Fugate et al. 2005). The women were least likely to use formal support sources, with 62 per cent choosing not to contact police, while only 29 per cent did not talk to someone about the violence. Calling the police was clearly regarded as a very different intervention than others, although overarching response patterns showed that women did not seek formal help because:

- there was a personally-determined threshold for abuse: until this is reached an incident is not deemed serious enough to seek formal intervention;
- they did not wish to end the relationship and they perceived that they must be prepared to do so in order to get help from police or an agency. Most women in the sample sought informal help and some were advised to leave the relationship. Expectation of a similar response may deter formal help-seeking, or they may perceive that formal intervention will cause the relationship to end; and

**Table 1**  
Studies examining social factors associated with help-seeking behaviour following violent victimisation

Reference	Help-seeking	Socio-demographic variables		Victim/offender relationship	Other findings
	Strategy		%		
Campbell et al. (2001)	Medical	White women more likely to seek help from mental health services and rape crisis centres than ethnic minority women.		Stranger rape survivors more likely to seek police and medical help than nonstranger rape survivors.	
	Police	43			
	Mental health	39			
	Rape crisis centre	21			
	Religious community	19			
Johnson (1996) NB Totals reflect multiple responses	Sexual assault		%	Wife assault	%
	Told someone		74	Told someone	77
	Friend/neighbour		51	Friend/neighbour	45
	Family		38	Family	44
	Police		6	Police	26
	Social service		6	Social service	24
	Doctor		6	Doctor	23
	Clergy		2	Clergy	7
	Told no one		25	Told no one	22
	Kaukinen (2002)	No help-seeking	Women more likely than men to seek help from alternative sources		Women attacked by known offenders most likely to use alternative help-seeking strategies Men attacked by strangers most likely not to seek help and least likely to use alternative help sources
Alternative help-seeking only (family, friends, victim or social services, but not police)		55	Most males do not seek help Males who do seek help more likely to notify police than family and friends		
Report to police (may include alternative help-seeking)		23			
Kaukinen (2004)	Family/friends	White women more likely than minority women to seek greater amounts of help and social support		Women victimised by a partner engage in increasing levels of help-seeking White women attacked by known perpetrators seek increasing levels of help	Help-seeking increases with fear of serious harm Help-seeking increases with education
	Police	52			
	Psychiatrist/doctor	30			
	Social service agency	20			
		5			



Reference	Help-seeking		Socio-demographic variables	Victim/offender relationship	Other findings
Mahoney (1999)	Strategy	%			
	Medical care				
	Marital	8			
	Acquaintance	11			
	Stranger	27			
	Police				
	Marital	16			
	Acquaintance	20			
	Stranger	24			
	Agency				
	Marital	16			
	Acquaintance	20			
Ullman (1996)	Stranger	27			
	Any help				
	Marital	35			
	Acquaintance	39			
	Stranger	51			
	Family/friends	91			
	Mental health	60			
Ullman & Filipas (2001)	Physicians, clergy, police, rape crisis centres	20			
	Family/friends	94			
	Formal and informal	62			
	Mental health	52			
	Doctor	27			
	Police	26			
	Rape crisis centre	14			
	Clergy	8			
	Other	43			

58% of sample did not seek help, but this increased to almost two-thirds of marital SA survivors.

Repeat victimisation 10 times higher among marital SA survivors relative to acquaintance and stranger SA survivors

Friends/family most helpful.  
Police, doctors, clergy least helpful

Women with children more likely to tell formal support sources than women without children.

Stranger assaults more likely to be reported to formal sources than known offenders and vice versa

Positive social reactions more common for higher-income women, perhaps due to economic capacity to gain professional support

Ethnic minority women more likely to tell formal support sources. Those who told informal support sources only received less emotional help than those who also told formal support sources

- there were barriers to help-seeking, including:
  - not wanting the hassle associated with formal agencies;
  - fear, particularly in relation to calling the police, because police intervention is focused on the offender, unlike medical or agency interventions, and may lead to retribution. Women have no control over the outcome of police intervention and many did not want the abuser arrested or jailed;
  - confidentiality, shame and embarrassment; and
  - tangible losses, such as losing their homes, fear of immigration authorities or of their children being taken away by child protection services (Fugate et al. 2005).

While help-seeking is traditionally conceptualised as the use of formal or external systems, the participants in that study used a variety of internal or self-care strategies for coping with the situation. Their external help-seeking decisions were made after they conducted individualised assessments about the seriousness of the incident and of the likely usefulness of support sources. Their assessments of the dangers they faced and the help to be obtained from various support sources are often more accurate than an outsider's:

Most survivors of abuse are resilient and strategic, and they actively pursue safety for themselves and their children... For some women, there may be no ideal form of help seeking; women make the most of what is available and may try different strategies over time as their situations change (Fugate et al. 2005: 307).

## Other influences on decision-making: Legal personnel and information

Victim decision-making is more complex than a matter of will or preference and this issue is particularly salient to considerations of survivors' decisions to withdraw from the criminal justice process. The studies cited in the previous section indicate that negative police responses can discourage survivors from pursuing legal options, which raises the question of how freely some decisions are made. Researchers have found that victims' choices are influenced and sometimes manipulated by police and prosecutors in line with their assessments of the prospects of the case, although this does not mean that victims are unable to choose their own course of action (Kerstetter 1990; Kerstetter & van Winkle 1990). Rather than telling victims what to do, criminal justice officials may use a range of strategies to shape victims' choices, including: reducing their options; constructing persuasive arguments that encourage or discourage particular choices; subtly highlighting various aspects of the criminal justice procedure that may be difficult and embarrassing if they want the survivor to withdraw from the process; or dispelling fears about the process if they want to encourage the survivor to continue to trial (Frohmann 1998).

Jan Jordan (2004), whose research focuses on understanding victim credibility from a police perspective, found that the most common reason for the discontinuation of police investigations is attributed to complainant withdrawal. While police often interpret withdrawal as a retraction of an allegation, her analysis of police files indicates that there are numerous factors impacting on these decisions, some of which relate to reasons for reporting the offence in the first place. Some complainants reported the incident because they wanted the offender to understand that his behaviour was unacceptable, not because they wanted him prosecuted. Some withdrew the charges because they never wanted the police involved in the first place. Others may have been influenced by initial police responses, such as disbelief, or being told they would not make credible witnesses, or – where the case involved a partner or acquaintance – dissuasion in the form of police information that the prospects of conviction were poor. Jordan's analysis could apply to any of the criminal justice agencies:

Complainant withdrawal, then, may signify many different things. It could signal, as the police often assume, a false complaint; equally, however, it could denote a withdrawal of the complainant's confidence in the police. What is withdrawn in such cases is not simply a complaint, but a sense of trust. This can be evident in various ways. If the complainant feels the police have no trust in her, she is likely to withdraw her trust in them and remove her case from them. If the police feel they have trusted her in the past, and been let down, then they may appraise any fresh complaint as being beyond belief. Who believes who is vital (Jordan 2004: 95).

A recent British Study explored attrition points and the decision-making processes of victim/survivors through prospective tracking of 2,643 reported cases and analysis of 228 service user questionnaires or interviews (Kelly Lovett & Regan 2004). The results showed that there are multiple paths to reporting and that other people often play a role in reporting decisions, either by making the reports themselves, or by encouraging victims to report. The main factors influencing decisions to report to police were: to sanction the offender; to protect others; because they thought they should; and because they were afraid of the offender. Lack of confidence in the criminal justice system deterred reporting for a large proportion of survivors who did not report to the police. Victim withdrawal accounted for a substantial proportion of attrition, primarily in the early investigative stages, with survivors in the 16 to 25 year-old age group most likely to withdraw.

The findings support Jordan's (2004) contention that for victim/survivors, withdrawal often signifies a loss of confidence or trust in the system's ability to deliver justice and recognise and meet their needs, although it is often interpreted by legal officials as a withdrawal of the complaint. Other important influences include the criminal justice system's "culture of suspicion" (Kelly et al 2004: 51), women's knowledge that their credibility will be challenged, and insensitive treatment by criminal justice personnel, all of which contribute to the perception that victims are disbelieved or are being discouraged from proceeding:

This study's data suggest that the ambivalence many complainants feel relates to the processes of investigation and prosecution; the practical challenges of a forensic examination; making a statement; the prospect of courtroom testimony; and their experience and perception of treatment at each stage by the professionals involved. Decisions to report and continue with the case are made when an interest in justice and protection for themselves and others outweighs the potential costs, and where victims/survivors feel supported in this decision. This is a fine balance, which CJS professionals and support services, through their actions and inactions, can tip one way or the other (Kelly Lovett & Regan 2004: 79-80).

It is also the case that many victims experience a sense of marginalisation that is brought about by the failure of police and prosecution agencies to adequately communicate or inform them about legal processes and case progress. This results in some victims withdrawing from the legal process (Temkin 1997), even though agencies such as state and territory Offices of the Director of Public Prosecutions (DPP) have attempted to ensure that victims are able to access witness assistance and other support services and are informed about their rights and responsibilities as witnesses. The Victorian Law Reform Commission (2003), for example, notes that while some victims find these measures effective, others continue to report communication problems, including not being informed about or understanding a range of issues, such as what was expected of them in court, charge negotiations, and sentencing decisions. Some are distressed by abrupt endings to a matter or being denied the opportunity to tell their stories.

Studies that examine the motivations and expectations of women seeking legal redress highlight that substantive justice, or a fair outcome in the form of a guilty verdict, is not their sole concern. Survivors are often more concerned about procedural justice, or how justice is done, than with substantive justice. Moreover, women's involvement in the criminal justice system is not simply instrumental; it often reflects a range of motivations and a substantial emotional investment. For example, participation in the justice process is sometimes viewed as an opportunity to address the imbalance of power between survivors and offenders or to resolve the emotional impact of the assault (Konradi & Burger 2000). In general, women's expectations are not met, as control and decision-making are vested in legal personnel (Hattem 2000).

A recent Tasmanian study documented the motivations, expectations and experiences of thirteen female clients of a sexual assault centre who entered into the legal system (Northern Sexual Assault Service 2004). Most of the women did not achieve their objectives of justice, protection, closure and having the offender held accountable for his actions. Moreover, the impact of participating in the legal system on various aspects of their lives was largely associated with whether they were believed, kept informed, included in the process, given clear guidelines, and treated respectfully by each of the criminal justice agencies. There were indications that the attitudes of legal personnel and the commitment to inform survivors about case progress went some way to mitigating the negative effects of involvement in the criminal justice process.

For survivors who enter the criminal justice system, conviction is not necessarily the same as success. Even when the accused is found guilty, some women do not feel that justice was done, or feel that they have been let down. This conclusion is supported by the domestic violence literature, which indicates that complainant satisfaction is related to factors such as being informed about the proceedings, ongoing dialogue with system staff, being treated with respect and dignity, and the perception that the proceedings were fair (Holder & Mayo 2003).

## Conclusion

The literature reviewed here casts doubt on the pre-eminence accorded to the criminal justice system in attending to victim's needs, since:

much of the relevant research supports as valid the assessment that the best option is not to report: no protection can be guaranteed for the victim afraid of the offender's reaction to the police report; the police do not always provide a response that is supportive of the victim and the court process is traumatic. Family and friends either may be unable to cope with the fact of the assault, or may adhere to stereotypical notions as to the circumstances in which assault occurs, blaming rather than supporting the victim. A decision not to report avoids angering the offender, and removes the victims from contact with both the police and with the courts, while leaving intact the option of not 'going public' with family or friends (Gilmore & Pittman 1993: 34).

The help-seeking decisions of sexual assault victim/survivors are made within social contexts and structures that afford differing opportunities and constraints, contingent on women's social location. Kaukinen (2004) argues that, just as people with illness seek help from family and friends in addition to consulting with doctors and formal support sources, many victims of violent crime seek help from informal support networks and some also turn to police for help. Alternative help-seeking strategies are an integral element in attending to victims' needs. The multiple dimensions and distinct strategies involved in help-seeking are not captured by analyses in which victim decision-making is conceptualised only in terms of seeking legal redress. This nuanced analysis of victim responses indicates that, distinct from the idea that non-reporting is a passive response to sexual victimisation (Dussich 2001):

Seeking help from family and friends suggests that victims are actively engaged in a process of attempting to deal with the aftermath of crime. Although help from family and friends does not necessarily bring about justice-based solutions to criminal victimization, help from informal networks provides social support, comfort, and other tangible resources to crime victims (Kaukinen 2002: 451).

The literature also raises a number of questions, such as whether families and friends prevent access or provide a pathway to further help seeking from legal and professional sources of support or vice versa, what are the motivations and needs that lead victims to seek different forms of help, and what solutions they are seeking from different support sources. To address these questions the current research focuses less on asking why women do not report to police and more on understanding the meaning of different help-seeking decisions from the survivor's perspective.

# Eliciting and Analysing Survivor Testimonies

*Women 03*



### 3 Eliciting and Analysing Survivor Testimonies

The first component of the research examined social and personal factors that impact on victim/survivors' help-seeking and reporting decisions. This retrospective, non-probability study utilised qualitative research methods and a purposive sampling technique. Semi-structured interviews with female victim/survivors of adult sexual assault generated qualitative data on factors that influenced their decisions to:

- disclose sexual assault to various sources of support;
- report sexual assault to police; and
- withdraw from or continue through the criminal justice process.

The interviews were also aimed at eliciting the women's perceptions of the actual degree of choice available within the criminal justice system and their recommendations on ways of improving criminal justice and other responses to victims of sexual assault. One of the major objectives of the study was to determine which support services were perceived as helpful or unhelpful, in what way responses from various support sources were helpful or unhelpful, what were survivors' immediate needs at the time of disclosure and whether they were met. Women's needs and help-seeking strategies are likely to vary in intensity and nature over time and across situations, such as immediately post-assault, following the initial disclosure, or just prior to the first court appearance. The following chapters do not explicitly analyse temporal and situational differences in help-seeking, although the women's narratives often highlight changing support and information needs.

#### Procedure, sample and analytic approach

Participants were recruited through sexual assault centres that also took part in stakeholder consultations (see Appendix A for a list of sexual assault and other services that participated in stakeholder consultations). Participation was voluntary and verbal consent was obtained from all women. To protect the women's privacy, pseudonyms are used in this report; most were chosen by the women and were used during the interviews.

Sexual assault centres were identified and approached through consultation with board members of the National Association of Services Against Sexual Violence (NASASV). Workers at the centres were asked to identify potential interviewees, explain the aims and purpose of the research, distribute the interview schedule to women who wanted to read it prior to the interview, and set up interviews at the sexual assault centre. Inclusion criteria stipulated that the women should be:

- survivors of adult sexual assault, that is, over the legal age of consent when the assault occurred. Some of the women were also survivors of childhood sexual abuse. While it is acknowledged that this is likely to influence decisions in respect of adult assault, the women were not asked to speak about childhood sexual abuse, as this was outside the research brief;
- able to understand the purpose and scope of the interview and provide informed consent;
- no longer involved in the criminal justice system and not considering future legal action; and
- preferably include one survivor from each of the following categories:
  - reported the assault to a sexual assault centre, but not to police;
  - reported to police but the case did not proceed (for any reason);
  - case was referred to the DPP but was discontinued (for any reason); and
  - case proceeded to trial, or the offender pleaded guilty.

The composition of the final sample is not evenly distributed across the final four categories for various reasons. One of the major reasons is that many adult clients of sexual assault services are survivors of childhood sexual assault who first disclosed as adults: because the study focused on survivors of adult sexual assault, these women were not eligible to participate and some sexual assault services had difficulty in finding participants for each category. A second reason is that sexual assault workers' concern for client welfare sometimes limited the number of clients they contacted about the study. Some centres felt that it was too intrusive to initiate contact with clients who were no longer on their active lists and, while they had a limited number of current clients who were suitable, many did not want to tell their story again. Finally, recruiting participants was easier for metropolitan than rural or regional services. Some rural and regional sexual assault centres were unable to recruit any participants, while others could contact only one woman who was willing to be interviewed. This is largely because women either leave small towns following a sexual assault or are reluctant to speak about sexual assault due to gossip and stigma.



The recruiting strategy means that there are biases in the sample and the results are not able to be generalised to other contexts. As noted, all of the women were recruited by sexual assault services and mostly from their client databases, although some of the women did not seek help for considerable periods after the assault. In contrast to low levels of reporting in the population, a high proportion of the women had some involvement with the criminal justice system, which may reflect the police practice of referring women to sexual assault services and/or a higher level of police reporting among women who contact sexual assault centres and are informed of their options. Sexual assaults reported to police tend to differ from those that are not reported in terms of factors such as the victim's perception of the seriousness of the incident, the victim/offender relationship, the level of physical injury, and whether a weapon was used. Generally speaking, the more closely an incident resembles the stereotypical "real rape" scenario – a violent attack perpetrated by an armed stranger in a public place – the more likely it is to be reported to police, although increasing numbers of acquaintance rapes are being reported (see Lievore 2003 for a discussion of the issues). As a result, it is not clear how the help-seeking decisions of women in this sample differ from those who did not contact a sexual assault centre or did not seek any support. Nor it is possible to assess whether or how the characteristics of the sexual assaults impacted on the women's help-seeking decisions. As this is a retrospective study, some aspects of the women's recollections may be affected by the time elapsed between the sexual assault and the interview. There is no reason to doubt their memories of what happened to them or their feelings about how they were treated subsequently, but it is possible that their current understandings of why they made particular decisions reflect the reflexivity afforded by the passage of time.

The interview protocol in Appendix B provided a guide to the types of topics that would ideally be addressed in each interview. The schedule was developed by Dr Denise Lievore in consultation with Dr Holly Johnson, Visiting Fellow at the Australian Institute of Criminology, on secondment from Statistics Canada. Dr Johnson's primary area of expertise lies in the design of questionnaires to address sensitive issues such as sexual violence and other forms of violence against women, notably the Canadian Violence Against Women Survey. Care was taken to ensure that the wording and flow of the questions were sensitive and respectful towards victim/survivors. Participating sexual assault centres and other stakeholders were asked to provide feedback on the draft interview schedule and these ideas were incorporated into the final version. Dr Johnson and Dr Lievore conducted the interviews and stakeholder consultations.

One of the advantages of semi-structured interviews is that they allow researchers the flexibility to follow up issues that may arise in discussion or to adopt different formats as required. Given the sensitive and personal nature of the topic, the interviewers accommodated each interviewee's interaction style and comfort level as much as possible, with the result that not all interviews covered all of the points in the protocol. For example, some interviewees required a question and answer approach, while others had read the protocol prior to the meeting, made notes about points they wanted to cover, and required minimal prompts. While the focus of the interview was on help-seeking decisions and the women were not asked direct questions about the assault itself, some related the events in a roughly chronological order or a narrative style and others related their experiences in a less ordered manner. The broad areas covered by the interviews were:

- sociodemographic information;
- general information about the assault, such as when and where it occurred and the relationship to the perpetrator;
- decisions to seek help from formal and informal sources of support;
- experiences with police and the Office of the Director of Public Prosecutions (DPP);
- general questions about factors influencing decision-making and help-seeking behaviour;
- reactions of others and satisfaction with help received; and
- suggestions for improving criminal justice and social responses to sexual assault survivors.

The research protocol did not impose a definition of sexual assault. Liz Kelly highlights the importance of allowing women to define their own experience as sexual assault, because researchers' analytic definitions do not always reflect those of research participants. The implications for research design are that "the questions asked must allow for experiences which women are unsure how to define" (Kelly 1988: 158).

To minimise the potential of re-traumatisation, the interview schedule did not include intrusive questions about the exact nature of the sexual assault, consequences such as injury, or prior incidents of childhood or adult sexual or physical violence. The women were asked to provide general details about the circumstances of the assault and only to the extent to which they were comfortable. From the information that was offered it seems that most, if not all of the assaults, involved penetrative offences and a number of women sustained some level of physical injury. These characteristics are likely to contribute to the high level of reporting among the sample and may also be implicated in sexual assault workers' decisions to recruit these particular women and the women's own decisions to participate in the study. The interviewees were not specifically asked why they chose to participate, but many spontaneously said that they were motivated by the opportunity to help other women, to contribute to systems change, and because they believed that the research was worthwhile. Feedback from the interviewees and sexual assault counsellors indicates that the women often benefited from taking part in the research because they were treated respectfully and were listened to, believed, and taken seriously.

The interviews gave rise to quantitative and qualitative data. The data were stored in accordance with the record keeping sections of the National Statement on Ethical Conduct in Research Involving Humans. Files were allocated a unique identification number and pseudonyms were used to protect interviewees' privacy. Tapes, notes and computer records were not available to anyone other than the researchers. Descriptive statistics relating to victim/survivors' demographic characteristics, incident characteristics, and reporting and disclosure patterns were analysed using SPSS 11.5 for Windows. Statistical data comprise the remainder of this chapter.

The interviewers took notes during the interviews and took care to record particular phrases or expressions used by each woman. While the discussions were taped, the interviewers' notes formed the basis of the qualitative analysis. Responses to different questions were coded into categories and sub-categories that related to the questions guiding the research. The analytical approach combines content analysis - counting and interpreting recurring themes and issues - with a narrative approach, which is premised on the view that the meaning of women's experiences is often better understood by examining the context of the narrative as a whole (Denzin & Lincoln 1998). Counts of the number of responses in a particular category are provided where possible, but the complexity of some responses means that this approach is not always feasible or desirable. Qualitative analyses are illustrated by quotes and case studies that are paraphrased from the interviewers' notes.

## Descriptive statistics

The sample comprised 36 women from twelve centres across Australia: four from the Australian Capital Territory; five from New South Wales; three from the Northern Territory; five from Queensland; two from South Australia; eight from Tasmania; five from Victoria; and four from Western Australia. As women in different geographical locations may encounter different circumstances that impact on decision-making, interviews were conducted in each capital city and a small number of rural and regional centres. The majority of participants ( $n = 29$ ) lived in capital cities, while the remaining seven were from rural or major regional centres that ranged from a population of approximately 1,000 people through to more than 60,000 people.

All interviews took place in sexual assault centres and ranged from 35 minutes to just over two hours, with a mean of 66 minutes. Nine women became somewhat upset or emotional during the interviews, but most ( $n = 8$ ) indicated that they wanted to complete the interview. A sexual assault worker was called in to counsel the woman who was unable to complete the interview and counsellors were on hand for all women to debrief after the interview.

The women were asked to describe a number of sociodemographic and personal characteristics as at the time of the interview, as well as questions about the characteristics of the incident. The findings are summarised in Table 2. Categories such as marital status and disability are self-defined.

### Sociodemographic characteristics

At the time of the interviews the women ranged in age from 19 to 59 years, with a mean age of 36 years ( $sd = 11.41$ ). The incidents occurred at periods of less than one year prior to the interview to 31 years earlier. At the time of the incident the women ranged from in age from 16 to 55 years, with a mean age of 30 years ( $sd = 11.83$ ). Other demographic characteristics include:

- Eighty-six per cent of the women were born in Australia. None identified as Aboriginal or Torres Strait Islander.
- At the time of the interviews, 83 per cent of the women described themselves as single, separated or divorced. Only two women were married or living with a de facto partner and four had a non-cohabiting partner.
- This was a relatively well-educated sample, with 44 per cent having some university education. Education levels ranged from lower primary school to current university students and post-graduate qualifications.



- Just under half of the women (47%) were in full-time or part-time employment at the time of the interview. However, some of the part-time workers also received government benefits (e.g. disability and single parent pensions, unemployment benefits and student support) and were part of the 56 per cent who cited government benefits as their major source of income. Reliance on welfare was often a direct consequence of the debilitating effects of sexual assault, as women were unable to continue working.
- Most of the women had children at the time of the interview (56%). Of these, six had children at the time of the assault. Two women became pregnant as a result of the assault: one terminated the pregnancy; the other chose to raise her child.

Ten of the women identified as having a disability at the time of the interview. The majority of disabilities ( $n = 7$ ) were described as emotional or mental in nature and included depression or post-traumatic stress disorder (PTSD), which were consequences of sexual assault. These conditions were self-identified and not necessarily diagnosed by mental health professionals. Four other women had disabilities that appeared to pre-date their experiences of sexual violence, including one woman with diagnosed bipolar disorder, one with acquired brain injury (ABI) sustained through a motor vehicle accident, one with an unspecified intellectual disability present from birth, and one with a physical disability. The woman with ABI believes that the impairment to her cognitive functions contributed to her repeat sexual victimisation, because she was uncertain about the appropriateness of some behaviours. The woman with an intellectual disability has been sexually assaulted on numerous occasions, beginning at age 11. The woman with physical disability does not believe that this was associated with the sexual assault. Other women in the sample were suffering psychological effects as a result of sexual assault, but as they did not identify as having a disability they have not been included in this count.

**Table 2**

Sociodemographic characteristics of the sample

Characteristics	N(%)
Total	36(100)
Racial/ethnic background	
Born in Australia	31(86)
Born overseas, Caucasian descent	3(8)
Born overseas, Asian descent	2(6)
Marital status	
Single	20(56)
Separated or divorced	10(28)
Non-cohabiting partner	4(11)
Married or de facto male partner	2(6)
Education	
Year 10 or below	5(14)
Year 11 or 12	6(17)
Post-secondary (non-university)	9(25)
University	16(44)
Employment	
Not currently employed outside the home	19(53)
Currently employed outside the home (full time or part time)	17(47)
Main source of income	
Government benefits	20(56)
Own wage	14(39)
Partner or parents	2(6)
Ever had children	
Yes	20(56)
No	16(44)
Disability (self-identified)	10(28)

Source: Australian Institute of Criminology, Sexual assault victim decision-making data [Computer file]

Incident characteristics

A number of women had experienced repeat sexual victimisation on different occasions by different men, some beginning in childhood, while others were repeatedly sexually assaulted by the same man within the context of intimate partner violence. For the purposes of this study intimate partner violence includes controlling behaviours and emotional abuse as well as physical violence. Where women reported repeat victimisation or intimate partner violence they were asked to focus on one specific incident for the purposes of the interview. The following statistics refer to that incident. Incident characteristics are detailed in Table 3.

Over half of the assaults (53%) occurred within the three years prior to the interview. Three quarters of the assaults were perpetrated within a residential location, with the majority of those in the victim’s home. Almost ninety per cent of the incidents involved one perpetrator. All perpetrators were males, although two women believed that the perpetrator’s female partner either knew about or participated in the assault. Nine women believed that their drinks were spiked and the majority of these incidents (n = 7) occurred in private residences.

A high proportion of the women (42%) experienced threats and/or additional physical harm from perpetrators or their supporters following the sexual assault. Nine women were threatened, harassed or stalked, while six were threatened, harassed, had property vandalised or were subjected to physical violence, including abduction at knifepoint.

Table 3

Incident characteristics

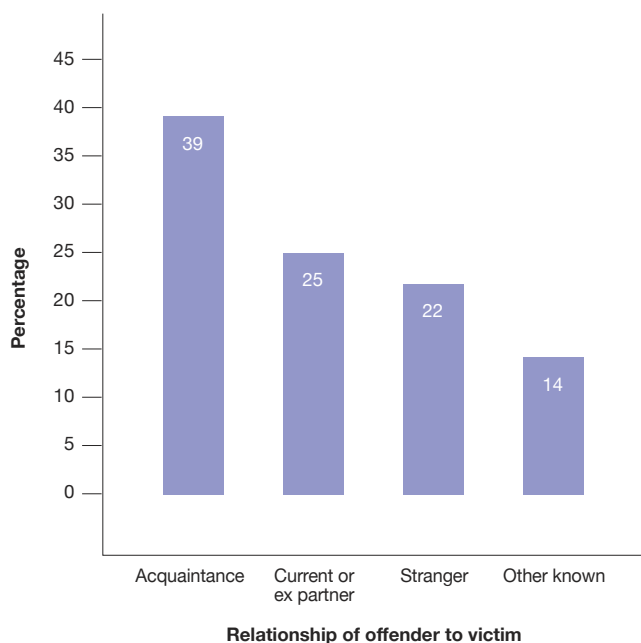
Circumstances of the sexual assault	N(%)
Total	36(100)
Repeat victimisation (different occasions and perpetrators)	10(28)
Intimate partner violence	9(25)
Current partner	5(14)
Ex-partner	4(11)
When the assault occurred	
Less than three years ago	19(53)
Three to 10 years ago	12(33)
More than 10 years ago	5(14)
Location of assault	
Victim’s home	18(50)
Other home	9(25)
Outdoors or indoors at a public venue	9(25)
Time offender knew victim prior to assault	
Less than 24 hours	5(14)
Two days to one year	8(22)
More than one year	13(36)
Stranger	8(22)
Unspecified	2(6)
Multiple perpetrators (gang rape)	4(11)
Drink spiking	9(25)
Threat or violence post-assault	15(42)

Source: Australian Institute of Criminology, Sexual assault victim decision-making data [Computer file]

Slightly more than three-quarters of the offenders knew the victims (n = 28), with the largest category described as acquaintances (n = 14). Of these, eight had known the victim for more than 24 hours. “Other known” offenders included friends, neighbours and family members (Figure 3), all of whom had known the victims for more than 24 hours. Over a third of all offenders (n = 13; 36%) had known the victims for more than a year prior to the assault.

**Figure 3**

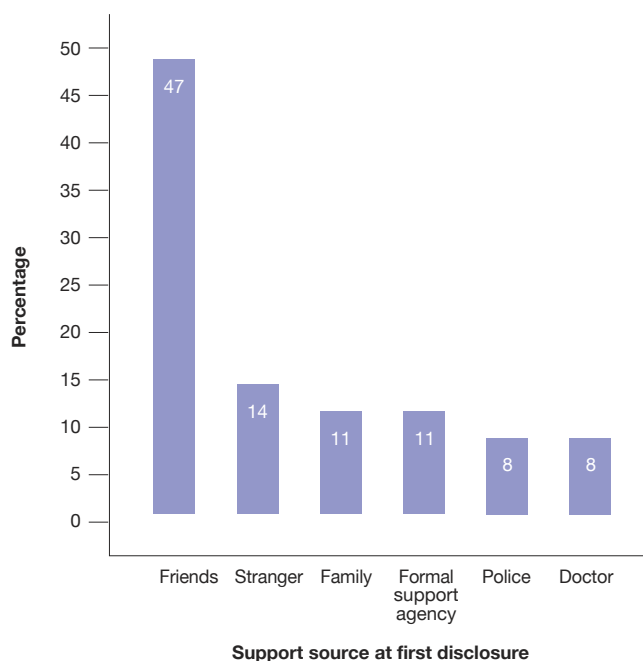
Relationship of offender to victim (%)



Source: Australian Institute of Criminology, Sexual assault victim decision-making data [Computer file]

**Figure 4**

Person to who assault was first disclosed (%)



Source: Australian Institute of Criminology, Sexual assault victim decision-making data [Computer file]

### Disclosing and reporting sexual assault

Women's social networks are central to their help-seeking and disclosure patterns (Figure 4). Slightly fewer than half of the women first disclosed the sexual assault to a friend, while a small number ( $n = 5$ ) sought help from strangers such as neighbours or passers-by. The women were somewhat more likely to disclose to family members, a counsellor or a psychologist, than to tell police or a doctor.

Findings relating to other aspects of disclosure patterns and help-seeking are detailed in Table 4. Almost three-quarters of the women disclosed the sexual assault within 72 hours. The majority of incidents were reported to police, with two-thirds of the women reporting on their own behalf. All assaults by ex-partners, family members, friends, neighbours and strangers were reported to police. Assaults that were not reported were perpetrated by current partners (three out of five) and acquaintances (three of fourteen). Assaults by partners, and ex partners were more likely to result in delayed reporting than assaults by any other category of offender (Table 5).

Table 4

Time to disclosure by relationship of offender to victim

Relationship of offender to victim	Time to disclosure*			
	Immediate N(%)	Delayed N(%)	Historical N(%)	N(%)
Partner	0	2(40)	3(60)	5(100)
Ex-partner	3(75)	1(25)	0	4(100)
Other known	15(79)	4(21)	0	19(100)
Stranger	8(100)	0	0	8(100)
Total	26(72)	7(19)	3(8)	36(100)

Source: Australian Institute of Criminology, Sexual assault victim decision-making data [Computer file]

\*See Table 5 for explanation of these categories

Most women did not utilise formal services other than police or sexual assault centres (61%), while the same percentage received informal support from familial and social networks. However, there was an inverse relationship between utilising additional formal support sources and receiving informal support: in other words, women who did not utilise services other than police and sexual assault centres were more likely to receive informal support (n = 15; 68%) than those who did utilise other support services (n = 7; 50%). This may indicate that women with less supportive informal networks are more likely to look to additional formal support sources for help, or that receiving help from additional formal support providers diminishes the need to seek support from informal social networks.

Table 5

Disclosing, reporting and seeking help for sexual assault

Disclosure, reporting and help-seeking patterns	N(%)
Total	36(100)
Time to disclosure	
Immediate (less than 72 hours)	26(72)
Delayed (72 hours to one year)	7(19)
Historical (more than one year)	3(8)
Reported to police	
No	6(17)
Yes	30(83)
Who reported to police	
Self	20(66)
Other	10(28)
Utilised formal services other than police or sexual assault centre	
No	22(61)
Yes	14(39)
Received informal support	
No	14(39)
Yes	22(61)

Source: Australian Institute of Criminology, Sexual assault victim decision-making data [Computer file]

Criminal justice outcomes

Of the 30 reports made to police, over half (n = 16) did not result in an offender being charged. Of the 14 cases forwarded to the DPP for prosecution:

- 6 offenders were acquitted on all sexual offences at trial;
- 6 offenders pleaded guilty to a sexual offence; and
- two cases were withdrawn by the prosecution just prior to trial.

Information was collected on sentences handed down to five of the six offenders who pleaded guilty. They were jailed for periods ranging from three to nine years, although some offenders served as little as 15 months.

Summary

The descriptive statistics presented in this chapter highlight women’s vulnerability to sexual assault by men who are known to them. They also point to a relatively high level of repeat victimisation for this sample, either by different perpetrators on different occasions or by a woman’s partner. A very high proportion of the women in this sample reported to police and the reasons will be explored in the following chapters. Above all, the findings confirm the importance of women’s social networks to their disclosure and help-seeking decisions. In particular they highlight that friends are a crucial source of support, perhaps because women are more likely to discuss sexual activity with friends than with parents and siblings (Johnson 1996).

## Circumstances of First Disclosure

*Women 04*



## 4 Circumstances of First Disclosure

Researchers have noted the need to collect detailed information about women's reasons for disclosing sexual assault, the motivations and needs that result in help-seeking, the types of solutions they are seeking when they call on different support sources, and whether family and friends prevent access or provide a pathway to further help-seeking from formal support agencies or vice versa (Kaukinen 2002; Ullman & Filipas 2001). This chapter addresses questions around women's reasons for and needs at the time of disclosure, beginning with an examination of the context of the first disclosure. While the context of sexual assaults is routinely analysed, the context of disclosure decisions is rarely dealt with, but there are good reasons for understanding more about the circumstances of sexual assault disclosures. Susan Brison (2002), a sexual assault survivor and Associate Professor of Philosophy, notes that the context of an event is not simply a given: it is fundamentally a part of and determined by the event, as the following analysis demonstrates.

The women were asked to describe the circumstances under which they first disclosed the assault and whether there was something in particular that made them decide to tell. The responses highlighted three distinct disclosure patterns:

- unsolicited disclosures (n = 25);
- solicited disclosures (n = 7); and
- rescues (n = 4).

In the following sections, quotes from the interviews illustrate the variety of contexts within which disclosures are made.

### Unsolicited disclosures

In unsolicited disclosures the survivors made the first move to tell someone that something had happened to them, although this was not always a conscious decision or planned action. Some survivors were unable to say that they had been sexually assaulted and not all had a clear objective in disclosing. Survivors who had an objective in disclosing to a person they trusted were primarily motivated by:

- the need for safety and protection;
- the need for support;
- not wanting to be alone;
- seeking information to help them to clarify their understandings about the nature of the assault; or
- seeking information about whether the offender had done this to other women.

Time to disclosure ranged from immediately after the assault to decades after its onset (in these cases the perpetrators were the women's husbands). Unsolicited disclosures were made to a range of people:

- friend or partner (n = 11);
- doctor or counsellor (n = 7);
- another known person (n = 3);
- reported immediately to police (n = 2); and
- strangers (a neighbour and a person passing by the scene of the assault) (n = 2).

Quotes from victim/survivors illustrate some of the circumstances in which unsolicited disclosures took place.

#### Friend/partner

I told two friends two days after the second assault. One had previously been going to marry him and I wanted to know if he'd ever done this to her. I found out he'd been violent towards other women. (Nina)

I told my housemate, because she was the first person I saw when I arrived home. I told a friend a few hours afterwards; I don't know what I wanted my friend to do. Then I called a male friend who'd once made an off-the-cuff remark about something like this happening. I was looking for support. His girlfriend rang the sexual assault hotline and took me to the hospital. I couldn't tell my cousins because I was looking for people to notice that something was wrong and I didn't want to bring it up myself. Because they couldn't see it, I felt that it didn't seem important. (Isabella)

I was a wreck by midnight. Because this involved a long-standing and trusted friend, I wanted to forget it, but my brain wouldn't stop. The next day I phoned two friends who I trusted and who knew how I felt about [my friend's boyfriend, who was the perpetrator] to check whether this was rape and they said yes. Then I realised that this was a controlling friendship and that my friend had taken advantage of me and enjoyed the assault: both my friend and her boyfriend did it. (Kendra)

I got out of the house while he was asleep. I drove home and showered, but I couldn't sleep. I phoned a close friend, because I didn't want my housemates to see me. My friend knew I was distressed and she told me to come to her house straight away. I stayed all night and my friend put me in the bath and gave me cups of tea. I was brought up to talk about things, as this makes it easier to deal with. It wasn't a conscious decision to tell her; I just wanted to be somewhere safe, with someone I trusted, to be protected, because I was scared he might come to my house. Being with my friend made me feel not alone any more: safe and protected. My friend's partner was around but he stayed out of the way. (Pen)

I told a girlfriend by chance the next afternoon. We were both walking in the park at the same time. The offender sent an SMS message apologising for what had happened and asking if I was okay... My friend was the only person I planned to tell; I was trying to handle it alone because it was very embarrassing. (Amanda)

My immediate reaction was to call my [non-cohabiting] partner and police for protection. My partner was close; he lived across the street. I needed the presence of a healthy male; protection in case the offender [a stranger] came back. (Alicia)

#### Doctor/counsellor

I told a university counsellor two months later. I was in deep denial and I thought it wasn't affecting me. I slowly started remembering, but I wasn't sure what was going on; I doubted my memories. Then it started to impact. I had exams coming up and I needed to see a counsellor to get special consideration for exams and I realised I needed support. (Nadine)

I was sick; I couldn't eat or breathe. I wanted to do something for myself. This relationship brought patterns in my life to the surface and it made me stop and want to do something for myself... I was tired of being miserable. I just wanted to die but I couldn't leave my child, so the only option was to get better. (Kate)

I told my GP one and a half weeks later. I was in shock, I didn't understand what had happened. I couldn't explain the bruises to my parents or other people so I said I'd been beaten up. I knew I'd been raped, but I couldn't think about the consequences. It wasn't a fully conscious decision to get help. I had two friends who were psychologists and we'd previously spoken about the importance of getting help... He was threatening to kill me. As the shock decreased and I had a greater realisation of the consequences, I needed to tell someone so that in case he killed me, the police could be told. (Michelle)

The first person I told was my GP. She gave me the morning-after pill and suggested I contact police. I was worried about what that would do to my friend [the perpetrator's wife]. The doctor told me not to worry about my friend: this was a criminal act and I should at least find a good friend and talk about it. (Sachi)

#### Another known person

I told my boss the day after, because I wanted to leave my job, even though I'd enjoyed my work [the perpetrator was a colleague]. It was hard to tell him but I wanted him to understand why I was leaving, and I needed a reference. His first reaction was to say "I wish you hadn't told me this". He said I shouldn't make rushed decisions. (Sarah)

While he was still in my bed I escaped to the nearest neighbours and I felt really embarrassed about waking them up. I was dazed and found it difficult to realise I was safe. I told them "I've just been raped; I need to use your phone". I called his mother to come and get him. (Cherie)

#### Police

I contacted the police right away. I was afraid for my safety. He had done real damage to the house before he left and he broke the lock on the door. I was frightened. I wanted police protection. (Karen)

I contacted police the day after the assault and I was told I'd have to give a statement or nothing could be done. The next day I went to the DV service, but they were too busy to see me. I told the perpetrator's counsellor what he'd done and the following day I went to police... I tried to put off having charges laid; I wanted to think about it. (Tamika)

#### Stranger

When I woke up [from being bashed unconscious] he was holding me and I was scared. I hailed a car, told them I'd been raped and asked them to take me to the police station. (Ginny)

It was very hard to tell anyone about it, as I'd just moved in and I didn't know any of my neighbours. After the offenders left, I went to the toilet. They'd used a broken bottle and I was bleeding and needed medical attention. I went downstairs and spoke to a female neighbour and asked where the nearest public phone was. It was a three-mile walk and I knew I couldn't make it because I was bleeding and I needed help immediately. (Chanel)

#### Solicited disclosures

Solicited disclosures (n= 7) occurred when someone who knew the survivor observed that something was wrong and asked what was the matter. The invitation to tell usually resulted in immediate disclosure. Timing of these disclosures took place from immediately after the assault to weeks later.

I wasn't willing to tell anyone. My first reaction was that the police wouldn't believe me. I knew of friends who'd been assaulted who hadn't reported to the police because of the lack of support. I got into a fight with my partner because I was acting strange and he was probing and asking questions. It took him two hours to get it out of me. (Annabelle)



A male friend... picked up that something was wrong and I trusted him. It was a relief to finally tell someone because I spent the first three days crying and feeling guilty about it. I'd been holding it in long enough. I needed to be believed by someone who was sympathetic and to keep it private. (Deborah)

A friend I'd grown up with had seen me deteriorate and was concerned about me since I'd started dating a bikie. She knew something was wrong and got it out of me a few weeks later. She was a long time friend who I trusted. I needed help being safe outside the bikie circle. It was a risk to speak to someone outside the gang. I'd been raped twice within six months by associates of my boyfriend. I told no one about the first one until I disclosed the second one. (Lucy)

A friend rang me right after it happened and knew that something was wrong so I told her... I didn't know what to do: I was almost in a dissociative state. I have bipolar disorder and was in a manic phase. I needed understanding and emotional support rather than empty words. I needed my real father [she was sexually assaulted by a man she regarded as a surrogate father]. My friend was shocked and immediately confided that something similar had happened to her. This was the first I knew of this. It made me feel not so alone. I asked my friend for advice and she advised calling the police and ringing [a crisis line] for help. So I called the police. (Tina)

## Rescues

Rescues ( $n = 4$ ) occurred almost immediately after the assault, when survivors were rescued by strangers or others who noticed that something was wrong.

I knew he'd be back. I managed to get myself to the window [the offender had bound her and tied her to furniture before leaving]. Some people who were walking past saw me in the sliver between the curtains. They flagged down a cab and called police. (Dianne B)

I was found by a man who was passing by. He asked if I was okay and I said yes, because I was afraid the perpetrator was still around or he might come back. The man who found me took me to a nightclub, because I made him promise not to tell the police or call the ambulance. The nightclub staff called the police and the ambulance. (Mikayla)

I only went to the police this time because I hit the alarm on the car while I was trying to get him out of the car. The alarm went through to the taxi centre and they called the police. The police came within ten minutes. They asked if I needed to go to the hospital. I said no, so they followed me back to the station and got people looking for him straight away. (Leah)

A stranger broke into my bedroom, which was detached from the house, and spent four hours with me before he raped me. My father noticed a light on. He came out, heard a male voice, then me saying "Please don't rape me". The man had a knife and tried stabbing my father before he grabbed his clothes and jumped the fence. (Julia)

## Naming sexual assault

The sample included nine women who spontaneously noted that they did not or could not name their experience as sexual assault at the time it occurred. Those who did not name it as sexual assault ( $n = 5$ ) were not aware of their rights to sexual autonomy, particularly in relationships, or said that their perceptions of sexual assault were shaped by television portrayals. Those who could not name it as sexual assault were unable at the time to face the fact that they had been sexually assaulted.

### Did not name it

The first person I told was my female doctor. This was three years after I left my husband. I was unwell and I needed to be well for my children. I hadn't named it as rape prior to this. My doctor said it was sexual assault and linked it to my symptoms. I had no idea rape could take place in marriage, or I would have left him years before. (Tanya)

I met husband when I was 15 and married him at 18. I vowed to honour and obey him. I took my vows seriously and tried to please him; I always put him first. I tried to please him so he'd want me for just me. He always wanted sex with other women. The sexual assault started soon in the relationship... I didn't realise I could refuse consent. (Dianne A)

I went to see a counsellor and started having flashbacks... Through counselling I came to the realisation that sexual assault takes place in relationships. I believed that because I was his girlfriend it wasn't really rape. I wasn't aware of my rights. (Kate)



I didn't know what he did was wrong; I didn't know it was rape. My brother was abusive, so I thought it was normal to be treated like that. The first time it happened I was drunk, I didn't have much control. I was confused and I thought I must have chosen to have sex. Afterwards he made me feel that I'd chosen to have sex by the things he said. All the circumstances and people's reactions made me feel as though I'd chosen, even though I felt bad... I didn't know a boyfriend could rape a girlfriend. The TV campaign made me aware of it, especially the ones about alcohol [i.e. the Australian Government's national campaign *Violence Against Women: Australia Says No*]. It was more helpful than someone telling me, because I'd defend him if someone said it to me. (Hayley)

I tried to carry out my normal routine and pretend nothing had happened, because I didn't want others to know, but I couldn't compose myself... I went to a medical centre. I didn't know I'd been raped: my perception of rape was what I'd seen on TV, being hit and injured. I told the doctor he forced himself on me and the doctor said I'd been raped. I went to the doctor because I just needed to talk and I was concerned about getting pregnant, because I wasn't using contraceptives. (Sarah)

#### Could not name it

After it happened I ran to the house [the assault took place in a front yard], because I was too scared of being outside and if I ran home I might meet the person again. I knew a boy who lives in that house... I knew the family so I felt safe to ask for help, but I didn't say it was a sexual assault... It was embarrassing and I was shocked, I hadn't associated what happened as a crime. (Lisa)

When he left the room I went to my friend, who was asleep in her bedroom. I said something really bad had happened; I couldn't say the word "rape". I had blood coming down my legs and vomit all over me. My friend told me to get in the shower. I had to go to work in the early morning because there was no one to cover for me. I had bruises on my neck, my face was cut up, but I couldn't tell the people I worked with. I didn't know who to tell. After work I phoned my friend, but I still couldn't say I'd been raped. It seemed too final and I knew it would spread like wildfire through the town. I was scared I'd be forced to report it. I didn't know what to do. (Alison)

I recognised that this was sexual assault, but I didn't listen to it, I didn't say it like that. My friend didn't categorise it like that either, but she was angry and concerned for me. My mother identified it as rape some time later during a phone call. I was frightened when my mother said it. I hadn't identified it as rape when I was in the relationship. I didn't want to think about labelling it like that. I loved him; he was my security, my life. If I named it I'd have to do something about it. (Pen)

#### What was needed on disclosure and were those needs met?

The women were asked what type of help or support they needed from the person to whom they disclosed, what the most important thing was that they needed immediately after they told, and whether they received the help they needed. Four of the women had no specific needs and disclosed the sexual assault reluctantly, either because the disclosure was solicited or because they were rescued. Some women gave multiple responses, but the primary responses fell into the six categories shown in Table 6. Most women received the help they needed, but the quotes following the table demonstrate some of the negative effects experienced by women whose needs were not met, or whose disclosures were met with unhelpful or inappropriate reactions.

**Table 6**

Help needed on disclosure and whether help was received

Type of help needed	N	Received help needed N	Did not receive help needed N
Safety, protection	10	6	4
Emotional or medical help in crisis: usually some time after the assault (from months to years)	6	3	3
Emotional needs e.g. support, understanding, not being blamed	6	5	1
Make sense of what happened, validate experience	4	4	0
Medical help immediately after assault	3	2	1
Practical help or advice e.g. help to get to police, advice on options	3	1	2
Total (N)	32	21	11

The first person I told was a counsellor – not at the sexual assault service – after my husband left me and told me that he'd been having an affair. I had lost all my self-esteem and I wanted to know what I was supposed to have done wrong. I just wanted to understand. I felt worse after I spoke to her because she said, "You've been treated like a slab of meat". She made me feel like I was nothing. (Dianne A)

On the first occasion I told a friend at school four months after the assault. I couldn't keep it inside any longer. I had exams and was stressed. I wrote my friend a letter, so someone else would know it had happened and I wouldn't be on my own any more... My friend told other people and the story went around school. I didn't want to be treated differently, but people treated me with kid gloves. It was suffocating. (Justine)

I called his mother to come and get him. She picked me up and she was really hard. She said, "What do you expect if you still have dealings with him after taking out the AVO?" She took him away and I was left alone in my home. I was freaking out because I discovered that the phone was dead [because he had cut the line] and I was scared to use my car because he'd sabotaged it before. (Cherie)

I'd been to [a community counselling organisation] previously because I was being bullied at work, so I told the counsellor about the sexual assault... I needed to tell someone and I wanted help going to the police and help to stabilise. The counsellor refused to help me. This made me feel suicidal. (Heather)

## Summary

The qualitative data in this chapter indicate that women's decisions to disclose sexual assault rarely conform to rational choice models: few disclosures were made after a considered analysis of available information or with clear objectives in mind. Instead, disclosures often reflect the dynamics of and opportunities offered by women's social contexts, their informal social networks, and their social location, either as individuals or as a class (Kaukinen 2002, 2004). For example, the number of women who first disclosed to a doctor or counsellor is consistent with the fact that women are the main consumers of medical and mental health services, but also demonstrates the need for professional treatment to deal with the consequences of the assault. The women's testimonies also highlight that context is more than just a given (Brisson 2002), because in many cases the women's help-seeking decisions were fundamentally shaped by the context of the sexual assault or the social context in which disclosure was made possible. In at least some cases the first recipients of the disclosure were instrumental in facilitating further help-seeking from formal sources.

The findings also highlight the role of informal social networks and health providers in helping women to identify that they have been criminally victimised and have the option to pursue legal avenues of redress. The finding that a quarter of the women either did not or could not name the experience as sexual assault at the time it occurred is consistent with previous findings that women are often silenced by dominant male discourses that reflect men's ideas of what is acceptable sexual behaviour and limit what "is deemed unacceptable to the most extreme, gross and public forms" (Kelly 1988: 138). This process of silencing occurs from the macro-level of social discourses and representations, including discourses around women's lack of entitlement to sexual autonomy or stereotypical media representations of "real rape", through to the micro-level of interpersonal interactions, where an offender can manipulate a young woman's perceptions to the point that she does not trust her own emotional responses to an unwanted sexual encounter (e.g. see the excerpt from the interview with Hayley in this chapter). Some of the women initially minimised or denied the experience, a coping strategy that enabled them to carry on until they were able to admit to themselves that they had been sexually victimised and to deal with the impact of that reality.

However, the fact that an experience is unnamed does not mean it does not have impact: all of these women experienced psychological and physical consequences, ranging from depression and suicide attempts to poor health and eating disorders.

The findings also highlight the way that the normalisation of sexual assault within relationships upholds the hidden nature and secrecy around intimate partner violence. The importance of formal and informal networks is that they can help women to redefine their experiences over time and speak out about and seek help for sexual violence. Until an abusive behaviour is given a social definition, women often do not have:

a way of seeing it as other than as a personal problem. It is the lack of a social definition that is crucial. A social definition/name makes clear that others may share this experience, thereby undermining the isolation of feeling that you are the only one. A social definition also suggests the possibility of a social cause (Kelly 1988:141).

While Kelly is speaking about social definitions at the macro-level, women are also helped to define their experiences through disclosures to friends or others at the micro-level of interpersonal interactions. Social information, whether obtained through media campaigns or talking to friends, helps women to see, define and problematise unwanted sexual experiences. Until women can name sexual assault for what it is, they are limited in the choices they can make to deal with the harms inflicted.

## Reporting to Police

*Women OS*



## 5 Reporting to Police

The existing literature sheds some light on the way that the circumstances of the first disclosure can influence future decisions. There are indications that informal networks are more likely than police or doctors to respond with positive social reactions (Ullman 1996) and that negative social reactions from formal support sources may inhibit subsequent help-seeking (Ullman & Filipas 2001). The previous chapter indicated that friends or doctors sometimes advised women to report sexual assault to police, when they had not thought of it for themselves. This chapter examines the women's reasons for reporting or not reporting sexual assaults to police, together with their perceptions of the justice system.

### Reasons for not reporting

Six of the 36 women did not contact police in respect of the sexual assault. The primary reasons underlying decisions not to do so were as follows:

- three women, all of whom were sexually assaulted by intimate partners, did not name the experience as sexual assault at the time, although two of these women later had contact with police for other matters;
- one woman did not report out of fear of retribution;
- one did not report because she did not want the assault made public and because she felt responsible; and
- one did not report because she was confused and now fears disbelief.

The following quotes help to understand the circumstances of the women's non-reporting decisions. They demonstrate that non-reporting, far from being a passive response, often involves intensive deliberation and does not mean that they took no action. The women took various steps towards reporting or other types of help-seeking, contingent on timing, whether they were in crisis, the responses of police or people in their social networks and their assessment of the likely responses and protections afforded by the social context.

I had no idea rape could take place in marriage... I approached police to get help to leave the relationship. I wanted an intervention order, but I felt like they saw it as just a domestic issue. They trivialised my experiences and it was difficult to get support. (Tanya)

My partner abducted my child, so I went to his place and he beat me up with a crow bar and raped me. I was found wandering around and taken to a house by a river where a mutual friend called the police. I didn't tell the police I'd been raped. It was too humiliating, but also they tried to put me into the front of a paddy wagon while he was in the back threatening to kill me. There were too many men around; I needed a woman, someone to relate to. I'm scared of men; I felt uncomfortable, humiliated and degraded. It's so hard to talk to anyone, especially strangers in uniform. (Kate)

I didn't report because my life was on the line both times. The first one threatened to kill me and the second was at knifepoint, so it just wasn't worth reporting. My main reason for not reporting was fear. (Justine)

My friend urged me to go to the police. I felt maybe I should report it out of a duty to society and others: to have it on record, to have a mark against him and have others know, but I decided not to. I didn't want to make it public, to have my parents and others find out. I also felt guilty, that I had caused the attack somehow. I feel that I've resolved it without reporting to police. (Cynthia)

I thought about it a few times, but I was very confused by the reaction of the male friend I told [who disbelieved me] and my flatmate [who denied it happened]. I stumbled on a police officer shortly after the assault but I wasn't ready to talk to the police at that point. I went to the police a few times since then, but no one was there [she was living in a small community]. I now fear not being believed. The perpetrators are from another city and I don't know their names, so there's little chance of finding them. (Katherine)

### Decisions to report to police: self-reports

Thirty reports were made to police, with 17 women reporting on their own behalf. Of these:

- eight women were initially reluctant to report due to fears around credibility, confidentiality and relationship with the offender or his family, issues around lack of evidence, or uncertainty as to whether this was a sexual assault;
- four women initially wanted advice from police but were not sure about proceeding; and
- three women wanted to contribute to police statistics; two of these wanted to do so without making a formal complaint.

## Reasons for reporting

Among the 15 women who gave reasons for reporting, the motives were varied and complex, as many women gave multiple responses (Table 7). The categories in the table, as well as the following illustrative quotes, confirm that informal and formal networks are often highly influential in women's decision-making processes.

**Table 7**

Women's reasons for reporting sexual assault to police

Reason for reporting	N
Encouraged to report by friend or counsellor	8
No hesitation or doubt: no self-blame; duty to report; wanted justice; fear for safety	5
Harassment or intimidation by the offender and his supporters	4
Contribute to police statistics	3
Wanted to understand why it happened	3
Wanted in on the record, for him to be viewed as suspect in future, did not expect conviction	2
Felt violated, did not want him to get away with it	2
Get help for the offender	2
Nothing left to lose	2
Wanted him to understand that what he did was wrong	2
Concern for other women	2
Anger at betrayal, needed to deal with this differently from previous assaults, no longer prepared to keep secrets	1
Wanted recognition that the assault happened	1
Stopped thinking about everyone else and about not wanting to feel responsible for wrecking other people's lives	1

Note: Totals reflect multiple responses

I reported when the university counsellor suggested it. She said I didn't have to take it further than that if I didn't want to. (Nadine)

I initially reported that a crime had occurred, but I requested no further action. I was being stalked by the offender and I'd received threats by him and others associated with him. The counsellor suggested I take out an intervention order. My dad was an ex-policeman and he was very helpful. I got an interim order, then at the hearing for the actual order, the offender's lawyer approached me and threatened to make my life hell if I carried through. I told my dad, who said I should report the sexual assault. I had nothing to lose and I reported to the police immediately after the hearing. I made my statement a week later. The bullying by the offender's lawyer was my main motivation for giving a statement. (Michelle)

I reported to police two weeks after it happened. I didn't know what to do, but knowing he'd been violent towards other women was the catalyst for me going to the police. I wanted to get psychiatric help for him. I'm not sure if I wanted them to press charges. (Nina)

I went to police about one month after the assault... Initially I didn't want to because of my friendship with the family [the offender was her ex-boyfriend's father and she felt part of the extended family]. I wanted to pretend it hadn't happened, but he started following me and phoning me. He knew my movements and he gave me \$50 for having such a hard time. He started talking about another fishing trip [which was when he sexually assaulted her]. I knew it wouldn't get better... I needed security and recognition that it had happened because I felt like I'd imagined it. I went round for dinner and things seemed normal for him... What stopped me from reporting was that I thought about everyone else, not myself, like his wife and sons and my parents and sisters. I didn't want to be responsible for my younger sister being imprisoned [not allowed to go out due her parents' fears]. I didn't want to feel responsible for wrecking other people's lives. (Isabella)

I was angry and I knew that I needed a change; I needed to deal with this differently from the previous [eight] sexual assaults, which had never been reported. I had no doubts about it and I knew that I didn't consent. My brain and body took over. I phoned the sexual assault centre, they called the cops, and the cops organised a forensic examination. I was outraged and had no fear anymore; I decided I wouldn't be a victim anymore. I couldn't say I was raped and then do nothing about it. I was past self-blame on this occasion. (Kendra)

At first I just dealt with it and had counselling. I spoke over the phone to a female police officer, but I left it; it was too scary. She told me that it was an old crime and because I didn't escape the first time when he went to get the condom [because she thought if he just got it over with he'd let her go] it would be seen as consensual sex. Some months later my mother told me to make a decision and stick to it. I had a dream one night where it was clear that he didn't think he'd done anything wrong. I didn't want him to think it was all right. I thought about other girls he might be with and I knew I couldn't live with myself if he did it again, so I contacted the police. (Pen)

I reported with the support of my psychiatrist. My main concern was being believed. I felt a duty to report it because it was wrong. I have a very strong sense of justice. (Heather)

### Decisions to report to police: reported to police by another person

For 13 of the women, the reports to police were made by other people. These were primarily solicited disclosures and rescues. Nine of these women felt comfortable about someone else reporting on their behalf, but the other four women would not have reported of their own volition and felt the decision had been taken out of their hands.

My partner took me to the police station. He insisted I had to report, even though I thought they wouldn't believe me. He was being protective and he told the police. Deep down I wanted to go to the police; I'm normally very strong, but I lost it. I'm glad my partner was there. (Annabelle)

A woman friend contacted the police. I felt okay about this. I was relieved but also frightened because everyone knows everyone else and I was worried word would get out. I was concerned about others knowing about it. I decided to report after my friends urged me to and because of knowing about his history as a predator of women, and knowing I'd been raped and I wanted him stopped. (Deborah)

I told a girlfriend by chance next afternoon... She was married to a police officer and he got a detective in the sexual assault unit to phone me. The detective asked to come to see me; she took the choice out of my hands. We just chatted; there was no pressure to report. I didn't have a problem about my friend contacting the detective. I was too traumatised and was trying to make sense of what had happened. (Amanda)

It was reported by nightclub staff [where she was taken by the passer-by who found her]. I didn't want to report out of fear for myself and my daughters because the offender had threatened me. (Mikayla)

My friend's mother took me to the hospital and notified the police. I felt as though it was all taken over and I didn't have much say in what was happening. (Christina)

### Perceptions of the criminal justice system

Regardless of whether a sexual assault was reported to police and who reported it, most interviewees ( $n = 20$ ) expressed one or more concerns or had negative perceptions about becoming involved in the criminal justice process. Ten women either had positive beliefs about the legal system and the benefits of reporting, or had no doubts about reporting.

#### Concerns about reporting

Primary concerns about reporting fell into six non-discrete categories that centred on:

- fear of disbelief or lack of credibility, and police attitudes;
- confidentiality: fear of the assault becoming public knowledge;
- blame: fear of being blamed by others for precipitating the assault, or self-blame for being in the offender's company;
- history: prior criminal record, sexual history, defence lawyers' access to medical records;
- fear of the legal process as a result of personal experience or public knowledge about the rigours of the criminal justice process (e.g. television programs); and
- anticipation of the consequences of reporting: adverse personal outcomes, fear of reprisal, implications for relationships, low conviction rates.

#### Disbelief, credibility, police attitudes

I have friends in the police force who said they wouldn't report if it was their daughter or sister. I also knew the guy in charge of the police unit: his attitude was that women usually deserve it. Small towns are worse because you know the views of police officers... No one has ever been convicted of drug rape. It comes down to word against word and what chance have you got when people say you were carried out of the club drunk? (Lee)

I wasn't going to do anything about it; I just wanted advice on what to do, just to have a chat. I'm not sure about the period of time [over which] it happened; I didn't fight back at first; I thought I wouldn't be believed because I'd had two glasses of wine. (Alison)



### Confidentiality

Some of my close relatives are members of the police force and I was worried about them finding out. My brother looked up my records and told my parents without consulting me. I was also concerned I wouldn't be credible, but the police were really good about it. I don't know why they believed me. (Nadine)

### Blame

I didn't want to report to police because they would think I was stupid, that it was my fault because I was at his place. I wanted to keep silent about it. I questioned whether I wanted to go through the criminal justice system considering how long it would take. (Sarah)

Victims don't come forward to the police because they're tired of being dragged over the coals: questions like, "How did you entice him? What did you do?" (Dianne A)

### History

I was concerned about my past criminal record and my connection with a bikie gang. I was known to police because they'd been called in the past to respond to calls about violence by my bikie boyfriend. They never followed up on the DV either. (Lucy)

What I've seen about sexual assault on TV also dissuaded me. I've had sexual relationships and I'm worried that that will be brought up in court. (Katherine)

### Fear of the legal process

Other times I haven't gone to the police because I knew it would go through court. Because of my previous experiences I don't like court and defence lawyers. I'm terrified of defence lawyers: they twist words around, catch you out, ask questions in different ways. Court is a problem: getting up on the stand and going through everything again, with everyone in the room and being questioned about it. (Leah)

### Anticipation of the consequences

Sometimes I think it's more hassle than it's worth. I know if I reported now it wouldn't help me; I'd feel worse. You have to think about the consequences of reporting. In my case it was someone I know, part of my social group; I was going through emotional distress and would have felt worse if it became public knowledge. I don't feel I'd heal even if I got justice, because getting justice would become the focus, it would become more of a legal matter than a supportive matter. Then if he isn't convicted, that would make me feel even worse. I'd be jeopardising my own well-being. (Hayley)

Yes, I had concerns about going to the police. I felt overwhelmed by the whole thing and felt all decisions were taken out of my hands; that decisions were made around me. Calling the police set things in motion that I wasn't prepared for. After the police came, I gave a statement but had to be persuaded to give them the man's name. I had to make the decision to lose a close friend and surrogate family when I finally divulged his name. But he works with teenagers and they could be at risk, so I felt the need to protect them by giving police his name. (Tina)

I was discouraged from reporting because I had some knowledge about how difficult it is to prosecute sexual assault, about the court process and low conviction rates. (Nadine)

Given that the majority of women in this sample did report to police it is clear that having concerns about going to the police does not necessarily preclude reporting. Some of the women had faith in the justice process, while others saw it as a means to an end, such as validation or protecting others, rather than retribution or revenge. At the same time, the preceding quotes highlight that social information about or previous involvement in the process can undermine some women's views about justice and influence their future decisions.

### Positive perceptions of the benefits of reporting

Responses from the ten interviewees who had had no hesitation about reporting often related to the characteristics of the incident, such as when:

- it was an unambiguous situation, where the woman was clearly not blameworthy;
- they were outraged at being injured or betrayed;
- they believed in the efficacy and fairness of the system; and
- they felt it was their public duty to report.

### Unambiguous situation

This was a stranger who broke into my home at 3.30 a.m. There was no question in my mind about reporting to police. (Alicia)

I was 16 years old; I had a strong personality; I was a virgin. I felt violated and I didn't want him to get away with it. I didn't think about court. (Ginny)



### Outrage

I had no concerns about going to police; I felt such rage at the betrayal that I didn't think about it. (Kendra)

The sexual assault counsellor spoke at great length... about the fact that I didn't have to go through the criminal justice process if I didn't want to. I wanted the mongrels caught; they'd torn the outer lips of my vagina. (Chanel)

### Belief in the system

I didn't want revenge, I just wanted the system to work, especially the justice that I believed in as a little girl. I didn't expect him to be convicted because I'd researched what happens. I wanted him to be looked at as a suspected rapist in future. (Michelle)

I was confident the law would sort him out... I've abided by the law all my life and when I needed it, it let me down. (Cherie)

### Public duty

The statistics about sexual assault encouraged me to go ahead with the charges, especially statistics about reoffending. If I'd done nothing it would have chipped away at me. I needed to do this for my own recovery and to stop him from doing this to another person. (Sachi)

### Summary

This chapter demonstrates that friends, families and other trusted persons such as counsellors are often more than a source of support and validation for sexual assault survivors. In addition to these important roles, the recipients of sexual assault disclosures act as vital information sources for victims on how to behave in situations of crisis, ambiguity or fear. Decisions to report to police are often made after other people confirm or identify that this was a serious criminal victimisation, that legal redress is an option, and that they would support the woman if she decided to bring the matter to police attention. In some instances, this goes beyond verbal offers of support, to overt encouragement or reporting on the survivor's behalf. Conversely, negative social reactions and unhelpful responses, or the fear of negative reactions and stigmatisation, can act as deterrents to reporting or to further help-seeking.

Although the majority of women in this sample had contact with formal support providers such as sexual assault centres soon after the assault, there were a number of women who experienced negative social reactions from police and others. In some cases these reactions deterred further help-seeking and compounded the harms of the assault (Ullman 1996; Ullman & Filipas 2001). Julia's experience highlights the long-term detrimental impact of negative social reactions and unhelpful responses.

What this analysis shows is that decision-making is both an individual and social process, because women are both agentive and relational beings. In other words, their choices and actions always take place in a social milieu that is characterised by the strength and supportiveness, or otherwise, of its interconnections:

On this view the self is both autonomous and socially dependent, vulnerable enough to be undone by violence and yet resilient enough to be reconstructed with the help of empathic others (Brisson 2002: 38).

## Julia's story

Julia felt unsupported and let down every step of the way. When she was 16, a stranger broke into her bedroom and raped her. Her father noticed a light on and heard a male voice, then Julia saying "Please don't rape me". The man had a knife and tried to stab her father before grabbing his clothes and escaping over the fence. Other people's reactions to her victimisation impacted on Julia's psychological state and on important life decisions and opportunities, such as whether to finish school, what career path to take and choice of relationship partners.

When I gave my statement to police, I gave them a lot of detail, because even though I'd been blindfolded, I could see around it and could describe him and his clothes. The police said "You know this in such detail; you must be making it up". After taking me for a forensic exam, a female officer said "This is a bad thing that's happened to you but not all men are like this". I was young and not even thinking about men and it was an inappropriate, unhelpful comment. She also said "There are counsellors around, but be careful because most are lesbians and they'll change you into a dyke". She didn't refer me to counselling.

The police left fingerprint powder on my furniture and a piece of his clothing and police tape around the blood where he'd cut himself on the fence...I was very traumatised by this when I returned to my room, yet my parents expected me to go back to normal. My father's a psychiatrist and I was basically told by both my parents to "get over it". I was expected to carry on with school because I didn't look any different: I didn't look damaged; I wasn't killed. This was my first sexual experience. I'd had a very protected life. I was very involved in music, drama and sports at school. The only boys I knew were from the private boys' school. I was very naïve. My life was never the same afterward.

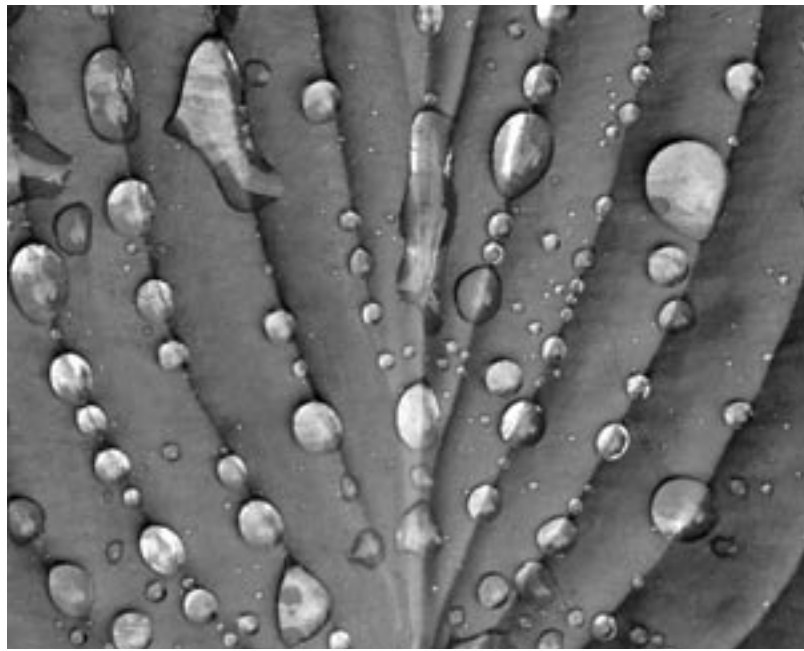
I was so glad my father had witnessed the rape... At first I was glad he witnessed it to save me from being killed by the attacker; later I was glad he'd seen it to prove to the police and others that it had really happened. After the rape, I took two weeks off school and stayed with friends and with my grandmother. My parents said they wouldn't tell the school, but they told the headmistress, who told the head prefect, who told some girls at a party. A story also appeared in the newspaper and even though I wasn't named, everyone knew. The school had been my whole world and that was destroyed.

The school and my parents forced me to see the school priest every day at lunchtime and he wanted to hear details about how the attacker touched me. He also wanted to perform an exorcism in my bedroom... None of my friends knew how to deal with me, or understood what I'd gone through, the extreme fear. The boys at the boys' school called me things like "slut" and "rape victim".

I packed my bag and went to [a city in another state]. I got a job waitressing and over time I [established a career in the media]. After having had a severe experience, anything became possible. My parents never begged me to come home, to finish my education. It was easier to have me gone so they wouldn't be reminded, so it would just go away... Not being able to sleep has never left me. I had break-ins that confirmed my feelings of vulnerability. To compensate, I took on boyfriends who could protect me, like security guards and black belts, even though I cared nothing about them. I equate sex with fear and I've never had a normal sexual relationship. I become highly stressed in relationships. I feel I should tell them about the rape and its effects on me, out of honesty. Some are sympathetic; others tell me I'm just a fucked-up rape victim.

# Case Attrition and Disposition

*Women 06*



# 6 Case Attrition and Disposition

Since the 1970s victims’ rights and the role of the victim in the criminal justice process have been the subject of significant legislative reform and academic interest in many Western countries. Governments in most Australian jurisdictions have given legislative effect to the UN Declaration of Basic Principles of Justice for Victims of Crime and the Abuse of Power (1985) and victims’ needs are afforded a measure of acknowledgment through these charters. Still, there are indications from various western countries that “crime victims have not been successfully integrated into the criminal justice system – with the exception of some successful programs, victim dissatisfaction remains profound” (Young 2001: 2). Once a case enters the criminal justice system, victims’ wishes may be taken into account, but police and prosecutors have the ultimate decision-making capacity in respect of charging and prosecution decisions. The victim’s willingness to proceed is regarded as an important but not determinative element in legal decision-making, but a range of factors impact on whether a woman is willing to proceed through the criminal justice process.

This chapter analyses criminal justice outcomes for the 30 women whose sexual victimisation was reported to police and the 14 cases that were forwarded to the DPP. It examines influences on the women’s decision-making once they entered the criminal justice system, the experience of being pressured during their involvement with the system, and their perceptions on whether they had enough information, choice and control during the legal process.

## Case disposition

Case outcomes for this sample highlight the ways in which survivors’ choices are either constrained or supported by the decisions of police and prosecution agencies. Contrary to other data sources, such as police or prosecution case files, where a large proportion of case attrition is attributed to women’s reluctance to proceed (e.g. Harris & Grace 1999; Jordan 2004; Lievore 2004a), in this sample attrition is primarily the result of filtering by criminal justice agents or processes. Case outcomes were as follows:

No charges laid, police or DPP decision	11
No charges laid, victim/survivor’s “decision”	5
Case withdrawn by DPP	2
Acquittal on all sex charges at trial. Includes one offender who represented himself and pleaded guilty to non-sexual offences following charge negotiations	6
Guilty plea	6

The following sections deal with women’s perceptions of and reactions to factors operating in each of the preceding situations.

## No charges laid

The main reasons for charges not being laid are listed in Table 8. Some decisions were based on more than one consideration.

Table 8

Reasons charges were not laid

Victim/survivor “decision”	N	Police or DPP decision	N
Police pressure to withdraw	2	No decision made (see explanation below)	3
Harassed by offenders	2	Victim credibility/memory	4
Could not recall details, insufficient evidence	2	Insufficient evidence	2
		Offender not apprehended (both stranger cases)	2
		Police did not take statement	1

Note: Totals reflect multiple responses

## Victim/survivor’s “decision”

All of the women who chose not to proceed did so at the police stage and often because they were subjected to pressure. Four of the women who requested no further action were either reluctant to report in the first place, or contacted police without necessarily expecting the case to proceed through the system. The following quotes also raise questions about the extent to which women’s decisions to either enter into or withdraw from the process were matters of free choice, informed choice, or a choice between equivalent outcomes.

## Police pressure

I went to police about one month after the assault. At the time of the assault, I didn’t like the fact that people wanted me to go to the police or the hospital. I didn’t know I had the option not to file a formal complaint and I wasn’t ready to deal with it. The counsellor told me about my options... I didn’t go to the police to go to court or obtain a conviction. I knew this was unlikely; I just wanted recognition that it had happened. All I wanted was to have him questioned, arrested and charged, but I began to look for [conviction] after they said they’d charge him... I felt obligated to withdraw my statement. The police said “He’s not budging, there’s nothing else we can do, so we have to withdraw the complaint”.

First of all they put me off because the investigating officer was going on holidays. I felt like the case didn't mean anything to them. I felt there was no effort on their part: it was as though I'd done all of the work and not much on their part. The police told me what to write in my withdrawal of statement; they showed me other withdrawals as good examples. I felt absolutely tired and as though I wasn't getting anywhere. I saw that two other girls were made to withdraw their complaints on the same day, all before midday. I felt angry about this. (Isabella)

#### Harassed by offender

The case was dropped because I didn't want to take it further. I was encouraged to proceed by police. They tried hard to convince me to take it further, even though there was no evidence. They told me I could change my mind. The offender harassed me for a year later; he told me the police wouldn't believe me. I rang a policewoman and she encouraged me to come in, but I didn't do it. (Nadine)

#### Could not recall details/insufficient evidence

I decided to give an informal statement to police for statistics and so I could give them a description of the offender. I said I wanted no further action... I had nothing to tell because I had no memories of the assault [because of drink spiking]. I didn't have enough to back myself up in a witness box. (Lee)

#### Police or DPP decision

Decisions to charge or prosecute persons accused of sexual assault are based on a range of criteria and made at various points in the criminal justice process. Police and prosecutors' discretionary powers mean that they are influential gatekeepers to the criminal justice process, but concerns have been raised about the lack of transparency and the potential for bias in legal decision processes (see Lievore 2003 and 2004 for discussions). The following quotes point to the importance of evidentiary sufficiency in legal decision-making, but there are also indications that police may have failed to adequately investigate some complaints, perhaps because they pre-empted downstream decisions or formed an unfavourable opinion of the victim/survivor.

#### No decision made

The inclusion criteria for the study specified that the women should no longer be involved in the criminal justice system and not considering future legal action. However, as three of the interviews progressed it became clear that these women were in limbo: for periods ranging from nine to seventeen months they had either not heard from police about case progress, or the police had sought the DPP's advice on whether to lay charges, but the DPP had not yet made a decision. These women were distressed by the lack of information and action.

Nothing has happened with the police yet, one year later. They told me it's not a strong case and they couldn't decide whether to charge him, so they referred it to the DPP... I just want to know where I stand. I feel lost because I've got no idea; I feel like I'm at the bottom of their list. (Sarah)

It's taken the police seven months to investigate the case and no one's been charged... Forensic tests found his DNA on my clothes and in me. They've proved that everyone was in the room, but even with this amount of evidence they can't prove consent. I've got no bruises or scratches because you have no strength to fight back when you've been drugged. (Kendra)

I gave my statement nine months ago and I'm still waiting to hear if the DPP will take the case on. I have to chase everything up. At one stage I phoned the police only to be told that the original officer had moved on and the case had been handed over to someone else, but nothing's happened. I phoned them again recently and they said it's looking positive; they think he'll be charged and that the DPP will take the case on. But I feel ripped off, upset and angry. This is someone's life, not just a case. It's such a huge thing to go to the police in the first place, now I feel like I'm just a number. The police are polite, they promise everything, but they don't come through. (Pen)

#### Victim credibility or memory

The police dropped the case. I couldn't remember what happened [due to drink spiking] and the attacker gave a statement that he did have sex with me but I consented. The police didn't take the forensic evidence they should have and they didn't wait for the forensic doctor's report.... I'm upset and angry. I've been robbed of justice. He claimed consent and I can't remember leaving the bar with him or anything else until the morning. (Deborah)

I was on sick leave at the time due to the stress of bullying and harassment at work. The offender was a colleague I knew vaguely from work, just enough to say hello. I got really drunk at a dinner party we were both at and when he drove me home he went in with me and raped me, even though I was so drunk I had vomited on myself. I was obviously unable to give consent because I was so drunk. I think I lacked credibility due to my mental state at the time and other colleagues supported him. He was known to police through his work [in a mortuary]... so this put him in favour with the police... I want answers as to why I'm not entitled to the law when I thought the police were there to help me. (Heather)

#### Insufficient evidence

The police advised me that because there were no witnesses or evidence, the chances of conviction were miniscule. They wouldn't press charges, even though they believed me. They'd proceed if I really wanted to, but they told me I faced the likelihood of being tormented through the process. (Michelle)

#### Offender not apprehended

The police came around a couple of times with photos, but he wasn't among them. I've never heard from them again about the state of my case. I've had no contact to tell me if my case is closed. (Annabelle)

#### Police did not take statement

They came over, but they weren't interested and they were humiliating. They thought I deserved it... They didn't take a statement. (Lucy)

#### Cases withdrawn by the DPP

The two instances of case withdrawal involved the same DPP (see below and Alison's story at the end of this chapter). Both cases were withdrawn just prior to trial and after delays of up to 19 months. These women were angry and distressed; one had serious fears for her safety after the case was withdrawn from prosecution.

The DPP dropped the case. Part of the reason for not proceeding is that I can't remember all details of the assault. I've only been told what he said happened. The prosecutor said she recommended going ahead, but I can't access my file to check if the details are correct, because they tell me it's confidential, even though the offender knows everything that's in it. I believe there are likely to be many inaccuracies in the file. I was waiting for the court case, then I found out it wasn't going ahead. I'm angry; I was put through so much but he's gotten away with it: he's out there gloating and ruining my reputation around town. (Tamika)

#### Acquittal on sex charges at trial

Most of the women were understandably upset when the offenders were acquitted. Common frustrations related to the inadmissibility of evidence and not being able to tell the real story, poor performance by Crown Prosecutors, knowledge that the defendant lied under oath, the defence tactic of undermining victim/witnesses' credibility by attacking their moral character or respectability, and juries being swayed by judges' comments.

At the end I was glad, relieved he got off, because I'd had threats and pressure from his family. I thought that if he got off the threats would stop. It took seven months to get to trial. I wanted to stop the trial but the police wouldn't let me. I'd had enough stress during the interim. (Ginny)

You need to be better prepared for court: he should not have been cleared of the sexual assault charges... The DPP just wanted a conviction and they were prepared to negotiate the charges, so he went free on the sexual assault. (Dianne B)

The jury had no knowledge that he hadn't contested the restraining order, that he'd breached it, or that he was trying to manipulate me through his daughter... I was questioned on things that were totally inappropriate and that were used against me to portray me as a vindictive person. This was unfair, because his previous abuses weren't allowed in court. He told lies on the stand and made me sound like a vindictive woman to the jury. The prosecutor could have refuted his stories and lies, but he didn't use photographic evidence and other evidence that was available. (Nina)

I was frustrated that the DPP can put forward only minimal evidence, but other relevant information had to be negotiated and wasn't allowed. Only 30 to 40 per cent of what needs to be heard is actually heard in court. You can't tell the story. The defence has my statement for twelve months: enough time to dissect it and make up alibis and stories. The husband and wife schemed together: she stood by him, so it was difficult to disprove. In the week of the trial the detective tried to enter evidence that the wife had given discrepant versions about where he was that night. It wasn't allowed, so the jury perceived she was telling the truth... I was cross-examined several times but I didn't go to court while he gave evidence and his witnesses were brought in. I knew what they'd say would be lies and I couldn't deal with it... The judge's summation was hard to sit through; it was stomach churning. I didn't hang around for the verdict. (Sachi)



I had witnesses – my neighbours, friends, my son – and the outcome suggested we'd all plotted to get the poor bloke in jail. I was confident the law would sort him out... I abided by the law all my life and when I needed it, it let me down. It's damaging to be judged as a liar, because I've always maintained I'm a truthful, honest person. I've always been able to walk with my head held high because I have morals; I'm not a tart or a slut. It makes me mad to think that people think about me like that now. After the court case I got judged as a marijuana-smoking, alcohol-drinking type of person, because he knew of a couple of incidents in my past and these were raised by the defence lawyer... All the positives about me weren't mentioned. He picked a one-off occasion and played on that and the jury saw that. The court system is manipulative. You never get to say the next bit, to tell the real story. The defence lawyer made a big thing of the offender getting on the stand when he doesn't have to. He lied his head off. The prosecution caught him out lying and thought he'd hung himself, but the jury believed him. They believed someone that's lying their head off and I was honest. The more lies you tell and the better you are at telling them, that's how the law works. (Cherie)

There was DNA evidence and internal injuries, but the consent defence was successful. The defence subpoenaed my mental health records and these were used to show I'm unstable. But I'm manic depressive, not delusional, and I don't make things up, so how could these be used to imply consent? The defence also used the close relationship I had with this man [a surrogate father who she confided in about sex and boyfriends] to suggest I was interested in him sexually. The court was able to paint a picture of me that wasn't real. I remained calm and focused, even though the defence tried to confuse me by asking the same questions repeatedly, and they used my demeanour against me because I was too much in control. The defence stuffed up and the offender's distasteful lifestyle [unspecified] was brought out [but he was still acquitted]. My father said the judge's final comments to the jury swayed them. (Tina)

### Guilty plea

In most cases where the offenders pleaded guilty, the women were relieved and pleased with the outcome because they were validated and no longer faced the prospect of giving evidence. However, charge negotiations can be a source of distress and for some women the offer of a guilty plea to a lesser offence constitutes a forced choice between undesirable outcomes, rather than a free choice between equal outcomes. Other women were also distressed by inadequate sentencing and by unfamiliarity with courtroom processes and layouts.

He pleaded guilty. He was declared dangerous and given seven years with no parole... The DPP let me know the week of the court case that he'd pleaded guilty. His solicitor offered to plead to aggravated assault and rape in the back yard, but not the assault in the unit. I wanted it known that I'd been intimidated by him before we left the unit, otherwise it looked as though I'd just left with him of my own free will. I was a bit upset when he pleaded guilty because it took him twelve months to do that and he reoffended while he was on bail. I felt good about the seven-year jail sentence: that's seven years where other women don't have to go through it. I didn't want to see his face in court. (Mikayla)

He pleaded guilty a couple of days before the trial. I felt good about it: I don't think I could have handled the trial. I would have pulled out if I could have. (Leah)

I wanted to testify; I felt prepared... After several hearings, he pleaded guilty. He was convicted on DNA evidence and a partial fingerprint. He got three concurrent sentences of eight years, but only served fifteen months. I'm very angry about him only serving fifteen months. (Karen)

He pleaded guilty, and I went to see it, but I didn't know that my name and the details of the case would be read out in public. I didn't know where to sit to avoid him, or anything about the general environment of the court room. I was glad he pleaded guilty, so I didn't have to give evidence. (Lisa)



## Factors shaping women's decisions

Some of the preceding quotes raise a question about the rhetoric versus the reality of choice in victim decision-making. Just as women's coerced submission to sexual activity is often misrepresented and portrayed as consent, so too can decisions made under pressure, or decisions about choices with unequal outcomes, be construed as freely made. In this study a number of women, whether or not they reported the sexual assault to police, were subjected to some form of coercion or pressure, either by offenders and their supporters, by criminal justice personnel, or by others. Across the sample:

- eleven women were threatened, stalked, harassed, or had property vandalised by offenders and/or their supporters. One of these was abducted at knifepoint while the offender was on the run from police. Fear as a result of threat can either deter or encourage action. Only one of these woman did not report the assault and only two withdrew their complaints due to fear;
- two women felt pressured by police to withdraw their complaints and did so;
- five women felt pressured by police or prosecutors to make a formal complaint or to proceed with the case when they indicated that they did not wish to do so. One succumbed to this pressure but the offender was acquitted at trial;
- one woman resisted pressure by DPP staff to withdraw from the process, only to have the DPP drop the case at a later stage due to a backlog of trials; and
- one woman experienced some pressure to withdraw from the mother of a friend, who was concerned about her daughter giving evidence.

### Police pressure

Lee decided to report the assault to police because she wanted to contribute to police statistics on sexual assault and drink spiking, but requested no further action because the drink-spiking drugs had affected her memory.

I didn't like feeling pressured to make an official statement or feel that I was wasting their time because I wouldn't give an official complaint. I'm happy I said something, but I'm not happy with the police. On the other hand, I realise it must be hard for them not to make people feel like they're being pressured: emotions are high and everything runs on a fine line. It could be my own perception that I was being pressured. (Lee)

While Lee was able to resist perceived police pressure, not all women have this capacity. Christina, who was a teenager at the time of the assault, was swept along in events that were outside her control.

My friends came around to my house the next day because I was supposed to meet them but I hadn't shown up and they were worried. They saw what had happened... My friend's mother took me to the hospital and notified police... I felt bullied into giving the statement, and I was overwhelmed with information when I hadn't even initiated the process. My family was away at the time and the whole process had already started without them there. I felt stuck in this thing without anyone around. So I withdrew my statement. I felt distressed and unsupported; I got no emotional support from the police. I withdrew mostly because of my own fears; I wasn't feeling comfortable with the situation and I was getting threats from the perpetrators. Initially I said I didn't want to go ahead with the case but the police told me I'd have to. I felt intimidated, so I said I'd lied about the allegations. They tried to scare me by telling me they'd charge me with making false allegations. They were compassionate, but I suppose they were frustrated with my lack of co-operation. I was overwhelmed and young. I felt that I wasn't in control. I was being threatened and then I was made to feel responsible for the choices the police would make. They told me if I withdrew the statement I'd be responsible if the perpetrators harmed anyone else. I felt like I was wasting police time and resources: they told me how many people were working on this case and that they could have spent the time and money on someone they could have helped. (Christina)

### Doubts about involvement in the criminal process

In general, once a decision was made to report to police, the women were committed to following through on this course of action and rarely wanted to stop the process. Seven women experienced some degree of doubt or wavering about whether or not to commence or continue with legal proceedings, ranging from Kendra, who thought about withdrawing "for one second", to Ginny, who wanted to withdraw from the trial process because she had been threatened by the offender's family, but was told she was not allowed to. The women's doubts were usually allayed after discussion with supportive others or simply by getting through a period of anxiety.

There was no pressure to discontinue, but I wanted to drop the case about four weeks before the trial. I was anxious about going through the trial. I was a mess: I had to take anti-anxiety medication. But I got over it. It's not that I didn't want to continue. I was just anxious about whether I could do it. (Sachi)

I wanted to withdraw for one second, about three months into the process. Things came crashing down around me and I wanted it all to go away, but I pulled myself together. I've been through so much rougher shit. I'm not scared of him; he should be scared of me... If the case doesn't go to court I'll be very angry. (Kendra)

I wanted him to pay for what he'd done and to keep him away from me. But I also wanted to withdraw because I'd lost so much: I gave up all of my friends and I'd changed so much in personality. I used to be happy and confident; I'm vulnerable, insecure and scared now. I didn't think the police wanted me to proceed. They said to let them know if I was thinking about not pressing charges. They made out like I was being vindictive... I felt that no one was listening, that I was fobbed off. (Tamika)

For some women, the decision to pursue legal redress was facilitated or strengthened by contact with police, people in their social networks, or events in their social situations. This group includes Cherie, who reported the assault in order to get help for the offender, who was her ex-partner, and Mikayla, who was rescued by a passer-by but initially did not want to report the assault out of fear that the offender might harm her or her daughters.

At the time I reported the assault I thought he was just sick and I still loved him. I told police I didn't want him charged and they said that I could drop the case at any time. That felt good, because I just wanted him to get help and apologise to me, so that I'd know he was okay now... I loved him, I knew he had issues, but at first I wanted him to get help, to be healed. Then [after he spread lies about me in the community] I had an increased determination to go to court. People let him get away with his façade of he never raped me. But he picked a strong woman. (Cherie)

No, I never wanted to stop it from proceeding. I stopped thinking about myself and thought about other women. I thought, "I can't let it happen to them"; and it turned out he'd had prior convictions. What kept me going was the thought of what he could do to others, especially my daughters. I couldn't let him get away with it. A lot of people thought I wouldn't go through with it, but I clung to the fact that I didn't ask for it and didn't deserve it. I was determined. The physical pain he put me through was enough. (Mikayla)

I wanted to stop the process. It gets so much, but the victim support person says I'm an inspiration. The psychologist said it was all getting too much and had I thought about dropping the case. But I've gone this far and I don't know what to do. On the one hand I feel like I can't waste more time of my life on this. I've made an issue of it and he's now aware he can get done for it. I'm not doing this for revenge; I'm doing it for the right reason, so he understands what he's done. I just want to get on with my life. On the other hand, the police said it looks promising, so I've decided to wait for the DPP's decision. If they take it on I'll make a decision about whether to go further. If they don't take it on, that's what I was going to do anyway. But this means more waiting and each outcome has very different implications for my life. I don't really want to go to court and be questioned about things that have no relevance to the case. (Pen)

### Information, choice and control

Doubts or anxieties about proceeding were often short-lived or overcome when the women reflected on their reasons for seeking formal justice. However, some women's options were reduced through pressure or when decision-making was taken out of their hands. Whether or not this contributes to feelings of disempowerment or secondary victimisation may be contingent on the quality of information legal agencies disseminate to victims.

Nineteen of the women were asked various questions about the issue of information, choice and control at different stages of the criminal justice process. Questions included: whether they thought they had enough information at the time of reporting to police to know more or less what would happen once they reported; whether they were provided with information about the trial process and by whom; whether they felt they had all the information they needed as the case progressed, including what charges would be laid; and a general question about whether they felt they had enough input or choice in making decisions about their case. In general, the women's information needs were not adequately met:

- five said that they received adequate information from either the police or the DPP and knew what to expect as the case progressed;
- 14 said that they did not receive enough information from police or the DPP;
- 14 felt they did not have enough input into or choice about case decisions;
- two felt they had adequate choice and control over the process; and
- four did not know if withdrawing from the process was an option.

The following quotes highlight the way that women's decisions to pursue legal redress are supported by information and communication, although only the first three women felt they had received adequate information during the legal process.

The police were brilliant. They never left any questions unanswered or unexplained. They were very supportive emotionally. On the day he was arrested they complied with my request to arrest him after his children had gone to school because I didn't think his children should witness that. They informed me of what he said. They were great all the way through, including the trial. (Sachi)

What really helped was that the DPP kept me informed. They called to let me know when he would be appearing so I didn't have to sit all day in court. They called me immediately to tell me about the sentence. (Alicia)

The police advised me that because there were no witnesses or evidence the chances of conviction were miniscule... The police were realistic and respectful; I trusted their judgement and I felt they wanted what was right for me. I didn't feel they were being manipulative or lazy; I knew they'd been thorough with the investigation because they'd interviewed 51 people who were at the party. (Michelle)

You need more information and lots of support, both practical and emotional. You need someone to be there, to answer questions. You need people who don't judge and at least try to understand what you're going through; who encourage you to talk about it without interrogating or judging. (Ginny)

Women who did not receive enough information from official sources noted that they or their sexual assault counsellors needed to be proactive in phoning criminal justice agencies for information. Some also said that there was insufficient communication between the various criminal justice and other agencies involved in the investigation, including specialist sexual assault units and other police, police and the DPP and police and forensic officers. These women often felt a lack of choice, control or input into decision-making.

Once the police were involved I didn't feel any control or input: everything was in their court. I felt vulnerable. I didn't want to feel as though I was wasting their time and was being a burden to them. (Isabella)

I never wanted to withdraw but I had no choice when the police didn't proceed... I want answers as to why I'm not entitled to the law when I thought the police were there to help me. (Heather)

I had a choice about whether to go to the police, but in one way there was no choice: I had to go. There was no choice in regards to the process. You just do as you're told; you don't question. (Ginny)

A friend reported on my behalf, with my okay. I felt okay about that. The police didn't take a statement and didn't pursue it. I didn't have much choice because of the position I was in [prior criminal record, escape from a bikie gang and fear of reprisal]. (Lucy)

The DPP sent a letter about the charges; there were about eight of them. I had no input or choice. I've never spoken to a prosecutor, only the victim liaison officer, and she's hard to get hold of. I had no preparation for court. I didn't know I was allowed to have a support person or a screen... I thought about withdrawing the case but I never said anything to them... I'm not sure if I'd be allowed to stop the case; if there's enough evidence they'll go ahead anyway. (Leah)

Three women were threatened with being charged with false reporting because they showed some indecision about proceeding and one was charged with false reporting as a way of forcing her to withdraw the allegations.

I never wanted to stop it going ahead, although I told the offender I'd withdraw the charges when he kidnapped me. I wouldn't have been allowed to withdraw anyway: the police told me I'd be charged with false reporting if I did. There wasn't a real choice about reporting: the police just asked for my statement and I gave it. They asked if I wanted to lay charges; I didn't give it real thought, I just wanted him charged; I didn't want him to get away with it. I've seen the effects on people who blocked out sexual assault experiences. At the time I felt I had enough choice and input, but not in hindsight. I was unhappy about the charge negotiations. The DPP just wanted a conviction and were prepared to negotiate the charges, so he went free on the sexual assault. (Dianne B)

I had consistent contact with the police, who were marvellous. But their attitude changed when they found out about my past history of sexual assault. They told me to withdraw the rape allegations or I'd be charged with false reporting. They said they knew my story was true but that I wouldn't make a good witness [she has an intellectual disability]. The counsellor said it was up to me, but I wondered, "Why is everything up to me?" I was arrested and put in a cell, charged with making a false complaint and taken to court. The counsellor was upset and had to leave when I was arrested. The police refused to proceed against the offenders. I think the charges against me were dropped. (Chanel)

Other women did not know if withdrawing from the legal process was an option.

I'm glad [an acquaintance called the police on my behalf]. I didn't think of reporting; it hadn't sunk in that it was a crime. It helped that he reported... I didn't know if I had a choice about reporting or not reporting, or if I could withdraw; I didn't think it was a choice. Sometimes I wanted to stop, but then I thought it was better to continue. I thought it was too late, everybody knew about it already, so there was no point in withdrawing so I'd better leave it. It might be helpful for the police to do their job and it would probably be good for me later. Things that made me want to stop were that I doubted they'd find him; the delay in the process; and shame, because people knew about it... The process felt out of my control. I wasn't clear about the implications of signing the Victim Impact Statement. (Lisa)

I never wanted to withdraw and I don't know if it would be easy to do that or if it was an option. My case was quite unequivocal [sexual assault by a stranger during a break-in]. I'm also educated and articulate and knowledgeable about the effects of trauma and about self-care. (Alicia)

In some cases, women face a Hobson's choice: they are forced to make what is an apparently free choice when in reality they perceive that there is no choice at all.

I turned down the first plea because it didn't match the crime and I couldn't accept that. He was charged and committed to trial another six months later. At this stage I accepted a plea to indecent assault, because I just wanted to put a stop to it when I learned more about what's involved in trials. What stopped me was what was going to come out in the trial; knowing that the defence lawyer had researched all about me, like my medical history and employment, and the offender would hear all about me. I was devastated to think that an earlier pregnancy and miscarriage would be raised. I became the guilty one. This stopped me from going to trial. I read Caroline Taylor's [2004] book a week before the trial. No one else could give me information. I wasn't going to be put through the process of being discredited in this way... I was so distressed over what would happen in the court room that I felt I didn't have a choice. I was saving my own sanity. It's not fair, because I wanted him to go to trial. (Amanda)

However, perceptions of choice and control are not necessarily fixed and can vary at different stages of the process.

I hoped the perpetrator's daughter, who was my close friend, would have given me a hearing, but she never spoke to me after that. Yes, I wanted to withdraw at this stage, but I felt everything was taken out of my hands by the police. When the police first arrived I felt like it was an invasion. All I wanted was to talk about what had happened. Close to the trial, when the case was soaking up so much energy, I thought maybe I should pull out. I wondered if this was worth it when he could just walk free. I discussed it with a detective I trusted but he persuaded me to continue. He said that this was my chance; I'd come that far. I'm glad he encouraged me to stay with it because I'd always be wondering. Yes, I feel I had a choice. I don't think they would have forced me to continue but I can't say for sure. Everything went too fast in the early stages and I was overwhelmed; I felt I lost control when the police were called. (Tina)

## Summary

Lack of information about their options or the criminal justice process limits survivors' capacity to make informed choices that are appropriate to their own circumstances and, in the worst case, contributes to secondary victimisation during the legal process. The unresponsiveness of the criminal justice system is at least partially a function of the asymmetrical relationship between survivors, police and prosecutors. Legal officials make key decisions in relation to proceeding with or discontinuing cases, or negotiating charges, sometimes without consulting survivors. They control the format and content of interactions and they frame the legal construction of the incident according to evidentiary rules. This often results in key aspects of survivors' stories being ruled inadmissible and survivors feeling that they have been silenced. Those who cooperate in reconfiguring their personal experiences within legal frameworks gain access to the justice system, but their lesser ability to define events and shape decisions undermines their experience of control. While they are not totally passive, they are unable to negotiate these processes fully and freely (Frohmann 1998).

It is doubtful that survivors can effectively participate in current criminal justice processes, particularly in trial procedures, since “[p]rocedural control over the trial process will remain with the prosecutor even in an era of recognition of victims’ interests” (Young 2001: 7). Sexual assault survivors have relatively little input into crucial decisions made at the beginning and during the course of proceedings. The bottom line is that victims occupy a structural position as onlookers to, rather than active participants in the criminal justice system (Flatman & Bagaric 2001). The consequence is that the comments such as those below are all too common:

The legal side is not helpful. There’s a feeling that once you’re out of sight, you’re out of mind. Legal personnel are nice at the time but there’s no follow-up. They forgot the human side of it; they forget victims. (Mikayla)

I feel like the law is one big trick: it just looks as though they’re there to help us, but no cases go to court. (Kendra)

### Alison’s story

Alison was staying overnight at a friend’s house. Her friend let some male visitors into the house even though she knew only one of them, and then could not make them leave. Alison believes her drink was spiked, as she had two glasses of wine from 11 p.m. to 4 a.m. but was passing out and vomiting. She was bashed, cut, and bruised during the assault. She did not know the offender or his name until police told her. Alison’s experience demonstrates that women can be given different, contradictory, and sometimes dubious information about the criminal justice process and survivors’ place in it (e.g. the prosecutor’s “formula” for predicting the chances of conviction; (cf Lievore 2004a: 40-41)). The result is a reinforcement of the powerlessness that is a common consequence of sexual assault.

I spoke to a female cop who told me I could retract the statement then said I couldn’t because I was just a witness for their case. I was confused and scared I’d be killed; my car was vandalised and I had rocks thrown at my house... Once the case was committed for trial I wasn’t given any options. I never even identified the offender; I didn’t know if they had the right person; I didn’t know he’d been charged, what he was charged with, or the difference between the charges. At this stage I wanted to drop the case.

The prosecutor was good initially, but it got too hard for them once I found I was pregnant. I couldn’t decide what to do about the pregnancy; I didn’t want to make a choice. I was in denial. They [the DPP] couldn’t deal with me being pregnant. I had a boyfriend at the time and I went through the entire process not knowing whose baby it was.

A family lawyer helped me to get DNA testing and I found out it was the offender’s child. My partner couldn’t cope. The prosecutor’s assistant tried to encourage me to drop the case, but if I’d done that the offender would still think nothing was wrong. I needed him to know it was wrong, even if he wasn’t convicted, and I wanted other women to be careful around him.

After almost twelve months the prosecutor told me that the case wasn’t going ahead; that there were eighty cases backed up and due to funding he could only go ahead with cases where he was 80 per cent certain he could win, but he had only 75 per cent certainty in my case. I felt angry and I wondered what I needed to do get the extra five per cent. Did I need scars? He gave me false hope then dropped it due to a backlog of cases... This is not a court of truths; it’s a court of evidence. I never got to tell my story again after telling the police and I could have expanded more after some time had gone by. The statement doesn’t reflect the reality of the situation. I had no choice, control or input into the criminal justice process; my choice was taken away. I wanted to tell the people who were making the decisions about the case what happened, rather than them just reading a piece of paper. I needed to give the real story, not be given the bare facts on the statement.

# What was Helpful and Unhelpful About Interactions with Criminal Justice and Associated Agencies

Women 07





# 7 What was Helpful and Unhelpful About Interactions with Criminal Justice and Associated Agencies

The previous chapter indicated that although many women experienced a lack of choice or control in their interactions with police and prosecution staff, at least some women found aspects of those interactions helpful. During the interviews the women were asked whether police, DPP staff and associated agencies (e.g. magistrates, forensic doctors) did or said anything that was either helpful or unhelpful. In terms of the police, questions about helpfulness were framed in the context of what the woman needed when she reported. This chapter highlights that a number of common themes underlie women’s perceptions of what was helpful or unhelpful about their contacts with each of these agencies, beginning with the police.

## Police

Of the 30 women who had contact with police, most gave multiple examples of actions and behaviours that were either helpful or unhelpful. Overall, 16 focused primarily on behaviours and actions that were unhelpful, 10 focused primarily on behaviours and actions that were helpful, and four cited a mixture of unhelpful and helpful behaviours.

Helpful aspects of their interactions were associated with police being reassuring, respectful and patient; believing her; providing information, communicating and explaining matters; being compassionate; acting quickly; staying with her; being supportive and kind; giving her time to think about things; and being realistic and honest about the prospects of the case. Some of these responses highlight women’s relief when their pre-existing fears around reporting were proven unfounded, particularly in respect of credibility and victim blaming.

Unhelpful aspects of their interactions were often related to women feeling that police trivialised or did not take their complaints seriously. For example, six women reported that police did not respond to calls alerting them that the offenders had breached intervention orders or bail conditions. Five women who were assaulted by partners or ex-partners felt that police trivialised their complaints, treated calls for help as “just another domestic” and did not take their fears about safety seriously, even when their homes and property were vandalised or they were being stalked. Other women were accused of lying, were taken into custody or charged with other matters, or encountered a lack of sensitivity such as abruptness, or being left alone in a room with a male police officer. Insensitive treatment often resulted in the feeling that they were wasting police time or that police officers believed that “women deserve it”.

Women who cited a mixture of helpful and unhelpful behaviours usually reported that police treated them well at first but later changed their attitude or forgot about the victim; treated them well but were limited in what they could do; or projected an image that they were taking action when in fact they were merely being placating. Although police were often considerate of women’s physical and emotional needs, some women were distressed by the feeling that police were overly focused on the investigation rather than on the women’s well-being (see also Gilmore & Pittman 1993). Table 9 summarises the primary factors that women identified as helpful or unhelpful about their interactions with police, as well as factors that contributed to mixed perceptions. These themes are illustrated through quotes below.

Table 9

What was helpful or unhelpful about women’s interactions with police

Helpful	Unhelpful	Mixed
Belief	Disbelief, victim blaming	Treated well then changed attitude
Supportive attitudes/behaviours	Lack of understanding/courtesy	Forgot about the woman
Communication/information	Trivialisation of complaints	Limited in what they can do
Taking action	Lack of action	Placating, limited action
	Biased attitudes	
	Insensitivity	

## Helpful

### Belief

I was concerned I wouldn’t be credible, but the police were really good about it; I don’t know why they believed me. I was scared of the interview. I thought it would be in an awful room like on television, but the police were supportive and encouraged me to bring a friend, then they gave me a card to call them. I’d been drinking [before the assault] but the police didn’t question that. (Nadine)

The police believed me and reassured me it was rape. That was good. (Alison)



### Supportive attitudes and behaviours

They were caring; they encouraged me to tell what happened and helped me to feel comfortable. They let me talk all over the place and didn't leave me alone. Most of them were good, respectful. I felt like they were on my side. (Lisa)

They were respectful and I trusted their judgement because I knew they wanted what was right for me. Giving the statement was a good experience and built my confidence. It took three days and was difficult to do but it was a positive thing to do. (Michelle)

They were supportive. They stayed with me until the damage to the house was repaired. (Karen)

### Communication/information

The police were great all the way through, including the trial. I felt free to ring the detective with questions about what was going on, like the time between court hearings. They weren't hardline crime fighters but supportive, sympathetic people, who were obviously trained in this area and know how to deal with this situation. (Sachi)

They gave me a copy of the Criminal Code, which helped me to understand different types of charges. (Isabella)

### Taking action

The detectives were thorough; they got right onto the case. They treated me compassionately: they were professional and detached, but compassionate. I was their major concern, along with getting evidence. (Amanda)

### Unhelpful

#### Disbelief/victim blaming

I spoke to police at the sexual assault centre to get information and they said that if I didn't proceed I must be a liar. That hurt bad. [In a case against another offender] I had a tape of him raping me but they said I must have set him up. (Dianne A)

They came over, but they weren't interested and they were humiliating. They thought I deserved it. They were unable to separate the sexual assault from my association with bikies and my criminal record... I felt so intimidated by two male officers; having males made it even worse. I never reported subsequent DV because of their response. I reported the last incident because I thought I'd be killed, and I was leaving him. That time, the police were helpful and removed me from the home. (Lucy)

### Lack of understanding or courtesy

They took me seriously but they expected me to give more detail than I was ready for at the time. I was very embarrassed and didn't feel comfortable talking about it to people close to me, let alone strangers. Giving the statement was a full on experience, overwhelming. A male detective took the statement and I wasn't comfortable with that. It was just the two of us in the room and I felt a bit intimidated. He was abrupt; I got the feeling he wasn't really experienced in sexual assault cases. They were more focused on the perpetrators than on me. They could have been more understanding about what I was feeling at the time: not as abrasive; less technical; less focused on outcomes. (Christina)

The police made promises at the start that weren't fulfilled. They said that if they couldn't get him on rape they could get him on another charge. I didn't go to them to go to court or get a conviction. I knew this was unlikely; I just wanted recognition that it had happened... I set relatively low standards so that I wouldn't meet with disappointment, but I was disappointed in the end because I began to look for this [conviction] after they said they would charge him. And their attitude: I felt as though they just didn't want to be there; there was no real urgency; this was just like all the other cases. They made appointments for me to give my statement, so I'd organise to take time off work, then they'd cancel and I'd have to call back and say I could work. The inconvenience, the interruptions to my daily life; I gave up other activities like university because of the interruptions. (Isabella)

A male officer came into the room while I was giving my statement and discussed my case in front of me. I didn't like feeling that it was not confidential. After this I had no control over who to tell. The police told my homestay parents against my will and they told other people, even though I wasn't ready for this and wasn't sure what was happening. (Lisa)

I got to the point in giving the statement where I wasn't including stuff because it was taking so long and the police didn't seem interested in different things. Now I think that it's better to have too much in the statement than to leave things out. I didn't have a clear head; my mind wasn't functioning normally. To expect a spot-on statement is unrealistic. (Cherie)

### Trivialisation of complaints, often combined with lack of action

I approached police to get help to leave the relationship. I wanted an intervention order, but I felt like they saw it as just a domestic issue. They trivialised my experiences and it was difficult to get support. They were not helpful and they quoted the saying, "Sticks and stones may hurt your bones but names can never hurt you." They didn't understand the impact of his words. (Tanya)

Initially I just wanted to talk to a police officer to get advice on what to do, but I was fobbed off by the woman on the counter. I was stressed; I didn't know who to turn to or what to do. He'd been stalking me for months but the police had no records of the call-outs. I feel as though I never got help before or after the assault. I was constantly calling the police, but they had no records of my calls or previous incidents. I feel they treated each incident as just a girlfriend and boyfriend having an argument. The police made me feel as though I was making it up. He was blatantly following me and people associated with me, but the police disregarded a lot of people in relation to laying stalking charges. It's like it was a waste of their time investigating. They weren't protecting me. I feel that I would have been more believable about the sexual assault if they'd kept records of the [callout] history prior to the assault. I gave a statement to detectives on two occasions. The first time there were two females and they made me feel disbelieved by what they said. They said they can't push the offender, but they pushed me while I was giving my statement... I took the doona cover in as evidence. They didn't keep it; they didn't collect my beads, which were all over his bedroom. To me that's evidence of a struggle. They told me to store my clothes; I've still got them at home. They didn't question his counsellor, who I told about the assault. They took two months to charge him. He breached the restraining order and I called them but there were no call backs; I wasn't taken seriously. They didn't investigate my calls to them about getting threatening phone calls and my car and house being vandalised. The day I turn up dead they may start to think about what they haven't done and keep records about all events. I've got no faith in the police or the court system. The guilty get away with everything. I tried to get police help; I feared for my life, but I've had no protection. (Tamika)

The female police officer went to school with my daughter. I showed her the bruises on my arms and stomach, but I felt that they saw me as a fool because I went back to him. I felt as though they thought, "She's just shocked; she'll get over it; it's not serious"... I got no support from the police. He broke his restraining order, called me, my relatives and friends. I phoned police and said he and his daughter had been around or left messages and calls, but there was no response and I couldn't bring this up in court. (Nina)

The police didn't follow through with gathering forensic evidence and they dropped the case. I wanted to go forward and I was very frustrated by the police action. (Deborah)

They didn't proceed because he had left the jurisdiction and it would cost too much to bring him back, plus it was my word against his. They were not encouraging about pursuing the case, and were horrible to me, even in front of the sexual assault counsellor. (Pat)

### Biased attitudes

The police had all the classic biases: "You were drunk and asking for it"; "What were you wearing?" One officer introduced doubt into my statement and made other subtle accusations. A female officer asked me what kind of underwear I was wearing at the time of the assault. They treated me appallingly. I was too traumatised to think clearly and they didn't recognise that. They didn't record a full statement; they inaccurately recorded what I said and I was told I couldn't add to it later. There's a general attitude in this jurisdiction that if you can walk, you can consent, even though I was so drunk I was vomiting. Their whole attitude was unhelpful. (Heather)

### Insensitivity

I was told that I couldn't have a forensic examination for another one or two days and they told me not to shower or clean under my fingernails. I felt disgusting and upset... There was no liaison between hospital and police, so information wasn't forwarded and no one knew what was happening in the other organisation. The person is seen just as a statistic... After the forensic examination I had to wait a couple more days for photos at the police station. Having the photos taken was the most horrifying part. They weren't going to let my partner go with me. I was left alone with a huge [male] officer, who was cold towards me and took me down corridors where no one else was around. I was petrified to be alone with him, especially because I was wearing minimal clothing – I had underpants but no bra under a hospital gown. And I was in a massive room with all these lights on. I felt exposed and frightened and I was in a panicky state. The officer didn't know what he was supposed to be taking photos of, so my partner had to direct him. It was a horrible experience. (Annabelle)

The trauma of going into a room with a policeman to be photographed. It took me back to the assault and I just couldn't pull down my pants to show him the bruises on my stomach. (Nina).

[Some time after the sexual assault the offender shot a male friend who gave Cherie a place to stay because she was too frightened to return to her home.] On the night of the shooting, the police and the ambulance took my son and my friend to the hospital, but left me and my son's 18 year old friend on our own. I had to call another one of my son's friends to come and stay with us because we were wrecks. It was a cold night but the firewood was part of the forensic scene by then, so we couldn't light a fire. We needed help; we were traumatised. I needed something but I don't know what. No one asked if we needed help, if there was anyone they could phone. The police should have made sure that someone not involved was left to take care of us. I might have come across as okay, but I was traumatised. (Cherie)

#### Mixed

I feel they did the right thing by me by calling in the sexual assault worker for support during the medical examination... The offender was on the run and the police didn't take my safety seriously; they didn't take his threats or the possibility of another attack seriously. I'm angry that I had to go through the second attack. I feel that police were protecting him... I've got no proof of this, but there seems to be a lot of incompetence, like failing to attend to complaints when I notified them that he was near me. The police projected an image that they were doing something but I feel they were merely placating me. They saw it as just another domestic and had a "who cares" attitude. It was a lackadaisical attitude: they were placating, but they weren't taking action. (Dianne B)

Giving the statement was awful; it was so traumatic. It took five hours and I was on an emotional rollercoaster. They wanted details that were buried deep and that you wouldn't be able to recall if you were having consensual sex, like "How many times did he penetrate you? What did he smell like? Was he sweating? What was his breath like?" I had to go back and relive the rape to recall these details... The police treated me pretty well but they're limited, because they can only work within the law. They know in themselves that a crime was committed and they believed me and that was important to me. (Kendra)

They forgot about me as the months went on. There should be more follow-up. They promised they'd let me know what happened, but they didn't. They arrested him in the early hours of the day I was released from hospital but I didn't know if he'd be around the next corner. Once they got him they forgot about the person [Mikayla]. They said to call if I was in any trouble but they didn't do anything when I rang to report a prowler round my house. They were sympathetic, but they put me through a lot of frustration after he was arrested by not giving me information. They could have been more courteous: I never knew if he had been released, or if he would be around the streets. (Mikayla)

#### Prosecutors and DPP staff

Fourteen cases were forwarded to the DPP for prosecution but most women had minimal interactions with DPP staff. The women were asked about whether they received adequate court preparation and information about the case, what was helpful or unhelpful about their interactions with DPP staff and how they were treated, and their feelings about the outcome of the case. Varying numbers of women spoke to each of these issues, but in general their responses indicate that they were more dissatisfied than satisfied with interactions and outcomes (Table 10). Even women who stated that overall they were happy with the DPP noted some aspects of their interactions that were not helpful.

**Table 10**

Satisfaction and dissatisfaction with DPP staff

	Satisfied	Dissatisfied
Information needs	3	9
Outcome	6	8
Treatment by staff	3	6
Court preparation	1	4
Prosecutor/case adequately prepared	-	6

#### Helpful

##### Information needs

The DPP kept me informed. They called to let me know when he would be appearing so I didn't have to sit all day in court. They called me immediately to tell me about the sentence because I was too emotional after his guilty plea to sit in court. (Alicia)

The DPP gave me information, but I had to keep ringing them to find out. I had to call them to find out when he would be released from prison. This should be provided to victims by the DPP without us having to take the initiative. (Karen)

### Outcome

He pleaded guilty, so I didn't have to appear. I attended the hearing and this was a very emotional experience. It was a huge relief that I didn't have to testify and have my life dragged through the court, and my partner didn't have to testify. I feel vindicated but very sad. This is a no-win situation. This ruins his life too; he has two kids. What about rehabilitation? (Alicia)

### Treatment and court preparation

I had a wonderful female prosecutor who I always felt was on my side and was working for me to put the guy away because she felt strongly that this was such a breach of trust [raped by a surrogate father]. The victim/witness advocate was helpful. She answered my questions about the court process and was there to a point, but she didn't coordinate with the police. She didn't have the big picture. An advocate is needed who can advise on the big picture. The victim/witness advocate, the police detective and the prosecutor made sure I was prepared. They went over the process and what the defence might ask. The DPP staff were really committed to pursuing the case. They believed in me. (Tina)

They gave me all the support they could under the circumstances. They're dealing with numerous cases every day, and at every appearance I had a different prosecutor handling my case. It would have been very difficult if I hadn't had a [lawyer] friend supporting me. (Alicia)

### Unhelpful

#### Information needs

I was kept in the dark, never given court dates. The prosecutor didn't contact me unless the sexual assault counsellor requested information. I had no information about when he was going to court so I could avoid going to town on those days. Then the DPP dropped the case. Part of the reason for not proceeding is that I can't remember all the details of the assault [due to unconsciousness]. I've only been told what he said happened... I felt intimidated by the prosecutor; I felt she disliked me but believed me. She never wanted to know the emotional side of the assault, but I wanted her to understand that I couldn't get on with my life until the trial process was over... The prosecutor told me to expect retribution in the next few weeks. She advised me to go away and to sell my house and car, but I don't see why I should do this. I've been humiliated, distrusted and treated like dirt for no reason. (Tamika)

### Outcome

After almost twelve months the prosecutor told me that the case wasn't going ahead... The whole prosecution process was unhelpful and I've got the impression that if I'd been paying these people they'd have worked harder. This is the end for the offender, but not the end for me. His lawyers kept adjourning, so it's little wonder the court system is backed up. Suddenly the process is just over. What the hell do I do now? (Alison)

### Treatment and court preparation

After the trial [which resulted in an acquittal], the prosecutor shoved a card in my hand about the compensation process. This was a kick in the guts. I didn't want this. I wanted acknowledgement that the sexual assault did happen. (Alison)

There were important points that weren't in the statement because I didn't have a clear head and my mind wasn't functioning normally while I was giving the statement. I was reprimanded by the DPP for not putting them in: I felt like a naughty school girl; then it looked as though I'd made it up. (Cherie)

### Belief that the prosecutor/case was not adequately prepared

The DPP didn't give a shit. They're not personally involved: the government pays their wage so they don't care if they win or lose. I would have won if I'd had a private solicitor. The last day of trial the prosecutor left his summary notes behind in his hotel room and he had to wing it. He couldn't care less. If you pay a solicitor they're in there boots and all, whereas the prosecutor didn't ask obvious questions. The DPP wasn't thorough enough and the prosecutor just fobbed us off the day the court case was over. (Cherie)

There was a lack of communication with police and the prosecutor. And there's a question about the prosecutor's competence. One witness did well at the committal but stuffed up at the trial. She went blank and the prosecutor didn't give her a chance to recollect. She thought it would be okay because she thought the jury would read the committal transcripts... The prosecutor could have refuted [the offender's] stories but he didn't use evidence that was available... I'm frustrated at the many things that didn't come out in the trial. (Nina)

The Crown Prosecutor was not well prepared on the issues raised because he didn't ask questions he should have prior to court. He never got the whole picture... He didn't stop the offender [who represented himself] from raising irrelevant points during the trial. He should have objected to a lot of things before the judge intervened. (Dianne B)

In the months before the trial I was given the names of four different prosecutors. I was contacted by the DPP a few days before the trial and met with the prosecutor. She was helpful, she was doing her job. But the small gap between our first meeting and the trial didn't give her enough time to get a case together... On the morning of the trial the defence barrister said he would contest consent and the prosecutor asked what I wanted to do, because it would be difficult to prove. It made me feel as though she'd given up. (Sachi)

I got the impression that if I'd been paying these people they'd have worked harder (Alison).

Finally, two women who did not have formal contact with the DPP were nevertheless distressed by extreme insensitivity or by DPP decision processes.

My case didn't go to the DPP, but I was put in touch with a DPP prosecutor by a friend who said he would be helpful, but he turned out to be a misogynist. He said he often has sex with his wife while he's ill [reference to her being unable to consent because she was so drunk she was vomiting]. He also said I hadn't behaved like a victim so no jury would believe me. When I facetiously said maybe I should go live in a Muslim country to get justice, because punishment can be very severe in these countries, he said "With your luck you wouldn't be raped". (Heather)

The DPP makes a decision based on notes. Who are these people? The DPP is not real to me. I imagine them as men in dark suits sitting in an office somewhere. My life has been ruined. I can't make money; I don't want to see anyone; I won't even answer the phone. My life has become an existence, but the offenders get on with it. They should let a judge decide whether the case should go to trial, not the DPP based on a brief and never having seen the people involved. (Kendra)

## Other criminal justice agencies, processes, or personnel

The women interacted with a range of people in other criminal justice or associated agencies. While they were not directly asked about these agencies, a number of women spontaneously spoke about what was helpful or unhelpful.

## Victim compensation

Most women had no idea that victim compensation was available until police or prosecutors advised them about it. In some cases this information was imparted ineptly: as Alison noted above, it was "a kick in the guts" being told about compensation when the offender had just been acquitted. However, victim compensation can be a helpful and healing process because of the recognition it affords women who feel discredited by the criminal justice process. Unhelpful aspects of the process usually centred on counsellors to whom the women were referred during the process.

### Helpful

The magistrate's statement was really helpful. I'd like a copy in writing. The money doesn't help: the human side of it is the biggest help. (Lisa)

The police suggested victim compensation and I took it up several years later. It's good because you achieve some justice, have some voice. It was a good experience because the judge believed me: you don't get to hear it often that legal people believe you and believe that he's a rapist. The money doesn't compensate for being raped, but it's all that society can do to acknowledge that you were a victim of something really bad. I needed to "launder" the money, so I travelled overseas for a couple of years and spent it all. That was a good recovery process because I regained my independence and felt safe in the world again. (Michelle)

I was given a chance to speak; this was the first time I'd spoken about it. It was a validation of my suffering to hear the magistrate say, "I believe you and I believe that this happened". I have a letter saying they believe me and that it did happen but it shouldn't have happened. Belief is important. (Alison)

The best thing was the criminal compensation process. I have a statement in black and white saying, "We believe you were raped and you were awarded compensation". But it's also conflicting and frustrating and depressing that this is our system: one government department says he's innocent; another government department says he did it. (Cherie)

I'm seeking compensation, but nothing will compensate for the way this has put my life in the ditch. (Heather)

I'm counting on receiving compensation that will help get me back on my feet. (Pat)



### Unhelpful

I was referred to a government counsellor for victims of crime compensation. She reeks money and she doesn't care about me: she got up to add raisins to her bread mixture in the middle of a session. It's intimidating to do interviews in this house in a big posh lounge room when I'm living rough in a caravan at the back of a bachelor's pad because I've had to sell my home. The compensation counsellor made me feel worse. She's raking in money while sexual assault workers are working their butts off. (Cherie)

I applied for compensation to reimburse some of my financial costs, so I had to see a psychologist. I felt invaded: she didn't explain what was happening and I felt too uncomfortable to ask questions. She asked about my past, my family and any family problems. I felt used. I haven't heard about any outcomes. (Pen)

### Other helpful people, processes or agencies

A lawyer I spoke to about my civil case was very supportive and got me off alcohol. I'd been drinking heavily to prove I had the right to be drunk and not be raped. (Heather)

My parole officer was very helpful. This was a woman I'd been associated with when I was with the bikie gang and convicted of numerous offences. She referred me to several agencies, such as drug treatment, DV and sexual assault, although I didn't link into the last two. (Lucy)

CCTV [closed circuit television]: it was a tremendous weight off my shoulders not having to sit in the same room as the offender. But it didn't counteract the fact of him dragging me through the mud. (Amanda)

The Ombudsman's office has been good to me. (Pat)

The [police] victims assistance unit was very helpful. (Dianne B)

### Hospital/forensic staff

Of the 26 victim/survivors who made early reports to police (i.e. within 72 hours), all but three had forensic medical examinations. One was not required to have a forensic medical examination and police caught the offender an hour later. Another went to the hospital but was refused a forensic examination because she had decided not to make an official complaint. The third was disbelieved by the doctor and given no help by police.

### Helpful

The hospital staff were really helpful and nice. They were supportive and referred me to the sexual assault centre. They talked to my partner for about an hour. They found bruises, including one that could be a handprint, and they sent me for photos with the police. (Annabelle)

The medical officer explained that I had an option to have a Sexual Assault Investigation Kit done, especially if I was considering taking future legal action, but I was under no pressure. I agreed because it seemed the natural thing to do. (Sachi)

The doctors took forensic evidence and advised me they'd keep it for a few months while I made up my mind. The medical service at the sexual assault centre was excellent and gave me peace of mind. It was very comprehensive and compassionate. They took care of tests for HIV, pregnancy, the morning-after pill, STDs, things a victim might not think about at the time. (Cynthia)

### Unhelpful

They want victims to come forward; it's hard enough to talk about it, especially just after it happens, but police have a way of making you feel like shit. The forensic officer made me feel like an inconvenience because she was having a dinner party at the time. (Mikayla)

The doctor was cold-hearted: I asked for a private doctor so I didn't have to go to casualty where everyone would see me. I didn't tell the doctor I was unconscious. (Ginny)

The forensic examination was a horrific experience. The hospital had a support person there and I was told I'd have counselling as well as a medical examination, but that wasn't the case. I wasn't given the results of the medical examination because this is evidence and the hospital couldn't disclose them to me. It affected me a lot because I needed to go to my own doctor to have another medical examination to be cleared of STIs (sexually transmitted infections), but I didn't want anyone to touch me. (Amanda)

I had to sit around and wait for the GMO (Government Medical Officer) to arrive, then I was refused medical help because I'd decided not to make an official complaint. I shouldn't be refused because of this. They can scrape me of the bottom of their shoes next time. That was awful. It felt as though they didn't believe me. I was feeling horrible to start with, then the feeling that they don't believe me reinforced the feeling I did something wrong and I'm not worth taking the time for. (Lee)

The police made an appointment for the forensic examination at the doctor's surgery. The doctor was displeased because the kits aren't held at the surgery, so I didn't have a full examination. It was also embarrassing because the receptionist knew what I was there for. (Tamika)

I was taken to a section of the hospital where I was on my own. I didn't understand that this was part of what they did for sexual assault cases. (Chanel)

## Summary

This chapter supports previous findings (e.g. Northern Sexual Assault Service 2004) that a small number of factors contribute to women's perceptions that their interactions with criminal justice personnel were helpful. These factors include belief, respect, information and being taken seriously, as denoted by police taking swift action. The women's accounts of their interactions with legal and forensic medical personnel simultaneously provide grounds for hope and are disappointing. While some women encountered individuals who were compassionate and knowledgeable about sexual assault, the majority were either further harmed or, at a minimum, disillusioned through their involvement with the criminal justice system. Of major concern is the number of women who encountered misogynistic attitudes, or felt "fobbed off" or that they were "wasting" criminal justice officials' and doctors' time.

Despite decades of organisational and legislative reform, survivors of sexual assault who enter the criminal justice system cannot feel confident that they will be believed and treated respectfully, that their complaints will be treated seriously and that they will be kept informed about a matter that has become their focus of their lives. The women were aware that their cases were not the only matters police or prosecutors were dealing with and they did not expect that legal personnel would be in constant contact with information, but even their modest expectations were unmet. Many of the women experienced some degree of secondary victimisation as a result of "the victim-blaming attitudes, behaviours, and practices engaged in by community service providers, which further the rape event, resulting in additional trauma for rape survivors" (Campbell et al. 2001: 1240). The risk of secondary victimisation stems from three main sources (Campbell & Raja 1999; Cluss et al. 1983; Martin & Powell 1994): system personnel who indicate, verbally or non-verbally, that survivors are not credible; who deny survivors assistance, for example, by discontinuing prosecution against their wishes or failing to provide information; and when the help offered is harmful in itself. These processes were clearly operating among criminal justice and medical personnel encountered by the women in this study.

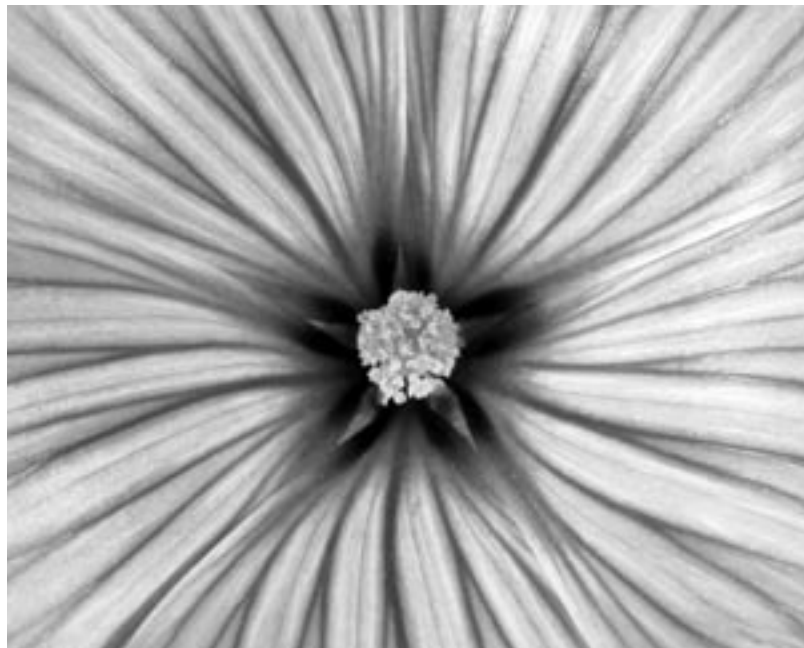
It may be possible to claim that the women's perceptions did not reflect service provider's intentions or actual attitudes. Even if this is the case, it does not invalidate their perceptions. Moreover, their criticisms of forensic officers' attitudes, for example, are consistent with overseas research, in which forensic medical examination procedures and staff have been extensively criticised (see Chapter 13). Admittedly, it was not possible to discuss these cases with police and prosecutors and it is necessary to take into account the constraints of evidence and procedure laws on their actions. Still, some of the women's stories raise questions about the adequacy of police investigations and whether prosecutors had sufficient knowledge about sexual assault to present the strongest possible case or to counter common defence tactics. It may well be that police and prosecutors who do not hold victim-blaming attitudes convey this impression and act insensitively simply because they do not know how to respond. Jordan's (2004) research among New Zealand detectives involved in interviewing sexual assault complainants revealed that not all officers are suited to this work and there is a need for better training for these detectives and their supervisors. The detectives in that study believed that legal personnel involved with survivors have an opportunity to gain "much greater understanding of how to manage and support rape complainants through investigation and trial processes. In turn, they felt that these women benefited from the police's increased awareness and their provision of dedicated personnel" (Jordan 2004: 176). It does not stretch the imagination to believe that the same might be true of other agencies.



**Knowing What You Know Now...**



*Women 08*



## 8 Knowing What You Know Now...

In recent decades a range of reforms have been made to organisational policies and to the substantive, evidence and procedure laws of sexual assault/rape in all Australian jurisdictions. The primary aims of the reforms included encouraging more sexual assault survivors to report to police and reducing secondary victimisation. One way of assessing whether those objectives have been achieved is to consider the effect of women's involvement with the criminal justice process on their perceptions of the system and the likelihood that they would report sexual assault to police in the future.

### Likelihood of reporting again

The 30 women who had some involvement with the justice process were asked the question, "Knowing what you know now, would you report a sexual assault to police again?" Their responses indicated that:

- 15 were equivocal about whether they would report again or said they would report again subject to some type of qualification;
- eight would definitely or most likely report again; and
- seven would not report again.

Factors that would contribute to the likelihood of reporting in the future include: the victim/offender relationship (stranger); a clear-cut situation where the victim was obviously not blameworthy; support; a sense of social obligation; achieving justice; making the offender accountable; and maturity. Deterrents are often associated with the opposite situations, but also include: high acquittal rates; light sentences; disillusionment with the justice system; and secondary victimisation or disbelief by system personnel.

### Equivocal about reporting again or would report again with some qualification

I'd report if it was a stranger, because I wouldn't feel threatened, I'd know he can't find me, and the police might be able to identify and charge him. It would be difficult to report if it was a family matter. (Lisa)

I'd report in a similar situation, as my case was clear-cut, but I would not report if I knew the assailant. (Alicia)

It depends on the circumstances. Yes if it was a stranger and not the heavy of the town. I'm older now and it would be easier. I might not want to if it was someone known to me. Six months after the original attack I was almost raped again on two occasions, but I talked my way out of it and didn't report. I had little trust in the world. (Ginny)

Yes, I'd report it, because I know it's wrong and a crime. I would especially report if it was a stranger... [Later in interview] No I wouldn't report it. Sometimes I think it's more hassle than it's worth... You need a lot of family support to do this and I don't have that. (Hayley)

I'd report again in that situation [assaulted by ex-partner] because I'd regret not participating in the criminal justice system or at least giving it a chance to work. I needed to contribute to the statistics on women who do report... [Later in the interview] If it happened again, I'm not sure if I'd report. Given the poor likelihood of conviction, I might report the crime but not proceed with it. The laws don't support victims enough. (Michelle)

I would probably report again if a counsellor was in attendance and if I had made the initial decision to report [rather than someone else reporting it]. I'm older now, I have more direction and I'm not as inclined to try to do things by myself if they're too difficult. I have friends in the police force and I feel they might be more sensitive about dealing with sexual assault, as they receive more education about it now. (Christina)

I don't know. I think I would, but I wouldn't expect the same things. I'd do it because it needs to be done, it's the right thing to do, but I wouldn't follow it through as far as I have. It depends on the situation. I know I've done the right thing. (Pen)

I'm in two minds whether I'd report again. Half of me thinks no; it's so traumatic and there's no justice at the end. It's good to make him confront it, it but they're smug when they get off. My son is proud I did it, but I wonder whether it might have been better to take up my friends' offers to sort him out. (Cherie)

I don't know if I'd report again... I'd probably make an informal complaint for police statistics, but not an official complaint, unless I had more evidence than what I had in this instance. (Lee)

It's debatable. The main deterrent is the slim prospects of conviction. They get away with it, so is the result worth it emotionally? (Justine)

Yes, with a big hesitation; I wouldn't have reported if I hadn't had to go to hospital. I wouldn't report again because the police make you feel like shit, but yes, because you have to go through police to get things done. (Mikayla)

### Yes, would report again

It's good to try to get justice, to speak out, to get the fact that it happened out there. (Nadine)

I would report again, just for the principle. If it happened again I'd push it a lot harder with the police because I believe I wasn't treated fairly. (Annabelle)

I would report again because I'm more aware now and stronger within myself. (Kate)

I think I would report again. I didn't realise that a year and half later I'd be so emotionally overwhelmed. Other factors contributed to this, including an unsupportive relationship, but I had no problems with the investigation side of it. For girls to handle going through the court case, defence lawyers need to stick to what happened. They have no right to go through the victim's whole history to try to discredit her. (Amanda)

I would report again to put it on the public record, because predators always do it again. If women don't report, offenders' names don't get on police computers. I can understand how an 18 year old would fear backlash, because these men use standover tactics. (Kendra)

I'd report again... Victims suffer more if they don't do anything about it; it's a living nightmare. I would have punished myself more and given up everything, my home, my feelings of self-worth, had I not had help. I'm glad I reported, even though it's not going forward, so police can keep him under surveillance and he may be a suspect in future attacks. (Deborah)

Yes, even though the stress has caused me to black out and have nightmares. Women need justice. (Pat)

### No, would not report again

I wouldn't go to police again unless there were twenty witnesses to it happening. I feel as though it was nothing. Going to the police just made my life worse; it was a total waste of my life. (Tamika)

Given my current position, I wouldn't report again. The justice system is a mockery. I did jury duty on a rape case and I believed he did it, but we had to find him not guilty because of a lack of evidence. What are my chances of winning? It's no wonder no one wants to report; it's pointless. (Sarah)

I wouldn't report again if it happened to me. Because I had told a lot of people, I encountered a police attitude of "How come you told so many people?" There was an underlying attitude of disbelief because I was so open about it: I didn't fit the criteria for a victim. "Real" victims should be keeping silent about it and crying. The cops couldn't deal with it and made me feel as though I'd done something wrong, when I didn't feel like that. I feel as though I'm meant to be ashamed and not talk about it. (Isabella)

I don't think I'd report again because of my experiences with the court system. It's too hard and takes too long. (Leah)

I regret every decision I've ever made about going to the police. (Chanel)

### Advice to other women

Of the 21 interviewees who were asked how they would advise another woman in a similar situation, none explicitly stated that they would advise against reporting sexual assault to police. Their responses highlight that it is crucial for women to regain control and make their own decisions about what steps are necessary to advance their personal well-being, and that decision-making is facilitated by social support and knowing what options are available. They also point to the value of speaking out about sexual assault, rather than remaining silent, whatever the reporting decision. If asked, they would advise another woman to:

- seek support (n = 13);
- make a decision about reporting based on her personal circumstances (n = 10);
- report to police (n = 9); and
- report to police with support (n = 7).

### Seek support

I'd advise her to get help immediately to help cope with the experience. People who haven't gone through it or haven't had specialist training in rape don't know how rape affects women or how to help her. No one who hasn't been through the experience knows the extreme fear I felt being with the rapist for four hours, and the fear I still feel [eighteen years later]. (Julia)

I would give another woman the facts, talk about her choices and what will happen if she reports. It's important to talk about it; keeping it under wraps gives you a life sentence living with it. You need to talk about it, but not necessarily to police. (Tina)

There's no way of finding peace through this [criminal justice] process. I'd advise other women to get counselling. I'd offer support and to be by their side; let them know that whatever they need is okay. My parents did this for me. (Amanda)

### Personal decision

Make a decision based on your assessment of the chances of conviction. Personally I would not report again, but I would tell another woman to report. You can't let them get away with this stuff. I would be there with another woman. You can't do this alone: it's not warm fuzzy "Blue Heelers" [a television police drama]. (Alison)

I'd advise other women to seriously think about the consequences of reporting. If they have the support of their family and a sexual assault worker, then go ahead. But really think about it. There's a lot involved. (Chanel)

Basically, every woman needs to do what's right for her. It really helps to go to a sexual assault centre to work out decisions about what to do. It's intimidating at first, and difficult to have the forensic evidence collected, but it's an excellent service. If police are needed for closure, then do it. It's important to regain control in any way you can. (Cynthia)

If it happened to a girlfriend I'd put that card [reporting] on the table as an option, but more for healing than for revenge or anything else. (Pen)

### Report to police

I now have direct dealings with police in my work with child abuse and I have new respect for them and the job they do. Times have changed; now they have sex crime and DV units who have training and empathy. There would be a different response now to a similar situation. I'd advise victims ask to speak to the specialist unit. (Lucy)

Report right away while evidence is fresh and you have a better chance of success. (Deborah)

It's good to go to police, but go straight after: be honest; don't leave stuff out. (Nadine)

### Report to police with support

I would tell another woman to report and I'd go with her if I could. I'd make sure she wasn't going on her own. Everyone should have someone with them; it's not a nice experience. (Annabelle)

I'd advise other women that they need support by a professional in the interview with police. I went without support and was a mess. Don't keep it a secret; you get sicker by not reporting. (Kendra)

Don't try to do it all by yourself. Have a sounding board, someone to turn to, get feelings out to give you strength to go on; otherwise, everything's too frightening. (Mikayla)

## Summary

When asked to reflect on their experiences with the criminal justice system, some women said were unlikely to report a sexual assault to police again, often because they received neither substantive nor procedural justice. The depth of disillusionment and pain among some of the women who definitely would not report again is palpable and it is clear that the harms of the sexual assault were compounded by

their dealings with the criminal justice system. In general, the women's ambivalence about reporting was less often associated with case outcomes than with procedural issues, such as the trauma of the investigation or trial, with case characteristics, such as their relationship to the offender, or whether they could expect support during the process. Despite the finding that many of the women were disappointed with the outcome of their case or the way they were treated, they were unlikely to discourage another woman from seeking justice. Perhaps this is because they understand that the hope of obtaining legal redress is an important motivating factor through dark days. Perhaps it is also a reflection of the fact that most of the women had the support of sexual assault counsellors and/or informal social networks to listen, validate and help them understand that substantive justice is not the only goal worth pursuing. The objective of reconstructing oneself may not be a primary goal of the criminal justice system, but there is no reason that women cannot be helped to achieve their personal goals by participating in the justice process:

I would definitely report again. I don't regret reporting, I just regret the outcome [offender acquitted at trial]. I'm glad I did it; I had to do it for myself. What's important is the quality of support, having enough information about the process, understanding your options and knowing why I reported and what I wanted. (Sachi)

Given the high rate of attrition of sexual assault cases in the criminal justice system, an important question for service providers is how they can assist women to make decisions that will contribute to the process of reconstructing a self and a sense of self-worth when they have been reduced to object status by the assailant and sometimes by the trauma of the criminal justice process. Throughout this report the women have emphasised the importance of supportive relationships and others' reactions to the steps they choose to take. They may not have Susan Brison's language or academic insights, but their reflections on their lived experience demonstrate their understanding of the fundamentally relational nature of selfhood:

In order to construct our self-narratives, we need not only the words with which to tell our stories, but also an audience able and willing to hear us and to understand our words as we intend them. This aspect of remaking a self in the aftermath of trauma highlights the dependency of the self on others and helps to explain why it is so difficult for survivors to recover when others are unwilling to listen to what they endured (Brison: 2002: 91) .

# Helpful and Unhelpful Responses from Non-Legal and Informal Support Providers



*Women 09*



# 9 Helpful and Unhelpful Responses from Non-Legal and Informal Support Providers

The descriptive statistics presented in Chapter 3 showed that a sizable proportion of the women (61%) received informal support from social networks. However, women who sought help from formal support sources beyond the police and sexual assault centres were less likely to receive informal support than those who did not seek help from additional formal support sources. This may indicate that women who seek help from additional formal agencies have less supportive informal networks than those who did not seek help from additional formal sources, or that receiving help from formal providers minimises the need to call on informal social networks. This issue may be clarified by analysis of the women’s responses to questions about help from informal support sources and non-legal support providers.

During the interviews the women were asked who gave them support after they were sexually assaulted, the type of support they received and what was helpful or unhelpful about people’s attempts to support them. This chapter provides a thematic analysis of what the women found either helpful or unhelpful in the responses provided by non-legal formal supports, such as sexual assault centres, other counselling or helping agencies and medical practitioners. This is followed by an analysis of the help provided by informal supports such as family, friends and teachers, and the women’s self-help activities. The situations of seven women who received additional formal support but no informal support are described at the end of the chapter.

## Sexual assault centres

Given that the interviewees were recruited through sexual assault centres, it is not surprising that sexual assault counsellors and programs were cited as the most valued source of support by almost all interviewees. This excludes three women who did not receive counselling for the assault but were in contact with the sexual assault centres for other reasons at the time the study was conducted: one was a friend of a sexual assault counsellor; one was seeking support because she had been called to give evidence in a civil case (further details are outlined in a later section of this chapter); and the third contacted the sexual assault service because she wanted to become involved in community education about sexual assault. Table 11 shows that police, medical services and friends are important sources of referrals to sexual assault centres.

**Table 11**  
Sources of referrals to sexual assault centres

Source of referral	N
Police	7
Health service (GP, nurse, hospital staff)	5
Friend	5
Other service (e.g. women’s refuge or domestic violence service)	4
Counsellor	3
Self-referral	3
Total	27

Many women said that the sexual assault counsellor was their primary and sometimes only source of support, as well as the biggest help. Tanya, for example, said that counselling was “fundamental to my recovery”, while for Pat “the sexual assault centre has been my lifeline.”

In general, the women said that the specialised training, expert knowledge and advice of sexual assault counsellors are more effective than working with non-specialist counsellors. Some women preferred group therapy, which included support groups, art therapy groups or yoga classes, to individual counselling, while others did not want or feel able to participate in group sessions:

- I found the individual counselling to be good, and the groups to be better. (Alicia)
- I was offered a group with other victims but I didn’t want to be with other people. (Cherie)

The value of groupwork consists in the fact that it:

- is one of the most effective methods of working with survivors of sexual assault as it breaks down the isolation and loneliness associated with sexual assault. Groupwork offers survivors the opportunity to get together with others to discuss creative ways of dealing with the effects of sexual assault (Laurel House 2004: 3).
- Support groups... create another medium for recovery. Typically the awareness gained and consciousness raised around the personal, social and political elements of sexual assault takes years off the recovery process. Hearing other women’s experiences and stories and discussing symptoms suffered and management strategies, normalises women’s experience and assists them to separate their abuse experience from their understanding of ‘self’ (Ruby Gaea Darwin Centre Against Rape 2004a).



A small number of interviewees had criticisms or comments about aspects of service provision that were unhelpful or unsatisfactory. The most valued and unhelpful aspects of sexual assault services are shown in Table 12 and illustrated in quotes below.

**Table 12**

Helpful and unhelpful aspects of sexual assault services

Helpful	Unhelpful
Non-judgemental, objective perspective	Delays in service provision
Understanding	Failure to respond to calls
Information	Inappropriate response
Emotional support and care	Limitations on service provision/accessibility
Feeling of belonging, especially in groups	
Self-expression	
Availability and accessibility	

### Helpful

#### Non-judgemental and objective perspective

I was shocked at my own responses because I became quite aggressive. A friend who's a sexual assault counsellor pointed out that there's a lot of anecdotal evidence that this happens; it's a normal reaction. (Lee)

After 15 years of seeing psychiatrists, psychologists and other counsellors, I finally was put in touch with the sexual assault centre, someone who could tell me how women are affected by rape so I could start dealing with it. (Julia)

The sexual assault centre is amazing; they're the most helpful source of support. I'm so glad I came here. I needed an objective point of view and counselling brought up other things to talk about that I hadn't considered. I needed to talk just to get stuff off my chest, I needed to cry, because I held it in, even with my best friend. Part of me felt like I deserved what happened; the sexual assault centre helped me to make sense of it, gave me the idea that there is hope. The counsellor gave me cuddles. It's helpful to know that you can just call on them. (Annabelle)

This was the best help because they were neutral about it all. I let everything out and that helped put things in perspective. (Alison)

### Understanding

I got the most positive support from the sexual assault counsellor. There's no point talking or trying to explain to people who haven't been raped. You feel more isolated when they don't understand. It's pointless to talk about it to anyone else. (Kendra)

Understanding that I'm not so different from other women. They're there to back women up, let them know that they're not just on their own. It is important to do something to let people know that. I'm still afraid, but I'm not alone. (Kate)

The counsellors understand how words intimidate. (Tanya)

I've outworn my friends now; they're sick of hearing the same old story about me missing my home and lifestyle. You need a counsellor with specialist training - someone who understands where you're coming from. (Cherie)

### Information

It's helpful being able to pour your heart out in confidential surroundings, where you're safe and it's okay to ask about any fears. They brought me back from not being able to handle anything to getting through the process. The counsellor has been my lifesaver, literally. I didn't want to be too much of a burden on my folks, so I relied on my counsellor and I knew I could call any time. She gave me brochures on meditation, yoga and relaxation. She offered comprehensive information on defence lessons, anger management, confidence and self-esteem and they have a library where I can borrow books and get information on relationships and abuse. She gave me suggestions on breathing techniques. (Amanda)

I liked the one-to-one counselling, especially getting feedback that what I'm experiencing is normal; it helps to get a perspective on things. [The counsellor] explained my options and there was no pressure to report. She also gave me emotional support. I keep to myself and was determined to do things without other people's help, but it was helpful to talk about anything and everything to the counsellors. (Michelle)

They gave me tips on how to sleep, how to ground myself so I'm not airy-fairy in the world. (Pen)

If you take away places like this, victims have no idea of what's happening. (Mikayla)



## Emotional support and care

The sexual assault centre has been my lifeline. I spent 40 days and nights in my car and the counsellor would come visit me. They showed me genuine compassion and warmth, that I am a human being. I receive counselling and help with letters about compensation and so on. They've been my advocates. (Pat)

It took a year before I made an appointment but they've been really helpful. They've helped me to get through everyday life, to feel more confident. I'd changed from being confident, assertive and happy, to being miserable and helpless, with not much direction in life. I wanted them to save me, to make everything fine. They taught me life skills to cope with going forward in life. (Christina)

I haven't had ongoing counselling yet but they've rung twice to check on me. (Deborah)

## Belonging

I enjoyed group therapy. It was really good meeting women in the same situation. They were as close as I had to friends. I didn't want friends because I didn't trust people. I was afraid but didn't realise I was afraid. I was lonely and didn't want to be alone. (Kate)

Talking with others; knowing that I'm not alone; seeing that others are also struggling through. (Lisa)

## Self-expression

The art therapy was great. I was having too many thoughts, and painting, or artistic release, was a good way to get things out. (Justine)

I could express myself in the art therapy group and the support group also helped. I'm lonely and sad that most of the time I can't fit with the sexual assault centre's activities or meet people my age. The yoga class was good because the sexual assault centre was sensitive to what we're going through. You need people with rape training who can run activities such as yoga and other leisure activities. I need to laugh, I need people who understand. (Tanya)

## Availability and accessibility

The support line is helpful because it's there all the time. I get reassurance that what I'm feeling is normal. (Tanya)

I began giving my statement in hospital. The sexual assault worker was present and she was excellent. She called for pauses, because it took a few hours. I feel the police did the right thing by me by calling in the sexual assault centre. (Dianne B)

She kept me on the phone until I'd worked through the issue. (Amanda)

## Unhelpful

### Delays in service provision

When I first rang the sexual assault centre for help, I was put back twice due to incoming emergencies, and was very close to giving up. A delay over two or three days was very hard to take once I got up the confidence to call. Had I given up then and not got the help I did, I likely would have dealt with the negative impact of the assault for a much longer time and would not have healed. Initial calls are handled through a 1800 number and I feel I got the runaround from them. I feel stressed just describing my experience to you. (Cynthia)

The forensic examination and initial contact with the sexual assault centre took several hours. I found it strange that the sexual assault centre called me twice to tell me I didn't have to report to police or go through the criminal justice process when it was obvious that this was a police matter with clear evidence that would result in a prosecution. It took two weeks to see a counsellor. (Alicia)

### Failure to respond

I contacted one sexual assault service but never heard from them. (Isabella)

Six weeks prior to our interview Ginny, a social worker, was called as a witness in a defamation case in the civil court, where a person she did not know was bringing an action against the man who was acquitted of sexually assaulting her 31 years earlier. The complainant in the civil case had heard about her case and she was subpoenaed to give evidence about the sexual assault. She had never received counselling for the original incident and had dealt with it by "by shutting up, never speaking about it, putting it out of my mind". Ginny's experience highlights a grey area in the law and another for service providers. In terms of the law, victim/witnesses are not protected in the civil courts as they are in the criminal courts, because their names are not suppressed. In addition, Ginny would have had to face the perpetrator in court without recourse to alternative arrangements for giving evidence. It took extensive legal argument by pro bono lawyers for the judge to decide not to accept her evidence. The issue for sexual assault services (in one state at least) is that funding provisions may result in some women being denied court support.

I first got angry four weeks ago... I was a nervous wreck; I was shocked at how unnerved I became. This has now got me thinking about the assault, asking things that I didn't ask then. I want to know why it happened, then I might be able to learn from that and move forward. But I'm having intrusive thoughts now. I rang all the sexual assault services in the area for court support. No one in my personal network knew about it [the sexual assault], so I had no one to go to court with me. I couldn't get a support worker because [a not-for-profit, community-based organisation] has been given government funding to do court support, but they're a fee-for-service, so I would have to pay them... The response from sexual assault services was appalling. They were not interested; they made me feel like a bit of trash, not worth it. Many were abrupt and unprofessional and this was a number of incidents, not just one. I think that as a result of government cutbacks, services rely on more volunteers, so the quality of service provision declines. The attitudes of some workers were appalling. Some were great: they couldn't help me, but at least they spent time talking to me. I have to ask, what's their [volunteers'] experience and understanding of the issues? They're good initiatives but volunteers are influenced by their own value systems and not trained to be objective. Some of the services could have provided phone support, but they didn't offer because I'm not a client. I think the state of services reflects government cutbacks and the tendering process. (Ginny)

#### Inappropriate response

The worker was unhelpful and didn't do enough to protect me, to see that I was traumatised. Sexual assault centres have a relationship with the police and don't put the victim first; they need independence. I had been to the sexual assault centre earlier and told them I was okay to go to police on my own, but they shouldn't have let me. The counsellor was patronising towards me. They should have recognised I was too traumatised. (Heather)

#### Limitations on service provision/accessibility

The support group was very helpful, but it's not long enough, not ongoing. (Nadine)

Turnover of staff is a problem. (Justine)

In country areas there are limited choices for help. The sexual assault workers are not full time. The 24-hour lines are okay in a crisis, but not for ongoing counselling. There are a lot of days between appointments with the counsellor where there's no help. (Cherie)

## Other non-legal support services

Some of the women contacted other, non-legal support sources, including medical and mental health services and not-for-profit community organisations that offer counselling, crisis help lines, or practical help such as accommodation. The women's views on what was helpful and unhelpful about those organisations are listed in Table 13.

**Table 13**

What was helpful and unhelpful about health and mental health services and not-for-profit community organisations

Helpful	Unhelpful
Belief and emotional support	Forced admission to psychiatric ward
Referrals to specialist agencies	Medication – effects and cost
Medication	Non-specialist knowledge
Practical help	Discouragement
	Misinformation
	Inappropriate responses

#### Helpful

My [female] GP was gentle, understanding, logical and non-judgemental. She took pictures of my injuries and suggested that I have further medical examinations. She offered to help me tell my mum and referred me to the sexual assault centre. (Michelle)

Health services told me about the sexual assault centre and a resource centre for young women. (Isabella)

My doctor believed me; this was extremely helpful. (Dianne A)

The sexual health clinic was great; I was still coping with surgery for a life-threatening condition and now I had to cope with my fears about HIV. I worked with a psychologist at the sexual health clinic every week for about six or seven months. (Lee)

I felt believed and supported by the university counsellor. She listened and never dismissed my feelings. She referred me to the sexual assault centre. I felt comfortable talking to her. (Nadine)

I see a psychologist every six weeks. She helps in a different way from the sexual assault counsellor. She challenges me on things and helps me to get over stuff. (Pen)

The psychiatrist was very helpful and encouraged me to call police [this was after negative response from two community organisations]. He understands the miscarriage of justice I'm going through and is helping me understand I'm not alone... The mental health advocate was very helpful in dealing with the bureaucracy and practical needs like transportation. (Heather)

I didn't seek help from psychologists immediately after the rapes... The first psychologist, a male, didn't work out and I wasn't ready immediately, but a couple of months later the timing was right. This counsellor helped me get off drugs and get my life straightened around, away from the bikie gang. (Lucy)

One person at [a community organisation] was very helpful, talking to me about my rights and about reporting to police. I also do meditative prayer with other women at a [religious] group who feed the poor. I've stayed with them and can go back anytime. There I'm accepted for who I am. (Pat)

Unhelpful

I tried to commit suicide but I was stopped by police and I was charged with assault and taken to psychiatric ward because I was a danger to myself. I was frightened I'd be raped again in the ward. (Michelle)

I stopped taking anti-depressants and sleeping tablets, because they made me too groggy at work. (Sarah)

I take antidepressants but my financial state means that sometimes I can't afford to buy them. (Mikayla)

The local community health counsellor wasn't specialised, so she wasn't as effective as the sexual assault counsellor. For example, she didn't have information on panic attacks. (Tanya)

My psychiatrist told me to let it go, because they'll just acquit him. He said, "It's not as though you're a virgin or anything". He's since been charged with sex offences against young girls. He'd previously been a tower of strength but now he was discouraging me from reporting. He said, "He'll be acquitted and you'll walk out of there with egg on your face." (Nina)

The psychologist told me that my memories would be wrong because of the drugs [used to spike her drink]. I believed this and had no faith in myself or my recollections. So I wondered what I did to deserve it, what I'd done wrong. It took a long time to counter this and believe in myself again. (Lee)

I'd been to [a community counselling agency] previously about the fact that I was being bullied at work, and I told a counsellor about the sexual assault. The counsellor was very unhelpful; she didn't realise she'd be a witness because she was the first person I told about it, and she refused to talk to police about it... I wanted to tell the police but I felt suicidal, so I rang [another community counselling agency]. The man who answered told me I'm lucky not to have a disease and to forget about it. (Heather)

The [charity organisation] shelter treats women so badly, kicking them out at night if they smell alcohol, and they're labelling and judgemental. I've been there three times and they do nothing to help. (Pat)

I attended a [community organisation] DV course but I wasn't getting anywhere. I didn't feel right or fit in. (Kate)

Family and friends

For some women, telling their family was the most difficult disclosure, while others found that it was easier than they expected. Over half of the women first disclosed the assault to family (11%) and friends (47%), whose reactions are crucial in respect of subsequent help-seeking decisions (Ullman 1996; Ullman & Filipas 2001). Broad categories of what was helpful and unhelpful are listed in Table 14. Helpful actions range from accompanying the woman to the police station, helping to take her mind off the assault, and helping her to make major life changes. Some women have no family support while others have never told their families about the assault(s). What is most unhelpful is people reacting from their own feelings, rather than focusing on the survivor's emotional and physical state, establishing her wants and needs, and helping her to work out the next steps in her own recovery process.

Table 14

What was helpful and unhelpful about family and friends' responses

Helpful	Unhelpful
Belief	Disbelief and blame
Emotional support	Unsympathetic/inappropriate responses
Practical help	Not knowing what to do
	Other people's issues take precedence
	Avoidance, denial, or minimisation
	Breach of confidentiality

## Helpful

### Belief

My friend was angry about what happened but I'm glad I confided in her. She believed me and gave me the support I needed. I felt a bit better because I didn't think I'd be believed. Once I'd told her, it was easier to tell others. My friends have been main my support: they comfort me if I'm upset; provide a distraction if I don't want to think about it. They help me to have fun and forget it and just make me feel better about myself. (Hayley)

I rang a girlfriend who's a community nurse. She's someone I consider to be a safe person and I knew she'd believe me. She could hear that I was going into shock and she came straight over and sat with me. We spoke about what to do and she stayed with me until I made a decision... I have a strong core of supportive female friends who came to help me straight away, but some women are appalling. I've got two great male friends; I was very emotional but they didn't judge me. (Lee)

I needed not to feel blamed. I felt responsible for what happened because I was attracted to him and invited him over... What helped me to cope was my friend not blaming me. Her encouraging me to contact the sexual assault centre was extremely helpful in the long run, even though making the contact was difficult at first. She urged me to go and she found the number in the phone book. (Cynthia)

### Emotional support

My family and friends were very supportive. My daughter suggested getting help from a psychologist. (Dianne B)

My parents' support was crucial. Telling them was easier than I thought it would be and their reaction was very supportive. I needed this to make the next decision to file a complaint. They gave me reassurance. (Amanda)

My family stood by me. My father is a focal point for the rest of the family and I took him to the sexual assault centre for counselling so he could understand what to expect from me. (Sachi)

I told my mother before I went to police. My mother hugged me and told my father. They were supportive of me going to police. The people close to you are the hardest to tell. (Isabella)

My family were very supportive. They said they'd do anything to help, but they weren't always available for practical support. One friend, who had had a similar experience, was very supportive. (Alicia)

Two close girlfriends who were psychologists offered perspective when I lost perspective on what was happening. (Michelle)

My real father was supportive, as was another friend who had been victimised, is very public about it, and was my court companion. I'm cautious about talking to people who haven't gone through it, because they can't empathise or understand what I'm feeling. (Tina)

I kept breaking down so I told some other friends the next day. They were shocked and comforting and tried to get me to talk about it. I also told my younger sister [16 years old] who was supportive. My female friends and my sister were very supportive and gave me the time and space I needed. They spent lots of time with me. Just being there helped... I told my parents a few weeks later when I was moving out of my flat and back home. They were very angry because they were very worried about me living there. Some female friends and my sister were there for me and I feel safer now that I'm living with my parents again. (Katherine)

My partner supported me to an extent, although he couldn't really understand some of the things I wanted to do and I didn't want to talk to him about it. (Annabelle)

### Practical help

My family was fantastic. My parents, especially my Dad, and my sister were instrumental in getting me out of the druggie/bikie lifestyle. My parents were always there for me and I knew that. They never shut the door. They found and paid for counselling with a private psychologist that I attended for a couple of years. They made sure I was safe; they always said they'd do anything to help me get my life back. They normalised my life, by not always dwelling on my problems and what I had to change, but giving me a normal life, finding a place for me to live, helping me buy a place. (Lucy)

The people who I told tried to look after me. They stayed with me and gave me practical help, like a drink of water, some dinner and a blanket. They picked up my things from the yard and offered to drive me home, but I didn't want to go home... My friends helped by being understanding. One friend told me I was brave and she focused on the positives and slept in my room when I was scared. This friend's boyfriend closed all the curtains when they were going out and I was staying home on my own. (Lisa)

What helped was people just being there. Around exam time my teacher let me use the staff room when I needed to get away from other people. My best friend's parents gave me a place to live when my mother kicked me out of home. (Christina)

I haven't got a big support network. I moved back to my parents' home, because I needed to rebuild my support network. My parents let me come home with my dog. (Isabella)

## Unhelpful

### Disbelief and blame

My parents weren't supportive and ignored what had happened. My brother, who's a police officer and found out about the assault by reading my records, told them without my consent... My father said I shouldn't have reported; my mother said I let myself in for it and should be ashamed. (Nadine)

My mother blamed me because she thought I'd invited these people to the house [while her parents were away], and she threw me out of home. This was devastating to me and contributed to me withdrawing my statement. (Christina)

When he was acquitted, my daughters said I must have said something wrong for him to get off. It's taken three years for one of my daughters to contact me again. (Nina)

My ex-partner didn't believe me, despite a police investigation. He said I was making it up to get attention. (Karen)

### Unsympathetic or inappropriate responses

I had to tell my parents to get it off my chest and move on. My mother hugged me, but didn't say what she thought or felt. I asked my mother if she was angry, but I felt it didn't really bother her that much. My father's a psychologist and treated me like a client, in a factual manner. I felt he didn't care that much. I was hoping they'd be more affected by it. I think they were like that because of the time lag between when it happened and when I told them. I feel as though I'm being blamed by my current boyfriend because I didn't choose to leave the relationship. (Hayley)

I told my mum after a fortnight with the doctor's help. My mother's reaction wasn't helpful: she was shocked, distressed and judgemental. She said if I was pregnant I could go somewhere else until the baby was born. I wanted her to express outrage at what he'd done rather than focus on me. I wanted her to ask questions about what happened, to say how terrible it is that this happened, to offer to look after me, not to give me value judgements. (Michelle)

My friends were divided because he'd been in the local pub saying I was a liar... Some of my girlfriends were helpful but a few couldn't deal with it; it was too confronting. When you're having a black hole day, you can't see friends you've told over and over: they don't understand and you feel like you give them the shifts. (Cherie)

My boss was awful, really unhelpful, and she was a health professional, someone who was in the business of caring. At first she was supportive and she said that police could visit me in [the workplace]. She was okay on the first occasion, but she treated me badly the second time. I got no support at work, which made me feel worse. (Annabelle)

### Not knowing what to do

My sisters tried to help but they don't know how to help and I don't want to burden them. (Tanya)

My family wasn't helpful. They didn't know how to give support and gave me mixed messages. They'd say, "It's not your fault", then "Why didn't you scream louder?" They didn't do what I wanted to do; they didn't realise it takes time to recover. (Lisa)

My family felt as though they had to take control because I wasn't myself, but this didn't help. (Christina)

Your friends often don't know what to do, or what will help, so you stop telling them about it. Like, they don't understand why I don't want to go out at night. (Lisa)

### Other people's issues take precedence

My experience brought up issues for my friend that she hadn't dealt with and she became less supportive. But we were in contact during the lead-up to the trial. My mother blamed me and was very unsupportive. Most friends were unhelpful if they hadn't had a similar experience. (Tina)

Shortly after it happened, my sister suffered a traffic accident and was seriously hurt, so I spent four months travelling to be with her whenever I wasn't working. I moved immediately after the attack, then spent time with my sister... I told my sister after a while and she was so disturbed she lashed out with all her own issues behind the anger. Then I said nothing else after that. She wasn't supportive. She was too frightened to talk about it. (Deborah)

My friends tried to rally around but they were young and this was a shock for them. I felt that I needed to put on a brave face for them, so I gave them little opportunity to help. I told them I was fine. (Christina)



### Avoidance, denial, or minimisation

A male friend, who lived close by, came by my flat about fifteen minutes after the assault and I was very distraught and I told him what happened. He implied that I consented; he said lots of girls had been with three men and not to worry about it. He left me crying on the floor. Later, I found out that he did believe I'd been raped, but didn't know what to do or how to react. My flatmate denies it happened. This wasn't the first time she'd invited men back to our flat and I was hassled by them... An ex-boyfriend came round looking for sex after he heard about it. He said, "Get over it". Then a male friend at the pub said, "I've heard something about you. Is it true?" and he was groping me. A school friend invited me around and asked me about it. I talked to him and he came onto me. I struggled but ended up giving in. The word around town must have been that I had sex with three men, not that I'd been raped by three men. (Katherine)

My partner sometimes minimised the severity of the experience [of being raped by a stranger who broke into her house] to avoid having to deal with the emotion. Some friends said inappropriate things and my family sometimes told me how to grieve or react. Comments from some friends were accusatory and blaming: "What were you wearing?" "How did he hold you down?" (Alicia)

Some friends haven't stood by me because of the close-knit social situation. (Sachi)

I had no family support. Other people don't want to know because it's too confronting. A couple of friends turned their backs on me and I don't trust people: I push them away and want to be left alone. I don't want people to know, because it's personal and private. I didn't want help; people anger me with advice because they haven't been there. (Kendra)

I felt really alone and isolated. After a few weeks people stopped asking how I was, but I still needed that. My boyfriend bailed out after I went to police. Another friend called me weak and said she'd never allow herself to be raped. The loss of friends was hard to cope with. (Isabella)

### Breach of confidentiality

My friend told the school counsellor and I was worried about this because I thought I'd get into trouble... My friend told other people and the story went around school... On the second occasion I told the sexual assault counsellor but I didn't tell anyone at work because of the grapevine... I'm wary about who I tell. I don't want people to feel sorry for me; I still have a job; I'm independent and no different to anyone else. (Justine)

I told one other friend who was supportive at first but then betrayed me by telling others. (Deborah)

### Self-help

Although they were at different stages of recovery, many women were actively involved in facilitating their own recovery processes. The interview schedule did not include a question about self-help strategies, but a number of women spontaneously spoke about activities that helped them. The following quotes demonstrate that survivors of sexual assault are both resourceful and agentive.

#### Internet support groups

Initially I was in denial. I didn't feel like other people felt; I didn't care about what had happened, or begin to deal with it until months later. The online support group was very helpful. I made friends. It was helpful finding other people who'd blocked out memories and not feeling alone. (Nadine)

I moderate an internet support group now; I feel that I'm part of the solution by helping others. The anonymity works well for people who are uncomfortable with speaking to others face to face. (Christina)

Internet forums provide good support because other people know what you've been through. They know what it's like and they can say what helped them and make suggestions. Everyone's on equal terms. (Justine)

#### Finding purpose and validation

I did lots of reading, research and writing. This was the next best thing after the sexual assault centre. It was good to be informed and to be reassured that even my most extreme feelings and actions were normal. It put my mind at ease and I was validated by the counsellor and my own research. (Michelle)

I got a dog so my life had some purpose. She gives me a reason to get out of bed. (Isabella)

#### Drawing on inner reserves

I've done a lot of spiritual work, like meditation and Bach flowers. If people don't do the work, how traumatised must they be? (Cherie)

Yoga helped me to be calm. (Michelle)

#### Involving others

I had a happy childhood and I was raised to be open with my feelings. My earlier training and involvement with a grief support group means that I'm open for discussion on any subject. (Dianne B)



### Empowering others

I learned and I now teach tae kwon do. I can defend myself and I love it that I'm empowering others to defend themselves. I'm happy if I can teach them one thing they can use. (Justine)

### Women who utilised additional support services but received no informal support

As noted in Chapter 3, women who did not utilise services other than police and sexual assault centres were more likely to receive informal support ( $n = 15$ ; 68%) than those who did utilise other support services ( $n = 7$ ; 50%). Given the small sample size it was possible to identify the seven women in the latter group and to address the question of whether utilising additional formal support mitigated the need for informal support or was a result of unsupportive informal networks. Analysis of the women's stories (including Julia's story, Chapter 5) indicates that they sought additional formal help because they lacked informal support and had poor mental or physical health, which were both risk factors for and consequences of sexual victimisation. A brief précis of the women's stories highlights specific vulnerabilities and some common characteristics.

**Tanya** was a victim of intimate partner violence and repeated sexual assaults over a twenty year period. Her father also abused her mother and, like her mother, Tanya suffered significant deteriorations in physical and mental health, including trembles, diarrhoea, sleeplessness, nightmares and post-traumatic depression. After leaving her husband she was unable to continue working due to psychological problems, which have been compounded by financial stress. From the beginning of their relationship her husband pressured her to engage in "sex" when she did not want to and in unwanted sexual acts. She gave in to his demands to keep him happy, but says "it wasn't dutiful sex; it was more than that. I had no control over my own body. I couldn't even go to the toilet without him following me and talking to me." Her father-in-law supported her husband's attitudes by giving him pornographic videos without asking whether she wanted them in her house and by making her feel that something was wrong with her sexually. Tanya did not report the sexual assault to police because she did not identify her experience as sexual assault until her doctor named it. She did seek police help to leave the marriage but found it difficult to get support. Her sisters tried to help but did not know how to help her and she did not want to burden them. She takes anti-depressants to help her feel in control and also consults a community health counsellor, either in person or by phone, who is not as effective as the sexual assault counsellor.

**Dianne A** has been sexually victimised by a number of men since the age of thirteen, including acquaintances, her husband, and two strangers during a break-in. The early assaults occurred when she was working for pocket money and accepted lifts home with men who took her into the bush, where she had to "give them sex to get a lift home". She had an abortion and felt she was being punished for getting in the car. She could not tell her parents about the assaults because they would stop her from working and she was concerned about being blamed and labelled a "tart". For over twenty years Dianne was a victim of intimate partner violence, including repeated sexual assault, which started soon in the relationship. Dianne met her husband when she was 15 and married when she was 18; she did not realise she could refuse consent and thought that if she pleased him he would love her for herself. The assaults encompassed a range of derogatory and forced acts, with her husband and other men. His controlling behaviours included not allowing her to sit in the shower or spa by herself. Dianne has had multiple miscarriages, which she attributes to the sexual assaults, but she also feels guilty and to blame.

She identifies as having a disability and suffers the stigma of mental illness as well as sexual assault. Her ex-husband tells their children that "mum's fucked in the head" and she has been called a fruitcake, lying and vindictive by other people. She has reported sexual assaults by different men to the police on three occasions, but none has resulted in charges being laid. She was told there was not enough evidence to charge her husband. When she spoke to police about another offence she was told that if she did not proceed she must be a liar. When she went to police with an audio tape of her husband's friend raping her, they said she must have set him up. She has received additional support from her doctor and community health services, but has told no-one in her family about the assaults.

**Leah** has been sexually assaulted on a number of occasions, beginning when she was "a baby". In the most recent incident she was sexually assaulted by a drunken stranger when she was driving a taxi. The offender was apprehended, convicted and jailed. She did not tell her family about the most recent assault and the only support she received was from her doctor and the sexual assault counsellor. Leah says that she has not reported other offences in the past because of her previous experiences in court, which have left her "terrified of defence lawyers". In addition, inadequate communication and information from the DPP "increases the fear of not knowing what's going to happen and left me feeling more scared."

Leah was admitted to a psychiatric ward following the most recent incident, which was very unhelpful. Leah says she “went through a really bad time. People weren’t comfortable around me and no one wanted to speak to me except my doctor. I saw the doctor every week for emotional support. Medication was good at a time when I felt suicidal and that I couldn’t go on any further, because it blocks these feelings. I’d started to cut and burn myself, just trying not to feel the pain.”

**Sarah** was drugged and sexually assaulted by a work colleague when they returned to his house after an overnight camping trip. She did not initially identify the incident as sexual assault because she was too weak to fight him off and her perceptions of sexual assault were formed by television images of violence and injury. She did not want other people to know what had happened, so she tried to carry out her normal routine and pretend nothing had happened. However, she could not compose herself, as she saw the offender every day at work and started receiving nuisance calls. Her boss’s initial reaction was to say “I wish you hadn’t told me this.” Although she loved her work, Sarah changed jobs to get away from the offender, but has lost her ability to concentrate and to carry out basic tasks. Sarah went to the doctor because she needed to talk and was concerned about pregnancy, as she was not using contraceptives at the time of the assault. The doctor identified that she had been sexually assaulted but she did not report the assault to police for several weeks: she thought she would be blamed for the attack because she was at the offender’s house. Sarah became pregnant as a result of the assault and had an abortion. The police told her this not a strong case and they have referred it to the DPP for a decision on whether to charge the offender. A year after the assault no official action has been taken. Sarah feels “the justice system is a mockery... I can’t believe they can get away with it just because no one saw it. It’s like saying air doesn’t exist because we don’t see it.” Sarah receives help from a general counsellor in addition to the sexual assault counsellor, but has stopped taking anti-depressants and sleeping tablets as they made her too groggy at work. She says “I need all the help I can get, so I take anything that’s offered.” She became distraught during the interview as she recounted how she has lost confidence in herself and her abilities, is still highly stressed and has isolated herself from people at work, which is unlike her. She says she is “always wearing a mask. I can’t show my true feelings. I can’t cry in front of my colleagues, my parents or my children.”

**Chanel** has had an intellectual disability from birth and has been sexually assaulted numerous times since she was 11 years old. The first offender was a school friend. She did not tell her parents because she feared being taken away from her family and never seeing them again. She recalls that her parents “wondered if something like this was happening, but I would never open up, so no one knew.” Chanel has moved from state to state during her adult life and has had contact with disability services and women’s shelters as well as sexual assault services. She discussed two incidents during the interview. The first involved two strangers who she let into her flat because she was trusting and naïve. They used a broken bottle during the assault, which left her bleeding and in pain. In the immediate aftermath of the assault, she was very distressed by the media, who reached her home before the ambulance, were present at the hospital when she arrived, and traced her to a women’s refuge on her release from hospital. Disability services found her a new home because the police feared for her safety once the offenders were arrested, charged and given bail. However, the offenders found out where she was living and began to harass her, throwing rocks at her windows and driving cars at her house up to ten times a night. She put herself into psychiatric care as she felt this was the only safe place. The police dropped the case and charged Chanel with false reporting when they discovered her history of sexual assault. More recently, she was sexually assaulted by a man who holds a position of authority in a government department. She reported the incident to police but the female detective said that in her opinion a crime had not occurred, because Chanel did not say “no”. The police did not act on the complaint and the offender is still working in a position where he has contact with other vulnerable people.

**Pat** has had multiple experiences of sexual and physical assault over her lifetime, including violence perpetrated by police when she sought their help. She was first sexually assaulted at age 15, became pregnant as a result and gave the child up for adoption. Pat was born overseas and has lived in various countries. At the time of the most recent assault she was living in a boarding house in a remote Australian mining community. The offender had previously robbed and bashed her. The sexual assault took place over a 48-hour period and resulted in head injuries, although neither the doctor nor the police believed her. The police did nothing to help on either occasion and told her the solution was that either she or the offender had to leave the community.

Pat went to another town where she knew no one and, aside from a period at a women's shelter, has had difficulty in finding housing and has been homeless. A person at the Housing Department told her "You are the author of your own demise." Pat is well-educated and has gone from a comfortable life, married to a university professor to losing everything. She says, "I'm not a rough person; I had a different life. Now I'm not believed and I'm treated like garbage." She identifies as having a disability and says she is "made to feel something is wrong with me." She also describes herself as "hypersensitive to the suffering of others." She has received help from a religious-based outreach program where she is accepted for who she is, although she has found helping professionals to be very judgemental. "Women become addicted to drugs to cover their pain and they're judged for that. They often don't receive proper treatment because they're misdiagnosed. PTSD symptoms aren't being read properly by helping professionals. Abused women often can't speak properly, so they're misread as drunk, mentally unstable or on drugs. They're housed with drug addicts and exposed to drugs and alcohol, so they pick up these habits as a coping mechanism. They need the same kinds of supports and housing as addicts, but without sharing with addicts."

Aside from lack of informal support, there are some characteristics that are common across these seven women's situations, albeit in various combinations.

- repeat sexual victimisation by different men;
- repeat sexual victimisation by a partner;
- multiple assailants (gang rape);
- childhood sexual assault;
- offenders were strangers;
- negative reactions and unhelpful responses from police and other formal support providers; and
- disability, or poor mental or physical health, either prior to or as a consequence of sexual assault.

Some of these factors are in themselves indicators that women may lack supportive social networks. For example, social isolation is one aspect of domestic or family violence; some women and girls who are sexually victimised isolate themselves from others; and people with various types of disabilities may be disbelieved or have impaired communication and social skills. Women who are sexually assaulted by intimate partners may feel more powerless than those sexually assaulted by strangers, while women who are physically and sexually assaulted by their partners may experience pronounced physical and psychological effects that are specific to intimate partner sexual

assault (Howard et al. 2003). Above all the women's stories are consistent with research that violence, and particularly intimate partner violence, is a prevalent and serious contributor to the burden of disease among women (VicHealth 2004). The impacts of physical and sexual violence include premature death, injury and overall poor health, poor reproductive health and mental health, and the adoption of harmful behaviours that affect health. Women who have fewer social supports and financial resources to leave violent relationships or protect themselves may be particularly vulnerable to violence and its health impacts.

## Summary

While a substantial number of the women said they had received help from a range of formal and informal support sources, there were clear variations in the quality of support, or the overall helpfulness of different sources. The specialised training and knowledge of sexual assault counsellors was highly valued by the majority of the women while, in the main, other formal helping agencies were perceived to be less helpful and less empathetic and were subject to more criticism. Admittedly, this is not an unbiased sample, because the women were recruited through sexual assault centres. However, the results are consistent with previous findings that survivors perceive sexual assault centres to be more helpful and to respond less negatively than other formal support sources (Ullman & Filipas 2001).

In relation to informal support networks, the women were more likely to disclose to friends than family members and to perceive them as more helpful and supportive than family members. While some friends and family members were patently unsupportive and unhelpful, it appears that the majority wanted to help but were often unsure about what to do or say. In some instances others' discomfort or responses compounded the emotional harm of the sexual assault and resulted in survivors' burying their own needs or disguising their emotions. Susan Brison talks about the "emotional illiteracy that prevents most people from conveying any feeling that can't be expressed in a Hallmark card" (2002: 12):

My sense of unreality was fed by the massive denial of those around me – a reaction I learned is an almost universal response to rape. Where the facts would appear to be incontrovertible, denial takes the shape of attempts to explain the assault in ways that leave the observers' worldview unscathed. Even those who are able to acknowledge the existence of violence try to protect themselves from the realization that the world in which it occurs is their world and so they find it hard to identify with the victim. They cannot allow themselves to imagine the victim's shattered life, or else their illusions about their own safety and control over their own lives might begin to crumble.

The most well-meaning individuals, caught up in the myth of their own immunity, can inadvertently add to the victim's suffering by suggesting that the attack was avoidable or somehow her fault (Brisson 2002:11)...

In the case of rape, the intersection of multiple taboos – against talking openly about trauma, about violence, about sex – causes conversational gridlock, paralysing the would-be supporter. We lack the vocabulary for expressing appropriate concern, and we have no social conventions to ease the awkwardness... We do not learn – early or later in life – how to react to a rape. What typically results from this ignorance is bewilderment on the part of victims and silence on the part of others, often the result of misguided caution. When, on entering the angry phase of my recovery period, I railed at my parents: "Why haven't my relatives called or written? Why hasn't my own brother phoned?" They replied, "They all expressed their concern to us, but they didn't want to remind you of what happened." Didn't they realise I thought about the attack every minute of every day and that their inability to respond made me feel as though I had, in fact, died and no one had bothered to come to the funeral? (Brisson 2002: 12-13)

The sense of isolation experienced by victim/survivors of sexual assault is, according to Brisson (2002) a consequence of being reduced to an object by the attacker and of losing a fundamental connection that allows one to be oneself to oneself and to others. Widespread lack of understanding about the trauma of sexual assault is one of the most difficult things survivors have to cope with. They are robbed of an essential part of themselves and material items can be symbolic of this loss:

The police took my coat as evidence. I've never heard from them again about the state of my case. I've had no contact to tell me if my case is closed. They said they'd return my coat but they haven't, and I've no idea what's happened to it. The coat is symbolic: I don't want it back, but I wonder what they've done with it. It's like they've got a part of me but they're not doing anything about it. Do they ever bother to think how I'm doing? Couldn't they call to see how I am? (Annabelle)

## The Ripple Effect

*Women 10*



## 10 The Ripple Effect

Sexual assault affects all domains of survivors' lives. Although the women were not directly questioned about the consequences of sexual assault, they all spoke spontaneously about multiple aspects of their lives that had changed irrevocably since the assault. Cherie (see case study below) describes it as a "ripple effect". This information is included in this report because, while it does not always bear directly on decision-making, it elucidates the fact that post-assault decision-making extends far beyond the decision to report or not report, or to seek help or not:

People don't understand that it affects every decision and path I go down from here on in. It runs in such a deep way. It affects how I communicate with people. Anywhere a male is present, I want to be invisible. I go out very little and only when I have to get petrol or food. I haven't been out at night for a long time, so I've asked a trusted male friend to take me out because I need protection and safety. I always feel threatened. I used to love men; I hate them now. (Kendra)

The women's narratives were grouped into a number of categories, most of which could be further clustered under the superordinate categories of loss and fear. Given that all of the women were suffering multiple and ongoing effects and that the groupings are not discrete, the number of responses in each category have not been counted. The women spoke of a range of losses and fears that centred on:

- physical well-being: for example, decline in health, sleeplessness;
- ability to be in the world: for example, restricted social activities, hypervigilance, loss of independence or perceptions of control;
- emotional and mental health: a range of mental and emotional effects, from PTSD and depression, to suicidal ideation or attempts, inability to concentrate and poor memory. Some women have categorised themselves as having mental disabilities since the assault, but others resist this labelling;
- financial security: unable to work, loss of business, reliance on disability pensions when they would prefer to be working, costs of installing security measures in the home, relocation costs;
- relationships: diminished parenting skills, partners are unable to deal with the consequences, family and friends disbelieve or blame the woman, friends remain "neutral" if they knew both parties, women isolate themselves from people and the community;
- personality, identity: for example, loss of self-esteem, sparkle, confidence, dignity, changes in how she sees herself;

- youth: years of her life go by waiting for legal redress or in recovery;
- home: loss of children, family, homelessness, selling her home because she can no longer live there;
- social status: due to a combination of factors such as inability to work, reliance on welfare, decline in mental health;
- effects on children and significant others: alienation of adult children, young children become insecure and vulnerable;
- future, direction: life plans and motivations are thrown off course, dreams of having children are abandoned; and
- faith, trust: in men specifically and in people more generally, in the criminal justice system, feelings of betrayal, loss of innocence.

The following quotes are not grouped under the preceding categories because they often reflect the multidimensional nature of the impact of sexual assault.

I had trembles, diarrhoea, sleeplessness, nightmares, depression, post-traumatic stress disorder. I had to stop work and then my psychological problems were compounded by financial stress. I was fearful of stepping into the world. I don't regard myself as having a disability. I've been categorised [by doctors] as mentally ill due to depression and this raised questions about myself. I was afraid I'd be sent to a mental institution. (Tanya)

I lost everything including my job; he was still at the workplace, so I couldn't return. I had no dignity left to lose. I isolated myself from my work friends rather than tell them. He told stories so that other people disbelieved me. I tried to suicide but I was stopped by police. (Michelle)

He's robbed me of my job, my dignity, my self-esteem, my children – and he hasn't been punished one bit. It affects your whole life. I can't trust men; I can't work because there are males in the workplace. I've lost my religious faith... You're the one who's had everything taken from you: dreams, hopes, faith, love, self-esteem, friends. People don't realise the level of harm. (Dianne A)

I became very withdrawn; there was a dramatic change in my personality. I changed from being confident, assertive and happy to being miserable, helpless, and not having much direction in life. (Christina)

The offender's girlfriend initially believed me, because he was perpetrating DV on her, but eventually she said I was lying and I lost her friendship. (Nadine)



Modern women are more independent, so admitting that someone did this represents a loss of control. You don't want to feel powerless, so you push it to back of your mind and get on with it. (Annabelle)

I've lost so much: I gave up all of my friends; I've changed so much in personality; I'm now vulnerable, insecure, scared. It's affected my resources and capabilities to care for my child. He's been affected, has become less secure. I lost a couple of years of my life while the criminal justice system decided what they're going to do with my life. I want a job; I'm sick of having no money. I'm tired of stereotypes about single mothers. I used to be happy, secure and confident, but now I'm always stressed, I can't take in information or remember things, I don't sleep properly, I'm trying to look after my child, and I've got this financial stress. (Tamika)

If I close my life off, he's won and I won't let him do that. I take more safety precautions; I'm more alert, more aware. I still have the fear factor and it will probably never go. I curtail my activities now; I don't go out unless there's someone to go with. (Dianne B)

I nearly lost my family as a result of the pregnancy. They didn't want me to have the baby. Some of the initial problems were that I was harsh with my brother because he was the same age as the offender and my mum had a hard time because I didn't tell her immediately. I felt as though I'd lost everything – my job, house, friends who couldn't deal with it, my partner. I felt like I lost me; everything had been going well, my life was on track, I had plans for the future. The baby saved my life. I was suicidal for the first couple of months after the assault, but when I found out I was pregnant I didn't want anything to harm my child. (Alison)

I isolated myself from my family and friends because they couldn't deal with it. I couldn't talk to my son about it. My elder daughter couldn't handle it; she moved away and kept me away from my granddaughter. I couldn't talk about it to my youngest daughter and my girlfriend felt guilty for leaving me [on the night of the assault], so I couldn't talk to her. My mother didn't want to talk about it at first, then she was on the offensive; she didn't know how to cope with it.

I take antidepressants but my financial state means that sometimes I can't afford to buy them. It affected all members of my family, all aspects of my life. In the past if I had a problem I'd confront it. Now I don't feel that I have the confidence to do this. My smile was my best asset and he took that away from me too [by knocking her teeth out]. (Mikayla)

My boyfriend bailed after I went to police... I had more problems dealing with the things I lost because of the rape than the rape itself: my boyfriend, my friends, the security of my house, university, the shame of not being able to carry on, rather than the shame of the rape. I gave up uni, my job. I was living away from home and moved to a house where people didn't know about it. (Isabella)

My suffering went on: I had PTSD and became sicker. Within four months it became clear that I would have to relocate to another city [because the offender lived in the neighbourhood and was part of her social circle]. The jury never hears about the effects of sexual assault, like having to relocate, or how it affects children. (Sachi)

I have a new job but I find it hard to concentrate at work and I can't remember how to do things. I'm still highly stressed. I've lost confidence in myself and about work. I question myself a lot; I question my ability to work; I feel so dumb. I isolate myself from people at work, which is so unlike me, because I used to have friends at work. I've overheard comments [at my new workplace] about my lack of competence. (Sarah)

After the attack, I spent \$1000 having a roller door installed on my carport to hide my car, and security lights installed, and I lived in the dark, unable to sleep or get back to normal. I moved very soon after. This has been a financial drain and has come at great personal cost as I don't know anyone in the new neighbourhood, but I felt I couldn't go back to that hotel where everyone knows about the assault. I was drinking that night and I'm worried about the gossip about me. (Deborah)

My ex-partner didn't believe me, despite the police investigation; he said I was making it up to get attention. My two kids were with him at the time and he didn't let me see them after that. This is when I lost control of my kids and I haven't seen them since. This was a direct consequence of the attack. (Karen)

I'm seeking compensation, but nothing will compensate for the way this has put my life in the ditch... I've lost my career and become an invalid... I'm now too old to get married and have kids. Too sick now anyhow. I was just starting to get over a previous rape when this happened. Also sexual abuse in childhood. I don't want to be a victim forever. (Heather)

I went from a comfortable life [married to a university professor], well-educated, to losing everything and being homeless. (Pat)

## Cherie's story

Cherie is facing a number of difficult decisions that will have major repercussions for her entire future. Cherie had taken out an intervention order against her ex-partner when she ended the relationship, but he sexually assaulted her in her home, and then stalked her for months. He was acquitted on the sexual assault but was convicted and jailed for shooting a friend who gave Cherie a place to stay.

The ripple effect is enormous. It's not just one incident and over with. It's ongoing... It's three years since the rape and I feel I'm only half way to feeling like I'm over it. I need to reconstruct my life and I'm losing my youth in this process because it's delayed my life plan. Every aspect of my life has changed: my residence, my lifestyle, my business, my home. I feel like I've had an identity crisis. I never went back to live at my home because I didn't feel safe there... Prior to this I had a viable business... My business was my life. I was doing what I wanted and I loved the lifestyle, but I had to sell the farm not through my own choice and I'm angry about that. I now live in rental accommodation in town and I'm in limbo, trying to put the pieces back together again... I went to no income, but had to do lots of travelling and I still had a mortgage, I still had to pay phone and power bills. Centrelink wanted me to look for work, but with court cases and everything else, how am I supposed to go to interviews or attend courses? I've always been motivated, I'd work out solutions to get around problems, and I'd worked out my future. I always had a sparkle, now it's not there and I have to push myself. I used to have drive and enthusiasm, now I have this heaviness, this unsettled feeling. I have no roots...

The first month after the rape I was numb, in shock, in a daze, dizzy. Everything was mechanical. The second month is worse because I started feeling. Other people expect you to feel better by then but you're more depressed, because reality crashes in. I was a strong person, but mentally I feel frail. Small things send me into a deep spiral. I've had a mental disorder since the rape. Previously I had it all together but now I feel like my whole life's chaos... I'm lost with no direction. I used to belong to a community but my friends have dropped by the wayside.

Some of them stayed neutral because they knew both of us. I needed them to believe that I wouldn't just say that. I avoid those people now, because it just brings up things. I've lost faith in society. Our community condones rape and you see that in the response of people... People forget to look at the big picture: I'm not a neurotic hysterical woman. I've always helped others, but when I needed support, none of it counted...

The hardest thing has been the devastation for my kids and the separation of the family unit. My middle son didn't have my support during year 12 and the youngest has lived with his father ever since, so I've missed a lot of their crucial years and couldn't give them support when they needed it. I didn't want to cry in front of my sons, or let them see how bad I feel, but... my belief systems have been crushed. I don't like being cynical about the law but I was living in a fairytale before... It has done mental damage to me and I have no respect for the system. That goes against my previous beliefs about the law...

There's a decision to be made with him being released from jail – do I move or not? My business is growing again... but it's hard to do it all over again. I was going to retire here. I feel I have no strength to do it all again, but I have to, I can't rent forever. I don't want to be in town when he gets out of jail. I'm not paranoid but a realist: I can't disregard my fear, because he was a violent man to do what he did. Where would I move? I don't want to be confronted by him. My life depends on where he chooses to live, so he's still calling the shots. I'm left with the fear he'll want retribution. He's never had to face his actions and he won't get the help he needs in jail. I worry about my kids... I don't want my kids to be out with friends and see him. I don't want them to have to live in fear, but I can't sweep it under the carpet forever.

## Summary

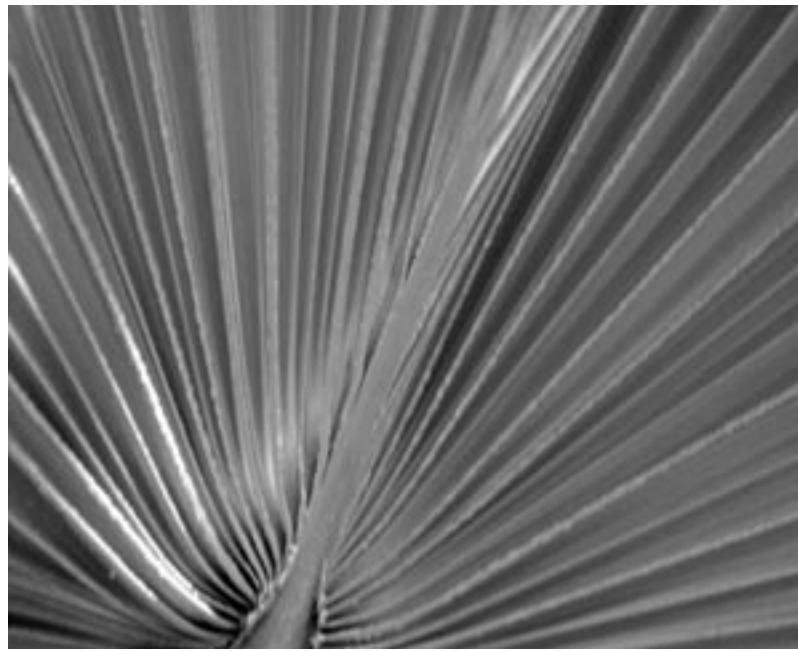
As noted in Chapter 2, traditional criminological approaches to the under-reporting of sexual assault are based on the view that survivors' major decision is whether or not to invoke the criminal law. This short chapter has demonstrated that in the immediate or longer-term aftermath of sexual assault, the question of legal redress is only one of a range of decisions faced by women whose lives have been completely disrupted and are marked by loss. They face decisions about every aspect of life: What can they do to ensure their safety? Can they continue working, studying, or engaging in activities that they previously enjoyed? Who can they trust? Should they sell their homes or move to an area where no one knows them? How can they continue parenting when they are themselves in need of physical or emotional care? What will they do if they're pregnant? How do they begin to rebuild a life or a self, to master the trauma, fear and anger, and regain a sense of control?

That the women who participated in this study are tackling these decisions and dilemmas and are surviving is a testament to their resilience and to the supports available to them: it is not impossible to recover from sexual assault but neither is it easy. The fact that so many of these women reported the assaults to police and were committed to pursuing their objectives partially reflects the awareness of friends, families, counsellors and doctors, who were able to identify that the women had been criminally victimised and knew enough to refer them to police or sexual assault centres, or at least to support them emotionally, rather than allow them to suffer alone and in silence. Recipients of sexual assault disclosures did not always respond appropriately to the women's needs, because the Australian public is not well educated about about how to respond to women who have been sexually victimised. Given the "catastrophic proportions... [the] mundanity... [the] relentless occurrence" (Brison 2002: 19) of sexual violence against women, it is imperative that public education campaigns and those who have a voice continue to speak out and counter dangerous rape myths as a way of supporting women who would otherwise be silenced:

The police and other agencies need to provide immediate support. That woman's life is changed forever and she needs help right away in dealing with that... Rape needs to be more openly discussed in society. I needed to be able to tell people about it and not have them recoil, to have them say they or someone they knew had the same experience. We need to bring it out in the open, like asthma or any other affliction. There are too many taboos and stereotypes about rape, too much stigma. Women need rebuilding immediately to deal with this life-altering experience. Life changes forever and can never go back. I've been carrying this around for years: it sits beside me but has never had a voice. Victims are so vulnerable and families don't understand; usually there's so much emotional stuff going on in families. The longer the person has no one to talk to, the worse it is, the more remote she becomes, the less articulate, the more silenced. Women feel alienated and alone; no one in their world understands. Many become angry and remote because they feel so alone, they get lost and never come back. (Julia)

# Stakeholder Perspectives on Victim/Survivor Decision-Making

*Women 11*



# 11 Stakeholder Perspectives on Victim/Survivor Decision-Making

To complement the women's narratives and to obtain a different perspective on decision-making, service providers were asked to give their views on factors that influence women's decisions to report sexual assault to police and to continue through or withdraw from the criminal justice process. These included mainstream sexual assault counsellors, workers in other victim services, as well as workers with expertise in dealing with minority groups (see Appendix A). Consultations took place with 65 individuals representing twenty-three services across Australia. The consultations primarily involved group discussions, with a small number of individual interviews. The discussions were loosely based on the protocols in Appendix C, which were adapted to suit each context.

Victim/survivors with disabilities or from Indigenous or non-English speaking backgrounds face somewhat different issues than Australian-born, Caucasian, or able-bodied victim/survivors. They are less likely to utilise mainstream sexual assault services and some may have reservations about speaking about sexual assault to people outside their communities. Furthermore, there has been no systematic research among these populations in Australia and few if any studies have focused on help-seeking decisions. Due to ethical and resource considerations it was not possible to interview victim/survivors from each of these groups, but to ensure that their views and interests were represented in the study, consultations were held with specialist service providers, legal agencies and sexual assault services with special programs or specialist counsellors. The issues raised in these consultations are grounded in brief reviews of recent literature (see Lievore 2003 for more extensive research reviews on under-reporting by NESB and Indigenous women).

## Mainstream sexual assault services

Sexual assault counsellors are a rich source of information and have a unique insight into women's post-assault needs and motivations. They support women through a range of stages and situations, from women in the acute or crisis phase (usually the immediate aftermath of sexual assault), to women who are disclosing historical sexual assaults that may have occurred decades earlier. There are differences and similarities in the types of decisions facing women in either situation, in their needs, and in social and personal factors that influence the course of action chosen. The following sections summarise the counsellors' responses to questions about how survivors are hoping sexual assault counsellors can help them, what they offer to promote informed decision-making, and factors that shape women's decisions in respect of the criminal justice system. This is followed by a brief discussion of ways in which the justice system defines women's realities, the influence of the media, and issues particular to regional and rural areas.

### How are survivors hoping sexual assault services can help them?

In crisis situations, women are asked to make important decisions at a time when they are in shock, unable to think clearly, or do not fully understand the implications of their choices:

Victim/survivors are very confused and emotionally distraught when they arrive at the sexual assault service. Mainly, they feel fear (of the offender and the impact of others finding out), self-blame, shock that it has happened to them, embarrassment, shame, and disgust. They lack information about the processes that are involved if they do wish to proceed with police action. They do not understand that the decision is not whether they wish to charge the offender, but rather if they wish to co-operate with police to assist in the investigation. Much discussion involves elucidating what they already have been led to expect from the sexual assault service and filling the gaps in their understanding.

Women who contact a sexual assault service in relation to historical sexual assault often do so because their children are now reaching the age at which they were sexually assaulted and/or:

because the sexual assault is impacting on their life in some way, such as mental problems, drug and alcohol abuse, homelessness, or parenting skills. Even when the assault occurred some time ago, they can be in crisis if this is their first flashback.

The workers were asked to give their views on how victim/survivors were hoping counsellors could help them. This will vary according to when the assault occurred, the offender's relationship to the victim, or the woman's prior history of sexual or violent victimisation. The responses listed below point to the complex nature of women's needs and the issues for which they seek help. Some of the most important needs of victim/survivors include:

- to be believed, not be questioned about their own behaviour and to have the pressure taken off so they can come to their own decision about how they want to handle the situation;
- safety and accommodation;
- to define whether they have been raped;
- to make sense out of chaos; to understand what happened; to discuss feelings and memories;
- guidance and coping strategies for issues such as inability to eat or sleep, relationship difficulties, dealing with nightmares;

- validation that experiences and reactions are normal for this level of trauma;
- medical/physical issues such as sexually transmitted infections and health care; some experience moral conflicts over what to do if they become pregnant;
- information about what to do;
- to talk through decision-making;
- the decision to proceed with legal action – how to do that, where to go for help;
- who to tell;
- validation that there is something other than living life in trauma;
- sometimes just to talk about what has happened to them;
- to find a quick fix: they have a life to live and want to know how to get through this as quickly as possible;
- in historical or ongoing cases, they might be looking for the counsellor “to wrap it up in a bag and take it away for a while. They’re not sure what they want”;
- to tell their story: not necessarily a detailed story about the sexual assault, but perhaps the story of where they fitted in their family or the lack of response in the family now;
- whether to leave a situation, for example, if a young woman is being sexually assaulted at home, or a woman is being sexually assaulted in a relationship;
- whether counselling is an option for them;
- in historical cases, questions around what sorts of issues are related to sexual assault and what are normal life issues;
- how they can carry on in their family if the offender is a family member; disclosing to the family for the first time; how to disengage from family; how to protect other family members or protect them from knowing;
- to seek another opinion about whether they should confront the offender, tell his partner, etcetera; and
- what to do about work or school: they don’t know if they can face work/school or whether to take time off to deal with this.

Sexual assault services help victim/survivors with decision-making around a variety of issues by offering information, support and advocacy. The underlying philosophy of sexual assault services is to empower victim/survivors by giving them choices. Having said this, it is necessary to delineate those choices as clearly as possible, because women are often not in a position to make decisions easily. Sexual assault workers do not direct women towards any particular outcome; since sexual assault takes away women’s choices, best practice is to provide information and offer choices that help them to regain control. In crisis cases, this includes:

- outlining their options and spelling out that they can take action by reporting to police, rather than feeling powerless to do anything. Some workers suggest that survivors at least talk to police as a way of alerting the police to repeat offenders, even if they do not make a formal statement;
- providing information about the legal process and what will lie ahead;
- letting them know they do not have to decide immediately. While there is a limited period for collecting forensic evidence, there is no statute of limitations on reporting to police;
- providing information about the forensic medical examination and other medical issues and telling them about the benefits of early medical examination;
- considering possible outcomes of different choices and what each would mean, including safety issues if the offender is not convicted;
- if they do not want to report, facilitating a process of considering alternatives to the criminal justice system to let offenders know that what they did is not okay, especially if they are acquaintances or colleagues;
- identifying support networks and discussing who to tell. Family and friends often do not know how to cope with sexual assault, so even women who imagine they have a network can end up with no support. Other disclosure decisions include whether to explain absences from work or school or whether to explain why they are not focused on their work. Women need to be clear about who to tell and are often concerned about whether everyone in their social or work circles will find out. They need to disclose sexual assault in a way that is safe for themselves;
- in drink spiking cases women know that this is not their normal way of responding to that amount of alcohol. Workers can provide information, discuss normal behaviour with that amount of alcohol, and compare the two situations;
- making no judgements about what they choose to do; and
- dealing with the effects of rape mythology, such as self-blame.



Women who are seeking support for historical sexual assaults face somewhat different issues, although there is some overlap with the previous list. Sexual assault counsellors assist with issues that include:

- prioritising what is important for them;
- whether and how to disclose to the family for the first time;
- whether they want to report to police and whether this is possible after so many years;
- managing or coping, how to get through the day;
- for women who experience new incidents of sexual assault when working through historical issues, workers have to deal with both the long term impact of the historical sexual assault and the immediate crisis situation. As these women often do not have protective behaviours in place, this includes addressing their sense of personal safety and their safety to themselves, including dealing with self-harm and suicidal ideation; and
- promoting change, since many women do not want to do things the same way any longer.

### **Reporting sexual assault to police and continuing through the justice process**

While it is possible to delineate individual factors that are likely to encourage reporting to police and enable women to continue through the criminal justice process, it is difficult to generalise about these circumstances, because:

Reporting and continuing through the system is the outcome of the interaction between the person, their situation, where they're at in life, what's happening in the family, and so on. In the best set of circumstances: they have support; they don't have the guilt for the attack – they see that this was an unjustified attack and it's not okay that this happened; and they understand the legal process, for example, they understand what the defence will do and they don't personalise the way they're treated. If they just need to tell what happened, without getting a conviction, this can be empowering. Sometimes where there have been previous abuses they don't care what people think; they just want to pursue this.

Once women have entered the system, their support and information needs may change over time or across situations, and the involvement of different criminal justice agencies means that an additional range of factors can come into play. Overall, however, there are a number of common personal, interpersonal, external and systemic factors that influence women's decisions to report to police or not and to continue through the justice process or not, as listed in Table 15.

**Table 15**

Factors that shape decisions to access the criminal justice system

Deter action	Facilitate action
Fear of disbelief or not being taken seriously	Others' belief, positive reactions on disclosure
Shame and self-blame, taking on responsibility for the offender's actions, rape myths, confusion about whether this was a sexual assault	Recognition that what happened was not right, not taking on the responsibility, not assuming she will be wasting others' time, realising she has rights
Feeling distressed, vulnerable, weak	Anger, determination, resilience, tenacity, resourcefulness
Fear of retribution	Desire not to let him get away with it
Isolation, including reluctance to tell anyone, rejection by family and friends	Information, knowing how to get help, informal support networks who will encourage them
Fear of exposure or public knowledge	Want him to know how he made her feel
Wanting to forget about it and get back to normal	Do not want this to happen to others
Previous trauma	Women who experience multiple violations may not report the first few times, but new rape can tip the balance
Dealing with the system: "Depending on when the incident occurred, victims can be in a fog. They're trying to cope with police and the DPP and it's hard to keep track of things. This compounds their sense of not being able to cope, when it's just a difficult system to deal with"	Ability to negotiate social systems
Known offender, especially history of violence	Safety, although reporting can increase risk
Moralistic overtones of news broadcasts place women in positions of hopelessness: "Lots of women say they see how awful it is to go to court and are put off by sensationalist news broadcasting."	Media coverage promotes a feeling of entitlement and the strength to come forward, especially if offender has sexually assaulted someone else
Lack of control over the legal process	Flexibility, being able to think about what to do rather than having to make an immediate choice
Do not see prosecution as a solution	Options rather than being pressured e.g. having sexual assault investigation kit stored while deciding what to do
Disillusionment with the system, belief that the offender will get away with it anyway	Belief in the justice system and a desire for justice: feeling that she has done what she can and will feel better about herself for having done it
Drug/alcohol facilitated sexual assault: poor recollection of what happened	Witnesses, evidence
Lack of information about the process or case progress	Information from other women who have been through the process, although we rarely hear about successful outcomes
Fear of cross-examination: awareness of the "horror stories"	Knowledge that she will have support if the case goes to court, feeling that she can handle cross-examination
Perception that police or prosecutors are discouraging her from proceeding	Appropriate response – trained, sensitive
Past bad experiences with police	Quality of service provision (all services)
Delays: knowledge that court action may take years and impinge on ability to move forward	Knowledge that counselling files are protected
Light sentences	Acknowledgement of the gender bias in the law but that the legal system has "cleaned up its act" in recent years

Some women contact sexual assault services before considering what other assistance may be available. Overall, the workers believed that most victim/survivors can benefit from pursuing justice and that most make the right decisions for themselves at the time. Some women have already decided that they do not wish to report and they usually have valid reasons for this decision, although their decisions may be subject to change over time. Many workers said that victims who were undecided about reporting often benefit from talking to police informally to discuss issues such as what to expect and how long the process would take. Most police are happy to assist.

Generally when women come to us they don't want to report. By becoming informed about the process, about what's involved, and our role in supporting them, they begin to consider reporting as an option. It's good to get them thinking about it; otherwise they're in a helpless position, where they feel they have no options. Providing another option is empowering.

Some victims say no to the forensic examination immediately, deciding early on that they will not ever wish to report to police or provide a statement. They just wish to be "checked out" medically only, and perhaps be given the morning-after pill, or advice about STDs only. Their reluctance to proceed criminally is almost immediately apparent.

I personally think the legal process can be an incredibly empowering experience. If I made recommendations – which I don't – I'd say it's the way to go. It depends on whether a coordinated approach is in place and how informed the woman is. That's where experienced counsellors come in; they can provide a huge support and make a difference to the woman by helping them to understand what's happening. Little things are important, for example, some prosecutors are fabulous but they speak their own language. They try to explain, but they still say things that don't mean much to the client. Court preparation is important because the more informed they are about the process and the likely things that can occur, it means that court can be empowering. It's not helpful to see defence lawyers as their enemies. I explain that they have their job to do, and that they're required to ask certain things in court. I tell them that the defence lawyer will sound as if they're being hard on you, but they're doing a job. It's not a good idea to go in thinking they're the enemy because this taps into too much of the abusive behaviour if they think this person's there to get them.

However, isolation and negative coping strategies can be major barriers to reporting. For women who do decide to report, these same factors can figure in assessments that they will not make credible witnesses.

Another major factor that restrains victims from acting to involve police and go forward to court is their isolation. More and more victims now I believe are telling a friend or trusted professional, and that person often encourages and supports the victim to tell authorities, to the point of attending the sexual assault service or police and forming a supportive network around the victim, encouraging and reassuring them at many stages. But if the victim attends a sexual assault service or police alone, and declines my offer of calling a family member or friend because they do not wish *anyone* to know, I really fear for their future recovery. Even if a victim attends follow-up counselling, if they are not supported by others and they maintain total secrecy, they will suffer a lot of unrelieved shame, blame and fear.

Isolation is a huge problem in terms of challenging women's negative coping strategies or explaining alternative coping strategies. There is a very high overlap with mental health issues: about 80 per cent of mental health patients have experienced sexual assault and the same percentage of sexual assault victims have mental health problems. We have many women referred from other agencies, such as DV, youth agencies, drug and alcohol counselling, and schools.

One of the workers noted that service providers often make assumptions about people's ability to be discerning in respect of decision-making, when they need to take time to find out what is the "norm" for the victim. If victims have never reached out for support, they may have a reduced capacity to make informed, self-determined choices, to be assertive, or to negotiate systems. In addition, women's choices about the criminal justice system, and the way they are treated by criminal justice personnel, are often impacted by their sexual assault histories.

Women with criminal histories are often survivors of childhood sexual assault (CSA), but there's a cycle because CSA affects their opportunities and choices, which often leaves them vulnerable to repeat victimisation and their history impacts on their treatment by the criminal justice system. For example, they might steal to survive as children, then they go into the sex industry because of low self esteem. Often, they have issues with drug and alcohol abuse, abusive relationships, they get involved in criminal activities, they work in the sex industry, they have low self-esteem and then they have to deal with the prejudice or attitudes of the police. Clients make their own links between CSA and their outcomes, including repeat victimisation and vulnerability to victimisation. They manage their pain through drug and alcohol use or relationships, so we need to look through a different lens to understand what's going on for them.

We should admire how they survive, rather than judge the choices they make. But how do you get that information in court, when they can't tell enough of the story to be understood? The questions are tailored in a way that makes it clear that understanding is not in the game.

### Shaping women's choices

Generally, the sexual assault workers were positive about improvements in police responses to sexual assault in recent decades, although individual police still fail to refer women to sexual assault services, disbelieve and are insensitive towards sexual assault victims. Police in some areas threaten to charge women with making false allegations if they decide not to proceed. One of the workers' major areas of concern relates to whether police and other legal officials are deliberately or inadvertently shaping women's choices and discouraging participation in the criminal justice process by dwelling on the difficulties of prosecuting sexual assault (also see Frohmann 1998).

There's a mixed response by police, but generally it's good and it has improved over the years. In uncomplicated cases they are very good; otherwise there have been inconsistencies. Much depends on individual officers and their beliefs and experience. Police have discouraged victims from going forward in some cases, and victims often say they don't feel police believed them, although police may be testing the evidence and leave this perception.

Some police are patronising, authoritarian and disempowering. Others are fantastic; this is an individual trait, it's not gender-based, as some women police can be incredibly rude. It depends on individual attitudes and whether individuals believe rape myths.

At face value, the police treat victims well and our clients perceive them as helpful. We don't want to undermine their confidence, but we have questions around the basis of police decision-making. It seems that police are looking for reasons not to proceed. Cases definitely do not proceed where the victim has an intellectual disability. The reasons given are often that the perpetrator's story is solid, but the victim's story is fragmented and she won't make a good witness. They couch it nicely in caring, concerned, compassionate terms, so it comes across as "we believe you". But they have heavy caseloads, they prioritise murders, and they often disbelieve victims with intellectual disability, because they think they don't know truth from fantasy and they're not the full quid.

The police give misinformation about the chances of success, but they do so in a nice way. Adult cases don't go through court in this area; I could think of one case in three years. They don't get past the police to the DPP. The police act as judge and jury. There's absolutely no chance of a case proceeding past the reporting stage if sexual assault occurs within a DV context, in a relationship, or if alcohol was involved.

Police generally want to do an informal interview before the woman makes a decision to proceed to a formal statement. Women often come away thinking that police don't want them to go ahead. They come on very strongly about how tough it will be. They give too much of the negative side of prosecuting, even though they want to prosecute if a crime has occurred. It's confusing and I feel it's enough to encourage women to withdraw. Police don't want women to withdraw once the process has begun, so they're trying to minimise this before they begin. But this doesn't deter some women from pulling out later, so the benefits of this tactic are questionable. There's a different approach in different jurisdictions. In this jurisdiction, the police manner of giving information doesn't give victims a reason to go ahead. It's too full on and it fits in with women's perceptions of what police are – that they come down heavy on people.

Police tend not to believe victims unless they're bruised and battered. They're looking for false complaints and they will threaten to charge women with making false allegations, usually where there's little evidence. We wouldn't report unless we had a lot of bruises.

### How the criminal justice system defines social realities

Once women have entered the criminal justice system, they have little input into or control over most aspects of the process. When cases reach the prosecution stage, women's own strength and determination, combined with the quality of support and information offered, are influential factors in their willingness to cooperate with prosecutors and continue through to trial.

Reporting and continuing through the system is helped if the survivor is on a mission. It gives them something to focus on, because they put their energy into one task. Anyone who tries is extraordinary in the first place. Never underestimate how extraordinary women are and the strength they find.

There's generally a huge assumption that women and children won't cope with the trial process, but we underestimate their inner resources. Given support and help, this is a resource we could tap into more. We need to have more faith in them and their inner resources and their capacity for being able to do this. It's more useful and helpful than underestimating them.

Women need to spend more time with prosecutors; most are appalled at thinking that sexual assault is not important enough to be prosecuted thoroughly. They usually see a prosecutor only once, a couple of days before the trial. The next day it can be another prosecutor. Prosecutors need preparation for the victim to see that this person really knows this case; it's reassuring to know that they're familiar with it all. There's often no connectedness with the person who will prosecute the case: I know of a woman who was giving evidence in chief and had no idea this was the prosecutor who was leading her through the evidence and establishing the details so the court could hear the story of what happened. She got aggressive towards him because he was asking these questions and she didn't realise that the prosecutor asks the questions first and this is followed by cross-examination by the defence. When she understood later, she felt a failure. Some women pull out at the last bit, because they're angry at the lack of contact with the DPP. They need information about the process. It's hard to trust someone with such intimate details about themselves when they haven't met them. It helps hugely if they know that the prosecutor and the counsellor act as colleagues: knowing they've got a team working for them; that they've got team support, rather than a counsellor, the police, and a prosecutor, who are not connected to each other. They build up trust with the counsellor, then if the counsellor knows the police and the prosecutor, that trust is extended to those others.

Women are helped to continue by continuity. Having contact with the same sexual assault workers, police, and person at the DPP produces more successful outcomes. It also helps if they have the same support person all the way through – it doesn't have to be a sexual assault worker – as well as family support and encouragement.

Congruent with the findings in the early chapters of this report, sexual assault workers stated that most women who make a formal statement to police are determined to see the process through to the end. They are often bitterly disappointed when the DPP decides not to proceed.

They call and say the DPP phoned and said they're not going to proceed. Women have no recourse, no right of appeal because the DPP attributes decisions to insufficient evidence. It's only occasionally that victims pull out. Young people often retract because they get the blame for ruining the family; then they're seen as liars. Perpetrators know this and they thrive on it.

The workers commented on the negative social impacts of a variety of DPP or court-related factors, including:

- DPP decisions not to prosecute offenders or to negotiate on the level or number of charges;
- the perception that sexual assault is very difficult to prosecute;
- the high rate of attrition, particularly acquittals at trial; and
- the perception that judges are often "isolated from social reality".

Taken together, these circumstances send a discouraging message about the criminal justice system to victims, but are highly encouraging to offenders. All agencies involved in dealing with sexual assault victims can play a substantial leadership role in changing social perceptions about reporting and prosecuting sexual assault.

If we want to encourage women to report sexual assault to police we have to send out positive messages from helping agencies that then permeate the community. We need to avoid catastrophising, or overusing terms such as "traumatic". This will make it easier for the wider community to be positive. Agencies have a duty to be good role models, to identify strategies and remedies to help victims and progress their cases. Police detectives are good at this; doctors and the DPP are not. Victims will be helped if agencies are optimistic and this can be helped through collaboration with other agencies, such as the police and sexual assault services. The DPP is such a maze of obstacles. It's not a justice system; it's a quagmire of defensiveness. The DPP are very pessimistic about judges and this disheartens others, such as police. *The system fixes people's expectations and defines their reality. Pessimism among judges leads to pessimism among the DPP, which feeds down to the police and the public* (emphasis added).

The criminal compensation process is one of the most positive aspects of women's involvement with the criminal justice system, particularly because it acknowledges and validates women's experience in those cases where offenders are acquitted or are not brought to justice.

Women who engage with criminal compensation feel they've been heard, they feel believed. It's scary to go through sexual assault, and then they realise there's no justice. Seeking compensation is not about the money.

### Media messages

The media also have a substantial impact on decision-making. While the recent Australian Government campaign, *Violence Against Women: Australia Says No*, led to increased numbers of women contacting sexual assault centres, the workers believe that in general the media have a negative impact on sexual assault victim's decisions to report sexual assault. Women see reports of what happens during and outside courtrooms, hear about revictimisation and think "there's no way I'm going through that". The media can also skew community perceptions of violence against women, by portraying women as every bit as violent as men and sexual assault complainants in stereotypical ways that have no basis in truth.

Legislation that prevents the media from printing victims' names is good, but how the media portrays victims and the court process is problematic. Reporting on things like, the victim was drunk, wearing leopard skin underwear, was single mother of two, or had a tattoo: this is all morally weighted, irrelevant information.... Media coverage feeds the voyeurs in the community and it taps into the good woman/bad woman stereotype. People take media reports as gospel and the media shapes what people see. In one case the media reported that offender pleaded guilty to rape but not to assault, but they didn't note that this took place after charge negotiations. The result was that even the friends of the victim, who saw her when she was black and blue, said that all along they didn't think it was as bad as she'd said.

There was a DV case here where a woman was killed by her partner. She was the most traumatised and badly beaten victim our counsellors had ever seen. The media reported the case in terms of reciprocal violence between the partners and they used language that didn't convey the reality of situation. For example, they didn't use the term "domestic violence" and that made it sound as though she's a violent as he is, rather than seeing her as a victim defending herself and a person who didn't deserve to be killed.

I was angered by reports that the footballers had been acquitted of all charges, when what happened was there wasn't enough evidence to charge them. That doesn't mean that nothing happened, but media reporting results in the public perception that it didn't happen. This is devastating to victims who are portrayed as liars, when the truth is that usually offenders tell lies to get out of it.

### Issues in regional and rural areas

Women in non-metropolitan areas often face particular problems due to the small size of their communities. Workers in rural and regional centres, including small cities, noted that concerns about preserving anonymity and confidentiality are major deterrents to pursuing justice (see Neame & Heenan 2004 for a more detailed discussion of the difficulties of service provision in rural communities). While prosecutors can apply to close the court, there are no guarantees that such requests will be granted and this does not prevent gossip from spreading along the "bush telegraph". If a case does go to court, juries in small towns are reluctant to take on the responsibility of convicting an offender and will defer to the caution that it is "dangerous" to convict on uncorroborated evidence. Further deterrents include the possibility that the victim's friends or family members work in the police force or that her GP knows the entire family.

Anonymity is a big issue in this town, especially in Indigenous communities and ethnic communities. Victims weigh the perceived costs of reporting against the unknown, such as how they'll be treated if their identity is revealed. It could potentially go wrong at so many stages.

Confidentiality is a paramount issue, particularly in this small community. Some people in government departments are known to be untrustworthy. Victims check us out to assess whether we can be trusted and whether we talk bullshit before they come to our service.

If you report to the police, in small towns it's likely you'll see this person around a lot and will be afraid of retribution. They know where you shop and sometimes you can't go anywhere else. It's easier not to report than face harassment.

Both victims and offenders are likely to be known in the community and police and community members will have preconceived ideas about their character, which can be damaging to victims and makes it very difficult to report to police and obtain help.

In some areas it is not unusual for young men to visit small coastal towns for the weekend, tell young women they have no place to stay, go home with them and sexually assault them. They then leave immediately and cannot be identified or apprehended. Convictions in such cases would represent a victory for the local community. Other issues that restrict women's choices in rural areas include:

- if the offender is a well respected community figure, victims face disbelief and some have been labelled mad;
- ignorance, such as a GP saying "We didn't have any of this until you came here";



- taboos against speaking out, although these are starting to dissipate; and
- entrenched patriarchal attitudes, which are not confined to regional areas but are generalised throughout society.

Finally, the media are very powerful in small towns, despite legislation banning identification of victims, as people are still aware of the victim's identity.

The decision to go to court is an issue; it's far less anonymous than a city. The media don't have to name names for everyone to know and there's a perception that people will know who's involved. There are small numbers of cases that proceed through court, so there are difficulties in choosing a jury. The jury, the victim and often the offender have to live in the same town, and juries don't want to convict. The media places the victim on trial by giving a short version of what the defence has presented that day, which is unbalanced because it gives a negative portrayal of the victim during cross-examination only. It's like a third round of victimisation: first there's the offender, then the court, then the media reporting.

### Patterns of help-seeking

During the initial stages of the research planning, one of the participating sexual assault services raised the issue of whether survivors of recent and historical sexual assaults have different patterns of usage of sexual assault services. This question was followed up in the consultations. While the workers were not asked to follow up client records, the consultations gave rise to the following observations.

In general, survivors of recent sexual assault make fewer appointments than survivors of historical sexual assaults and particularly survivors of childhood sexual assault (CSA). An appropriate response at disclosure means that clients recover better and can move forward, although they might return at a later stage. However, counselling for recent sexual assault is not always short-term; it depends on the woman's history and other circumstances.

When it's a recent assault they often don't know what they want. Usually it's information about what happens next, time factors or other issues with the investigation and legal process, or the possibility of pretext calls. They don't want much in terms of debriefing. Sometimes they show post-traumatic symptoms but there's also psychic numbing going on. We let them know what phenomena or trauma responses may occur in the future and that our door is always open. They often want to forget about it,

not talk about it. Many don't come back, because even knowing that services are available acts as a preventative for trauma responses. We might see them again if the court case goes ahead or if there are problems with their children or family. There may be more distress if they have a history of CSA, recent life difficulties or there are other consequences of rape, such as having to stop breastfeeding in case they've contracted a disease.

Women who come for help as survivors of adult sexual assault often have some childhood issues, such as family violence. Those who had a good childhood and have developed good coping skills don't come for help. If it's a one-off adult sexual assault, they often come once, because they need reassurance and information, or they might need support through the trial. People often think they can cope alone. Those that struggle often have other issues that compound the rape, such as finding out that their own child has now been assaulted.

It depends on the sort of supports people come with: fewer supports means a longer counselling process. The more supports, the less intervention required. It's complex because each person is an individual. It could be a one-off sexual assault, but if it involves a person who grew up in a family violence context, has few friends, and isn't assertive, it can impact hugely. It can be different for crisis and historical cases, but it could go either way. Victims of recent assault may be more needy but often won't want counselling. They just want to get on with their lives. They're in shock and it may not have hit them, but they fall in a hole weeks later.

Survivors of CSA, multiple sexual assaults, or other types of past trauma and abuse need more ongoing support than adult survivors of one-off sexual assaults. One worker noted that sexual assault before the age of seven results in major trauma and has a far greater effect than sexual assault after the age of 15 or 16, because children are often unable to speak out or are not believed.

In historical cases there's often been a breakdown in family dynamics that's happened over a number of years; they've lost their family anyway, so they decide to do something about it. It's about me now; I'll no longer protect my parents or whoever; I need to protect my own children and try to look after myself. This is a longer and different process.

There are more appointments in historical cases... Going to court may mean losing their family and they can see how sexual assault affects their life, whereas recent victims can't yet identify how it impacts. Victims of historical attacks see patterns about how it's affected them as a person; they're more in a position to put responsibility back on the offender and more likely to go to court. The work continues once they go to court because they're disbelieved or they lose their families.

Whereas crisis cases often don't come back for follow-up, historical cases tend to return, often for two to three years. The past has often taken over their lives. Something triggers the need for counselling, such as a new relationship, children reaching adolescence, or children being abused. The abuse is often embedded in layers of other needs and they present to other services with that problem (e.g. substance abuse). They usually didn't get counselling at the time.

## Summary

The information obtained through consultations with sexual assault workers reinforces and supplements insights about decision-making gained through interviews with victim/survivors. Taken together, the insider and outsider perspectives highlight the ways in women's post-assault help-seeking decisions are shaped by a dynamic interplay of structural, systemic, interpersonal, situational and individual factors. This issue will be taken up more fully in the next chapter.

## Victim/survivors with disabilities

The following discussion about decision-making by survivors with disabilities focuses largely on women with an intellectual disability, because these women are more vulnerable to sexual assault, more likely to experience difficulties telling their stories and establishing credibility when they disclose sexual assault and because misconceptions about intellectual disability often result in inappropriate responses. "Intellectual disability" is a blanket term describing people who have varying degrees of difficulty across a range of domains, from learning, speaking and remembering, to movement and living skills, and the capacity to live independently and establish sexual relationships. Intellectual disability may be the result of a range of causes, including genetic disorders, pre-natal infections or injuries, brain damage at birth, childhood accidents, illness or abuse, poor health care and nutrition associated with socio-economic factors, or acquired brain injury due to stroke or head injury during an accident (Blyth 2002).

No national or state-level prevalence or incidence statistics are available for violence experienced by people with an intellectual disability, partially due to inconsistent practices in identifying people with these disabilities in the justice system, but also because there is no systematic approach

to collecting and distributing data. However, it is well documented in the international literature that women with intellectual disabilities experience higher rates of sexual assault than the general population, but have much lower rates of reporting, charging and conviction. Researchers estimate that the extent of sexual assault among people with disabilities range from an increased risk of one and a half times to ten times, depending on the baseline statistic, or that between 50 to 90 per cent of people with disabilities have experienced sexual assault during their lifetime (see summaries in Goodfellow & Camilleri 2003; Keilty and Connelly 2001; Sobsey 1994). People with disabilities are over-represented at New South Wales Department of Health Sexual Assault Services, where they account for almost seven per cent of presentations, even though they comprise just over three per cent of the population (Blyth 2002).

People with an intellectual disability are vulnerable to a broad range of abuses, which often occur in institutional or organisational settings, or are perpetrated by family members or carers. Sexual assaults are likely to be severe and ongoing and victim/survivors have less likelihood of escaping the abuse, given their relationship to and dependence on perpetrators (Blyth 2002). Disabilities that prevent them from fighting or escaping from the offender or telling others about the assault may also increase vulnerability to victimisation, while existing physical or mental health problems may be exacerbated by the assault (Tyiska 2001). However, Julie Blyth (2002) notes that the actual disability is not the principal reason for the increased risk of sexual assault. Rather, vulnerability to sexual assault is the consequence of societal responses to disability: sexual offenders target women with disabilities because they are confident of being able to offend with impunity. This situation arises because:

- women with disabilities tend not to be informed about their rights or educated about sexuality. They often do not know that they can refuse consent or where to seek help when sexual assault happens;
- they are raised in a culture of compliance;
- sexual assault is often covered up or ignored by organisations that are not subject to public scrutiny and that are marked by abusive subcultures or cultures of silence, where staff do not report incidents of sexual assault to supervisors or managers;
- there are extreme power disparities between carers/service providers and people who are dependent on them for their basic needs;
- mainstream services, including police, health and legal services, are inaccessible and ignorant of how to deal with people with disabilities (Blyth 2002; Davis 2000; Sobsey 1994).

The consultations with service providers also revealed that:

- there appear to be higher levels of vulnerability to sexual assault following deinstitutionalisation, particularly as a result of sexual assault by other residents in shared accommodation, or by providers of residential or disability support services. Some service providers reported that they are seeing increasing numbers of pregnancies among women with intellectual disabilities, but no provisions for responding to sexual assault or pregnancies;
- women are subject to multiple assaults by multiple perpetrators; and
- perpetrators are expert groomers and predators of vulnerable people. Offenders are finding it increasingly difficult to find employment around children, so they are gravitating to work in areas related to disability and home care services.

### Compliance versus choice

The literature indicates that one of the myths contributing to stereotyping and discrimination against women with disabilities is that they:

lack the ability to make choices or determine for themselves what is best for them in all spheres of life (physical, mental, emotional, spiritual, political, sexual, and financial). Although persons with severe cognitive impairments may need greater support and advocacy services, this does not impede their ability or preclude their right to participate actively in decisions affecting their lives (Tyiska 2001: 6).

As noted, women with an intellectual disability are usually raised to conform to the requirements of caregivers. For these women, being offered and making choices, especially in the aftermath of sexual assault, is not necessarily an easy process. However, service providers' experience is that they can be supported and empowered to make informed decisions.

When they come to a sexual assault service, they have grown up in a culture of compliance and have rarely been offered choices, so we're aware that making decisions is not an automatic thing they can do. They are easily swayed by people around them and are often told what to do. Routine is really important to them. Sexual assault is a crisis and going to the sexual assault service can be traumatic, because it's outside their usual routine. So sexual assault workers understand that their ability to make decisions is affected by lots of other factors. Being given choices and respect makes an enormous difference: it's a new experience for them.

Even just saying that what happened to them is a crime and was wrong, and letting them know that they have choices around that – that gives them power in the situation. It's incredibly rewarding work, because they're so grateful for the support and respect, which is a given in responding to any victim of sexual assault. We try to be as unlike the perpetrator as possible in giving them choice and control.

We fight hard for clients to be valued, to be treated like any other person, and to have the right to make their own decisions. We provide information so our clients can make their own decisions. We educate them and encourage informed decisions. It's a new thing for women with disabilities to be given choices. This can cause difficulties if they're given no choices at home, then are given options here.

Sexual assault victims who have disabilities have the same shame and confusion experienced by anyone else, but this is compounded by learned submissiveness and they are often surprised when they are believed. They are sometimes not aware that what happened to them is a crime and they have a right to involve the police. Their greatest need is to have confirmed that this was wrong and they have the right to be free of abuse. They and their carers need to make a decision about involving the police.

### Disclosures

The interviewees noted that many victim/survivors with intellectual disabilities do not spontaneously disclose sexual assault to another person, or present to sexual assault or other specialist services of their own volition. Instead, they may disclose sexual assault indirectly or non-verbally, or may only disclose when a third party suspects that something is wrong. Presentations to sexual assault services are usually initiated by carers. The psychological effects of sexual assault are essentially similar for victims with or without an intellectual disability, but the effects are more difficult to identify, because they tend to be expressed differently and are often misinterpreted as part of the disability rather than the assault, with the result that many sexual assaults may go undetected. When carers or other service providers misunderstand expressions of trauma or the victim's communication system, the psychological impact of sexual assault is often untreated or treated inappropriately (Blyth 2002; Carmody 1990).

We see lots of people with intellectual disabilities. We get a lot of referrals because we're known for our work in this area, but we also do a lot of consultations... Mostly we have a good relationship with disability services, but sometimes carers and [disability] workers minimise the effect of sexual assault on clients; for example, they say they probably made it up. Clients almost never come alone.

They're usually brought by carers or workers to whom they've disclosed. So these people have enormous power to decide who comes and who doesn't. We only see people whose carers and workers think something should happen and this depends on the culture of the organisation or whether the client has had the basic sex education to know it's wrong. But even if they've had no sex education, the trauma is still there, irrespective of whether they know it's a crime. I suspect we don't see people in the hundreds.

Most referrals are via a third party, often because they think something is wrong, but they're not sure; for example, there might be behaviour or hygiene changes... Quite often they don't understand that what's happening is an offence. They disclose in a different way, often as a result of a particular workers' skills in following up comments they've made. We get lots of disclosures in group work, often when we're talking about private body parts. Workers have to be attuned to what people are saying... When you know them their story comes out and you get to be aware of their problem-solving capacity and coping skills.

Victims who disclose have a range of needs, including:

- wanting someone to listen and believe them, to affirm and not minimise their experience, to know that the other person has heard them;
- wanting the assaults to stop;
- thinking that workers can stop the assaults, although this may not be possible;
- not wanting their family to know;
- having their choices respected; and
- not being treated like children.

### Decisions to report to police

In respect of legal redress for sexual assault, women with intellectual disabilities do not have the same choices available to other victims. Various sources have documented the barriers to reporting sexual assault faced by women with an intellectual disability (e.g. Disability Training Program 2004; Goodfellow & Camilleri 2003; Tyiska 2001). Barriers to reporting include:

- problems in telling their story due to communication barriers;
- feelings of shame and self-blame;
- restricted mobility, physical or social isolation;
- distrust of others, including authority figures and those who are genuinely trying to help;

- relationship to the offender, especially if he is a primary carer;
- fear of being removed from familiar surroundings and carers, or fear of retaliation;
- failure to recognise that they have been criminally victimised;
- lack of suitable information about the legal process; and
- denial of self-determination, as reporting decisions tend to be made by carers, some of whom are reluctant to report sexual assault to the police, ignore or fail to recognise the signs of sexual victimization, or lack awareness of legal options.

The decision to report sexual assault to police is a difficult step to take for any woman and can be even more difficult for women with intellectual disabilities. They often lack awareness of what constitutes a crime, are afraid of police or other authorities, lack understanding of legal processes, and may fear what will happen to them if the perpetrator is taken into custody (Davis 1999).

Sexual assault counsellors or workers in other agencies can be faced with dilemmas when they become aware that a woman with a disability has been sexually assaulted. These services are often premised on a victims' rights model, which privileges clients' rights, confidentiality and autonomy. However, a worker's perception of ongoing threats to the client's welfare can sometimes conflict with a client's wishes not to report to police. Alternatively, the worker may need to judge whether the woman's continued vulnerability to sexual assault outweighs the potential trauma of removing her from familiar surroundings and people. They also have to manage interactions with third parties, such as carers, who may be in the habit of making the woman's choices for her. There is no single "right" decision. Ultimately, contingent on the client's capacity to make informed decisions, reporting decisions may be jointly made by a number of people, based on the circumstances of the individual case.

Deterrents to reporting include a fear of not being believed and they often don't realise they've been abused, because the person is often in a position of trust and has been grooming the victim, or it can go from affection to sexual activity. Self-blame can result from cognitive impairment and not knowing they have a right not to be abused, or experiencing some pleasure in the experience and feeling they must have wanted it. They may be fearful of police as a figure of authority. Disabled people can be very vulnerable and easily duped. For example, a young woman was invited to a "party" and when showed up, there were five men who raped her.

They don't have the same choices other people do. Decision-making is primarily about the police response to disability. Most clients want to talk to police once they know they have that option. Sometimes they don't want to if they've been threatened in the past that the police will be called if they don't behave. They have the idea that if the police are called they're in trouble, so we have to explain that the other person did the wrong thing and they're not in trouble... Even if a case doesn't go forward, they are thrilled if the police take some action, like talking to the offender or the organisation. This is very healing.

We get referrals from third parties or the police and at this stage it's an exploratory process. If it's found that a crime has occurred, then there's a decision-making process around what the victim wants to do. This can lead to dilemmas if victims are reluctant to report. If the victim is going back to a situation where they'll be revictimised, workers have a duty of care to report. If the offender is an employee of an organisation, we must report because others may be at risk. Victims will complain to police if workers take time to explain the process and reinforce that we will support them. Before calling police we offer them support and we explore their options, what different options mean, and explain about the process. The perpetrator is often a carer or family member and there's another dilemma about removing the victim from the only place they know, where they have a roof over their head. They're dependent on their carers. Who makes decisions depends on the client's level of capacity. We have a clear statement of client rights and privacy and confidentiality policies.

In the case of third party referrals, the person might have preconceived ideas about what the client wants or needs, but some are brought to us who don't want to be here. We face dilemmas about mandatory reporting and breaking client confidentiality when they say they don't want to report and they just want counselling. People with disabilities tend to be overridden when sexual assault workers talk to carers and not the client, or privilege their relationship with the parent over the client's rights. Sexual assault is sometimes just one of many issues around the client and often not the immediate issue. Disability workers with limited knowledge might refer them to us, but the client's more worried about things that have been stolen from her, not receiving her pension, or the fact that her primary worker for the last 15 years has changed jobs.

We don't provide a crisis counselling service. We provide counselling to victims of sexual assault to teach them protective behaviours to prevent re-victimisation and teach them about their rights. We don't report to police on behalf of the victim but we give them information, help them regain confidence, encourage them to look after themselves, and go to the police with them if that's what they decide. Before we advise reporting to police, we check what other supports the person has, because they need a strong network to go through the criminal justice system. We also refer clients to sexual assault services and other agencies. If the case goes through the criminal justice system, we provide support to the victim and their family regarding what to expect in court, how families should expect the disabled person to react, and how to support them. Family members often feel very guilty for not protecting the victim from abuse.

We don't make the reporting decision for the victim, but we're unlikely to recommend reporting unless the victim has a strong support network in place. The police and the DPP are more likely to recommend not going forward because of myths and biases and ignorance about disability.

Kate's story illustrates how other parties can influence the reporting decisions of women with intellectual disabilities, particularly when they have few supports to assist in making informed decisions, or to help them cope with the prospect of a court appearance.



## Kate's story

Kate has been sexually assaulted on four or five occasions by different people. The first occurred when she was 16. When she was 19 she sustained head injuries in a motor vehicle accident, which have left her with impaired memory and concentration. She believes the brain injuries have contributed to subsequent sexual assaults. She has flashbacks to her father telling her she was dirty and useless and would be raped, so she expected to be sexually assaulted and accepted it because she was not aware of her rights.

The second time I was 21, and I was kidnapped and raped over three or four days. I didn't really know the person, aside from he'd asked me out a couple of times. He slept on my doorstep and because of the head injuries I wasn't really clear that it wasn't okay for him to do this. I went to stay with friends, but he tracked me down, harassed me and said he'd kill my friends if I didn't go with him. He beat me up badly, took me to a motel and kept me there. The people I was staying with found me after a few days. They advised me to see a solicitor. I didn't tell anyone else.

The solicitor advised me not to report to police, because the charges wouldn't stick and restraining orders made people worse. I had my doubts about the police, but this was the last thing I needed to hear. My biggest fear was that he'd come back, so I left the state. I had no support during any of this. Three years later he beat up a friend of mine while he was looking for me. The solicitor's advice put me off. It was too big a risk to report, because even if he did get jailed, he would get out eventually and people like that don't forget. They can see you wronged them by going to the law, but they don't see they wronged you. That's what makes them so scary.

Going to court is a problem. First you have to tell the police and relive it yet again. Then you have to go into a court full of men, with the offender present as well. That's the biggest issue. I know I'd lose words; I'd be a mess and in tears. I couldn't do it. There must be some other way of doing it.

## Criminal justice responses to survivors with intellectual disabilities

The interviewees' experiences with women who report sexual assault to police support previous research findings that police often fail to adhere to policy guidelines. Rather than exploring the survivors' attitude to prosecution and presenting information so that the victim and her supporters can make an informed decision, police make the unilateral decision that proceeding is not in the victim's best interests (Keilty & Connelly 2001). Police may also have difficulty identifying people with intellectual or learning disabilities, as they may present well at interview, communicate adequately, or appear to understand what is happening because they have learned to respond appropriately to authorities (Carmody 1990). Negative attitudes have also been observed among lawyers and the judiciary, few of whom receive training in this area (Davis 1999). There are a small number of police officers, prosecutors and DPPs who are willing to look past disability and to work with and learn from victim support agencies to take cases to court. However, the consultations highlighted a number of common issues experienced during contact with the criminal justice system, including:

- patronizing attitudes;
- failure on the part of police to identify and respond appropriately to victims with intellectual disabilities;
- disbelief, particularly around mental illness;
- minimisation of the harm done;
- failure to provide information or material about the process and what to expect;
- misunderstanding of intellectual disability;
- myths about intellectual disability, for example, sexuality, credibility, mendacity;
- lack of training in interviewing people with intellectual disability;
- police, lawyers' and the judiciary's lack of awareness of appropriate language and communication strategies;
- biased judgments about credibility, reliability and capacity to give evidence in court; and
- a focus on clients' disability rather than affirming their strengths.



Clearly, it is necessary to establish the capacity of a victim/witness to provide reliable and credible evidence. However, previous research has shown that standards of credibility can disadvantage victim/witnesses who are inarticulate or unable to understand and respond clearly and effectively to the language of the courtroom (Lievore 2004a). Some of the experiences of Chanel and Kate, who have intellectual disabilities, have been outlined in previous chapters of this report. Given appropriate circumstances, support and researcher conduct, both women recalled and related their experiences in a comprehensible and credible way during the interviews. However, Chanel's experiences with the police were less fortunate. On one occasion she was charged with false reporting when the police discovered her history of repeat victimisation and on another occasion police refused to take action because she did not verbally refuse consent to the authority figure who sexually assaulted her. The competency and credibility of women with intellectual disabilities cannot and should not be assessed against the usual standards, as they unfairly exclude these women from accessing justice, when they would make reliable and credible witnesses if legal personnel were trained to understand their special needs and capitalise on their strengths and abilities (Davis 1999).

Mostly police are fantastic at responding to crisis calls. It does so much for clients to be taken seriously and treated with respect. But it often stops there. The police determine whether a case goes forward and this is often around their ideas about a person's disabilities. Police give a lot of thought to the issue of credibility and many have misconceptions about the client's so-called "mental age". This is a huge problem. Their decisions are also based on communication difficulties or the survivor's memory or recall. Some police say they tried to do an interview, but the client couldn't remember, so there's not enough to go on. They have no real training on how to go about it. There have been attempts to address this, but their focus on disability is an impediment to establishing credibility. There are some fantastic police who don't let disability get too hard to manage. If they're prepared to push the boundaries, these cases can get to court. The biggest factor is whether the police are prepared to take the case on, because many clients would be prepared to go forward. Police with personal experience, either because they have family members with an intellectual disability or because they've run previous cases, are not fazed by disability. Some police and prosecutors don't see barriers, they just see possibilities. It's about being prepared to allocate resources and show commitment to this issue. If you believe in their abilities then their disability becomes less obvious. The more you instil confidence and belief, the more they feel they can do it.

If they're infantilised, that's how they'll act. Treat them as an adult who is differently abled and they blossom. They can do things in the whole process that people never believed was possible.

The basic issue is their capacity to interact with the law when they're experiencing distress. Police often assume that people with cognitive impairments have no capacity to participate in the legal process. This is the biggest problem, because it results in decisions not to engage in the legal process. They need to make adjustments for people with disabilities; for example, you can't give a blind person a pamphlet and tell them to get someone else to read it to them. There are some problems with victim/survivors giving statements; in some cases the problems are due to insensitive police practices, but also some victim/survivors do not have the capacity to give a statement. Police can be frustrated at not being able to proceed where there's a good evidence base, due to the survivor's lack of capacity to give a statement.

Increasing numbers of cases are going through the criminal justice system and, with appropriate support, they result in successful outcomes. Still we're selective about which police stations to report to, because many police believe they don't need training. The DPP in this state is excellent, because the Director of Public Prosecutions has worked to make a DPP that's responsive to all people. Prosecutors who we train have a different attitude; they know to slow down the process. The DPP refers clients to us for court preparation and support, and we also follow up with their families and carers. Some sectors have alienated the police and the DPP and they seem to have limitations in understanding police and DPP delays in investigation. The delays are often attributable to the defence's delaying tactics. It's not the intention of police to revictimise victims. The different agencies need to find common ground and negotiate different working styles and philosophies. We've developed a relationship with police based on an understanding of their structures and protocols. We know about their operational procedural manuals. We know they have a job to do and they ask particular questions because they're following protocols. We're good at negotiating with police but we're not afraid to challenge poor responses. We do it in a way that's professional, not stereotyped. We're usually successful and we've gained their respect.

In the criminal justice system, disability equals minimisation. Sexual assault isn't seen as a real crime. Victims are seen as not reliable or credible, so police won't proceed. But they do well as witnesses, because they're honest. The criminal justice process keeps them in victim mode rather than working on affirming their strengths. We need to look at their ability not their disability.

The police don't have the capacity to understand disability. They act on their own beliefs and misunderstandings, for example, that disabled people are asexual, unattractive and no one would want to rape them, or they're oversexed and aren't affected by sexual assault. They take over and treat victims with no respect, disregarding their rights. It's more than the normal lack of sensitivity. They have little training about responding to people with disabilities. The DPP tends to overly-emphasise the disability and also acts on myths. The consent issue tends to get used more with disabled people. The DPP is often reluctant to take cases forward, even if there is other evidence. Cases that go forward are those with lots of support for the victim and their family. Support after court is also essential for handling the emotional reaction, for prevention and protective behaviours, identifying their own resourcefulness, and identifying risking situations and reducing vulnerability.

Society needs to get its head around the fact that a crime is a crime, no matter who is victimised. There are lots of myths around disability, particularly the myth that people with disabilities are either asexual or oversexualised. There's a lack of community knowledge that intellectual disability is not the same as mental illness and this myth is dominant among police. Women and men with disabilities are not a segregated group; they are Indigenous, young, adolescents, from all socioeconomic sectors. The criminal justice system looks for a prescriptive formula for working with people with disabilities, but there is no formula, they're all individuals.

### Summary and recommendations

Women with disabilities face distinct issues in respect of victimisation, choice, and participation in the criminal justice system. They are offered fewer choices in life than women in the general population and their capacity for decision-making is further reduced by a criminal justice system that is generally exclusionary of people who are intellectually or linguistically disadvantaged. The attitude of service providers is a major factor in the decision-making of women with intellectual disabilities. They are more likely to choose to report to police and to be seen as credible witnesses if they are believed and taken seriously, shown respect, and are aware that they have something to live up to, because other people have expectations that they will perform.

However, misunderstanding and acceptance of myths about intellectual disability are perpetuating harms at the group level, as the attitudes of the legal profession "point to the ways in which membership of a group define and *direct* the level of response which is given" (Davis 1999: 4).

There is an urgent need to collect statistical data about the prevalence and incidence of sexual assault among women with intellectual and other types of disabilities at both national and state levels. One of the consequences of the lack of statistics is seen in low levels of funding and limits on service provision. Data could be collected through various sources. Sexual assault services often feed information to health departments, but the data are not being made available to the wider community. A question on disability of offenders and victims could be included in police reports. This would also alert police that the person is likely to require additional support, even if s/he appears to understand what is happening.

It is strongly recommended that specific funds are allocated for research among victim/survivors with disabilities, as little if any research has tapped into their experiences with and views on the criminal justice process, or the level of needs of victim/survivors who are identified as having disabilities. For victims with intellectual disabilities, funding must be adequate to include interviewers with appropriate training and skills, and provide victims with access to skilled counsellors for debriefing or follow-up counselling.

Training of service providers is crucial. This includes training criminal justice personnel, and particularly police, about disability; training disability workers about abuse; and training sexual assault workers about support and advocacy for victim/survivors with disabilities. Training on disability, if any, is tokenistic in policing agendas, while disability support staff are not always trained to identify and distinguish the effects of sexual assault from the characteristics of the disability. People in the mid-range of intellectual disability often fall through gaps in general services and there is also a failure to recognise that the issues around intellectual disability differ across ages and situations, such as dementia in the elderly, patients in psychiatric institutions, or people in residential settings.

There is a growing need for training and services to disabled people because there are now more disabled people in the community. Accommodation is at a crisis point, so they have no choice about where or who to live with, which increases vulnerability to sexual abuse, and there's a rise in dual diagnoses (i.e. disability and other conditions).

It should be mandatory to have a disability counsellor or ongoing education for all sexual assault counsellors, so they at least respond appropriately before referring to a specialist. There's also a need to raise awareness of sexual assault and disability among other agencies. Doctors also need training in taking forensic evidence from people with disabilities.

Sexual assault centres require support and resources so that they have the capacity to identify and address the issues most salient to victims with intellectual disabilities. This may include increased numbers of disability workers in mainstream sexual assault services. These workers could also be employed to promote community education about disability.

There needs to be more written information about sexuality for people with disabilities, in appropriate formats. There are assumptions that disabled youth are not sexual beings. There is a need for information aimed at low literacy with pictures, apart from the internet. The move toward internet-only information will make it inaccessible to large numbers of disabled people.

Offenders who are prosecuted are often acquitted. There is a need to develop alternatives to traditional court processes, or find ways of successfully prosecuting offenders in traditional courts. This includes developing expertise and appropriate ways of communicating with victims who have intellectual disabilities. Traditional methods of questioning can be frustrating for criminal justice officials. At a minimum, women with intellectual disabilities need to be given time to think through responses and to talk only when they are ready to talk; they require silence to be able to process their thoughts; and questioners need to constantly check that they understand what they have been asked.

There should be better training for police about disability and sexuality to help dispel myths, and how to respond to victims with disability. There should be a liaison officer in the police department to help train officers and raise awareness. Training is also needed for DPP and judges (one judge recently gave a reduced sentence in the belief that the disabled woman wasn't much affected by the assault). A more informal process, such as the Children's Court, would be more appropriate, especially in the case of disabled offenders, as most of the sentences handed down are inappropriate. The current system is very intimidating and is based on logic and detailed questioning that disabled people don't understand.

There are some indications that checks on criminal history for people working with children are resulting in sexual predators moving into work in the disability and aged care fields. Similar checks need to be instituted for people working with disabled and aged populations. This preventative measure will make it more difficult for offenders to operate.

Finally, the need to become more responsive to women with intellectual disabilities is imperative, if for no other reason than that:

People with disabilities have no voice. They are totally reliant on the people around them to make decisions for them. We need to do something about this or they will continue to be abused at the rate they are. The bottom line is that sexual assault workers, police and disability services/carers are making the decisions. They have no voice. We are their voice and we're doing them a disservice in our decision-making.

## Women from non-English speaking backgrounds

Women from non-English speaking backgrounds (NESB) who have been sexually victimised face somewhat similar barriers to the justice system as women from other socio-cultural groups, but also experience unique difficulties in accessing help. The barriers to justice have been outlined in other publications and may be summarised into four categories relating to:

- personal barriers, such as isolation;
- cultural and religious barriers, such as the value placed on the family;
- informational or language barriers, such as lack of and inability to access knowledge about women's rights; and
- institutional or structural barriers, such as the monocultural nature of the criminal justice system and stereotyping by criminal justice personnel and other service providers (see Lievore 2003 for a review of the international literature).

Relatively little Australian research has explored NESB women's help-seeking decisions. While national population surveys are a primary source of information about the prevalence and nature of sexual assault and women's reporting decisions, ethnic minorities are usually under-represented in survey samples. Moreover, interviews may be conducted in English only, as with the Australian component of the International Violence Against Women Survey (Mouzos & Makkai 2004). As a result, there are some doubts about the reliability of available statistics. Overseas research indicates that, while there are some similarities in the nature and prevalence of partner violence and the help-seeking strategies of NESB and other women, there are also differences in the situational contingencies that influence the decision-making process.

The Canadian Council on Social Development examined data from the 1999 General Social Survey relating to a subsample of immigrant and visible minority women who reported that they had experienced partner violence (Smith 2004). Similar proportions of immigrant and visible minority women and other women experienced emotional, physical and sexual abuse by their current partners, but levels of abuse by ex-partners were higher among other women. Patterns of help-seeking were similar across the two groups of women and reflect patterns listed in Table 1 of this report. Small proportions of immigrant and visible minority women reported the abuse to police (10%), or sought help from doctors (12%), lawyers (8%) and spiritual advisors (5%), while greater proportions turned to informal sources for help, such as friends (21%) and family (20%). Approximately 17 per cent of immigrant and visible minority women contacted a service agency for help, but police-based victim services, community centres and shelters were under-utilised, with only two to four per cent accessing these services. The women's perceptions about the police and law enforcement were generally positive, but the majority of women who had contact with the criminal courts rated the performance of the courts on a range of measures as average to poor. Focus group discussions with frontline service providers revealed that women were deterred from seeking help by factors as diverse as fear of financial insecurity if the relationship ended, to confusion about what constitutes acceptable and unacceptable behaviour, isolation from extended families, who would traditionally resolve family disarray, and the daunting prospect of approaching a stranger in a service agency. As a result:

For most immigrant and visible minority women who experience partner violence, they have been in the abusive relationship for a long time before they finally reach out for help. By the time they seek refuge in a shelter, they are extremely fearful and they have no notion of their rights. They are petrified that their husband will find them and that they may lose custody of their children. As one shelter worker described it, "they are at the end of their rope, and they need our help to cope with the situation" (Smith 2004: 24).

The consultations with service providers for the current study reinforced these findings and also shed light on further background and situational factors that come into play in NESB women's help-seeking decisions. One of the fundamental issues is their pre-migration experience.

## Pre-migration experience

While the term "NESB women" is a convenient descriptor of a particular sector of the population, it obscures the heterogeneity of women from different ethnic or cultural backgrounds. The service providers said that the pre-migration experience is not much talked about but that that the experience of and decisions made in the aftermath of sexual assault differ for women who settle in Australia as immigrants or as refugees. The experience of refugee women is often marked by multiple traumas including political oppression and state-sanctioned violence in their countries of origin, sexual violence within refugee camps, sexual assault by partners and relatives before and after immigration, and institutionalised racism and violence in the host country. Sexual violence is often used as a weapon of war, as a way of destabilising the community by impregnating and isolating women and decreasing their ability to speak out (also see Godinjak & Green 1999; Savage 2003).

Sexual violence is still stigmatised in many communities. It's not acceptable to talk about torture and violence. It's a sensitive area to work in; it takes very skilled workers to deal with it. They have to be competent and confident. They might suspect that women have been sexually assaulted, but the women won't disclose it. It often takes one or two interviews to clarify what's happened. That's the importance of the therapeutic relationship.

Refugee women know that violence against women is not acceptable. They are seeking to discuss the issue, to make it an issue of core importance at the community level. They want to take action, to seek justice, to promote discussion about sexual violence during conflict and war and in their countries of origin, but are uncertain about where or how to implement the process... They don't trust government services and are more comfortable accessing NGOs, so there's a need for NGOs and service providers to work hand in hand.

Some communities are willing to engage in discussions about torture and trauma, but this does not necessarily extend to sexual violence. This creates a sense of isolation among victims, who find it increasingly difficult to talk about what happened to them.



Immigrant women face different issues depending on whether they are recently arrived or first generation Australians, or whether they are from more established communities. Cultural identity is often an important issue for first and second generation women, as they have a foot in both cultures. Women who are sexually assaulted are aware that they can seek legal redress, but they also experience conflict about the implications of reporting for the family. Recent media reportage about racialised sexual violence has also worked to silence young ethnic women, who may be subject to a continuum of racial and sexual violence and do not access services because of the media fallout for their communities. Workers interviewed for this study are fearful that women will not want to talk about sexual violence because it will be construed as culturally inappropriate. This points to a misunderstanding of the concept of culture and the lack of research on the long-term impact of culture on help-seeking. Some women live with the effects of sexual violence and without support or assistance “for such a long time that there’s not a lot of decision making going on. Without support they can’t link that flashbacks, self harm and disassociation are related to what happened to them”.

Whatever the pre-migration background, there are a number of factors that contribute to the silencing of NESB women who have been sexually victimised. In NESB communities women’s honour is often connected with the body and speaking out about sexual violence will result in a loss of honour. In addition, if the perpetrator and victim are from same community, the entire community is at risk of being labelled.

If domestic violence is a family secret, sexual violence is even more so. Talking about it stigmatises the woman, her family and the community.

Sexual assault isn’t always talked about in these communities, but globally girls are molested and women pick up community responses by osmosis: the victim blaming, the view that they’re damaged goods, and various levels of consequences, from the knowledge that no-one will marry them to the entire family being dishonoured. It’s the taboos — what is not said, the silences and gaps — that are informative about community responses, and women pick it up by osmosis. In Australia, the level of community activism has resulted in alternative support systems for women. But migrant women face a different set of barriers. There’s no outreach, and there are the community messages, the community representatives, if a woman reports to police. The community might send a delegation to plead with her to drop the case and to protect the man. So she fears own community and this would be the last place to go. Domestic violence is bad enough, but add sexual assault, and the community acts as a gatekeeper. Sometimes we can’t get to the women. They say the words don’t exist in their language because it doesn’t happen, but that’s not the case.

### **Decision-making in collective cultures and NESB women’s access to mainstream sexual assault services**

In western cultures, which value independence and autonomy, decision-making is commonly regarded as an individual, psychological process, but this view obscures the way that social relations of power shape both the choices available and the outcome of any given decision process. Many NESB communities in Australia come from cultures that privilege responsibilities to the collective over individualism (Godinjak & Green 1999). This can have a profound effect on the way that decisions are made and on the appropriateness of dominant service models for women from collectivist cultures.

Decision-making is often not an individual decision. Workers doing family counselling have come to see that the parents or the father in a family have a large say in making decisions. This is a more collectivist view, but all of our models of assistance and treatment are very individualistic and they don’t fit for many people. Often, these are communal decisions, where there’s a strong sense of sisterhood based on women’s connection to each other. They look to each other for validation, especially when it comes to the criminal justice system. Word gets out when women have bad experiences. Women have roundtable discussions with aunts, mothers and elders all present, around what to do in an individual case. So the family can either help or hinder in getting assistance.

Women who have been sexually victimised seek help from other women in the community. They have internal support systems, which are always other women, such as their friends, sisters, and family members, depending on who the perpetrator is. Help-seeking is a collective experience, based on solidarity and strong bonds among women.

Multicultural community workers are often the first point of call for NESB women who are sexually assaulted within a domestic violence context, but these workers are not necessarily experienced in helping matters, sometimes give the wrong advice, or do not understand why women go back to their partners and may refuse further help. The low usage of mainstream sexual assault services by NESB women is at least partially attributable to a problem with current models of service delivery, since sexual assault services are geared towards women from the dominant Anglo culture.

There has been little change in NESB women’s rate of access to sexual assault services over the years, which raises questions about dominant models of service delivery. The fact that women aren’t accessing the services shows that they’re not appropriate.

Having said, that, it should be acknowledged that at least some governments are attempting to determine how best to diversify sexual assault service provision (Stewart 2003).

Whether a NESB woman discloses sexual assault to a worker in a mainstream service to a member of her own community depends partially on her network. Some women may want to access NESB workers because they understand the issues the women are facing, while others are reluctant to do so because they are doubtful about confidentiality. Many women either carry the secret or attend mental health services, which do not have capacity to screen for sexual assault. In addition, the concept of sexual assault services has a cultural meaning for Anglo survivors or women from more established NESB communities, but many NESB women have little or no knowledge or understanding of these services. Thus, they are doubly disadvantaged by poor outreach from the mainstream sector and by community silencing. The result is that “the problem is thrown back onto individual women, when the problem is in the planning”.

Mainstream service providers need to balance the impact of the cultural context and not ascribe everything to culture. Culture is not all or nothing. Overt and covert racism impacts on help-seeking and some service providers operate on cultural stereotypes. For example, they assume that NESB women won't want to take legal action, so they don't offer that choice. Police and emergency room staff often unwittingly fall back on stereotypes. Women's perceptions that services aren't for us is due to a lack of diversity among counsellors, a lack of multi-lingual signage and information, especially about the court system, and the same interpreter being used to represent both parties.

Mainstream sexual assault services are the least accessed services by NESB women because of the stigma and shame, the importance of virginity, and because many don't recognise the concept of rape in marriage. Sexual assault isn't seen as a legal issue and it's dealt with by different means. When women do go to sexual assault services, it's often after a crisis, such as a medical or mental health crisis, or reactivation of a past trauma as a result of a recent sexual assault. They might be referred through emergency departments, for an example if they've been brought in after an overdose, or by mental health, if they've been admitted to a psychiatric ward because they're suicidal. You don't see them often in sexual assault services because the concept of counselling or talking to strangers about private issues is anathema. The kind of help that is useful is advocacy, and practical assistance rather than therapy. Counselling that provides access to the legal system is practical; it seems more tangible and practical to women than discussing their feelings.

A key point raised in relation to cultural differences is that NESB women often perceive sexual assault workers as experts, who therefore should be the decision-makers and should tell women what to do. This poses a dilemma for workers in mainstream services that are premised on western concepts of individual choice, control and empowerment.

### **Perceptions of sexual assault as a non-justice matter**

The interviewees reported that there is a high disclosure rate of sexual assault by intimate partners to their workers, as many women who present for family violence often eventually disclose sexual assault. Women's reticence to discuss sexual assault reflects sensitivities around sexual assault in their own communities, where raped women may be judged, ostracised or killed. Often, sexual assault is not seen as an issue for the criminal justice system and women prefer to find alternative ways of dealing with the issue. One of the basic issues that impacts on women's responses to sexual assault is how it is named.

Women who are raped in marriage feel violated even if they don't have the words for their experience. It's part of a continuum, but how do you name it? Women are being called frigid; there's so-called persuasion; giving in to keep the peace; or men demanding sex as “reconciliation”, after giving their wives a bashing, so that women submit to avoid retaliation, but it would look like consent in a court of law

The notion that women should leave or report violent partners to police is complicated for NESB women, as they have already sustained multiple losses through relocating to a new country, including the loss of family and community networks, status, and possessions. For a woman in a socially marginalised position, the potential loss of a husband or children can be almost unbearable, as can threats to take her children away if she returns to a violent husband. This is not to suggest that they perceive violence as acceptable.

Violence harms the family, destroys the bonds of trust, and threatens family cohesion. While women recognise that accountability should rest with the person who uses violence, they often want a solution that's softer than criminal justice.

Not enough respect is given to the fact that women are raised to nurture, to take responsibility for the family. Then they're blamed for staying in a violent relationship, so there's the idea of women colluding in their own victimisation. Most want to stop the violence. They want to know what to do and how they can stay in the marriage. Others are near separation when they call us. It's often increasing levels of harm that begin to affect their children that prompts disclosure.



For many NESB women, sexual assault is not an issue of justice, but an issue of safety and healing through counselling. Immigrant women's services have discovered that women are subject to a range of offences, from beating and sexual assault to trafficking and prostitution of women who enter the country on spousal visas. The services advocate for women to seek justice, but many women do not want their partners to be jailed, while others fear being judged and blamed – and blame can be violent. Once engagement is made with multicultural services, women are open to healing and to using sexual assault services.

The service providers said that they attempt to provide sufficient information to help women make informed choices and their advocacy role is strong because of the particular barriers NESB women face in accessing the legal system. The women often need help to demystify the legal process, understand the system, and enter into it without fear. However, few women choose to take this option.

Women don't easily disclose sexual violence and we never see the full extent of the problem. Even if we identify that women are being sexually assaulted, they don't necessarily seek support or follow through with charges. Only a small percentage take action. They usually disclose at a time of crisis, because they can't sleep and their daily functioning is impaired, or they're referred through corrective services because they're acting out in other ways and help is enforced.

A range of factors helps NESB women to disclose sexual assault or to report to police. For some women, this may be as simple as the recognition that what happened to them is wrong and that they are not responsible for the assault. "They may not take it to the next step, but they will know that they're okay." Not many cases proceed to the criminal justice system, but the provision of information and ongoing support help to break down the barriers to the criminal justice system.

### **Experiences with the criminal justice system**

The interviews showed that the objectives of NESB women who report to the criminal justice system are essentially the same as those of other women: they want to be believed; to stop this happening to other women; to receive justice; and to have the system say that this really happened that what happened is illegal and that they were not to blame. However, mistrust of the criminal justice system is a major barrier. Women's fears around accessing the legal system including labelling, stigma, whether service personnel will be available for support on an ongoing basis, and the flow-on effect of legal action, especially in family violence, as some women take the view that "this may not be a great family but it's the only one I have", which frustrates some mainstream workers.

Representatives of immigrant women's services say they work hard at getting women to trust the system, to see that police are helpful and that the criminal justice system and other service providers are working for the best outcomes for women. Unfortunately, the substantial amount of work and time required to develop women's trust is quickly eroded by their experiences with the legal process. One way in which this occurs is that women who have negative experiences within the criminal justice system return to their communities and talk about their experiences, thereby perpetuating a "defeatist view" that there is no point in reporting.

It's important to understand that in relation to legal choices, younger women hear about what happens with other cases and are even more silent. We need to take time explain the legal process to them, so they understand that no conviction doesn't mean that anyone thinks you're lying.

One worker also noted that there is a view that the supposedly objective legal system is subjective, since sexual assault cases are more likely to be prosecuted where there is a white victim and an offender from an ethnic minority group. The notion of objectivity in law also results in inequitable treatment for NESB women (Gonzalez 1995), particularly around issues such as failure to use interpreters, or the use of inappropriate interpreters.

Small communities don't want to talk with interpreters due to confidentiality issues. Criminal justice personnel use inappropriate people as interpreters and they're not trained in how to work with interpreters. There's a gap between policy and practice. They forget that women lose their second language under stress. They think that interpreters aren't required because women speak well enough in ordinary contexts, then they haul victims over the coals for not understanding what's been said. This erodes trust in the criminal justice system and women often drop out after their first experience with court. There's a view in the legal system that criminal justice personnel should treat everyone the same in order to do their job properly, but equal treatment does not mean equal outcomes. We need to unpack this notion of cultural equity: what does it mean in practice? Attention to these issues will encourage reporting through word of mouth.

The police don't use interpreters. They talk to husbands about a family violence incident, not to the women. We know the women, we know the language. There is some police training but only for the elite. The family courts are beginning to adopt cultural strategies, but all too often they're ignorant of gender, power and cultural tensions. There's the problem of the cultural defence; that is, that violence is a cultural practice, so women shouldn't be complaining.

There's also a lot of ignorance that men and women don't have the same capacity to speak equally in front of the courts. It's much easier for men to get outside support, including Anglo ministers and community members, but it's harder for women to get advocates. Domestic violence workers try to advocate for women, but we're seen as ratbags.

The legal system condones silence for all women, not just NESB women, because the onus is on the victims to prove they've done nothing to provoke sexual assault. And women are not supported by the legal system when they break that silence. The line of questioning is not helpful when women have to prove themselves.

There's an issue around working with interpreters who are skilled and comfortable with sexual assault. Some aren't prepared to say penis and vagina, so they're not suitable for this type of work. Women prefer not to work with interpreters, because in small communities everyone knows the interpreter, so this is a further barrier. Police will engage the perpetrator, another man, or the woman's children as interpreters in domestic violence situations, and this puts women in a disadvantaged position. These are old issues; we're constantly having to advocate at a systems level. Our sexual violence program does a lot around educating services about the use of appropriately trained interpreters. Some women will only work with their own children and this presents a dilemma because we have a duty of care to those children. What are the consequences for the parent/child relationship and how can we assess the child's level of competence in the language? This continues to be an issue we struggle with. That's where the role of advocate is important, especially for women who speak rare dialects, where we need to establish a phone link with a female interpreter in another state.

Finally, one of the service providers noted that, in her personal experience, the DPP is supportive, although there could be better communication because of the specialist nature of the work and a better understanding of the role the service plays in the process in terms of court support.

## Summary and recommendations

The observations and experiences of workers from immigrant services raise a disturbing issue, one that is equally applicable to women with disabilities, Indigenous women, or women in other minority social groups. Whether post-assault decisions are made in a collectivist or individualist context, women require and deserve *real* options and access to services that have a *real* prospect of meeting their needs and goals, whatever they are, in appropriate ways. The findings of this study demonstrate that this is not a reality for NESB women in Australia and support Sarah Stewart's (2003) view that little progress has been made in improving sexual assault service provision to NESB communities, despite a clear willingness to develop culturally appropriate strategies. Service providers indicate that the choices of many immigrant women are constrained and shaped by their alienation from a range of services that are intended to help sexual assault survivors. Stewart poses a provocative question that is salient to the findings of this study:

Does the "us" and "them" divide that is being so blatantly and destructively widened in the current xenophobic climate actually mirror a less obvious, more subtle version of racism in the way that services are provided (or not) to some victims of sexual assault? (Stewart 2003: 8)

Sexual violence reflects structural inequities that play out in the arena of gender relations and are compounded in a complex and sometimes tragic way at the nexus of gender, race/ethnicity and cultural relations. Barriers to justice, as evidenced by decisions not to access mainstream services, are not located in NESB women:

The barriers are in marginalisation, in inactive planning, and in the failure to establish partnerships between mainstream and marginalised services.

There will always be some people who don't want to take the legal route. Choosing not to do so should not mean that they have no support.

At least fix the barrier to counselling. There is justice in recovery, rather than a woman carrying the secret, the burden, the psychological agony for the rest of her life. A woman who's been sexually assaulted is carrying self-hate, hopelessness, a sense of worthlessness and no sense of future, in her body. Counselling can help relieve this.

A Canadian study found that immigrants and refugees seeking help related to the migration experience (not criminal victimisation) accessed a continuum of informal and formal support sources, which had positive effects in a number of ways:

by fostering a sense of empowerment, community, social integration and leading a productive life by building networks, sharing experiences and problems, reducing stress, and contributing to physical and mental health. Conversely, inadequate social support has negative impacts, such as increasing feelings of loneliness and social isolation, loss of identity, feelings of being “in limbo”, discouragement about seeking employment, and lack of knowledge of available options. When immigrants and refugees have difficulty overcoming the challenges of initial settlement, they can find themselves stuck in “survival mode” for long periods... If the challenges of settlement and integration seem overwhelming, they may experience feelings of isolation, shame, depression, loss of pride, blaming of self and others, and confusion about where to turn for help (Simich et al. 2004).

Women who have been sexually victimised are likely to experience those feelings as a result of the assault. The harm can only be compounded when they are let down by the agencies to whom they turn for support. The workers’ recommendations to increase support and provide viable options are listed below.

Community education, community awareness of what help is available, and resourcing for community capacity building are key strategies for implementing change. This requires commitment to a long-term, multi-layered strategy, designed to build social capital. One of the criticisms of current approaches is that:

They are often band-aids and lead to a stalemate. We’re constantly working on the micro-picture and have no resources to do more than this. But society and governments need to look to the macro level. Government departments don’t take enough responsibility for this.

Accordingly, the workers’ recommendations spanned a number of levels, with some centred on community education campaigns, and others encompassing practical ideas for action at the local level, either with groups or individuals.

We need an ongoing multi-strategy campaign: in the local papers, on the radio, go out and talk to women’s groups and couch it in terms of women’s well-being. We also need time to dialogue and engage with men, to change men’s attitudes. Do NESB men have access to behaviour change? This would be a resource intensive exercise, as we’d need money to train men and employ them to teach others.

There’s value in working with groups rather than one-on-one interventions, because this fosters community-building and social networks, especially for women who come to Australia alone. This could be done through church groups, but sexual assault services and legal workers aren’t used to working with these groups.

Address the issue of violence with young children, in school and pre-school. This gives them a capacity to build on as young adults. They need to learn from a young age about communication, conflict resolution, healthy relationships, gender issues and respect.

Broaden the media campaigns to encompass the idea of violence as a continuum. It needs to be talked about and addressed at a range of levels. Violence shouldn’t be seen as a one-off issue, but as a continuum with domestic violence and sexual violence on one end and global violence and war at the other. We get mixed messages: the campaigns say domestic violence and sexual violence are not okay, but war is justifiable. What are the consequences of this contradiction? Another contradiction is that the campaigns say domestic violence and sexual violence are not okay and it’s not okay to whistle at women, but compare this to gratuitous sex, gender stereotypes, and violence portrayed on TV. We need to plan, organise and connect: make links between how bullying at school is connected to domestic violence and youth and elderly suicide; make links between sexual and domestic violence in the family home and homelessness or substance abuse.

Educate the community that sexual violence is wrong and motivate women to take action. Media portrayal is an issue, because in the cases involving footballers what ended up happening was that women’s morality was questioned. We could use the media better.

Educate undergraduate students so that people going into the professions have an understanding of the issues.

Talk about gender issues to boys and girls; don’t wait until they’re men. Get men to link the issue to *their* mothers, *their* nieces, *their* sisters-in-law. Get men to stand up for what they believe in.

Leadership by public figures and by NESB men in their own communities would help enormously, while the lack of understanding demonstrated by some public figures is damaging and unhelpful.

Target leaders in all spiritual communities. They are very powerful figures, who are important in NESB communities. Don’t target particular groups; get them to work together, across the board, so as not to marginalise individual groups. These issues are common in all groups.

A number of staffing or resource issues arose, including training in cultural sensitivity. At present, training for police, prosecutors and judges around cultural issues is either ad hoc or non-existent and does not specifically address sexual assault. Cross-cultural training and training in working with interpreters needs to be part of general upskilling and professional development for criminal justice personnel.

More resources are required to support workers in the community and this will result in better outcomes for clients. At present there are insufficient bilingual, bicultural workers in all systems, and it is preferable to have one-on-one discussions with women rather than introducing a third person (i.e. an interpreter) when talking about personal issues that are difficult to talk about at the best of times.

NESB women's choices would be enhanced by investment in female doctors, preferably from their own cultural background, who will be reimbursed for more than the standard 15 minute consultation. Doctors need awareness of and training in cross-cultural issues. NESB women's well-being would benefit by establishing links between sexual violence, female genital mutilation and reproductive health.

It is strongly recommended that a deeper analysis of the issues faced by NESB women is needed to inform future policy decisions. This will require community based research. It will be necessary to identify the gatekeepers in given communities, build up connection and trust with women and their advocates, and then begin formal discussions. Non-NESB researchers need to develop cultural competence, since this task cannot be left to NESB workers alone. Doing so is another form of discrimination that lets researchers from other backgrounds off the hook. The type of research proposed will involve self-selecting participants who may not be representative of entire populations, but the immigrant workers stated that there are women who want to talk about these issues and they will do so if the research is conducted in a safe and respectful way. As it would be necessary for researchers from outside the community to work in tandem with a bilingual facilitator/researcher, research budgets should build in funds for a translator/interpreter. It would also be advisable to have a strong advisory group within the community and to check back with the community about research progress and findings. Most importantly, future research should draw out NESB women's positive and negative experiences in court processes and the implications for other women in the community.

## Indigenous women

Both the prevalence and under-reporting of sexual assault and general violence are extremely high for women and men in Indigenous communities. While the population of Indigenous Australians comprises many heterogeneous groups and there are variations in the levels of sexual violence across communities, they are nevertheless joined by a history of post-colonial oppression, marginalisation and dispossession (see summaries of the literature in Keel 2004 and Lievore 2003).

The discussions with Indigenous workers showed that there are some similarities in factors influencing the help-seeking decisions of Indigenous and NESB women, including the value of kinship and community and concern for the perpetrator's well-being. Decision-making in Indigenous communities may also have a more collective or communal basis, with goals that extend beyond helping the individual victim. In a recent Victorian report, Indigenous workers used the metaphor of sexual assault as a disease or an epidemic that is sweeping across their communities, which is simultaneously destroying the population and becoming normalised. As a result, decision-making often has the holistic objective of promoting community healing through self-determination and by addressing sexual assault within a framework that encompasses factors such as education, employment, health and housing (Thorpe Solomon & Dimopoulos 2004). The following quote from an Indigenous worker illustrates the dynamics of Indigenous women's help-seeking decisions, which are enacted at the nexus of a range of historical, structural, group, interpersonal, and individual factors.

Do victims think they're able or worthy of getting support? We need to look at the status of Aboriginal people and what that means, because low status influences their perception of whether they're worthy of support or not. The issues for individuals include shame, a history of low self-esteem, which is associated with trauma, racism and childhood sexual assault, the extent of alcohol and drug use, and incarceration. What helps is having strong and unconditional family support plus accessible service providers. Having those working together is a therapeutic process in itself. Alienation of the perpetrator by the victim's support group can be very effective, if he's told his behaviour is unacceptable. But when the perpetrator is related, it could create more conflict for the victim if it's not handled properly. Aboriginal families aren't ready to face the breakdown of family. It's too hard when the community is consistently in conflict, so they want to avoid further conflict.

The perpetrator's family needs support; we need to show that the community dislikes his behaviour, not the person. The family needs support to say "We don't want you here", but this won't happen if the perpetrator belongs to a powerful family. It's just another thing to add to high stress levels in Aboriginal communities. At a local level, people are standing up and saying this behaviour is not acceptable. This is powerful for victims to see.

Monique Keel's (2004) interviews with four Indigenous workers indicated that Indigenous women and men are increasingly willing to talk about sexual assault as a community issue, often with the objective of securing appropriate interventions. The interviewees in the current study indicated that there remains a substantial degree of reluctance to talk about the issue and that decisions to disclose sexual assault – and about who will be the recipient of the disclosure – are often hindered by geographical and social isolation, kinship structures, the intergenerational nature of sexual assault, and mistrust of service providers, if indeed, services are available. On the other hand, supportive environments, extending from kinship and community relations to access to appropriate services, facilitate disclosure through the knowledge that there are places to turn and various options to pursue.

We need workers who are skilled and competent and confident to talk about these issues to communities. Aboriginal communities are isolated and for sexual assault victims it's a double whammy, because of closed families and kinships.

A woman's location in the kinship structure is important. They're vulnerable on a reserve if they're not from that area. If they report sexual assault they'll suffer a loss of financial and family support if they're in their husband's kinship area. They've got nowhere to go. Often they just need to speak to someone in the first instance, then later they need to speak to someone associated with a service to find out about their options. They may not want to speak to workers in Indigenous-specific services who have connections with the community, but on the other hand, they may want to speak to me [an Indigenous sexual assault worker] because they know where I live and they come to me after hours. Kinship is the primary factor in whether they feel comfortable or not to speak to another woman. The knowledge that services are available is comforting, even if they don't talk about it. You need to create trust and safety.

Many cases involve one perpetrator who offends against a number of family members: the mother, daughters and stepdaughters. The perpetrator moves from one to another. It's a generational cycle of incest and you have to build a relationship for women to trust workers so they'll talk about it. It's hard for them to talk to white people about this because of the shame about themselves. It goes back in history to when they were

raped by white men and nothing was done about it. They're slowly realising this is wrong.

In some areas communal decisions work and they are most supportive and healing. Women sharing their experiences of violence is very powerful. It breaks down isolation. Advocacy is even better because then women don't have to talk about it.

Unfortunately, help-seeking often compounds rather than alleviates women's problems. Disclosure to community members may incite retaliation by the victim's family, which results in police intervention for the violence rather than the sexual assault, while reporting to police raises fears about deaths in custody, or may result in the arrest of the victim.

Women's problems are often suppressed. For example, the victim's family members might take vengeance on the perpetrator, then the police come in to deal with the violence against the perpetrator. In doing this, they don't deal with the women's problems. Women are often trying to deal with intervention by their family members and this stops disclosure.

For Indigenous women, there is an over-representation of Indigenous men in prison and the effects on the community are huge. They don't want to contribute to the destruction of their own culture by sending their own men to prison. There are also fears of retribution and payback in these communities and a fear of the police. Indigenous women in this jurisdiction have a very low chance of being believed or heard by police. Victims of sexual assault have been arrested by police when they report, especially if they're homeless; they are not taken as legitimate victims.

### Decisions to report to police

Previous research has found that very few Indigenous women acknowledge, seek assistance for, or report sexual assault to police, for reasons that include:

- the importance placed on family, kinship structures and relationships;
- poverty;
- lack of housing;
- fear of police;
- inappropriate service responses; and
- fear of retaliation by the offender and his family (Thorpe Solomon & Dimopoulos 2004).



The current research supports these findings and particularly highlights how decisions to disclose or to report to police are strongly influenced by the relationship of the offender to the victim/survivor. For Indigenous women, disclosure of sexual assault can result in ostracism from a kinship network that might not only leave her socially isolated, but might also leave her homeless. In turn, homelessness impacts on women's ability to participate fully in the criminal justice process.

The decision to report to police depends on who the perpetrator is. They're mostly either closely related or very well known and trusted by the family and if they're not related, they find a way to be related. Most women will go through the process if the family allows and supports them to do this. It is never an individual decision. The major decision is around who to tell. There's a lot of hesitation about telling family members, because they might be alienated, abused, or ostracised by the extended family and this means they could be ostracised along the entire east coast. There's an issue with transient populations too. Many are homeless. They report to police then disappear, so committals are postponed and police assume the victim doesn't want to go on with it. Most offences are perpetrated by family members, so victims travel to other areas to get out of the situation. Then if they try to pursue the case, their records can't be found. When they report to the police they often want closure to the offence and they don't want the perpetrator to do it to others, or they want the community to know about the perpetrator. They're more likely to report if the threat to personal and family safety is removed, for example, if he's already in jail and can't hurt her, or if he's non-Aboriginal, or dead.

Women's reporting decisions are also influenced by their previous experiences with the police and other authorities, hopelessness engendered by oppression, self-blame, and the fact that sexual assault may be only one of several problems they are dealing with and not necessarily the most important one. Two workers in different jurisdictions also noted that reporting decisions and police responses often differ according to the women's skin colour and/or the race of both victim and perpetrator.

They don't report because they're afraid of the police or think the police are out to get them, they have family members with criminal records, or are afraid their own criminal history will be exposed. If they have warrants out on them, they're afraid they'll be taken away. There's a lot of misunderstandings too. For example, if their children have previously been taken away, they think they have a police record and they're afraid to report.

It's a form of oppression. They think "The police won't believe me; they'll look at me as a common felon". They just live with it and really suffer. They don't go to anyone for support or help. They throw their arms up in defeat and think "There's so many things against me, I'll just stay the way I am". And they've got bigger problems to worry about, like where to live, how to get food, how they'll get their next drink. They blame themselves. They think "I was raped because I didn't have a home"; or "He gave me a home and that's payment"; or "I was drunk and probably said something wrong"; "If only I had a home or paid my rent. It's all my fault".

Aboriginal people's experiences with police are a deterrent to reporting. Racism is a form of trauma and women won't go to the police if they've been treated badly previously or if others have had horrendous experiences. It's about access and equity: how do police deal with that, to ensure that they provide a service that's fair and equitable to everyone?

Historical events have a great impact on decisions to go to the police. The criminal justice system doesn't work for Aboriginal people. Girls who are known to the police won't report and there are different support structures available for different women. Darker skinned women are less likely to see police action than fair skinned women.

### **Experiences with the criminal justice system**

Overall, the criminal justice system appears to be particularly unresponsive to Indigenous women's complaints of sexual assault. This lack of responsiveness, which is attributed by one worker to the imbalance of power between Indigenous women and criminal justice officials, comes into play in various ways, from police disbelief, disrespect and lack of action, to the unavailability of female police officers to take statements, male domination of courtrooms, language barriers, and failure to listen to and provide women with real options. While some of the workers acknowledged that some women are hostile towards police, this should be understood as a form of defensiveness that reflects the oppression of Indigenous peoples.



Women know it's wrong, but they don't know how to get out of it. Some want to get out of the relationship, some want someone to talk to the perpetrator, but most have no confidence in the criminal justice system. I work with them one or two times a week for around six weeks. I try to talk to the perpetrator and explain about sexual assault and incest. I try to get them to talk to the police. The police always give the same answer – there's no case – without explaining why there is no case. Possibly it's because they're not adequately trained, they don't know what to look for, or how to build a case. But it reinforces under-reporting and the lack of trust. Our group has established rapport with local women, we know it's happening, we've done the groundwork and got women's statements. We presume it's widespread because we talk with other communities. We need a way of breaking the cycle to get help for women. They won't go to court because of the legal process. They don't want to tell the story over and over and have questions fired at them. It's intimidating and they can't understand the questions. Another reason is that the court is dominated by men. We go to court with them to help break down the language barriers, but many cases don't get past the police stage. If it's a black woman sexually assaulted by a white man, they rarely proceed. A white woman sexually assaulted by a black man is more likely to proceed, but when both parties are Indigenous, it won't proceed. Light skinned women are more likely to report than dark skinned women. Police who aren't trained in sexual assault or cultural issues look at them [darker skinned women] and don't believe them, so they won't come back once they've been rejected.

Some police are good. We learn from them about evidence and other issues. But there's the frustration of dealing with uncooperative police. [In a recent case] I had to take matters in my own hands. I took evidence in to the local police and when they didn't act I contacted police in another town.

Women are probably given options and choices, but they're not really listened to. Plea bargains are an example of that. They need to be listened to and believed, validated, and given options, not told what to do. Women have no choice but to be interviewed by males. Notionally they have the right to ask for a woman, but in practice this doesn't happen. They've just been victimised by a man and now they're facing questioning by a man. How is he different from the offender? Courtrooms are male-dominated. Police use very specific sexual terms and the women may not understand or be able to say the words. Aboriginal women receive different treatment in different police stations, so we take them to certain stations only, but generally the police are okay. Victims can be hostile to police: if police aren't sympathetic, they get defensive

and attribute it to their being black, even if it's their own behaviour that causes the police behaviour. At the same time, the police need to speak more civilly to victims. These are reciprocal patterns of behaviour. They think people take sides and they don't understand that there are protocols in all organisations. Defensiveness is a way of coping for oppressed people. The power imbalance between police and victims plays out in reporting.

### Service provision

The interviews demonstrated that, by and large, Indigenous women's service needs are either not being met by mainstream sexual assault services, or they do not have access to services. Moreover, where services are available, their options may be limited. The workers noted that while some Indigenous women mistrust and are reluctant to talk to white workers, others would prefer to talk to workers outside their communities because they are concerned about confidentiality being maintained within community networks. The bottom line is that Indigenous women need to be given the choice of accessing skilled Indigenous workers and mainstream services whose staff are trained to deliver culturally appropriate services (see Thorpe Solomon & Dimopoulos 2004 for more on this issue).

It's a human rights issue if a service's practice excludes one group. Service providers need to be made accountable. They should have to monitor and evaluate how they access this group. There's a lot of rhetoric, but it doesn't measure practice. Look at what's coming out of the services: reporting hasn't increased. This means we need closer monitoring and scrutiny of service provision, because services are not doing what they're funded to do. They know why victims aren't accessing services, but they're not doing anything about it, so entire groups of people are pathologised.

No help is available for women in this area unless I'm proactive in finding and supporting women. It comes down to rapport. Women will disclose if Indigenous health workers can establish rapport, otherwise they remain silent. If workers take the time to build rapport, they're well on the way. We need to target elders, build relationships, and work out how to get information.

Women need options. They need Aboriginal trained workers as well as other services for Aboriginal women who aren't comfortable about confidentiality issues in their own communities. They need to be confident when they're talking about trauma.

The following words, from a worker in a rural area, highlight the complexity, the tragedy and the poignancy of sexual assault among Indigenous women and girls. Too many women are silenced by intergenerational cycles of abuse, insensitive service responses, and the multi-layered nature of their problems, many of which relate to structural inequalities.

Most victims don't look for support or help. They keep it in themselves; they hit the grog or take drugs. Some young girls suicide. There's nowhere to get women to talk. You need to establish rapport on their level, which can be difficult for non-Indigenous women. I go to their house, spend time with them, or bring them to my home, especially young girls or the ones at risk of suicide. The perpetrators get away with it, but the women carry it.

I see three different groups of women. There are the 30 to 45 year olds who've been victimised in the past. This group of women carries the pain. They might talk about it over a cup of tea, but that's all. The cultural way of healing is to take them out bush. We have a women's group that takes them to a traditional setting for healing and helps them to tell their story. Talking about it is healing. You have to keep showing you care.

The 18 to 30 year olds are the ones being raped now. They're terrified. It's often brutal violence perpetrated by white men, sometimes their partner. They're vulnerable to many men. If they're raped by someone other than their partner, they can't disclose because their partner would kill them if he knew. Those who don't drink live in a world where they're totally terrified. We try to help them to take a place back in society. They take drugs, neglect their kids, they have a lot of problems. Some have children taken into protective custody while the mother is in rehab. With this group you need to tackle one problem at a time. Just deal with the main problem, which is often alcohol, before moving on to the next problem. Others just stay at home and cry.

They barely go out shopping. They're like babies you have to be on the ball with. We find support workers in the health sector to follow up on them. We try to get them another house to live in [other than where the offence occurred]. This helps.

The 13 to 18 year olds are at a very high risk of sexual assault. With this group, we explain what sexual assault is about and raise their awareness of the issue. Girls who are 13 to 16 years old are appearing in court for drugs, stealing, drunkenness and repeat offences. This is often a result of sexual assault, which they'll disclose if you can get them talking. But we go to the police to tell them about carnal knowledge and there's no action, even when the girls are pregnant. I know two 14 year olds who were repeatedly abused by their stepfather. I took them to the police over two weeks ago but there's still no action. I've been involved with court support for two years and not one sexual assault case has gone through in that time. They go no further than the police.

It takes severe bashing and injury for the police to proceed. Women who've been recently raped won't go to the doctor for a medical examination due to shame. They're not in the right frame of mind. You have to consider whether the person's in shock. They keep being asked intimidating questions over and over. You need a special police unit to deal with these matters, because the police here make comments like "You were looking for it", or "That's just the normal husband and wife thing", so therefore there's no case.

## Summary and recommendations

The consultations with Indigenous workers revealed that Indigenous women's help-seeking decisions are more communal and community-focused than in the dominant culture. While there is no dispute that individual women need help to deal with and recover from sexual assault, the individualistic understandings underlying western models of decision-making are not necessarily appropriate for Indigenous victim/survivors, since the optimal outcome is to assist entire communities to heal through holistic processes. Given the punitive functions of the western criminal justice system, combined with the many other barriers to reporting outlined here and elsewhere, it is understandable that Indigenous women are reluctant to seek help from the criminal justice system.

While the relationship between Indigenous communities and criminal justice agencies has traditionally been marked by conflict and tension, the workers nevertheless believed that the police can play an active leadership role in education and prevention efforts, by becoming involved with the community at a grass-roots level.

Police and other organisations could go out to and educate communities, build relationships with them. They could go to schools and get it into children's heads at an early age that any abuse is not acceptable. Police need to be more proactive, not reactive. Start with the young ones, who'll go home and tell their parents. Children fear they'll be arrested because they're black. The police need to counter this perception by building relationships with communities: walk the streets and talk to people, instead of driving around in cars. Start at a very young age to teach children about violence.

We want the police to let the community know that there's this type of person doing this to young girls. People would be on the watchout if they were aware of perpetrators going from house to house. There are some men who regularly take up with women who have teenage daughters and they prey on the daughters. There should be a law that communities are alerted to the presence of sexual predators.

Such initiatives would require police education and training in sexual assault. Workers in some areas, where the police response is marked by disbelief and inaction, suggested that specialisation might be the only way to improve criminal justice responses to the sexual assault of Indigenous women. It is also essential that female police officers be trained and available, as many Indigenous women are unable to speak to men about their experiences.

The police won't help. We need a specialised sexual assault unit and sexual assault court. This would clean up the problem in the area, because the lack of police action is also a problem for non-Indigenous victims in this area.

In line with Indigenous peoples' focus on community well-being and healing, some of the workers noted that there is a need to make sex offender treatment programs more readily available to men, as well as post-release programs to help men deal with their own trauma and sexual victimisation during incarceration. At present there is nothing to help them deal with their anguish and anger, which are turned back onto women and children when they return to the community.

Women's choices are constrained by limited community development and education services and the workers recommended that such initiatives should comprise a large part of the community response to sexual assault. This involves keeping the issue on the public agenda and challenging structures that are detrimental to women's choices.

A key recommendation centred on raising community awareness of the issue through services that promote sexual assault as both a health and a justice issue. The workers noted that the recent Australian Government campaign, *Violence Against Women: Australia Says No*, was effective because it depicted a diverse range of women: "it was literally any woman". However, awareness also needs to be promoted at the local community level, through initiatives that deal with specific local issues.

We have to look at it in a holistic way; think about sexual assault within family violence. The national promotion a while back got younger people talking about it. It's a community problem and requires community solutions that are cultural, practical and workable. There's no one solution for all communities.

Promoting awareness should also include education about guilt and about who is responsible for sexual assault, because women currently feel responsible for their own victimisation and are often blamed by offenders for provoking assaults.

If offenders are in jail for less than a year, they can't get in to treatment programs. This just gives them time to stew and plan their revenge on the women. They blame the women for their being in jail. It was the women nagging, not cooking their dinner, or not having sex. So they bash them and end up in jail. Men don't understand that they are responsible for their own actions. It seems to be women doing the work, but men need to get involved and take a stand. It just needs one man to stand up and say "Let's stop this abuse". We need role models in Aboriginal communities. Individual men might be non-violent but they're not brave enough to stand up because they're related to someone who they know is a rapist. Men have to take responsibility and take part, because they are part of the problem. Women are tired of having to leave their homes and children and lose credit ratings because men are violent or in jail.

In some areas, pamphlets are available that provide phone numbers for victims to call, but their effectiveness may be limited by the fact that they do not contain enough information about sexual assault or the types of services available. There is also a need to provide literature or posters that are aimed at younger women and girls, which "are brought down to their level of understanding, using language they understand".

Several recommendations were made in terms of victim services, including the need for more sexual assault workers in mainstream services who are trained in culturally appropriate responses, as well as the need to provide Indigenous community members with accredited training in sexual assault so that police will take them seriously.

At present we try to advocate for women and help them to make a complaint, but the police don't recognise our practical knowledge as expertise.

The plea from Indigenous workers was for a *real* cross-government response at all levels, which incorporates the following components:

- accountability at all levels, with clear outcome measures and regular evaluations of how well initiatives meet their stated targets;
- be more specific about the responsibilities of funding bodies in respect of health and social issues;
- encourage government departments to start naming the problem: "Too many people can't say the word and it can't be prettied up; it is absolutely ugly. Let's start treating it like we know it is"; and
- many people do not realise that sexual assault is a crime. The broader community has to start talking about it as a crime and start challenging the myths.

Finally, as was recommended for women with disabilities and NESB women, targeted funding should be allocated for research on issues specific to Indigenous communities. Understanding of and responses to sexual assault can be enhanced by elucidating what is specific to women in minority groups and common to all women. Some Indigenous workers recommended that one-on-one interviews with Indigenous women would be preferable to focus groups and that Indigenous women would be willing to speak to white researchers if researchers built up relationships and collaborated with Indigenous organisations, which would recruit clients when they could be sure that the research would be conducted in an appropriate, sensitive, and ethical manner.

# Victim/Survivor Decision-Making: Discussion and Recommendations

*Women 12*



## 12 Victim/Survivor Decision-Making: Discussion and Recommendations

One of the major objectives of this study was to further understandings of factors that impact on the help-seeking decisions of victim/survivors of adult sexual assault. This has been achieved through a qualitative analysis of the narratives of female survivors and of service providers' views on victim decision-making. Since the majority of research participants reported a sexual assault to police, the findings begin to fill gaps in knowledge about factors that support women's decisions to invoke the criminal law, what they are seeking from formal and informal support sources, how well their needs are met by different support systems, and women's perceptions of control once they enter the criminal justice system. The dominant theme emerging from this analysis pertains to the multi-faceted and socially situated nature of help-seeking decisions.

### The dynamics of help-seeking decisions

The help-seeking decisions of sexual assault survivors are shaped at varying levels through a complex and dynamic interplay of structural, systemic, interpersonal, situational and individual factors. The rhetoric of choice, which is grounded in western understandings of decision-making as an individual, psychological process, is in some ways a double-edged sword when it comes to analysing survivors' help-seeking decisions. On the one hand, choice, control and autonomy are integral to western understandings of the self and to psychological health (see Brison 2002 for further discussion). It is important that survivors regain some sense of control over their lives as a way of countering the loss of choice, control and self that are suffered as a result of sexual assault. On the other hand, the language of choice obscures the social and political contexts within which decisions are made because it focuses attention on individualistic concepts such as will or volition. This report has demonstrated that autonomy and decision-making are relational; that is, survivors' help-seeking decisions are formed through relationships with others, within social contexts, and at multiple decision points. This is most obvious for women from collectivist cultures or those who are unused to being offered and making choices, but also holds true for women from the dominant culture. At each point, particular courses of action are either supported or undermined by social, situational, or psychological variables, some of which – such as decisions to charge or prosecute offenders – are outside the survivor's control. It is important to emphasise that women's choices are not *determined* by social or situational contingencies, but neither are they able to make completely free choices from a range of evenly balanced alternatives that have equivalent outcomes.

By understanding help-seeking and decision-making as social practices that are carried out within systems of power, the circumstances under which women make decisions assume greater prominence as the focus of inquiry, although the individual dimensions of decision-making are not ignored. The findings presented in this report highlight that a decision to disclose sexual assault to another person, to report to police, or to continue through the justice system, is simply one of a range of decisions and not necessarily the most important one from the survivor's viewpoint. From a social and justice perspective, reporting decisions are important not least because unreported sex crimes allow rapists to continue to offend with impunity, while potential victims continue to be at risk of sexual victimisation.

Reporting decisions are also important in terms of what they say about women's perceptions of the criminal justice system. As a result of social knowledge that sexual assault survivors are revictimised during the legal process, or because of distrust of the justice system due to personal or cultural history, some women have little faith that the system will deliver either substantive or procedural justice. Other women overcome their fears about engaging with the criminal justice system because they strongly believe that justice is a fundamental principle and right of civil societies. Their engagement with the system produces varying results, but overall this study indicates that the right to justice is not equally distributed across the population.

The attrition of sexual assault cases within the criminal justice system is testament to the fact that sexual assault victims are systematically excluded from justice and women from minority groups even more so. A small number of participants in this study were satisfied with their engagement with the system, whatever the outcome of the case, because they were believed, treated with respect and kept informed by criminal justice personnel. Unfortunately, this was not the case for the majority of participants; too many were further traumatised through their involvement with the justice system, while their objectives for entering the system were unmet. Finally, some women are seeking alternatives to the criminal justice process. Some of the women approached the criminal justice system to find ways of healing or rehabilitating their partners and this was a strong theme in consultations with Indigenous and NESB service providers. There are good reasons for incorporating a more holistic and community-oriented perspective into efforts to reduce and prevent sexual violence, because it is a social and community problem. However, it must be strongly emphasised that women will be ill-served if sexual assault begins to be framed as more of a health than a justice matter. The concern is that the health discourse could be used to further individualise and depoliticise the issue. Most sex offenders are not sexually deviant, nor do they meet the diagnostic criteria of major mental illnesses (see Lievore 2004b). Sexual violence is an institutionalised form of oppression and a social injury that is perpetrated against women as a group (Morgan & Graycar 1990). For this reason the seriousness of the crime should not be minimised.



Efforts to encourage women to access the criminal justice system are attendant on social, systemic and personal changes. To achieve this objective it is first necessary to understand the ways in which women's choices and experiences are structured within social contexts. This knowledge then facilitates consideration of alternative practices that might lead to greater flexibility and real options being offered within social and legal frameworks. With this in mind, the following discussion begins by examining some of the overlapping processes that work to silence sexual assault victims and deter them from seeking help from the criminal justice system.

### Supporting women's decisions to engage with the criminal justice system

Women's understandings of sexual assault and their responses to it are shaped by factors at the macro-level of social and cultural discourses, structures, institutions and norms. These influences are most obvious in widespread rape myths, which are underpinned by an acceptance of male domination and sexual entitlement. Rape myths are operating when women are made to feel guilty or responsible for sexual assault because they spent time in the company of a man they found attractive, are stigmatised, isolated or labelled as "sluts" because they have been sexually assaulted, or endure repeated sexual violence at the hands of a husband because they took seriously their vow to honour and obey him, or are unaware that they have the right to refuse consent to unwanted sex with an intimate partner.

Women's experiences are invalidated and the harms of rape myths are reinforced by social institutions and systems that define rape as sex, warn that women's uncorroborated evidence is not trustworthy, or screen out women whose credibility is judged against erroneous assumptions about the post-assault behaviour of "real" victims or other stereotypes. Sexual assault counsellors point out that:

Women are socialised to know that we will not be believed. "It's my word against his." The ingrained message is that women's word is less than men's. This is a very strong message even before women decide to report.

Criminal justice officials who focus on the difficulty of proving non-consent perpetuate the silencing of sexual assault victims and promote a sense of pessimism among women, who then perceive that the law is not for them. This is compounded by high attrition and low conviction rates, judicial warnings and inappropriate comments made by judges, overbearing defence tactics and lenient sentencing.

Misunderstandings about or prejudices against people who are differently abled or from diverse racial, ethnic or cultural backgrounds, can result in the view that these women cannot be sexually assaulted because they are either oversexed or asexual, are unaffected by sexual assault, or tolerate sexual assault because it is a cultural practice. Members of minority groups that have been traditionally silenced by authorities are unlikely to approach the criminal justice system for help if its members are perceived as biased and insensitive.

At the interpersonal level, sexual assaults often occur in ambiguous circumstances, such as when alcohol or drugs are consumed, or within relationships where consensual sex has previously taken place. Under these circumstances offenders manipulate women's recollections and perceptions of what happened. Some imply that there is something wrong with the woman sexually, or that consent was given, even if she was incapacitated or submitted due to coercion or fear. Offender's controlling, abusive and manipulative behaviour has crippling effects on women's self-esteem, confidence and will and seriously damages their physical and psychological health. These factors contribute to isolation, increased vulnerability to future victimisation, and the decreased likelihood of being perceived as a credible witness.

### Social information

When some or all of these processes are operating, women who have been sexually victimised experience a variety of psychological reactions. With some exceptions – usually when a sexual assault resembles the "classic rape" scenario – women often feel a strong sense of guilt, shame and self-blame for the sexual assault. Some deny or are unable to name the experience, perhaps because they are emotionally dependent on or love the perpetrator. Often they are only able to name their experience after the relationship has ended or they have had time to reflect on and process what happened. Some begin to doubt their own feelings because no one has recognised that something is wrong. Some look to other people to confirm that what has happened is a sexual assault. Others are unable to disclose what has happened and live with the pain for decades or for the rest of their lives. Despite all of these factors, most women do not remain silent forever, although most do not choose to access formal helping agencies. The women who participated in this study have shown how women can be helped to break the silence.

When the situation is ambiguous and women are in crisis, they often seek social information to help them select the most appropriate way of responding. The reactions of and support offered by the recipients of these disclosures are often instrumental to future actions. When other people act as information sources they can help women to clarify the nature of ambiguous experiences, by verifying and validating that they have been sexually victimised, determining what to do next, or at least establishing what choices are available. The women who participated in this study sought and received social information in various ways, including:

- describing the situation to a trusted friend;
- writing a letter to a friend because she can no longer deal with it alone;
- a friend notices that something is wrong and asks the woman what has happened;
- a doctor or counsellor connects a woman's current medical and emotional problems to sexual assault;
- a national media campaign confirms a woman's feelings that she could not have consented to sex because she was drunk; or
- police reassure a woman that this was sexual assault.

Social information may be delivered in various forms, such as a friend's outrage and offer to help or to call a sexual assault centre, a doctor's advice that this is a crime and that the woman should consider contacting police, or the fact that a police officer believes her and takes her seriously. For the women in this study, disclosure to informal and formal support sources almost always resulted in reports to police. Moreover, once a decision was made to report the crime, most women were firmly committed to continuing through the criminal justice process. Some had momentary doubts or waverings, which were overcome through support or self-help. Social networks support women's decisions to engage with the criminal justice system by validating their feelings, not minimising the harm, accompanying the women to police interviews or court, and providing practical support, such as childcare.

A question that could not be addressed in this study is whether informal or formal support sources exert differing degrees of influence on women's decisions. Women who turn to police or sexual assault counsellors for advice are likely to regard them as experts and authorities, whereas friends or family members usually do not have expert knowledge about sexual assault. If women accept the authority of police or counsellors, their future choices are likely to be strongly influenced by positive or negative reactions to their disclosures. Authority figures' disbelief or perceived pessimism about the prospects of the case, as well as the attitudes and responses of informal supports, may be powerful disincentives to reporting or persevering with the criminal justice process.

## Changing the messages: Recommendations

Formal support agencies introduce different frameworks or perspectives through which the victim/survivor's experience can be interpreted. One of the reasons that women value sexual assault services so highly is that sexual assault workers help women to define their own experiences and problematise social structures and institutions, not women or women's behaviour. Legal systems act in the opposite way, defining and all too often invalidating women's reality. In some respects this is attributable to elements beyond the control of system staff. For example, evidence laws dictate which aspects of a woman's narrative are admissible as evidence and which are not, with the result that women often become distressed because they are silenced and unable "to tell the real story". Still, police and prosecution staff can support women and encourage others to access the legal system through a small number of simple actions, including believing that women are telling the truth, providing information and talking over options, and not pre-empting the downstream decisions of prosecutors, judges and juries, either by talking down the prospects of conviction or talking up how traumatic the process is likely to be.

Criminal justice personnel can be instrumental in changing social messages about sexual assault. While recognising that the work of police, prosecution staff and the judiciary is constrained by legislative and policy requirements, there are ways of turning around what appears to be either pessimism or passive acceptance of the system's poor performance in sexual assault matters. What is required is renewed enthusiasm and leadership by well-trained and knowledgeable police, prosecutors and judges, who are willing to challenge stereotypes, call for a halt to prejudicial defence tactics, pursue test cases and push boundaries, and educate juries about the realities of sexual assault.

In turn, criminal justice personnel need ongoing public support to send strong messages that sexual assault is a serious crime that will not be tolerated and will be vigorously pursued. Their endeavours can be upheld by a public education effort that is both concerted and diverse and is aimed at dismantling rape myths and other practices that legitimate violence against women, including the misuse of the "cultural defence" or trivialising of sexual offences against women with disabilities. Over the long term, the messages of well planned and continuous education efforts would begin to filter through to individuals, so that boys and men begin to take responsibility for their actions and girls and women refuse to be silenced.

The survivors and counsellors put forward a large number of suggestions that would support women through the criminal justice process and address inequities in the way that offenders and victims are treated before the law. A selection of these recommendations is presented, primarily focusing on measures that could be implemented by governments or at the organisational level. These recommendations should be considered together with suggestions put forward in the previous chapter for groups with special needs and in Chapter 14, which deals with service provision.

### Public and professional education

Through consultation with service providers and other experts, implement ongoing public education efforts that evolve in response to changing community understandings and needs. Initiate and coordinate public education programs at the level of local, state/territory and national governments. Beginning in primary school:

- dispel rape myths about the nature of sexual assault and sexual offending, for example, sexual assault is about control and power; dispel the “stranger danger” stereotype; women do not ask for or enjoy sexual assault; highlight intergenerational patterns of sexual assault;
- implement educational efforts to make boys and men aware of and accountable for their actions;
- publicise statistics about the incidence and under-reporting of sexual assault;
- increase understanding about the ongoing and widespread nature of the effects of sexual assault;
- remove taboos around open discussion of sexual assault as a way of dispelling the stigmatisation of victim/survivors and promoting awareness of the dangers of silencing victim/survivors;
- teach women where to go and what to do if they are sexually assaulted;
- teach women and children about their rights to sexual autonomy and the signs of controlling behaviours in relationships;
- inform the public of how to help and support women who disclose sexual assault. This may involve working with families and friends to show them how they can sustain the survivor’s and their own well-being over what could be a long period of time, preferably with the help of professional or other support services;

- inform the public of the procedures women go through when they report sexual assault; and
- give victims an accurate understanding about what protection they will be afforded through the criminal justice process. Caroline Taylor’s (2004) book *Surviving the legal system* was recommended by counsellors and victim/survivors as a valuable source of information on the last two points.

People in a range of professions or sectors are likely to come into contact with victim/survivors, or to be the recipients of initial disclosures. Aside from legal, health and mental health professionals, this may include social workers and other community workers, therapists of various kinds (e.g. drug or alcohol rehabilitation, occupational therapy, physiotherapy), workers in government agencies such as housing or community services, workers in not-for-profit community agencies, and volunteers who staff crisis help lines. The interviews revealed that the responses of workers in some of these agencies may be uninformed, inappropriate and damaging.

- A compulsory and examinable subject on sexual assault and its correlates, such as suicide or drug/alcohol use as self-medication, should be introduced into university courses that train people to work in professions where they will deal with other people on an ongoing basis.
- Workers in voluntary organisations that offer shelters and crisis lines should be trained to understand sexual assault and its impact and to refer clients to sexual assault agencies and/or police.
- GPs, nurses or other health personnel need to become aware that female patients may be presenting for physical and psychological issues that are associated with sexual victimisation. They can play a major role in detecting and referring sexual assault victims to appropriate helping agencies.

### Criminal justice personnel and procedures

Police, lawyers and the judiciary continue to respond to victim/survivors with negative attitudes and to act on discriminatory stereotypes. While there have been efforts in the criminal justice system to deal with this problem, it is clear that these changes have not been adopted at a systemic level. Furthermore, it appears that there are few supervisory or other mechanisms to call individuals to account for revictimising behaviours. Recommendations for training police are put forward in Chapter 14. This section outlines suggestions put forward for other personnel and procedures.

- More transparency and accountability are required, particularly in respect of biases, prejudice, intolerance and apathy.
- Women's ability to make informed and appropriate decisions is enhanced by systems that allow forensic evidence to be collected and a preliminary statement to be made without having to make a final decision to proceed until they have had time to think about their options and the implications of different choices.
- Judges, police and prosecutors need more training in sexual assault. Some research participants recommended that women would be better supported by specialist prosecutors, magistrates, judges and courts, as specialisation would enhance understanding of the issues and increase empathy towards victims.
- Judge-only trials were suggested in jurisdictions where this option is not already available.
- In respect of case processing decisions, multiple decision points are preferable because of negative attitudes toward sexual assault victims. For example, rather than police making the decision to proceed with or drop historical cases, or the DPP making a decision on the brief alone, it would be preferable for prosecution staff to meet with the victim and make a decision on this basis.
- Minimise time delays at each step of the process, beginning with the police investigation, DPP decision-making, and lengthy delays to committal hearings and trials.
- A number of women were concerned that there were inaccuracies in their files and argued that they should have same access to their files as the offender.
- More thought must go into protecting victims, as they are often disempowered and retraumatised by having to relive the experience or face the perpetrator or his supporters in court. Video-taping of evidence-in-chief is one way of addressing this issue.
- Many of the women who participated in this study noted that they were unable to tell "the real story". Offenders' history of violent or controlling behaviour or breaches of intervention orders should be admitted as evidence, because the "bigger picture" often goes beyond one incident of sexual assault.
- There is a perception that the burden of proof beyond reasonable doubt has been misconstrued to make juries assume that it means beyond any doubt. Judges should better clarify this and other points of law for juries so they understand what they are deciding on.
- Given the view among victims and others that offenders are afforded too much protection, particularly vis-à-vis victims, it was suggested that offenders should have to demonstrate how they obtained consent. This points to support for legislation along the lines of that introduced in Canada in 1992 (Criminal Code of Canada s. 273) and more recently in Tasmania (Criminal Code Act (Tas) 1924 s. 14A), which stipulate that mistaken belief cannot be used as a defence if the accused was reckless or did not take reasonable steps to ascertain that the complainant was consenting.
- Lenient sentencing sends the message that sexual assault is not a serious crime. Some women feel that "offenders get away with the crime in sentencing", particularly when they are released on parole after short periods of time.
- Offenders who serve short sentences are not eligible to participate in sex offender treatment programs. More attention to offender rehabilitation programs is required, but not at the cost of victim services.

### Support services

Sexual assault counsellors continue to provide the most valued support for survivors and sexual assault services also undertake a range of community and other activities (see Chapter 14). The public good is served by promoting awareness of the role, functions and contact details of sexual assault services. Sexual assault counsellors' expert knowledge is a resource that should be recognised and utilised in planning legal and social policy changes, training staff from other agencies and promoting intersectoral links. However, increased usage of sexual assault services means that serious thought must be given to increasing their financial and human resources.

# Approaches to Service Delivery: A Brief Literature Review

*Women 13*



## 13 Approaches to Service Delivery: A Brief Literature Review

In recent decades, criminal justice and forensic agencies have been criticised for the quality of services offered to sexual assault victims, particularly in the immediate aftermath. Those criticisms, which are reflected in some of the women's experiences in the first part of this report, include:

- Police
  - disbelief, including victim blaming;
  - insensitivity or lack of concern for the victim;
  - delayed responses or failure to take action;
  - delays in referring victims to forensic/medical and sexual assault services; and
  - inadequate information.
- Forensic examination
  - long waits;
  - no choice about the sex of the examiner;
  - disbelief;
  - insensitive attitudes;
  - inadequate training;
  - refusal to respond to overnight callouts;
  - shortage of doctors willing to take forensic evidence, as it can result in having to travel to another city to give evidence;
  - inadequate explanations about forensic procedures;
  - failure to obtain survivors' consent to forensic procedures;
  - routine or careless examinations; and
  - lack of consistency in how evidence is collected and recorded.
- Court services
  - cross-examination;
  - facing the defendant, either in the courtroom or in inadequate waiting areas;
  - inadequate representation by the prosecutor;
  - victims' inability to tell their story;
  - inadequate information about case progress and preparation for court; and
  - lengthy delays in cases coming to court (Edwards 1996; Lovett Regan & Kelly 2004; Olle 2005).

Previous research has found that sexual assault survivors may experience secondary victimisation as a result of treatment by system personnel. Rebecca Campbell and colleagues (2001) examined survivors' perceptions of whether they were revictimised through help-seeking contact with personnel in legal, medical, mental health, rape crisis and religious services. They found that survivors were more likely to rate contact with the legal and medical systems as hurtful, while service provision by mental health professionals, rape crisis centres and religious communities were predominantly rated as healing. Under-utilisation of rape crisis centres, particularly by ethnic minority women (see Table 1), may be attributable to women's lack of awareness about the centres or the services they offer. The findings highlight the need for three strategies:

- increased service provision by rape crisis centres, underpinned by local and national efforts to publicise what the centres have to offer;
- training for service providers that goes beyond the perfunctory instruction offered in police academies and medical schools, that challenges implicit beliefs, instructs service providers on how their behaviour impacts on victims, and encompasses the range of services that women should be offered; and
- the development of coordinated care programs that offer integrated services for sexual assault survivors.

The importance of addressing the organisational and community contexts of service provision is highlighted by Patricia Martin and Marlene Powell (1995), who compared the organisational frameworks of six organisations in Florida that process rape cases, including police, prosecutors, judges, defence attorneys, hospital and rape crisis centres. They found that secondary victimisation is produced on a continuum, from the systems level of organisational culture and institutional structure, to the micro-level of interpersonal interactions. The criminal justice system treats women as *witnesses to*, rather than *victims of* rape, with the result that women's interests are subordinated to the interests of the state. When organisational processes are unresponsive to victims' needs – that is, when they prioritise the organisation's missions and goals, such as collecting evidence and building a case, over victims' well-being – system personnel who accept rape myths are able to act on biased beliefs, while those who are not biased can unintentionally treat them insensitively, due to pressure to meet organisational objectives. The involvement of rape crisis centres in training legal and medical personnel can foster these organisations' responsiveness to sexual assault survivors, while small changes in organisational protocols and procedures can result in substantial gains for victims, organisational effectiveness and community cohesion: "Legal officials and the public, as well as rape victims, benefit when justice is served" (Martin & Powell 1998: 890).



Anne Edwards (1996: 1) notes that “high quality services to victims of sexual assault are important for humanitarian reasons... [and] are central to encouraging the victim to report the incident and enabling the victim to effectively play their part in the criminal justice system”. One of the measures implemented to address these criticisms and to institute best practice responses across organizations has been the development of interagency protocols between criminal justice and health agencies, which are aimed at promoting coordinated service responses that are efficient and meet the needs of victims and the criminal justice system.

### Interagency protocols for sexual assault: the Australian context

The Australian Centre for the Study of Sexual Assault has recently published a comprehensive overview of the historical development and current state of interagency protocols on sexual assault in Australia, with a primary focus on medical and health care responses (Olle 2005). This material will not be duplicated here, other than to note a few key points.

The term “protocol” refers to “a formal agreement between different parties... that formalise[s] relationships across services. It is often used in a generic sense to refer to the documentation that often accompanies forensic investigation kits for sexual offences” (Olle 2002: 4). Sexual assault protocols encompass a broad range of interagency and institutional relationships across the jurisdictions. In general, the protocols cover three primary responses:

- Acute or crisis response – responding to recent sexual assault where the collection of forensic evidence is of primary concern;
- Service coordination response – where the coordination of (largely acute or crisis) counselling and advocacy support, medical care, police involvement (where appropriate) and maximising appropriate and non-aggravating service provision to victim/survivors is the primary concern of the protocol; and
- Historical response – where adults (including adolescents) report historical childhood sexual assault, or where an adult (or adolescent) reports sexual assault beyond the time in which a forensic examination is considered viable (Olle 2005: 5).

This report focuses on agreements between criminal justice agencies (police and DPP) and health services (sexual assault and forensic medical services) and is primarily concerned with crisis responses and service coordination responses.

A crisis call for a recent sexual assault can result in tensions around a range of needs, including police investigative needs, the need to collect evidence through forensic examinations, the need to provide acute medical care, and victim/survivors’ short and long term physical and emotional needs. The main interests of police and forensic doctors include establishing whether a crime has been committed and gathering evidence that will assist in identifying, apprehending and prosecuting the offender. These functions often conflict with sexual assault counsellors’ interest in advocating for and promoting victims’ counselling and support needs.

While contact with community agencies can be helpful for some victims, it can also be distressing for those who are either denied help or are revictimised when the help they do receive is marked by disbelief and victim-blaming attitudes (Campbell et al. 2001). In addition to discriminatory attitudes, victims’ distress is often exacerbated when the needs of the investigation and the collection of forensic evidence take precedence over their own well-being. Interagency protocols attempt to bridge these competing interests by prioritising victim care (Olle 2005). For criminal justice agencies, it is anticipated that the protocols will minimise victim trauma, increase confidence in police handling of sexual assaults, result in higher levels of reporting and lead to more successful prosecutions (Victoria Police 1999).

At present it is not clear whether interagency protocols meet their goals of providing high-quality services, improving criminal justice outcomes and meeting women’s needs, although the experiences of the women interviewed in this research highlight continuing insensitive treatment and failure to comply with the protocols by at least some police and forensic officers. While there is relatively little literature on the range of coordinated responses to sexual assault that have been implemented internationally, there is more information on coordinated responses to domestic violence, primarily because initial steps towards collaborative approaches took place in this arena. Much of this work originates from North America and the United Kingdom; however, given substantive and procedural differences between legal systems and differences between sexual assault and domestic violence, this literature is drawn on sparingly and primarily with a view to elucidating the types of mechanisms that facilitate successful interagency collaboration.

### Implementing coordinated responses to sexual assault

Implementing and maintaining coordinated initiatives can be challenging, but the advantages of interagency collaboration include:

- more effective and efficient program delivery;
- increased program use;
- improved interagency communication and needs assessment;
- consistency of information;
- increased resources; and
- professional development (Texas Association Against Sexual Assault no date).

A wide range of agencies can be involved in planning and implementing policies and procedures that improve interagency coordination, from police, prosecutors, probation officers and judges, to counsellors and women’s advocates, and health, welfare, religious and substance abuse treatment agencies. Institutionalising and maintaining coordinated responses in agencies that have not previously worked together requires strong and stable leadership, which may come from different sources, but is integral to the extent and ease with which changes are made (Clark et al. 1996; Texas Association Against Sexual Assault no date).

The domestic violence literature demonstrates that leadership for coordination may be centralised in one agency or distributed across partner agencies and different mechanisms may be used to coordinate responses. Three mechanisms for coordinating interagency responses are:

- community intervention projects, where advocacy organisations focus on reforming, improving and coordinating institutional responses to domestic violence. These are often non-profit organisations that are external to the criminal justice system and emerged from the battered women’s movement;
- criminal justice system-based reforms, where leadership for interagency coordination comes from within the criminal justice system, including programs located within prosecution agencies that focus on integrated case management; and
- coordinating councils, such as task forces or committees that provide a forum for interagency communication and collaboration (Shephard 1999; for additional approaches see Littell, Malefyt & Walker 1998).

Whatever mechanism is in place, coordinating bodies play a critical role in the continued success of collaborative agreements. While such groups can vary widely in membership, features and activities, they provide an ongoing forum for bringing together people with different perspectives to define broad policies and objectives, identify problems and find solutions, and provide feedback to individual agencies about practices that help or hinder the collaborative effort. The communication established within such groups breaks down barriers between agencies and promotes a better understanding of the roles and functions of each agency. Group members often become recognised as experts, serve as resources for the community, and provide identifiable points of contact for other agencies. The informal networks created between service providers enhances the overall response and speeds up the process, as service providers know who to contact in other organisations (Clark et al. 1996). Nineteen key factors in six categories have been identified as important influences on the success of collaborative efforts. They are:

**Factors related to the ENVIRONMENT**

1. History of collaboration in the community
2. Collaborative group seen as a leader in the community
3. Political/social climate favourable

**Factors related to MEMBERSHIP CHARACTERISTICS**

4. Mutual respect, understanding and trust
5. Appropriate cross-section members
6. Members see collaboration in their self-interest
7. Ability to compromise

**Factors related to PROCESS/STRUCTURE**

8. Members share a stake in both process and outcome
9. Multiple layers of decision-making
10. Flexibility
11. Development of clear roles and policy guidelines
12. Adaptability

**Factors related to COMMUNICATION**

13. Open and frequent communication
14. Established formal and informal communication links

**Factors related to PURPOSE**

15. Concrete, obtainable goals and objectives
16. Shared vision
17. Unique purpose

**Factors related to RESOURCES**

18. Sufficient funds
19. Skilled convenor (Texas Association Against Sexual Assault no date: 7)

## Evaluations of coordinated responses

Evaluations of coordinated responses to domestic violence indicate that reform efforts have heightened criminal justice responses to domestic violence and can reduce future incidents of violence (Shephard 1999). While further research is required to determine the relative effectiveness of different coordinating mechanisms, it is unlikely that any single model will succeed in all communities. However, Clark et al. (1996) have identified a number of important issues to be considered by the various agencies and stakeholders within a community, which include the need for:

- the criminal justice system to formulate standard responses at each step of the process;
- service providers to stay active and involved and keep thinking about ways to help;
- health care providers and other agencies to be aware of the extent of the problem among their clients and provide appropriate support and referral; and
- the community to recognise that all community members can play a role in supporting battered women and condemning domestic violence.

An evaluation of the Australian Capital Territory Family Violence Intervention Program (FVIP) (Keys Young 2000) highlights the achievements of the FVIP in several areas, including arresting, charging and prosecuting practices; streamlined processing of cases through the court system; enhanced victim support and advocacy, which is highly valued by victims and witnesses; the successful establishment of the Perpetrator Education Program; steps towards better case management, tracking and monitoring systems; and increased awareness of family violence issues among criminal justice agencies. The program has also achieved increased interagency cooperation and support at both policy and service delivery levels, while the committee that was established to manage the program has been well-attended and has operated as an effective forum for interagency cooperation and communication. At the same time, there was still room for strengthening most aspects of the FVIP, which is understandable given that the program was evaluated at an early stage of implementation. The evaluation identified a range of “implementation issues” that included insufficient knowledge about the program among key players, problems with information exchange between agencies, inconsistency in procedures across agencies, and the need for more information about the progress of the FVIP.

To address these problems, one of the report's recommendations centred on the desirability of the coordinating committee developing a strategic plan to assist in prioritizing the FVIP's future activities, determining the allocation of resources and evaluating its performance.

There are few evaluations of coordinated responses to sexual assault, either in Australia or overseas. Anne Edwards (1996) conducted an early Australian study that assessed the extent to which police, health services and the DPP complied with their own guidelines for dealing with sexual assault victims. The three organisations later collaborated in developing a set of shared guidelines delineating the responsibilities of each agency. The analysis was based on a self-completed survey of 43 victims of a various sexual offences, whose cases proceeded to court in New South Wales. Overall the respondents were satisfied with the services provided by the police, sexual assault and medical services, but less satisfied with services provided by the DPP. The majority were critical of the court experience, particularly in respect of the inadequacy of the court waiting room and seeing the offender in the courtroom. The results showed that there were departures from all services' guidelines, which often related to provision of various types of information, including information about support. The respondents' most common recommendation centred on the need to support victims and their families at every step of the process.

The Victorian Police Code of Practice for Sexual Assault Cases was the first interagency protocol implemented by an Australian criminal justice agency. One of the major aims of the Code is to provide a coordinated and efficient approach to dealing with sexual assault cases by police, sexual assault centres and forensic medical officers. It is primarily relevant to police and delineates the procedures for police to follow when dealing with a report of a sexual assault. As its success is contingent on the implementation of the guidelines at an operational level and the cooperation of all relevant services, including sexual assault and forensic/medical services, it also attempts to define the roles and obligations of other agencies. An evaluation study showed that overall the Code is an effective mechanism for ensuring that police investigative needs are balanced with victim/survivors' medical and emotional needs (Heenan & Ross 1994). Most victim/survivors who reported a recent sexual assault received crisis care, including a medical examination, prior to the commencement of detailed investigative procedures; many made positive comments about their treatment by police; and most forensic medical officers received praise from police and sexual assault counsellors for attending crisis cases promptly and for treating victim/survivors with care and sensitivity. However, knowledge of the Code was relatively poor among a sample of police members and there were several areas of non-compliance with the guidelines. These included police failure to ensure that victims received crisis medical care and/or counselling support, failure of forensic medical officers to refer victim/survivors for counselling, and inappropriate delays in crisis care treatment. The level of disbelief of victims' allegations among police was also a matter of concern.

The report notes that “the Code provides a framework for interagency interactions, but does not in itself guarantee cooperation and understanding” (Heenan & Ross 1994: 104). The need for ongoing consultation and communication is most evident in ongoing tensions between police, who prioritise the implementation of the guidelines at an operational level, and sexual assault counsellors, who prioritise survivors’ needs over the investigation. The report concludes that a truly coordinated response requires acceptance and understanding that each agency plays a legitimate role in enhancing the quality of services provided.

In Australia, the United Kingdom and North America, sexual assault referral centres (or SARC, as distinct from feminist rape crisis centres) have emerged as one way of meeting the needs of victim/survivors and the criminal justice system immediately after a sexual assault. These interagency projects attempt to respond to criticisms of police treatment of sexual assault victims and to provide services that are beyond the scope of other service providers, including high-quality forensic practice, medical support, and the coordination of tasks carried out by different agencies. SARCs are usually funded through the health sector and may be hospital-based, although they operate according to different models and place different emphases on the provision of crisis care, forensic examinations, immediate medical care, counselling and advocacy. Australian SARCs are often funded through health budgets, but tend to be community-based and provide ongoing counselling and advocacy, although the provision of forensic examinations seems to be more consistent when services are located close to or within hospital grounds (Lovett Regan & Kelly 2004).

A recent English study, conducted in three SARC areas and three comparison sites, utilised a multi-method strategy to evaluate the contribution of SARCs in responding to victims’ needs and improving criminal justice responses in crisis situations (Lovett Regan & Kelly 2004). The results showed that SARCS do attempt to meet the needs of both sexual assault victims and the justice system, whereas service provision in the comparison areas is driven by the requirements of the criminal justice system. The findings provided limited evidence that SARCs result in increased rates of reporting to police and showed that they extended victims’ access to forensic, medical and other specialist support services provided by external organisations. By contrast, fewer supports were accessed and higher unmet needs were evident in the comparison areas. The levels of service use at the SARCs indicated that a substantial number of victims take up available supports. Importantly, this included self-referred victims who had not reported to police and who were given the option of having a forensic examination and pursuing legal redress, which may not otherwise have been possible.

Proactive contact by SARC workers seems to encourage greater take up of support services, which were highly valued by victims. The most reliable, consistent, prompt and sensitive treatment was received in centres with integrated forensic services; that is, where forensic examinations are conducted on the SARC premises and a crisis worker supports the victim/survivor through the entire process. In terms of benefits to professional organisations, SARCs most directly benefit police through the provision of forensic expertise and victim services such as crisis intervention and ongoing support. The primary partnership of SARCs is with police and health services, but contact with police is often limited to the issues surrounding individual cases, while interagency links with other services tend to be minimal. This may be partially attributable to changing work rosters and confidentiality issues, but case advocacy in the form of contact between workers from different agencies can benefit individual service users and provide workers with a clearer sense of their own expertise and roles. The study found that an important benefit of SARCs is their ability to deliver procedural justice, which is often associated with a more positive or “less devastating” experience for victims engaged with the criminal justice process (Lovett Regan & Kelly 2004: 76).

In the United States coordinated community responses to domestic violence were extended in the 1990s to cover sexual assault and stalking. Institutionalised systems change in communities is supported through a federal funding stream known as the STOP Violence Against Women Formula Grants Program. The changes were aimed at ensuring that female victims of violent crime encounter helpful and effective victim, criminal and civil justice services. A variety of mechanisms have been established at the state and local community level to encourage non-profit victim service agencies to interact with police and prosecution agencies. Successive evaluations of the STOP Formula Grants Program have identified that there are four types of interactions among victim services, police, prosecution and medical services, which show increasing levels of cooperation and culminate in coordinated community responses (Figure 5). Staff involved in coordinated community responses report that women are treated better, receive better victim services and criminal justice outcomes, and have more positive experiences with medical, legal and mental health systems than women in communities without coordinated services (Zweig & Burt 2003).

**Figure 5**

Levels of cooperation leading to coordinated community responses

Communication →	Coordination →	Collaboration →	Coordinated community responses
Agencies talk to each other and share information	Agencies refer victims to each other's services, work together for specific cases and train each other's staff	Agencies work jointly to develop protocols, integrate services and promote a top-down, institutionalised commitment to working together	All relevant agencies are committed to working and strategising together on future directions for their work.

Janine Zweig and Martha Burt (2003) assessed the degree to which funding for non-profit victim services and state-level support for collaboration has impacted on agency interactions in communities and on legal system outcomes such as better evidence collection, increased arrests and convictions, and improved enforcement of protection orders. Representatives of 200 STOP-funded victim services, covering projects that focused on domestic violence only, sexual assault only, or both types of violence, completed interviews and questionnaires that covered a range of outcome measures. Overall, the results pointed to improved interactions among victim services and criminal justice staff, which in turn appeared to result in changes to legal agencies' approaches to handling sexual assault and domestic violence cases, addressing victims' needs, and better case outcomes. In communities where there were greater levels of pre-STOP activities to address victims' needs, legal staff were rated more highly in their ability to meet victims' needs after STOP funding, but these communities experienced less change in addressing those needs. One of the study's important findings is that:

levels of interaction among community agencies are particularly important for system behavior changes. The more agencies work together in communities, including law enforcement and prosecution agencies working with VS programs, the more likely services are to improve for victims within the legal system. Interactive activities in communities are particularly important in stimulating changes in law enforcement and prosecution behavior toward victims and about violence against women cases, as well as behavior around protective orders. (Zweig & Burt 2003: 270).

## Summary

This literature review has established that there is a clear rationale for the provision of coordinated service responses to sexual assault. A brief review of evaluations of coordinated approaches to domestic violence and sexual assault highlights a range of factors that contribute to the successful implementation of coordinated programs. Liz Olle (2005) notes that agencies need evidence of whether the protocols are working if they are to retain relevance and that it is important for the Australian states and territories to find "ways of evaluating their existing protocols that can allow for information-sharing across borders about how to progress or re-develop approaches to service-delivery in the light of new developments in the field" (2005: 38). As a step towards this end, the purpose of this component of the current study was to provide:

- information on current debates on the need for coordinated service delivery; and
- feedback to criminal justice and other agencies about "what works" in terms of their current practices, including ways forward for the provision of coordinated service delivery;

These objectives are achieved through analysis of information collected during consultations with staff at sexual assault services.

# Sexual Assault Workers' Views on Service Provision

*Women 14*





# 14 Sexual Assault Workers' Views on Service Provision

To augment information on the need for and efficacy of coordinated service delivery, 55 staff at fourteen sexual assault services across Australia were consulted about their experiences of collaborating with criminal justice personnel. The services were based on different models of service delivery and the consultations covered the following topics:

- what protocols are in place and which organisations they cover;
- sexual assault workers' perceptions of how well the protocols work in practice, including what aspects work well and what are the impediments to coordinated service delivery;
- where no protocols are in place, sexual assault workers' perceptions of what works and does not work in their area; and
- recommendations for improving service delivery.

It must be emphasised that the following findings do not constitute an evaluation of interagency protocols or approaches to service delivery. The consultations were confined to a small number of sexual assault services and did not measure different agencies' behavioural practices. The findings represent the majority perceptions of a non-representative sample of sexual assault workers across Australia and cannot be generalised beyond the sample. Nevertheless, a number of common experiences and themes emerged across the sample, regardless of geographical location or what protocols or service models were in place.

Before presenting the results, the next section firstly outlines the types of protocols covering the services consulted then looks briefly at different service models. The analysis begins with an overview of the types of formal links that exist between sexual assault, criminal justice and health agencies, including coordinating mechanisms, meetings, and training. It then examines factors that facilitate or inhibit coordinated service delivery before providing an overall assessment of the information elicited during the consultations and making recommendations to promote coordinated community responses to sexual assault.

## Protocols and service models

As previously noted, Olle (2005) has provided a detailed overview of interagency protocols in each state and territory and this information is not replicated here. While her paper focused on the health sector, this report is oriented towards protocols that provide guidelines for interagency collaboration between criminal justice agencies, forensic services and sexual assault services, bearing in mind that the latter two are usually funded by the health sector. This report is primarily focused on conventional criminal justice responses to adult

sexual assault. In respect of criminal justice agencies, the consultations provided more information on sexual assault services' relationships with police than with the DPP or the courts, presumably because there is a greater degree of interaction between these two agencies.

Four states have implemented protocols that encompass multiple agencies such as sexual assault services, forensic medical services and criminal justice agencies, including specialised sexual assault units in some police forces. For the purposes of this report, these guidelines will be referred to as interagency protocols. All interagency protocols cover police at a minimum, although the DPP is a party to the New South Wales and Queensland protocols. Among the 14 sexual assault centres consulted, nine were located in states with interagency protocols. The protocols are:

- New South Wales
  - *Interagency guidelines for responding to adult victims of sexual assault*, state-wide guidelines;
- Queensland
  - *Interagency guidelines for responding to adult victims of sexual assault*, state-wide guidelines; and
  - *Coordinating efforts to address violence against women (CEAVAW) strategic framework and action plan 2002-2005*, state-wide guidelines;
- Victoria
  - *Victoria police code of practice for the investigation of sexual assault*, statewide guidelines; and
- Tasmania, where local guidelines for the two centres consulted are:
  - *Sexual assault protocol for northern Tasmania (Launceston)*; and
  - *Policies and procedures for after hours and on call responses* (Hobart and southern Tasmania).

Different arrangements exist for services consulted in the other states and territories. While some aspects of service delivery, such as medical and counselling services, are coordinated in some areas, there are no protocols or guidelines that encompass multiple agencies. For the purposes of this report, these arrangements will be referred to as individual protocols:

- the Canberra Rape Crisis Centre is party to a protocol with the Sexual Assault and Child Abuse Team (SACAT), which is within the Australian Federal Police and a Memorandum of Understanding (MoU) with Forensic and Medical Sexual Assault Care (FAMSAC);
- Yarrow Place Rape and Sexual Assault Service is party to an MoU with South Australia Police and retains doctors to provide medical and forensic services for crisis cases. Seven regional plans for coordinated service delivery have been developed for rural areas (Sloan 2000);
- there are no formal protocols between sexual assault services and police in Western Australia, although some sexual assault centres retain their own doctors; and
- there are no formal protocols between sexual assault services, police, or forensic services in the Northern Territory, although moves are being made to implement a whole-of-government approach to sexual assault.

In addition to different protocols, the centres that participated in this research are also based on different service delivery models, which sometimes affect their interactions with other agencies:

- two services are located on or near hospital grounds; the remainder are in community settings;
- six services retain forensic doctors and another has an examination room on the premises;
- two centres offer integrated services for adult and child sexual assault and domestic violence; and
- two services that are based on a feminist community collective model are not funded for crisis care but provide counselling and other services.

Beyond their role as providers of crisis care or counselling, all of the services are actively engaged with the community and network with professional, government and non-government agencies as diverse as health, welfare, legal, education, religious and other community organisations. They lobby for legislative change; are involved in public policy strategies, such as research; devise ways of alerting other services to what they can offer; are active in community education and partnerships with domestic violence services; and are trying to find ways of extending service delivery to marginalised community groups.

The range of activities undertaken by sexual assault services is listed below, although not all centres provide all of these services:

- Advocacy
- Counselling: crisis, ongoing, significant others
- Community education
- Criminal injury reports
- Group work
- Information
- Legal and court support
- Library books, videos and articles
- Medical support: access or provision of forensic and medical care
- Outreach services, including to remote communities
- Professional development training
- Referrals to other services
- Reports for victim compensation
- Social action projects
- Telephone support
- Transport assistance
- Victim impact statements.

## Interagency links and leadership

Coordinated service delivery is not a *fait accompli* simply because a policy document has been written and distributed. Sexual assault task forces, committees, or coalitions play an integral role in developing and maintaining networks that provide better services for victims. Their most important functions include bringing together key people to develop and implement strategies for preventing sexual assault and linking different agencies to improve service delivery (Texas Association Against Sexual Assault no date). The consultations showed that while sexual assault services are often engaged in networking and cooperating with other agencies at the local level, formal coordinating mechanisms, such as interagency committees, are not always in place where interagency protocols exist, although Health Departments often have the primary responsibility for providing and monitoring responses to sexual assault.

Of the fourteen centres consulted, nine are covered by interagency protocols. Five of these services are involved in regular interagency meetings of some sort, although the membership and purpose of the meetings varies. Some meetings involve police and sexual assault services only; others include forensic services; some include government and non-government agencies, but not police or forensic services. Two sexual assault services take the lead coordinating role in their areas, but only one of these is involved in regular interagency meetings. Some of these meetings appear to have been established to ensure that policy directives in respect of coordinated service provision are met in practice. Of the five sexual assault services that are covered by individual or no protocols, two meet regularly with police and one is involved in regular meetings with other service providers, although the meetings are not convened to discuss sexual assault.

While some states and territories have peak bodies representing sexual assault services, overall sexual assault centres tend not to be represented on state-wide committees or reference groups for sexual assault. Various states and territories have recently established taskforces or similar initiatives to investigate legislative and procedural change, but sexual assault services and non-government organisations are not always represented. Four of the centres indicated that interagency committees used to exist at the state or local level, but they have been disbanded. The following quotes illustrate the types of interagency meetings in which sexual assault centres are involved. The responses are grouped according to whether there are interagency protocols or individual or no protocols.

#### Where there are interagency protocols

We have a quarterly team review where the police, forensic services, hospital and sexual assault workers all meet, but there are no formal terms of reference. In between meetings, informal communication between the groups smoothes out issues. This state has the best system. There are consistent procedures, whereas in other states it's more fragmented.

There's an interagency meeting held every two to three months between us, the police, doctors, the DPP and child protection, to discuss how things are working. It's a workable forum because information filters down quickly... The forensic laboratory gives information directly to doctors about correct procedures, which takes the pressure off us. It's also good because doctors take more notice of the forensic laboratory and the DPP than us. We're left with a free rein: the decision makers in the justice department can differ from us on which cases should go to trial, but overall, we feel well supported by government. There's also a state-wide body for agencies that provide sexual assault services that meets three times a year, which includes doctors, police, the DPP and sexual assault centres.

There are meetings at a localised level that are coordinated by [a unit within a government agency]. This involves NGOs and some government departments. It's a very active local network. We don't meet with detectives and don't need to: any issues are raised at these meetings and are filtered down. There used to be a sexual assault committee that advised on state-wide issues and included representatives from a range of city and rural government and non-government organisations. It had subcommittees dealing with a range of issues. It was too effective and was garrotted... We need to bring back the state-wide committee. Sexual assault services need a line up to the major decision-makers, otherwise we're silenced, powerless; it's a challenge not to feel as powerless as our clients, but we can't be seen to be complaining about a system that's not working.

We work hard on maintaining good working relationships and communication with the police... We meet regularly with the police to make sure the process is working well, but we don't wait for a meeting if there are problems. We talk to each other, know each other, we have good communication between us. There is a formal grievance procedure, but we try informal processes first.

There's a reference group [at the local level] that's made up of 22 lead agencies and consumers including non-government family services or welfare agencies, Aboriginal health services, a police unit, and the education department. We're trying to grow an integrated service; we discuss what to do, how to do it, where we're going. We started a sexual assault working party in a nearby town. There are eight agencies involved in making a sexual response flow chart, which maps how each agency responds and where the gaps in service provision are.

The crisis care coordinator liaises between the various agencies but there's no formal group in existence at present. There was a formal working party, but this is now defunct. There was one person in the health system who saw sexual assault as a priority but she left. We're trying to re-establish working groups, but there's no coordinated attempt from funding bodies to facilitate communication between services. It comes down to individual relationships. There's a lack of support from the justice department and some of their personnel have been obstructive.

We used to meet with detectives once a month to discuss cases, but this now seems to be viewed as superfluous for police processes. There used to be an interagency committee convened by the DPP. It operated for three years and did well. The invitations were sent on DPP letterhead and it was driven by two female Crown Prosecutors who regarded sexual assault as an important issue. Once they left the committee was disbanded and the DPP now is essentially a boy's club. We tried to keep it going; we sent out invitations to a meeting, but no one turned up.

There's no formal committee set up in each area. There has been established an interagency committee to look at legislative and procedural issues and a sexual assault taskforce. No consumer input will be sought for the taskforce deliberations. Sexual assault workers, such as myself, do not have major input to policy. The only input is to discuss items on the agenda at quarterly state-wide sexual assault service meetings.

There is no coordinating committee and sexual assault services in this state are fragmented, as there's no state peak body... Sexual assault services are often the drivers of interagency interactions, but there's no consistency across the state. Feminist services are clashing somewhat with services that are seen to be disempowering women... We are trying to establish [a committee], but there's no funding. The Department of Health began a discussion group but it's new, it may not meet regularly, and I'm not sure where it will go or how effective it will be. The prevailing idea of consultation is a one-off meeting, not ongoing efforts at developing relationships. The only time services get together is for research. There are no funded forums for meetings to take place.

#### Where there are individual protocols or no protocols

There is no formal interagency agreement at the policy level, but the crisis response is coordinated at the service delivery level. The different services have their own protocols in place and adhere to them. We have regular meetings with the police concerning service delivery, and sit on each other's management boards. Medical and forensic services are embedded in the crisis response with two doctors at the sexual assault centre every day and crisis calls and medical/forensics service handled at a nearby hospital during after-hours.

There is no formal written agreement in place, but we employ doctors on a rotational basis, 24 hours per day, so the counselling and medical/forensic response is coordinated. We feel we have a good working relationship with police, which has improved over the years.

We meet with police over specific cases and every two months with the major incident group. We refer victim/survivors to police and vice versa. Approximately 40 per cent of our clients come through police.

There's no interagency agreement, but there is a different type of coordinated service delivery here that's worth mentioning. Domestic violence (DV) and sexual assault and sexual abuse and domestic violence services to children, are housed in the same office. This facilitates joint counselling, cross-referral, and informal discussion between counsellors handling DV and sexual assault cases. While there isn't a coordinating committee that meets regularly, we will be involved in case management meetings with community services and police over specific cases. DV services have monthly coordinated meetings with the refuge, police and with us, but this is to discuss DV services, not sexual assault. In addition, there is an Aboriginal services committee that meets every two months, including Aboriginal services, ourselves and Aboriginal police, to discuss service provision, training, outcomes, and how we're doing.

This sexual assault centre sits on a number of advisory committees and task forces established by the Department of Justice or Health, and other working parties. However, the sexual assault task force has only department heads on it, and no community representation. The only contact they had with us was initiated by us.

There's no terribly coordinated approach to sexual assault here. There's a lack of connectedness between the services. There have been attempts around change, but no significant changes have taken place because the services don't see the necessity for coordination. A government-funded victim scheme is seen as the major service, and we don't connect with them much at all. We don't attend regular meetings about violence. We're so flat out: where do we find the time to do that? We have to prioritise and our priority is service delivery. I'd love to be involved with meetings, but I can't do it. There used to be a sexual assault advisory committee involving the DPP, police, forensic services, the sexual assault centre and other relevant services. It seems to have fallen off over the last 12 months, but it was a good forum for all of the agencies to get together and talk through issues.

## Intersectoral training

Cross-sectoral training is important for increasing knowledge and trust and as a step towards developing shared resources. Overall sexual assault centres provide a limited amount of formal training to other agencies and they are more likely to be involved in training police than DPP or forensic staff. In some states sexual assault training is provided by state-funded agencies, such as the Education Centre Against Violence (ECAV) in New South Wales. Regular training of each other's staff would be an ideal forum for strengthening intersectoral links and promoting understanding between agencies with disparate philosophies, although, given the limited resource base of many criminal justice and health services, this would ideally be accompanied by appropriate increases in funding.

We're involved in training new police recruits, gay and lesbian liaison officers, and sexual assault investigators. We're invited to do this every year. The investigators are the most challenging group to present to, because they already know the generic information. We focus on our role, providing mutual support, and the protocol. Most don't know that the protocol exists. They have fixed ideas about our role: they think that if a victim of a recent assault contacts us, we should immediately contact the police and report the crime. They believe that evidence is contaminated if the woman talks to other people first.

We do some training. The crisis care coordinator trains the police and there will be a lot more involvement in future. This is the result of individual relationships.

We train police cadets and detectives in the sex crimes unit. We're an accredited training institute for five courses, including medical, forensics, first response training (for other agencies), prevention and disability.

There's not much involvement in training. Sexual assault and domestic violence get about one hour at the academy, but police spend a lot of time responding to domestic violence and sexual assault incidents.

We do no training with doctors. It's hard to recruit new doctors; they don't want to go to court and be cross-examined. The DPP has set up a training program for new doctors, coaching them in giving evidence, but has little success in keeping them. Doctors aren't always available to do forensic examinations and we need more doctors to have a roster system.

The police, a local forensic medical officer and one of our workers were recently involved in training medical students. They worked through what to do in a critical incident. It's helpful for those who'll be involved in gathering forensic evidence but also to raise awareness among those who'll take up general practice.

We are no longer invited to train police recruits (although another sexual assault centre is involved in training). However, the police and the DPP have been invited to train our counsellors on legal proceedings and how the law can fail victims. We have personal contact with the DPP: we introduce new counsellors, talk about issues, and have regular contact with victim/witness advocates.

Police are trained in the capital city, but we have been invited to give some training to local police, although not often. We have an informal morning tea with the police twice a year, so police and counsellors can meet. This used to be done more often, but the police person who organised it has moved on. Doctors connected to our service have done some training of doctors, but not many are interested. There are occasional meetings at the hospital with us and the police on how to improve the medical response.

We also provide training to new police recruits and detectives and training, forensic kits and advice to doctors in rural areas and we liaise with counsellors. We've established a good working relationship.

## Sexual assault workers' perceptions of coordinated service delivery

Sexual assault workers in jurisdictions with interagency protocols were asked about their views on how well the protocols work, what aspects of the process work particularly well and how it could be improved. The prevailing view was that, overall, interagency protocols work well, that the police response in particular has improved in recent years and, that where there are tensions between sexual assault services and police or forensic services, this is often attributable to individuals. In two jurisdictions the consultations revealed a marked dissatisfaction with existing protocols and particularly with police attitudes towards sexual assault survivors and workers. Where there were individual protocols or no protocols, the workers were asked to describe the relationship between the services and whether the agencies referred survivors to each other.

Across the sample, the majority of sexual assault centres (n = 10) reported that they had good or even excellent working relationships with police. This included six of the nine services with interagency protocols and four of the five with individual or no protocols. There was less satisfaction with forensic services, which will be dealt with in a later section.



### Where there are interagency protocols

The protocol works well overall, what doesn't work well is individuals in agencies. Most other agencies have got it that we are the central coordinating point for crisis calls. Our links with police are good for obtaining follow-up information. The Accident and Emergency (A & E) Department is responsive to victims and the issues involved. They have referred survivors to us, they'll put them directly into the sexual assault unit rather than waiting in A & E, and they'll work with us to get a doctor. It's taken a lot of years to get to this stage. The different agencies work together in a respectful way and are protective around those relationships. We're not treading on eggshells, but it's part of a culture of acknowledgement. It seems better at a systemic level here than in other places because key positions have been held by the same people for a number of years. This leads to continuity, access to higher places, and the ability to liaise with other agencies and at different levels. There's more communication. The size of the place is also important. For example, we have informal contacts with police, where they'll drop around with a packet of Tim Tams to have a talk. We agree to disagree on some issues; we bear in mind that the victim's vulnerability and not our own agenda is what's most important... The processes are sufficiently in place to survive staff changes.

The process often works well and when it does it's great, but there are glitches, which are mainly to do with different roles and attitudes. We provide support, advocate for the victim/survivor, have an attitude of belief and are focused on client well-being. We define a recent sexual assault as occurring within the last two weeks. We go through the survivor's options face to face: we explain about reporting; that she can contact police if she wants to, or just meet with them; we'll go with her to the crisis care unit. This can conflict with the roles of other services. The police are focused on investigating the crime and collecting evidence. They talk about the "alleged" offender and define a recent sexual assault as up to 72 hours. They might not attend the crisis care unit. The police look at it from the view of court processes and the paper work involved. So there's a different language, a different belief system. The sensitivity of the detectives is good and we have a good system in this state. Most police back out for 20 minutes when sexual assault workers arrive. They let them do their work and appreciate that we're there for support.

The interagency guidelines only work to the extent that people are aware of them and they generally are, but not always. The guidelines are good in principle, but it all falls apart if there are no resources. Lack of resources for after hours doctors and medical services, cuts to sexual assault services, lack of detectives and the resulting delays in policing progress – the guidelines fall down due to lack of resources and result in dissatisfaction.

Traditionally NGOs won't work together because of funding provisions and heavy caseloads, but government organisations are also not collaborating. The state-wide interagency protocol is just a document. The guidelines are great within themselves but there's a breakdown in implementing them: it needs a push from senior police personnel at the regional level. There's been a decrease in interagency liaison in this area. We receive few referrals from police or health and have considered ditching our 24-hour team because of the cost of keeping it going. The police are closed to training and don't have time for interagency protocol meetings. They see us as outsiders, not a part of the real system. They focus on one job and they're not interested in anything else. This attitude at the systemic level results in problems with individual staff at the sexual assault service. Some individual police are very dedicated to sexual assault issues but their hands are tied: they can't do more than the inspector allows them to do. The DPP liaison person is helpful, but not interested in working together. DPP staff don't see a need to attend reference group meetings, because they consider their liaison officer will look after sexual assault victims.

It comes down to individual relationships. The hospital adheres to the protocol 99 per cent of the time; they're pleased to have our help. Local detectives were good at sticking to the protocol but have been adhering to it less in recent times. They were giving victim/survivors the option of having a counsellor involved, when it is not an option – it is required. Compliance with the protocol is attributable to changes in staff; some are supportive, some are very anti-sexual assault service. Individual police stations respond differently. We set up relationships with individual officers and let them know we're not there to obstruct them.



The protocol generally works very well in this region. The police know our philosophy and are respectful, but the protocols aren't always adhered to. There's confusion in one particular town over the protocols, and police in outlying areas don't always know what to do to help victim/survivors access sexual assault services and have a medical examination... The process works well within business hours but falls down after hours. It works well if each agency knows what their role is and follows the protocols... It's also helped by a stable workforce in the police and the sexual assault centre, because this helps our ability to build relationships. It works well for those police specially trained in sexual assault, but less well if a police officer is new to the district or is a junior, uniformed officer. We have a good working relationship with the sexual assault unit. They're very helpful in coming to the centre and doing a "what if" with a client; without doing anything formal, they discuss options and possibilities. They change into civvies so they won't be as intimidating. Through networking and strong links between police and ourselves, the police have a good understanding that victims' needs are the primary concern. The officer in charge of the sexual assault unit is on the sexual assault service management committee, so there are strong links.

Previously, referrals came through automatically, but this is not happening consistently at present or it might happen at a later stage. Both the police and A & E have a window of escape, as they say that they need the client's permission to call us. Attempts at referrals are made, but A & E does this more consistently than police, who say that the offer is rejected. This is understandable, given that the clients have already seen at least two services and most don't know that they won't have to go into nitty gritty details again, but that our services involve giving information about options and the criminal justice process. We've done different things to help police and A & E to make referrals, but even these haven't helped. The decline in the number of referrals was associated with a change in police personnel and has resulted in cutbacks to some services and disbanding of others. Even though we've been actively working to get support from these agencies, our workers have had complaints from mothers seeking support for their children that they have not been referred to us. One of the concerns about cutbacks to the service is that there's no external witness present for the forensic exam. Doctors are more concerned about the possibility of being sued for interfering with clients than with the idea that it is not acceptable to cut services to women.

The interagency agreement is a document without teeth: it provides no prescriptive information about how to implement collaboration or how to enforce police training. There is no ongoing body looking at accountability or what happens in practice. It doesn't talk about who in each agency is responsible. It provides good guidelines in respect of recent rape and best practice, but it doesn't talk about how other agencies such as the DPP should interact with services providing long term support... It gives no contact number for more information about the guidelines; there are no accountability mechanisms, and there's no training that goes along with the delivery of the document about implementing the guidelines... There's no clear mandate about how sexual assault services should interact with other services... There are differences in aims, philosophies and principles of police and sexual assault services. The one shared principle is to assist victim/survivors. The police focus on evidence and catching the baddies. We want to assist victim/survivors to their best personal outcomes. The DPP and the legal system in general focus on the rights of the accused, not victim empowerment or rights. This is dismaying to women, who are confused by the mismatch. There's a big gap in how the agencies could work together. It's hard to get into an optimistic frame of mind about it, because sexual assault services have been working at this for so long and there's been no change.

#### Where there are individual protocols or no protocols

We have informal agreements with other agencies. We don't provide 24 hour crisis counselling and we mostly treat historical cases, not crisis cases. The police have become more respectful of us as professionals in the past few years. They've invited us to participate in different initiatives and working parties, including a multi-agency phone-in. The senior officer is very supportive and strongly committed to reducing sexual assault. Police will refer victims to us, but usually we take victims to the police if they decide to report.

Police are happy to have us provide counselling as it makes their job easier. They also have direct access to doctors at the centre. It works very well overall. We feel the police have become dependent on us to do the job of counselling and collecting forensic evidence while they get on with the police work. We also refer to a hospital that has a child abuse unit if we feel we're not equipped to deal with certain cases and vice versa and we refer to other services such as mental health or drug and alcohol treatment. Cases are becoming more complex, so there's a greater need for referrals to other agencies.

We've done outreach with Indigenous agencies on an unstructured basis. A counsellor drops into a refuge for Indigenous women to talk informally. This has helped open up connections with these women.

Liaison with police detectives works very well, but not so well with doctors and the DPP. Adherence to the protocols depends on the individuals working in each agency. We have an excellent working relationship with detectives. The detectives call us immediately and we also call them directly if victims decide to report. There's a big problem with doctors. The Health Department has a policy stating that sexual assault is a medical emergency, but it's only a policy. We're negotiating with the chief medical officer for a directive that doctors will deal with sexual assault victims as part of their contract. The local duty medical officer has refused to provide anything other than a general medical exam for sexual assault victims and this sets an example for other doctors and a huge part of the community. The reasons are the time and cost to appear in court. Women doctors are more agreeable but if they don't have VMO (visiting medical officer) status at the hospital, they can't do examinations there.

A lot seems to be at the individual discretion of police officers. Referrals to sexual assault services depend on our relationship with the head of sexual assault unit. Individual officers don't offer survivors the support of a sexual assault worker. The relationship is not there. It's not a collaborative approach. They don't call us to provide support. The relationship with forensic services works well. It gives workers the confidence to advocate for clients and results in better outcomes for clients. We hear from forensic services if the police have organised a forensic examination. Forensic services are very good with women; they're approachable and good to talk to. The staff are women, the service is women-centred and informed by a feminist analysis of violence against women, whereas the police force is a patriarchal culture and a male dominated organisation, where gender still operates in traditional ways. Our analysis is confronting for them. Forensic services show that it's possible to be warm and fuzzy and still be skilled, still get the work done.

## Promoting coordinated service delivery: What works

Regardless of what types of service models or protocols are in place, the consultations showed that there are a small number of underlying principles that facilitate cooperative service delivery if not a coordinated community approach. Some of the key factors that were commonly mentioned included:

- formal and informal networking;
- building respectful relationships;
- sharing information;
- accepting and tolerating different philosophies, objectives and practices and valuing complementary roles; and
- proximity of services.

The capacity to respond, plus having the right people in the job, makes for good interagency relationships. We have worked hard to eliminate the stereotype of sexual assault services as male hating, anti-police services... There's a good relationship with police in this area because we help them out and network with them, so there's a two-way flow of information. But we do have different aims – they're focused on getting crime scene information and we're focused on victim/survivors' therapeutic needs – which can result in real tension, but we work our way through this. The detectives are good, but there are only two on duty after hours and rookie constables are not as familiar with sexual assault. Delays are a problem. Sexual assault is not prioritised. It can take six months to a year before offenders are charged, but on the other hand, there have been other cases where police have been fantastic. There's a lack of consistency in police responses. Why? Are they busy, under-resourced, lazy, not interested, got their back up? Or because they prioritise along the lines of what's likely to get up in court and are aware of the difficulty of getting sexual assault cases up?

Police recognise that counselling is beneficial to victim/survivors to help them stabilise before giving their detailed statement, so they will bring them to us after taking a report but prior to taking a detailed statement. However, there is a perception that police have a greater reluctance to proceed with cases due to court costs and busy rosters, and they may just give victim/survivors a card to refer them to us rather than bringing them in.

Generally, over the past 10 years, cooperation between police and sexual assault services has greatly improved. There used to be a sort of “stand off” between them, with police believing sexual assault services dissuaded victims from reporting to police or going ahead with charges. This did in fact happen, *but* through training and a new generation of younger police, there is now a well-established protocol in this state. The sexual assault services understand better the role of police and are trained to be neutral in their dealing with victims, the police, and the courts. Barriers between the services have lessened; there is more emphasis on police providing “victim care” as a priority. But police still complain to me that they are seldom informed about policy changes and blame this on a lack of communication from the top. The police now tend to immediately inform victims of our 24 hour medical service and transport them to hospital, before taking a statement. The level of respect and belief of victims appears to be consistently high. In the past few years, I seldom have had victims relate to me poor experiences with police. Many victims come to the attention of police because they tell a friend, who either immediately calls police, or goes to the station with the victim, or persuades the victim to call the police. Sometimes, an ambulance is called by a friend or the victim, and in this state ambulance officers are required to notify police. This is why police so often arrive at the hospital to speak to the victim, and she is unaware that they know. I find this practice more often happening, and it certainly is promoting of victims being believed and taken seriously. If the victim arrives at the sexual assault service (which is located in a hospital) with no police involved – and this is a minority – and I establish that they would like to speak with a police officer, I offer to contact the police station and ensure that a detective who understands sexual assault and is sympathetic to victims arrives at the hospital.

The DPP is not there for the victim, but it's difficult to get this across to them, that they are using her to put their case. The Witness Assistance Scheme is great because it gives a sense of continuity.

The police victim assistance unit is very supportive and helpful.

We have a critical care unit on the premises and we're unique in this respect. The centre also incorporates a DV service and many DV clients have also been sexually assaulted. The coordinator of the centre was proactive in getting it set up, because previously victims had to wait in A & E and were often attended by police there.

It was very public and obvious to others what was going on. The police station is nearby; it's almost like a one-stop shop, although forensic examinations aren't conducted here if there are only minor injuries.

The interagency guidelines with the hospital work well because this service is located on hospital grounds; it employs its own doctor, and has an after-hours service. This takes the pressure off the rest of hospital.

Our approach works very well. What works is having doctors at the centre during the day and on call after hours, so providing a seamless medical and counselling service. And having police refer victim/survivors immediately.

## Impediments to coordinated service delivery

The consultations also revealed that there are common factors that hinder interagency collaboration, regardless of service models or protocols. At this point it is important to reiterate that most of the sexual assault centres were relatively happy with their relationships with police and emphasised that police responses have improved in recent years. At the same time, there are continuing tensions between different services, which are sometimes attributable to:

- lack of knowledge, understanding or training;
- deliberate or inadvertent failure to adhere to the protocol;
- individual personalities or adherence to biased beliefs;
- leadership at the local level; and
- the strictures and underlying orientation of the criminal justice system. One interviewee noted that “people who criticise police often don't understand the constraints under which they operate”.

## Criminal justice agencies

Many police don't know about the interagency agreement... The police attitude that women make up allegations is pervasive; there's a long way to go to deal with these attitudes without coming to loggerheads. It seems as though there's a hierarchy within the police about the importance of crimes: some assault is treated as less important and this is often where rape myths play out in police and DPP responses, for example, around alcohol, prior relationships, or drink spiking. The test cases are not getting up. Women benefit from having a sexual assault worker present from their first contact with police, but police see the presence of a third party as detrimental to their task of collecting evidence for the case. There needs to be some capacity to have support persons located within the police, so they understand that we're there to support them, not to interfere. By using us more, police have less work in the long term.

The local detectives didn't know we offer a 24-hour service. The police don't offer victim/survivors the option of having our support. They say they give them the option but that women don't want it, while women say they're not given the option.

There's an underlying police attitude of disbelief. They're good with "real rape" situations, or where the victim/survivor is an innocent, or has obviously been beaten and injured, but if they're young, or had been drinking, they're less likely to be believed. The police behave more when we're around; they're more politically correct. They can use intimidating tactics with victim/survivors they don't believe, like sitting her on a lower chair and themselves on a dais. They use different tactics depending on whether they believe or disbelieve her, like taking her to a nice interview room or a dingy, scary room. Some are treated well, but those who are treated badly are treated very badly. It comes down to a couple of officers at particular stations. Some police are trying really hard, but they do make assumptions about victims who don't present well. This could be overcome if consistent procedures were in place across stations.

A lot depends on individual police personnel: some police aren't referring victims to us and negative police attitudes to us are a problem. Police officers with positive attitudes are pulled into line. They start out wanting to do the right thing but look to their boss for guidelines for action. The person in charge of the CIB has openly stated that he won't refer victims to us, despite the protocol. We go to a lot of effort to educate

police as to what we do. We explain that once a woman knows her options and that her choices are respected, she is more likely to cooperate in giving a statement. We don't interfere with police processes, but the police interfere with our processes. They have their own agendas and a lot depends on senior CIB personnel and the inspector. There is no checking mechanism for police who do not comply with the guidelines. Unless we complain directly to the inspector, cases are not being referred. There's a fine line between improving things and banging a nail in your own coffin. We can't police the police but we clearly depend on them for referrals in acute cases.

No court support is available to women in this state.

The DPP is very problematic. The solicitor who instructs the prosecutors tests the cases hard beforehand, uses intimidation, so many don't go forward... There is an attitude of testing cases too early in an attempt to try to hold their workload down. Victims are routinely discouraged from continuing due to the stresses of testifying; they're encouraged to take compensation instead.

Police often feel let down and cynical about the system, knowing the low rate of conviction and cases dropped by the DPP... Many are overworked and burnt out and mainly look only at the possibility of conviction and this shows to victim/survivors... Often the DPP just drops cases. The police and the DPP should work together from the beginning. Having cases dropped by the DPP leaves police and others feeling disillusioned.

As illustrated by the following quote, which summarises the main points of a discussion with two sexual assault counsellors, workers believe that at least some of the barriers to effective collaboration are a product of the patriarchal relations of power that underpin the criminal justice system.

The police are *not* better than they used to be; their response times are terrible. Having a sexual assault unit is better than before it was established, when detectives weren't trained in sexual assault, but this is undermined by the gatekeepers at the shop front. Rape myths are still strong amongst police. They come from a position of interrogating, rather than believing, which exacerbates survivor self-blame. The police try to trick them up; it might be part of their job to get evidence, but I don't like tricks. Treatment of survivors varies. It's better with a sexual assault worker present. The police make comments like "I don't believe you". The telling is in how many people don't go to police or how many go to police and don't pursue it, even when there's a good police response. Women are deterred by the way the police talk about low success rates, the difficulty of the process, the lack of evidence: it puts them off and makes them think, "What's the use?"

My beef is with the legal system, rather than with the police. The gender stuff comes in as the chain goes up. At the police level, it depends on whether there's enough evidence and leads, but official decisions are resource-driven, even if things are going well. There's the long time frame from reporting to committal, trial and sentencing. And the unrealistic requirements, like the minute levels of detail required. Women are made to look foolish if they can't recall details, but it's an incredibly traumatic situation: they either can't take in details, or it's a long time ago,

they want to forget, or they might have focused on one small detail just to get through the sexual assault. And yes/no answers: assault and power are so complex, they can't be reduced to dichotomous answers. So women are silenced; it's another use of power. There are the language barriers and I'm talking about lawyers' language here, and the exclusion of information from the trial so the survivor can't tell the real story. There's the misunderstanding of consent: not saying anything is not consent. The defendant is not questioned but the survivor is cross-examined.

There's also the issue of where sexual assault is weighted in the law. Murder is given a huge weight but offences where women are totally betrayed are not given the same weight. As we unravel gender it becomes clear that the law protects perpetrators. The DPP still drops cases with good witnesses and evidence and where a magistrate has committed the defendant to trial. They say it's a resource reason. The explanation is not insufficient evidence, but often the nature of the assault. Rape myths make this possible, because sexual assault is seen as an aberration, a one-off incident, perpetrated by a smelly stranger. The criminal justice system works on that basis, it doesn't consider the nature of pre-existing relationships and ongoing incidents. Despite this, people still have a belief in justice that the legal system doesn't deliver.

### Forensic medical services

One of the major impediments to coordinated service delivery is attributable to medical officers' unwillingness to conduct forensic medical examinations. This is a particular problem in rural and regional areas, where sexual assault workers noted the difficulty of recruiting and retaining trained forensic examiners, let alone skilled female doctors. The consultations also revealed that in at least three of the jurisdictions the provision of forensic examinations is contingent on the victim's willingness to give a formal statement police. This has major implications for the quality of service provision.

Some hospitals in rural and remote areas refuse to do forensics. Across the state, sexual assault services and the health system are under-funded, which affects decisions to do forensic examinations. This makes interagency collaboration very difficult. There are insufficient female workers in forensic and police services. Victim/survivors are not given the choice of seeing a female and this is problematic, or female workers have not had training in sexual assault.

Rural areas often don't have sufficiently qualified medical officers to make accurate assessments or give expert evidence. GPs or emergency physicians often don't see enough cases to be able to comment [in court] on the likelihood of non-consensual sex, although GPs do enough pap smears to be able to tell difference between what's consensual and what's not.

There is a real problem with medical professionals. We have a medical room and two doctors on retainer, but there are serious problems with coverage. Doctors don't want to collect forensic evidence and appear in court. This is for assault and sexual assault cases. It's time-consuming and they may feel a loss of power and control appearing in court. Doctors are actually warning others against doing it. The problem is that doctors are not on call because there is a fully staffed Emergency Department, and therefore they aren't required to be on call for their own patients and don't want to be for sexual assault victims.



We're thinking about having to take victim/survivors to another sexual assault service, which is a two-hour drive, but that would require the police taking them and they don't want to.

The triage system at A & E is problematic. Sexual assault isn't their core business and they don't want registrars and doctors to do forensic medical examinations. Female GPs aren't interested in being on call for forensic examinations. There's one male government medical officer and one female GP on call; the male GMO (Government Medical Officer) won't work with us. We've tried to work on this relationship, we invited him to training for our on-call workers, but he declined.

It would be better if funding for forensic examinations wasn't in police hands. Having a forensic examination is tied to making statement to police and women are under some pressure to proceed. There are often negative outcomes if the police don't believe her or if she hasn't made a decision to proceed, because they won't pay for the forensic examination. We can get A & E to do it, but it's not good practice. It would be better if we were making the decisions, or at least the money should be with the Department of Health, so the hospitals pay for it.

We want to break the link between the police and the forensic examination; we need to see women before the police and hospital are involved. The police don't believe victims. The sexual assault network is trying to break down myths. The hospital doesn't call us for all sexual assaults and ambulance officers didn't know our phone number. It's almost as though sexual assault is the poor country cousin at a systemic level. The sexual assault network is treated badly, which impacts on victims, who are then revictimised by the process.

## Summary

The information elicited during consultations provides some indication of "what works" in service delivery, from the perspective of sexual assault workers. Bearing in mind that this is a small, non-representative sample of sexual assault counsellors, there were nevertheless a number of recurring themes that allow some conclusions to be drawn for the sample as a whole. The analysis is loosely based on Zweig and Burt's (2003) finding that victim services engage in a process of increasing levels of cooperation, beginning with communication and moving through coordination and collaboration, resulting in coordinated community responses. Table 16 shows that overall, none of the regions represented by the services included in the study has yet achieved a coordinated community response to sexual assault, although considerable steps have been taken towards this objective in some areas.

While a reasonable and sometimes very good degree of collaboration has been established in some regions, it is clear that the concept of a coordinated approach has not been institutionalised at the government, systemic, or practice levels. Sexual assault workers in several locations questioned the commitment of governments to coordinated service delivery, citing as examples the "garroting" of the violence against women sector, disbanding of statewide committees that allowed sexual assault services to have direct access to policy makers, failure to monitor adherence to the guidelines, and failure to provide adequate funding that would allow all agencies to meet their individual and shared responsibilities.

At the systemic level, at least some sexual assault, health and police services are attempting to bridge traditional philosophical differences by taking a victim-centred approach to service delivery. This is the result of a long and ongoing process of communication and negotiation, although it is not surprising to find a continuing degree of suspicion between organisations with feminist and patriarchal underpinnings. Overall however, there was little, if any, evidence of agencies jointly strategizing at the systems level to determine future work directions. It is not possible, on the basis of the information collected for this report, to comment on whether the will to do so exists across the sectors. Still, it must be acknowledged that it takes time to institute changes in organisational perspectives and practices, to develop productive interagency working relationships, and to implement communication and planning mechanisms that effectively incorporate top-down, bottom-up and cross-sectoral views.

In terms of the practical delivery of coordinated services, the consultations indicate that the process relies largely on relationships between staff in partner agencies. In itself this is not problematic, since networking comprises the bedrock of a coordinated approach. However, until the principle of coordinated service delivery becomes ingrained and accepted by all parties at all levels, the process is vulnerable to undermining by individuals who do not see the necessity for or are hostile to interagency collaboration, or who devalue sexual assault as an area of work. This is happening to some extent in all of the areas visited, but is particularly problematic for sexual assault workers in specific regions, where interagency protocols have been derailed by criminal justice personnel in leadership positions who are unwilling to work with sexual assault services and by medical officers who are reluctant or refuse to perform forensic examinations. Although most guidelines state that good practice and procedure will be monitored and evaluated, it is not clear whether or how this is being done. Failure at a systems level to monitor compliance with the protocols and ensure accountability has serious consequences for practice, as some sexual assault services have been forced to cut services when police and medical officers refuse to contact them in crisis cases or to provide referrals for historical cases.



**Table 16**  
Examples of levels of cooperation among victim services

	Level	Observed in sample	Example	
			Yes	No
↓	Communication: Networking, sharing information	Yes, but not consistent	There's a good relationship with police in this area because we help them out and network with them, so there's a two-way flow of information.	There's no cross-fertilisation about other services' benchmarks. For us, privacy, confidentiality and anonymity are a high priority in disclosing information to other agencies. Other services pay lip service to these principles... There's a disparity of understandings about what it means.
↓	Coordination: Interagency referrals, working together for specific cases, training	Yes, but not consistent	Referrals come from the police, the hospital (three or four doctors refer quite a lot), and other services. We will also refer to the hospital and police if the victim/survivor decides to go forward. We provide information about the police process to help with decision making.	Police procedures have recently changed, but they haven't advised us. There's some resistance within the police; they're supposed to call us in if a case gets to them, but they're not offering survivors the option of support through us.
↓	Collaboration: Working together to develop protocols, integrate services, and promote a top-down, institutionalised commitment to working together	Some	There's a statewide body for agencies that provide sexual assault services. It meets three times a year and includes doctors, police, the DPP and sexual assault centres. At our AGM we expressed an aim to set up a forensic working party, which would filter information about police, the DPP, medical services and the forensic laboratory. It will also have representatives from government and will be good for information sharing.	We've been lobbying for a policy-level cross-sectoral coordination committee... We've been the centre of policy development in the state, but it needs to be broader than one agency. Policy makers are beginning to see this as an important issue, to have coordinated access across the state.
	Coordinated community responses: All relevant agencies are committed to working and strategizing together on future directions for their work	No		Sexual assault and domestic violence are now on the bottom of the government pile. Disbanding the sexual assault committee has been a very effective way of silencing [the sexual assault sector].

The consultations also indicate that collaborative relationships and processes have been established in areas where individual protocols or no protocols exist. This is not to suggest that there is no need for formal interagency policies in those areas. Rather, existing levels of communication and cooperation augur well for future coordinated efforts.

Finally, there appeared to be a higher degree of satisfaction with service delivery and relationships with criminal justice agencies among workers in sexual assault services that had some input into, if not control over, the provision of forensic medical services (also see Olle 2005). The location of these sexual

assault services within the health sector may mean that they are tacitly taking a leadership role in interagency relationships, but it is also likely that the experiences of staff in these centres is the culmination of years of interagency networking and communication that has enabled the relevant partnerships to arrive at this stage. The following quote is drawn from an interview with a doctor who is employed by a sexual assault centre. It demonstrates how this arrangement can facilitate positive therapeutic and criminal justice outcomes.

Early contact with a forensic examiner gives the victim a safe place and allows service providers to determine what are the victim's main concerns and how can they help her. It could mean that for the first hour they go over questions such as "How could this happen to me?", before moving on to what options are available. Forensic examinations are not enforced... If sexual assault is regarded as the ultimate disempowerment, in the sense that something a person would normally want to do freely and willingly is removed, then the implication is that next time they have sex they'll have problems because it was done under duress. It is a very serious a crime, but it's not enough to look at it as a crime: for many people the primary issue is how they feel about it, rather than what is done. The other issue is that criminality is not always clear. If they were threatened, bullied or frightened into compliance, then physically it's not necessarily different from consensual sex, but the mental framework is different. Victims need to have time to think about this. It's not enough to say "He committed a crime and you must report it"; you can't put pressure on them to report. The most we can say is "These are what your options are".

The great thing about the sexual assault protocol is that it has two signed consents: one is consent to a forensic medical examination; the second is consent to release it to police; and victims can make a separate and independent decision about this. Most don't sign the second consent until later. If they believed that having the examination committed them to further legal action, they probably wouldn't have it done. The ability to delay consent to release the kit gives them time to think about their options, about what they want to do, and still have forensic evidence in the event that they decide they want to make a formal complaint...

We address their perception of their major concerns first. We have to go by their agenda; it's part of empowerment, to let them feel in charge of what's happening... I work with a counsellor, so either one of us may take over in the first instance, depending on what the client needs... The biggest group, maybe 60 per cent, don't know what they want to do. I offer them the opportunity to sign the consent that lets me perform the exam and to record it in the book. The back page has a second consent form to release the kit to police, and it says if the release isn't signed by three months

later, we may throw away. We don't always throw them away, because sometimes they seem to be linked to serial offences, so it might be useful if someone else goes to the police and someone is charged. We could contact the victim and ask if he or she also wants to make a complaint. Everyone who commits sexual assault does so as part of a plan. He had it in mind and sets out to do it, whether it's a stranger or not. Almost all rapists are serial rapists because of how they interact sexually. Sometimes we realise that the same guy is operating as a result of similar scenarios presenting. We advise the police that this is happening. We're in the best position to collect evidence without victims being committed to making a police statement and this fosters a willingness to have the examination.

I'm involved in training police, doctors and counsellors. I give out the same information to all of them, so that each knows what the other's obligations are. At the time I provide the [forensic] service, I am clearly in the role of empowering the victim, but when I'm going to court as an expert witness, I'm not for one side or the other, no matter which side called for me to testify. My role in the courtroom is purely objective... As an expert witness I can give an opinion on what I saw and heard... Sometimes this involves explanations to overcome the perception that you can tell a rape victim by looking at her: this includes judges, lawyers and definitely the jury... Every person who comes has their own story and the effect is different. Every sexual assault is different. It's mind-bogglingly complex; each individual person has a different set of concerns and a different set of secondary victims... It isn't about attractiveness, asking for it, or women putting out and wanting it. That's the excuse that offenders give. They say to victims "Go on, you know you want it". Even when children are three or four years old, they say the children like it. There's a lot of belief around the view that women like being raped, there used to be jokes about it. It's not true, but a large part of the community still believes it, especially older males. And they're the ones who sit on the benches. If women sit on the benches they got there by being more male than the males... Our role is to see people who internalise the message that they're a piece of garbage, because if they weren't it wouldn't have happened to them. The myths around sexual assault are what we're presented with every time someone comes in.

## Recommendations for facilitating coordinated community responses

The literature review and analysis suggest that interagency policies for the provision of service delivery will deliver less than optimal results unless leadership is clearly designated within and across organisations, practical guidelines are developed on how to implement coordinated service provision, strategies are implemented to monitor compliance and ensure accountability, and adequate resources are allocated to all partner agencies. The effectiveness of the process also requires open lines of communication that enable efficient top-down and bottom-up dissemination of information and feedback. Those points are further explored in the recommendations below, which were put forward during the consultation process. These suggestions should be considered in conjunction with the recommendations put forward in Chapter 11, as the consultations with disability, Indigenous and NESB workers also point to the need for interagency approaches to facilitate better outcomes for these groups.

Leadership and coordinating mechanisms within and across agencies are integral to establishing collaborative structures, concretising policy initiatives, and overseeing adherence to the guidelines. Both formal meetings and informal networking will ensure that coordinated approaches become institutionalised and strong enough to survive staff changes. Membership of advisory committees and taskforces benefits individual staff members through opportunities for professional development, and also benefits interagency partners and the community through the depth and breadth of resources developed.

We should have regular interagency meetings that include the workers. We need to keep informed about changes occurring in each agency.

We need to revisit what's in place and get back to basics. We need to get involved with police discussions and new procedures, and provide information on how the changes will impact on survivors.

The first point of contact in the face of trauma makes the most difference to the effectiveness of interventions. Interagency action that doesn't get it right gives a bad impression to women. Effective collaboration comes down to the dedication of a particular person in a lead position in a government agency, who understands the dynamics and pushes the barrow. This will filter down to other staff.

There's nothing wrong with the guidelines, but the policy is not strong enough at the moment: it's just a document. For it to work, people need to adhere to the guidelines.

There's a need for an independent investigating body for cases where police are involved in or are suspected of covering up.

There are differences in crisis care responses among sexual assault centres. For example, some centres have separate after hours teams, which can lead to slippage, or some counsellors being less well-informed.

Services should have to meet best practice standards to continue receiving funding.

Cross-sectoral training and professional development are key components of establishing effective interagency partnerships. Almost all of the consultations highlighted the need to train police and medical personnel so as to counter rape myths and victim-blaming attitudes and to promote understanding of the effects of sexual assault. While there are undeniable differences in the philosophies and objectives informing the practices of different agencies, understanding of and tolerance for each other's position will promote better outcomes all round. Some workers believed that specialised police sexual assault units would result in better outcomes. Others recommended that a compulsory, cross-disciplinary undergraduate course on sexual assault should be introduced for all students who will enter professions where they are likely to deal with sexual assault victim/survivors.

Cross-sectoral training is ad hoc. We have a small bucket of funding for training and we do some training with police and with hospital maternity ward staff, but we need to prioritise our limited funds. We may have to look at fee-for-service training.

Cross-training that is more than lip service. We need a core belief that agencies and departments have to work together for the good of clients. They need to understand the consequences of sexual assault for victims.

All professionals should have to take a compulsory examinable course about sexual assault, especially the impact of trauma and child trauma. That applies to nurses, lawyers, social workers, or any profession that deals with people.

At present there is minimal training in sexual assault among police and they don't take their training seriously. Some females are better than males and there is a younger group of females coming through who might be more sensitive. We need a dedicated sexual assault team, but all police need basic training in dealing with sexual assault, then more specialised training for professional development. Sexual assault services should be involved in training at all levels.

Police officers telling stories to other police has a greater effect on changing attitudes than feminist advocates, because police relate to other members, but it's still important for feminist services to be involved with training police.

The police focus is tied up with reporting; this puts women under pressure and is not in the spirit of the guidelines. They need to consider the impact on the victim/survivor.

The initial response to crisis calls can't get much better, but the later responses are more critical in terms of follow-up and keeping the victim informed. It falls down here; victim/survivors are not being informed about what's happening. It needs more attention to and understanding about how important this is.

The attitudes of police officers who do not have special training are problematic for victim/survivors and influence the options they choose. These officers are more likely to be called to after hours crisis calls, otherwise officers from the sexual assault unit are usually called. The problems include disbelief and victim blaming. It's not always overt, but it's discernable to women through small things. There's a brutal rape that's been reported today where the woman gave the attacker a ride in her car. The detective said to her, "What did you expect if you gave him a ride?" Sometimes there's a definite lack of understanding among police who haven't had training, including stereotypical views of post-assault behaviour.

We need a sex crimes squad. Police often don't pick up what's happening in different areas across the city, they don't link in information. A special squad would coordinate information. This would be a way to give prestige to sexual assault work, which currently is not prestigious. It would also be a way of recruiting police who are trained and interested in this area.

Staff turnover among police and sexual assault services is an impediment to the development of strong relationships, which will continue to be important until and beyond a time when coordinated responses are ingrained. In some police services, officers are routinely transferred to different units at 18 month to two year periods, often when they have begun to develop expertise in sexual assault and have discovered an aptitude for the work. This inhibits the development of a core of expert investigators but may also prevent sexual assault investigation being seen as a prestigious career path. Turnover of sexual assault workers is often related to burnout as a result of the demanding nature of the work, which may also be compounded by the failure of the professional community to recognise and reward, financially and in other ways, sexual assault counsellors' expertise.

The turnover of police staff is a problem because the system is wobbly.

Reduce or at least stagger the turnover in the Victim Care Unit.

There needs to be more training for police, less turnover of CIB staff, more professional development of CIB staff in relation to domestic violence and sexual assault and ongoing training for police. They need to spend time at sexual assault centres, to be inducted properly.

I'm quite disconnected from the police at the moment, because the crisis team deals with them now, so we're not connecting with the police as we used to. There's a lack of trust that didn't exist so much previously and it's to do with staff changes. New workers come on board in each agency; they don't get to meet each other and they don't feel in tune with what's going on in other agencies. I realise it's my responsibility to make those connections, but sometimes I've rung to talk about issues and found resistance from the police, which is to do with how they see our role in connection with them.

There were a number of recommendations in respect of improving forensic medical services, particularly in regional and rural centres, where it is often difficult to find any doctor willing to conduct forensic examinations and to provide expert testimony in court. Deterrents include fear of the court, the time required to testify, and the fact that the court is not sympathetic to professional witnesses.

Recommendations include enhancing the professional expertise of doctors who participate as expert witnesses, recruiting more female doctors with forensic training and instituting changes in states and territories where access to a forensic medical examination is controlled by police and is contingent on the woman's decision to make a formal complaint. An idea that was raised by several workers centred on establishing forensic nursing as an integral component of local responses to sexual assault. This suggestion is supported by a recent evaluation of a forensic nursing project in England, which involves:

the application of nursing science and skills to public and legal proceedings. A forensic nurse is expected to provide direct services to service users, and collect evidence for the police... Forensic nurse examiners (FNEs) now conduct the majority of sexual assault examinations in the USA and are also strongly established in Canada... They have been at the forefront of integrating new techniques into the process (Regan Lovett & Kelly 2004: 2-3)

The evaluation showed that the availability of a trained forensic nurse from 9 a.m. to 5 p.m. Monday to Friday, as well as outside these hours on a roster system alongside forensic doctors, was cost effective, enhanced good practice as perceived by service users, reduced delays in the provision of forensic examinations, and increased the availability of female forensic examiners. Moreover, the timeliness of services and the standard of forensic evidence and report writing satisfied the police, the Crown Prosecution Service and the courts (Regan Lovett & Kelly 2004).

We need a pool of female forensic medical officers so we can guarantee that a woman will be available.

There's a difficulty with doctors not wanting to the [forensic] work. They're poorly recompensed, especially when they're giving evidence, and they refuse to do the work, because general practice is more lucrative. There's also a gender problem: the forensic examiners around here are all males and we need females.

We need more training of medical students, both forensics and GPs, to improve integrated responses.

SANE (sexual assault nurse examiner) nurses are needed in rural areas where it's harder to access doctors.

At present the forensic kit is kept at the police station so the police are automatically involved and they have to take a statement for a forensic examination to be done. This limits clients' options. It would be ideal for the forensic kit to be held at the hospital, which could then call us, and we would give victim/survivors information about their options. Also, nurses have the skills to give people the information that we currently provide; there's no need for our workers to be there in acute situations if other appropriate people are upskilled, because they're not providing counselling in acute cases. We need to top up their education and overcome the idea that it's not their job. We need to find a way to preserve the chain of evidence so that women don't have to give a statement to police but can still have a forensic examination.

Respect women's wishes, especially around medical examinations. The police here won't authorise a medical examination unless the victim/survivor is prepared to make a statement. The police in turn are pressured by forensic medical officers. If a victim/survivor reneges on reporting after having a medical, police raise the issue of false reporting. It's a huge problem.

Underlying all of these recommendations is the recognition that if governments are serious about responding to and reducing sexual assault, adequate funding is imperative. Police statistics show a steady increase in national sexual assault victimization rates from 1994 to 2003 (Australian Bureau of Statistics 2004), while sexual assault centres are experiencing substantial increases in the number of people seeking assistance and/or are receiving increasing requests from community organisations to provide information and training seminars (e.g. Ruby Gaea Darwin Centre Against Rape 2004b; Sexual Assault Support Service 2004). Service delivery suffers when funding does not increase in line with costs. Sufficient resources are required to ensure that all agencies can meet their commitments to other services and are confident in the knowledge that they can refer victim/survivors to partner agencies or rely on those agencies for backup as and when required. This ranges from ensuring that police and sexual assault services are adequately staffed, to providing funds for joint development of information packages, allocation of resources for outreach services and community education and to ensure continuity of care, 24 hours a day, seven days a week. Funding bodies should also consider the need for further research that investigates the complex effects of sexual assault and what this means for criminal justice responses to different groups, including prison populations or people who are arrested for drug use.

This is a vast region and this impacts on the police's ability to respond in a timely fashion. This area needs more police in outlying areas and training for police in small centres or where there is only one officer.

Better police staffing so there are less delays and quicker court appearances.

There's a need to develop consistent, up to date and accessible information about reporting, court support, the court system and what to expect. Women get information from sexual assault centres, but there's no state-level initiative to provide this information, keep it up to date and make it freely available.<sup>1</sup> If funding was provided for cross-referencing of material within a coordinated approach, police could use sexual assault centres more when they're busy. They could refer women to us for information, rather than fobbing them off.

Despite education about sexual assault, information is not filtering through to where it needs to go. The most vulnerable girls and women aren't getting the message and don't know where to go. Multi-lingual service brochures, stickers on toilet doors, accessible services – funding constraints stop these measures, so our service is not well known.

<sup>1</sup> Some governments see the value in such initiatives. For example, the South Australian Government and Yarrow Place Rape and Sexual Assault Services have co-published the informative booklet *What choice do I have?* (Merlino & Dee 1999).



We need adequate funding for a 24-hour service. This would ensure greater continuity of care.

There were a couple of good people in the police force and they established great relationships with the workers, but then they moved on and the relationships fell down... We're understaffed and under-resourced; we need a designated position to do this kind of work. There's a fairly high turnover of police and sexual assault staff. Police who do contact us do so as individuals, but others don't see the value.

More staff to do more outreach, community work, work with children in schools and preventative work.

Sexual assault workers are experts but we're not adequately resourced to utilise that expertise. We have 4.2 staff for a population of 800,000, but there are 1500 people employed in mental health, where 80% of their female clients have been sexually assaulted.

There's not enough attention paid to the effects of sexual assault in mental health, drug and alcohol, and prison populations. Also the link with domestic violence: they're separated within health and police responses, but there's a significant overlap, so the real picture of the extent of violence is not emerging.

## Summary

According to the sexual assault workers consulted during this study, there has been an increasing level of cooperation between police, sexual assault and forensic services in recent years, although it does not appear that any of the jurisdictions has achieved a truly coordinated community response to sexual assault. Factors that affect the implementation of protocols at the service delivery level include a lack of awareness of the protocols and inadvertent or deliberate failure to apply and adhere to the protocols. Satisfaction with interagency collaboration appeared to be highest in sexual assault services that are attached to or in close proximity to hospital emergency departments. This report was not intended to evaluate service delivery, but the findings suggest that evaluations of the process and outcomes of coordinated approaches are overdue. The current consultations included a number of rural sexual assault services, but future studies would do well to include a wider sample of services from non-metropolitan regions, as coordinated service delivery is likely to present particular challenges in rural and remote settings. The discussion in Chapter 11, on the specific issues faced by Indigenous and NESB survivors and women with disabilities, highlights further complexities for interagency service provision that could not be addressed in this report. Issues that require further exploration include how to incorporate additional service providers, such as interpreters or carers, into a viable and productive working environment.



# Assisting Victim/Survivors to Make Informed Decisions

*Women 15*



# 15 Assisting Victim/Survivors to Make Informed Decisions

At various points in this report recommendations have been made about ways that organisations and systems can support victim/survivors of sexual assault to make informed decisions about help-seeking and their involvement in the criminal justice process. The recommendations largely focused on improving social responses to and understanding of sexual assault and promoting awareness within organisations. The major suggestions included:

- promoting community awareness of sexual assault and challenging rape myths, because women's choices are constrained by limited community awareness;
- changing social responses to violence against women, for example, breaking the taboos that silence victim/survivors, implementing multi-strategy education campaigns at the national and local levels, promoting police involvement in building relationships with and educating communities;
- dismantling barriers to accessing services, which often reflect wider social structural inequities;
- specialised training for staff in criminal justice agencies and education for all professionals or volunteers who are likely to have contact with survivors;
- increased support for sexual assault centres and specialised service providers;
- greater focus on offenders and holding men accountable for their actions;
- collection of reliable statistical data on sexual assault among women with disabilities and from Indigenous and non-English speaking backgrounds, underpinned by the allocation of targeted research funding; and
- specialised training for all systems personnel dealing with marginalised groups.

The first-hand accounts of the victim/survivors who participated in this report highlight a range of actions that formal support providers can take to improve their treatment of victims, assist informed decision-making and encourage participation in criminal justice processes. The suggestions put forward in the remainder of this chapter take a client-centred approach and focus on the responses and practices of individual systems staff, rather than responses at the organisational or systemic level. They are consistent with guidelines put forward by sexual assault services in Australia and overseas, which state that best practice is achieved when services are responsive to women's self-defined needs (Dean Hardiman & Draper 1998; Fantini & Hegarty 2003).

While it is acknowledged that criminal justice, forensic and sexual assault services are underpinned by different ideologies and serve different functions, the objectives of all agencies are best served when victim/survivors are informed and aware of what is happening and why. Supportive attitudes and behaviours, which help victim/survivors to feel that they have control over decisions about what services to access, enhance rather than interfere with the roles and functions of those services:

Poor practice erodes confidence, not just that of complainants with the CJS, but also that of agencies with each other and of the general public. It should be axiomatic that a complainant who is treated in a respectful and compassionate manner, by skilled professionals, is not only less likely to withdraw support from the legal process at a later date, but also more likely to feel able to tell what she knows, and include at the outset any issues which could be seen as discrediting. These are gestures of trust, and unless those responding demonstrate that they are trustworthy, they will not be forthcoming (Kelly Lovett & Regan 2004: 84-85).

Helping victim/survivors make informed decisions may have the added benefit of promoting satisfaction with criminal justice processes, whatever the case outcome. Women who are taken seriously, kept informed and treated respectfully and fairly, perceive that they have received procedural justice, an outcome that may in the long term be as important as the legal result (Holder & Mayo 2003). The findings of the current study indicate that positive and supportive reactions to sexual assault disclosures are based on:

- belief;
- listening and understanding;
- communication and information;
- cooperation and collaboration with other support systems; and
- acting on women's needs.

## Belief

Attitudes of disbelief contribute to secondary victimisation, perceptions of victim blaming, and the feeling that women must prove their innocence.

- Through words and actions show that you believe women's accounts.
- Through verbal and non-verbal communication present an attitude that is affirming rather than revictimising.
- Let women know that they are not on trial and that the law is on their side.

## Listening and understanding

There is no single way of dealing with sexual assault, as women's needs change from one situation to another and over time. Women are in the best position to determine their current and future needs and the risks they are willing to take.

- Ask women about the supports they need in the current situation and what is required to ensure their physical and emotional safety.
- Discuss ways of addressing those needs, including ways that affirm women's own strengths and resources.
- Some women are clear from the beginning that they do not want to take or continue with legal action. While this can raise tensions between the individual's wishes, her future well-being and the public interest, it is necessary to determine the basis of her reluctance and to discuss safety issues and what various services can offer in the way of protection or help.
- Listening and responding in a non-judgmental way promotes trust and confidence and empowers women to consider options and take actions that will enhance their long-term prospects.

## Communication and information

Control, feeling informed and making decisions are very important to victim/survivors and a lack of control can put women into crisis repeatedly. Information about options and the possible outcomes of various courses of actions underpins women's capacity to make choices and consent to processes that are appropriate to their own circumstances and enhance their perception of control. Knowing what to expect and being prepared can help to reduce trauma.

- Respond to requests for information in a timely fashion, even if this simply means explaining why there has been no progress.
- Provide relevant and accurate information in plain language that can be understood by people who are not familiar with the jargon or acronyms used by system staff.

- Women who have reservations about continuing through the criminal justice system often overcome their misgivings with the help of supportive police, victim liaison officers or sexual assault counsellors. Cooperation is enhanced by ready access to people with expertise who are willing to talk about women's fears. Cooperation is undermined, not enhanced, by intimidation, threats of charging women with making false allegations, or making women feel that they are wasting your time.
- The capacity of family and significant others to support victim/survivors can be built up by communicating with them about how to hear and provide what women need.

## Cooperate and collaborate with other support systems

Women who have contact with the criminal justice system are distressed by the experience that "the legal side" takes precedence over "the person" and her emotional or personal well-being. While police and prosecution staff are not counsellors, formal and informal supports are important for helping women to make decisions that will have far-ranging impacts on their lives and recovery.

- View other support sources (e.g. sexual assault counsellors, friends) as potential allies who will cooperate in aiding women to understand and discuss available options.
- Identify women's support sources and discuss whether they are likely to respond to a sexual assault disclosure in a positive way. Some women worry about whether significant others will be shocked or upset if they disclose the sexual assault, but many parents, family members or friends would want to help and would be devastated if they knew that the victim/survivor did not disclose. At the same time, others can add to the trauma, particularly especially if the sexual assault has occurred within a family.
- If appropriate, talk to the victim/survivor and her supporters about how they can help. Some women need practical rather than emotional support, so that they can have uninterrupted time to think about what to do.
- Respect women's need for confidentiality if they indicate that they do not want to tell informal support sources. For women with few supports, highlight the range of services offered by sexual assault centres, emphasising that women do not have to discuss the assault with counsellors.

### Acting on women's needs

- Show that you take victim/survivors seriously, for example, by responding to calls about safety concerns and promptly investigating complaints.
- Help women to work out the next steps in their own recovery process rather than taking control of their decisions.
- Work at the women's pace.
- Treat victim/survivors with courtesy and respect.
- Survivors prefer to deal with female systems staff and their wishes should be accommodated wherever possible.

### Conclusion

This study highlights the multiple and complex needs of women who are sexually victimised. Whether those needs are met is contingent on the understandings and responses of the formal and informal support sources available to them. In turn, women's decisions about where to seek help and the responses of the recipients of their disclosures are patterned by a spectrum of social and personal factors that, for the most part, perpetuate the silencing of survivors. While the response of the criminal justice system has improved, all too often it continues to be implicated in secondary victimisation and in maintaining the secrecy around sexual assault.

It's about getting justice. Survivors don't pull out; the police or the DPP drop cases or there's no conviction... They go through the steps, then the case is pulled out and they have to cope with that. It changes their world view when there's no justice. They're brought up to believe there is justice but then their world view is shattered. They fear for their safety, then there's no justice. But they survive. (Sexual assault worker)

This is an assault that tears something deep in you away. It changed everything for me; it has changed my personality over the years... Rape is a different crime to any other crime, but it's treated like shoplifting... If the system doesn't change there will be a lot of outraged women getting mad because a lot of sexual predators are getting away with it. (Kendra)

Many research participants were disillusioned with the criminal justice system, but their participation in this study was motivated by the belief that system change is possible and by the hope that they will be heard and their words acted on. They are no longer willing to be silent. Are we, as a society, willing to listen, learn and act?

- Australian Bureau of Statistics 2004. *Recorded crime – victims Australia cat no 4510.0*. Canberra: Australian Bureau of Statistics
- Blyth J 2002. *Myalla: responding to people with intellectual disabilities who have been sexually assaulted*. Sydney: Northern Sydney Health Sexual Assault Service
- Brison S 2002. *Aftermath: violence and the remaking of a self*. Princeton: Princeton University Press
- Campbell R & Raja S 1999. Secondary victimization of rape victims: insights from mental health professionals who treat survivors of violence. *Violence and victims*, vol 14 no 3: 261-275
- Campbell R Wasco SM Ahrens CE Sefl T & Barnes HE 2001. Preventing the “second rape”: rape survivors’ experiences with community service providers. *Journal of interpersonal violence*, vol 16 no 1: 1239-1259
- Carmody M. 1990. *Sexual assault of people with an intellectual disability*. Sydney” New South Wales Women’s Co-ordination Unit
- Clark SJ Burt MR Schulte MM & Maguire K 1996. *Coordinated community responses to domestic violence in six communities: beyond the justice system*. The Urban Institute <http://www.urban.org/url.cfm?ID=406727> (viewed 31/03/05)
- Cluss PA Broughton J Frank E Steward BD & West D 1983. The rape victim: Psychological correlates of participation in the legal process. *Criminal justice and behavior*, vol 10 no 3: 342-357
- Davis C 2000. Responding to sexual abuse – organisational issues for consideration. Paper presented at the *Advocating for the future: sharing the road conference*, Brisbane <http://www.cwpp.slq.qld.gov.au/wwild/words/papers2.htm> (viewed 03/11/04)
- Davis C 1999. Educating the players: intellectual disability and the criminal justice system. Keynote address presented at the *Voices conference* <http://www.cwpp.slq.qld.gov.au/wwild/words/papers1.htm> (viewed 03/11/04)
- Dean C Hardiman A & Draper G 1998. *National standards of practice manual for services against sexual violence*. Melbourne: Casa House
- Denzin NK & Lincoln YS 1998. Introduction: entering the field of qualitative research. In NK Denzin & YS Lincoln (eds) *Collecting and interpreting qualitative materials* (1-34). Thousand Oaks: Sage Publications
- Disability Training Program - Victims of Crime 2004. *Barriers to reporting*. Woolloowin
- Dussich JPJ 2001. Decisions not to report sexual assault: a comparative study among women living in Japan who are Japanese, Korean, Chinese, and English speaking. *International journal of offender therapy and comparative criminology*, vol. 45 no 3: 278-301
- Easteal P 1994. *Voices of the survivors*. North Melbourne: Spinifex Press
- Edwards A 1996. *The criminal justice response to sexual assault victims*. Sydney: New South Wales Bureau of Crime Statistics and Research
- Fantini A & Hegarty M 2003. *Best practice guidelines for NGOs supporting women who have experienced sexual violence*. Rape Crisis Network Europe <http://www.rcne.com> (viewed 22/03/05)
- Fisher BS Daigle LE Cullen FT & Turner MG 2003. Reporting sexual victimization to the police and others: results from a national-level study of college women. *Criminal justice and behaviour*, vol 30 no 1: 6-38
- Flatman G & Bagaric M 2001, The victims and the prosecutor: the relevance of victims in prosecution decision making. *Deakin Law Review*, vol 6 no 2: 238-255
- Frohmann L 1998. Constituting power in sexual assault cases: prosecutorial strategies for victim management. *Social problems* vol 45 no 3: 393-407

Fugate, M Landis L Riordan K Naureckas S & Engel B 2005. Barriers to domestic violence help seeking: Implications for intervention. *Violence against women*, vol 11 no 3: 290-310

Gilmore K & Pittman L 1993. *To report or not to report: a study of victim/survivors of sexual assault and their experience of making an initial report to the police*. Melbourne: CASA House

Godinjak S & Green R 1999. Counselling needs and services. Workshop presented at the *Responding to the challenges of diversity: different cultures; different needs conference*. Melbourne: Victims Referral and Assistance Service: 190-197

Gonzalez M 1993. NESB women and the criminal justice system: justice or just a token? Paper presented at *The criminal justice system in a multicultural society conference*. Australian Institute of Criminology. <http://www.aic.gov.au/conferences/multiculturalism/gonzalez.pdf> (viewed 23/09/03)

Goodfellow J & Camilleri M 2003. *Beyond belief, beyond justice: the difficulties for victim/survivors with disabilities when reporting sexual assault and seeking justice. Final report of the sexual offences project stage 1*. Melbourne: Disability Discrimination Legal Service Inc.

Gottfredson MR & Gottfredson DM 1988. *Decision making in criminal justice: toward the rational exercise of discretion (2nd ed)*. New York: Plenum Press

Graycar R & Morgan J 1990. *The hidden gender of law*. Sydney: The Federation Press

Harned, M.S. 2005. Understanding women's labeling of unwanted sexual experiences with dating partners. *Violence against women*, vol 11 no 3: 374-413

Harris J & Grace S 1999. *A question of evidence? Investigating and prosecuting rape in the 1990s*. London: Home Office

Hattem T 2000, *Survey of sexual assault survivors*, Canada: Research and Statistics Division, Department of Justice

Heenan M 2004. *Just keeping the peace: a reluctance to respond to male partner sexual violence*. ACSSA Issues no 1. Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies

Heenan M & Ross S 1995. *The police code of practice for sexual assault cases: an evaluation report*. Melbourne: Rape Law Reform Evaluation Project, Department of Justice, Victoria

Holder R & Mayo N 2003 What do women want? Prosecuting family violence in the ACT, *Current Issues in Criminal Justice*, vol 15 no 1:5-25

Howard A Riger S Campbell R & Wasco S 2003. Counseling services for battered women: a comparison of outcomes for physical and sexual assault survivors. *Journal of interpersonal violence*, vol 18 no 7: 717-734

Johnson H 1996. *Dangerous domains: violence against women in Canada*. Ontario: Nelson Canada

Jordan J 2004. *The word of a woman? Police, rape and belief*. Basingstoke, Hampshire: Palgrave Macmillan

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

Kaukinen C 2002. The help-seeking decisions of violent crime victims: an examination of the direct and conditional effects of gender and the victim-offender relationship. *Journal of interpersonal violence* vol 17 no 4:432-456

Keel M 2004. *Family violence and sexual assault in Indigenous communities: "walking the talk"*. ACSSA briefing no 4. Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies



- Keilty J & Connelly G 2001. Making a statement: an exploratory study of barriers facing women with an intellectual disability when making a statement about sexual assault to police. *Disability and society* vol 16 no 2: 273-291
- Kelly L 1988. *Surviving sexual violence*. Cambridge: Polity Press
- Kelly L Lovett J & Regan L 2005. *A gap or a chasm? Attrition in reported rape cases*. London: Home Office
- Kerstetter WA 1990. Gateway to justice: police and prosecutorial response to sexual assaults against women. *Criminology*, vol 81 no 2: 267-313
- Kerstetter W. & van Winkle B 1990. Who decides? A study of the victim's decision to prosecute in rape cases. *Criminal justice and behaviour*, vol 17 no 3: 268-283
- Keys Young 2000. *Evaluation of ACT family violence intervention program*. Canberra: ACT Department of Justice and Community Safety, Partnerships Against Domestic Violence
- Konradi A & Burger T 2000, Having the last word: an examination of rape survivors' participation in sentencing, *Violence against women*, vol 6 no 4: 351-395
- Koss M & Harvey M. *The rape victim: clinical and community interventions (2nd ed)*. Newbury Park California: Sage Library of Social Research
- Laurel House 2004. *Annual general report 2003-2004*. Launceston
- Lievore D 2004a. *Prosecutorial decisions in adult sexual assault cases: an Australian study*. Canberra: Office of the Status of Women
- Lievore D 2004b. *Recidivism of sexual assault offenders: rates, risk factors and treatment efficacy*. Canberra: Australian Government Office of the Status of Women
- Lievore D 2003. *Non-reporting and hidden recording of sexual assault: An international literature review*. Canberra: Office of the Status of Women
- Littel K Malefyt MB & Walker AH 1998. *Assessing the justice system response to violence against women: a tool for communities to develop coordinated responses*. Violence against women online resources <http://www.vaw.umn.edu/documents/promise/pp3/pp3.html> (viewed 31/03/05)
- Lord VB & Rassel G 2000. Law enforcement's response to sexual assault: a comparative study of nine counties in North Carolina. *Women & Criminal Justice* vol 11 no 1: 67-88
- Lovett J Regan L & Kelly L 2004. *Sexual assault referral centres: developing good practice and maximising potentials*. Home Office research study 285. London: Home Office
- Mahoney P 1999. High rape chronicity and low rates of help-seeking among wife rape survivors in a nonclinical sample: Implications for research and practice. *Violence against women*, vol 5 no 9:993-1016
- Martin PY & Powell RM 1995. Accounting for the "second assault: legal organizations' framing of rape victims. *Law and social inquiry*, vol 14: 853-890
- Merlino F & Dee K 1999. *What choice do I have? Information for people who have experienced a rape or sexual assault*. Adelaide: The Office for the Director of Public Prosecutions and Yarrow Place Rape and Sexual Assault Services
- Mouzos J & Makkai T 2004. *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*. Canberra: Australian Institute of Criminology
- Neame A & Heenan M 2004. *Responding to sexual assault in rural communities*. ACSSA Briefing no 3. Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies

Northern Sexual Assault Service 2004. *Crossroads to justice: An exploration of sexual assault and the justice system*. Launceston: Laurel House

Olle L 2005. *Mapping health sector and interagency protocols on sexual assault*. ACSSA Issues no 2. Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies

Queensland Government 2002. *Coordinating efforts to address violence against women. The CEAVAW strategic framework and action plan 2002 – 2005*. Brisbane: Department of the Premier and Cabinet

Regan L Lovett J & Kelly L 2004. *Forensic nursing: an option for improving responses to reported rape and sexual assault*. Home Office Development and Practice Reports 31. London: Home Office

Ruby Gaea, Darwin Centre Against Rape 2004a. *Annual report 2003-2004*

Ruby Gaea, Darwin Centre Against Rape 2004b. *Newsletter no 40*

Savage J 2003. Refugee women, sexual assault and communities. Paper presented at the *Practice and prevention: contemporary issues in adult sexual assault in NSW conference*. <http://www.agd.nsw.gov.au/cpd.nsf/pafes/savage> (viewed 07/10/04)

Sexual Assault Support Service 2004. *Annual report 2003/2004*. Hobart

Shephard M 1999. *Evaluating coordinated community responses to domestic violence*. Applied research forum: national electronic network on violence against women. <http://www.vaw.umn.edu/documents/vawnet/ccr/ccr.html> (viewed 31/03/05)

Simich L Mawani F Wu F & Noor A 2004. *Meanings of social support, coping, and help-seeking strategies among immigrants and refugees in Toronto*. Ceris working paper No. 31. Toronto: Joint Centre of Excellence for Research on Immigration and Settlement

Sloan J 2000. *Country response project: coordinated responses to recent rape and sexual assault in rural South Australia*. Adelaide: Yarrow Place Rape and Sexual Assault Service

Smith E 2004. *Nowhere to turn? Responding to partner violence against immigrant and visible minority women*. Ottawa: Canadian Council of Social Development

Sobsey D 1994. *Violence and abuse in the lives of people with disabilities. The end of silent acceptance?* Baltimore: Paul H Brookes Publishing Co

Stewart S 2003. Finding the spaces between 'us' and 'them': the pursuit of equity in sexual assault service provision. Paper presented at the *Practice and prevention: contemporary issues in adult sexual assault in NSW conference* <http://www.agd.nsw.gov.au/cpd.nsf/pages/stewart> (viewed 07/10/04)

Taylor SC 2004. *Surviving the legal system*. Port Melbourne: Coulomb Communications

Temkin J 2002. *Rape and the legal process (2nd ed)*. Oxford: Oxford University Press

Temkin J 1997. Plus ca change. *The British Journal of Criminology* vol. 37, no. 4: 507-529

Texas Association Against Sexual Assault no date. *Building stronger sexual assault survivor services through collaboration: a manual for rape crisis centres and communities in Texas for developing sexual assault coalitions*. Texas Association Against Sexual Assault <http://www.taasa.org>

Thorpe L Solomon R & Dimopoulos M 2004. *From shame to pride: access to sexual assault services for Indigenous people*. Melbourne: Elizabeth Hoffman House

Tyiska CG 2001. *Working with victims of crime with disabilities*. Violence against women online resources <http://www.vaw.umn.edu> (viewed 03/11/04)

Ullman SE 1996. Correlates and consequences of adult sexual assault disclosure. *Journal of interpersonal violence*, vol 11 no 4: 554-571

Ullman SE & Filipas HH 2001. Correlates of formal and informal support seeking in sexual assault victims. *Journal of interpersonal violence*, vol 16 no 10:1028-1047

VicHealth 2004. *The health costs of violence: Measuring the burden of disease caused by intimate partner violence. A summary of findings*. Carlton South: Department of Human Services

Victoria Police 1999. *Code of practice for the investigation of sexual assault (2nd ed)*. Melbourne: Victoria Police

Victorian Law Reform Commission 2003. *Sexual offences interim report*. Melbourne: Victorian Law Reform Commission

Walby S & Allen J 2004. *Domestic violence, sexual assault and stalking: Findings from the British crime survey*. Home Office research study 276. London: Home Office

Young, A.N. 2001. *The Role of the Victim in the Criminal Process: A Literature Review – 1989 to 1999*. Department of Justice Canada

Zweig JM & Burt MR 2003. Effects of interactions among community agencies on legal system responses to domestic violence and sexual assault in STOP-funded communities. *Criminal justice policy review*, vol 14 no 2: 249-272

# Appendix A: Service Providers Participating in consultations

## Sexual Assault Services

- Bega Valley Sexual Assault Service
- Brisbane Rape and Incest Survivor’s Support Centre
- Canberra Rape Crisis Centre
- CASA House, Melbourne
- Family Planning Queensland Cairns Sexual Assault Service
- Hobart Sexual Assault Support Service
- Laurel House, Launceston
- Mallee Sexual Assault Unit, Mildura
- Northern Sydney Health Sexual Assault Service
- Perth Sexual Assault Referral Centre
- Ruby Gaea, Darwin Centre Against Rape
- Tablelands Sexual Assault Service, Atherton
- Waratah Support Service, Bunbury
- Yarrow Place Rape and Sexual Assault Service, Adelaide

## Disability services

- Disability Discrimination Legal Service, Melbourne
- secca (Sexuality, Education, Counselling and Consultancy Agency), Perth
- WWILD-SVP (Women with Intellectual and Learning Disabilities – Sexual Violence Prevention), Brisbane

## Indigenous services

- Indigenous informant representing the Tablelands Community Justice Group, Queensland
- Murrigunyah Aboriginal & Torres Strait Islander Corporation for Women, Brisbane

## Immigrant women’s services

- Immigrant Women’s Domestic Violence Service, Melbourne
- Immigrant Women’s Support Service, Brisbane

## Others

- ACT Victims of Crime Coordinator
- Education Centre Against Violence (ECAV), Sydney

Before we start I want to go over the purpose of today's interview. The Australian Institute of Criminology and the Department of Family and Community Services, Office for Women want to know about the sorts of factors women think about when they're deciding whether to report a sexual assault to police or to tell someone else, whether they want their case to go to trial, or whether they want to drop the case altogether. The \_\_\_\_\_ Centre, along with a number of other centres from around Australia, has been working with us by putting us in touch with women who want to talk about their decisions. I'm going to ask you some questions about different factors that might have influenced your decisions after you were sexually assaulted. I'm especially interested in hearing about things that that either helped you, or made it harder for you. I'll start by asking some background questions about yourself, then some general questions about the assault, and your decisions about reporting to police and continuing through the justice system. I'll finish by asking if you have any ideas about ways that the experience could be made easier for other women in this situation. The interview will last from around 30 minutes to two hours, depending on what stage of the criminal justice system your case went to.

Anything you tell me is strictly confidential. I will write a report based on what I learn from all of the women I speak to, but I won't talk to anyone about you, I don't know your real name, and I won't write anything that could identify you. Are you okay with that?

You can end the interview at any time, just by telling me that you want to finish, or you can tell me if you don't want to answer particular questions, or if you'd like a break. If you get upset or you need to talk through any issues after the interview, the sexual assault counsellors are here to help and will make time to see you. Are you willing to go ahead with the interview?

I'm going to take notes as we're talking, but it would help if I could tape the interview. The reason I'd like to do this is that it helps with accurate reporting of the results. Sometimes it's hard to read my notes, but if the interview's taped, I can check that I've correctly understood what you said. I'll only tape if it's okay with you. The tape won't be heard by anyone else, it will be kept in a locked cabinet in a secure building, and I'll destroy it once the study is finished. Are you willing for me to tape our discussion?

Is there anything you want to ask me before we start?

## Section 1: Background Information

I'm going to start by asking you some questions about yourself, such as your age, or where you were born. This information helps me to understand how different circumstances affect women's experiences and decisions.

- Age.
- Cultural or ethnic background.
  - Place of birth if not self-identified as Australian.
  - Length of time in Australia.
- Current relationship status.
  - Married, de facto, non-cohabiting, single, etc.
- Length of relationship.
- Do you identify yourself as a person with a disability?
  - Type of disability.
- Highest level of education.
- Current work outside the home.
  - If yes, what occupation.
  - If no, unemployed, student, homemaker, other.
  - Main source of income – welfare benefits, dependent on breadwinner.
- Children. Children when assaulted?

## Section 2: Information About The Offence

Now I'm going to ask you for some general details about the sexual assault. I won't ask you to describe exactly what happened, but you can give me more details if you think it will help me to understand your later decisions and you feel comfortable about telling me.

- Circumstances of the attack: how long ago? Where you were when it happened? e.g. street, home, party, bar
- The person(s) who assaulted you: did you know him/them before this?
  - How long had you known him/them?
  - What was the relationship between you?
- If current partner, former partner or family member

For some women who are sexually assaulted by their partner, or an ex-partner, or a family member, something like this might have happened before. In other words, there might have been a pattern of domestic violence. What about your own situation?

### Section 3: Disclosing The Sexual Assault

Now I'm going to ask you some questions about telling other people about the sexual assault. Lots of women find it really difficult to tell anyone and many never do, or they don't tell anyone until years later. So I want to understand more about what helps women to tell other people, or what stops them from telling. Are you okay about going on?

- Who was the first person you told about it?
- How long after the assault was this?
- Something in particular that made you decide to tell them?
- If the person who assaulted you was your partner, had it happened before?
- What was it that made you decide to tell someone at this particular time?
- What did you want them to do to help you? What was the most important thing you needed immediately after you told them?
- What happened after you told them?
  - Get the support or help you were hoping for?
  - How did that make you feel?
- Anything that people said or did that really helped you cope with being sexually assaulted?
- Anything you found really unhelpful?
- What could people have done or said differently that might have helped you more?

### Section 4: Reporting the Sexual Assault to Police

I want to ask you some questions about reporting the attack to the police. Many women don't go to the police after they've been sexually assaulted and there are different reasons for this. So I'm interested in what you chose to do.

- Was the sexual assault reported to police?
- **If not reported**, did you think about reporting it?
  - Anything in particular that made you decide not to? e.g. discouraged by other people; financially dependent; didn't identify as a crime; keep family together; shame; fear of legal system; fear of disbelief; fear of perpetrator; threat; past or current contact with police.
  - What help and support did you receive? From whom? e.g. family, friends.

- How/when did you come into contact with the sexual assault centre?
- What other support services have you contacted? e.g. psychiatrist; alternative therapies; GP.
- What did they do or say that helped you to cope? What was helpful? Unhelpful?
- Knowing what you know now, would you report a sexual assault to police? How would you advise a woman in a similar situation?
- If you could change anything about the way society and/or the legal system deals with women who've been sexually assaulted, what would that be?

### End Interview

That's all I have to ask you. Is there anything I haven't asked about that you think I should know? Thanks for taking the time to talk to me today. Hearing about your experiences really helps me to understand these issues better. Remember that the counsellors are here for you if the interview has brought up anything you need to talk to them about.

- **If reported**, did you report to police initially, or did someone else report it?
- If someone else reported: who; how did you feel about that?
- If reported by victim/survivor, did you ever feel any concerns about going to the police? Anything in particular you were concerned about?
- Anything in particular that made you decide to go to the police? e.g. family; sexual assault counsellor; protect others; media; injury; fears for personal safety.
- Do you think you had enough information at the time to know more or less what would happen once you reported?
- I'm interested in some general details about what happened when you went to the police.
- When you reported the assault to police, did you first speak to an officer in uniform or to a detective?
  - Male or female?
  - If a uniformed officer: How did they treat you? Take you seriously; show you respect; call in a detective (NB: this varies by jurisdiction); tell you they'd investigate?
- Later on, after the initial response, did you speak with a detective?
  - Male or female?
  - How did they treat you? Take you seriously; show you respect; tell you they'd investigate?



- Did they give you information about services available to help you? e.g. medical or counselling services.
- Did you give a statement to police? How did you find that?
- What was the outcome of reporting to police?
  - Suspect arrested/charged, never identified or apprehended.
  - Case referred to Director of Public Prosecutions.
  - Case did not proceed.
- If the police did not arrest/charge/proceed, how did you feel about that?
- Once you'd made the complaint or given a statement to police did you ever want to withdraw it?
  - Do you think it would have been easy to do that?
  - Did you feel that you had a choice?
- Did you ever feel pressured or encouraged to proceed, when you really wanted to stop the process?
  - If yes, where was coming from? e.g. police; family.
  - How did you feel about it?
- Did you ever feel pressured or encouraged to withdraw the complaint?
  - If yes, where was coming from? e.g. police; family.

How did you feel about it?

- When you first went to the police, or in the first few months after you reported the assault, was there anything they said or did that really helped you?
- Anything that you found really unhelpful?
- What about later on during the process, was there anything the police said or did that really helped you?
- Anything that you found really unhelpful?
- Anything that they could have done differently that might have helped you cope?
- What sort of emotional or practical support did you have while you were going through the whole process? e.g. childminding, someone to go with you to the police station, money for bus fares.
  - Where did this support come from?
  - What sort of support would have helped you to cope?
- Anything I haven't asked you about going to the police that you think I should know?

If case did not proceed to the dpp, go to section 7 to finish interview.

## Section 5: The Director Of Public Prosecutions/court

I want to ask you about your experiences with the Director Of Public Prosecutions. Are you willing to keep going?

- After you gave your statement to police, were you given any information about what to expect about the trial process, particularly anything that helped you in deciding whether to go to court? What sort of information? Who gave you the information?
- Did you feel that you had all the information you needed as the case progressed? What information did you need?
- Were you informed about the charges that would be laid? Do you feel you had enough input or choice in this matter?
- If the case went to trial, were you provided with court preparation? What was useful about it? How well prepared did you feel for court?
- What was the outcome of your case?
  - How did you feel about that? What effect do you think it's had?
- Once your case went to the Director Of Public Prosecutions, was there ever a time that you wanted to stop it from proceeding?
  - Do you think it would have been easy to do that?
  - Did you feel that you had a choice?
  - If you wanted to drop the case, but the Director Of Public Prosecutions proceeded anyway, how did you feel?
- Once your case was with the Director Of Public Prosecutions did you ever feel pressured or encouraged to withdraw the complaint?
  - If yes, where was this coming from?

How did you feel about it?

- If the Director Of Public Prosecutions dropped the case and it wasn't your decision, how did you feel?
- How did Director Of Public Prosecutions lawyers and other staff treat you?
- Anything that they said or did that really helped you?
- Anything you found really unhelpful?
- Anything that they could have done differently that might have helped you cope?
- Anything I haven't asked about the Director Of Public Prosecutions or court that you think I should know?

## Section 6: Additional Support

I'd like to ask you some questions about support that you received as you were going through the process, from the first time you told anyone to the end of the trial, and about other services you might have had contact with.

- Who gave you support?
  - Friend, mother, sexual assault counsellor.
  - What kind of support? e.g. emotional, practical, financial, material.
  - Anything stand out as particularly helpful? Unhelpful?
  - What could they have said or done that would have helped you?
- When did you first get in touch with the sexual assault centre? Who told you about them?

Helpful? Unhelpful? What could they have said or done that would have helped you?

- Did you get information about any other support services?
  - Which ones? Psychologists, alternative therapies, support group.
  - Did you contact any?
  - Helpful? Unhelpful? In what way?
  - What could they have said or done that would have helped you?

## Section 7: General Questions about Decision-making

Finally, I'd like to ask you some general questions about your involvement with the criminal justice system. I'm interested in any ideas you might have on how it could be improved for sexual assault survivors.

- Knowing what you know now, would you report a sexual assault to police again? How would you advise another woman in a similar situation?
- If you could change anything about the way the system deals with women who've been sexually assaulted, what would that be?
- If not covered in previous discussion:

How do you feel about your role in making decisions about your case? Enough input or choice? Anything in particular that helped you to make decisions about what to do next? Anything that you found particularly unhelpful?

## End Interview

That's all I have to ask you. Is there anything I haven't asked about that you think is important for me to know? Thanks for taking the time to talk to me today. Hearing about your experiences really helps me to understand these issues better. Remember that the counsellors are here for you if the interview has brought up anything you need to talk to them about.

## Sexual assault services

### Section 1: Coordinated Service Delivery

I'm going to start with some questions about to service delivery and I'm particularly interested in the way that services such as police, forensic services, health services and sexual assault centres work together, or conversely, what stands in the way of effective collaboration.

- Is there an interagency agreement in place, either at the local level or at the state/territory level?

Where an agreement is in place:

- In your view, what are the elements of a coordinated approach to service delivery?
  - Formal committee with established terms of reference?
  - Does committee meet regularly, with all groups represented?
  - Work as a team to lobby for legislative and procedural changes?
  - Support from the highest levels of government?
  - Liaison officer representing the committee at other fora?
- Are you consulted about operational or policy changes or other salient matters?
- Intersectoral training?
- What are the responsibilities of each service vis-à-vis other services?
- How well does this work in practice?
- What aspects of the process work particularly well?
- How could the process be improved?

Where no interagency agreement is in place:

- Do the various service providers have their own protocols in place?
- Do they adhere to them?
- What sort of working relationship exists between the services?
- Do they refer victim/survivors to your service and vice versa?
- Intersectoral training?

Is there anything else about service delivery that I haven't asked about that you think I should know?

### Section 2: Victim/Survivor Decision-Making

I'm now going to ask a couple of questions about your service and then I'll move on to your perceptions about victim/survivor decision-making.

- What range of services does this centre provide for victim/survivors of adult sexual assault?
- When survivors come to you, how are they hoping you can help them?
- What types of decisions are they typically facing when they contact you?
- How does this differ for recent versus historical offences?
- Do victim/survivors in this area face particular issues in regards to the criminal justice system?
- When it comes to decisions about reporting to police, or continuing through the criminal justice process, what are they looking for you to provide?
  - Information? Support? What sort of information or support?
  - What can you offer to help them make informed decisions?
- From your perspective, what are the main factors that make it difficult for women to report sexual assault to police?
- From your perspective, what factors make it possible for women to report to police?
- In this jurisdiction, are sexual assault complaints supposed to be dealt with by detectives or uniformed police?
- In your understanding, how are complainants treated by police? By DPP staff? Are they given the necessary information to understand what is happening with their cases and why?

Finally, a few general questions about decision-making and recommendations for change.

- How would you describe the quality of choices made by most victims/survivors? e.g. informed, appropriate for their circumstances, experts on themselves.
- What changes would need to take place in the criminal justice system to encourage more victim/survivors to report to police?
- Some centres have noticed particular patterns of help-seeking in their area, e.g. survivors of recent sexual assault turn up for an average of three booked sessions, but the number is higher for survivors of historical assaults. Have you noticed any patterns in your own area?

That's all I have to ask you about victim/survivor decision-making. Is there anything I haven't addressed that you think I should know?

**Disability services**

- What range of services does this centre provide for victim/survivors of sexual assault?
- If no specific services for sexual assault survivors, how are they hoping you can help them?
  - How well do their objectives or needs fit with the services you're able to provide?
  - Do they want forms of help that the service can't provide? What do you do in this situation?

We know that most victim/survivors with disabilities don't go to the police after they've been sexually assaulted and there are a number of barriers to reporting and to pursuing the case through the courts.

- What types of decisions are facing victim/survivors of sexual assault when they contact your service?
- How does the decision-making process differ for survivors with differing types or levels of cognitive impairment?
- What types of supports are in place to help them make informed decisions?
- Who makes the decisions for those with more profound levels of impairment? Who has the right to make decisions on their behalf?
- When it comes to decisions about reporting to police, or continuing through the criminal justice process, what are they looking for you to provide?
  - What can you offer that helps them make informed decisions?

When the sexual assault isn't reported to police:

- What are the main deterrents?
- What type of support are they likely to receive?
  - Informal – friends, family, community?
  - Formal – other services.
  - What can those support sources give them?
  - Are those support sources likely to encourage or deter reporting to police? If unlikely, why is this?

When the sexual assault is reported to police:

- What factors facilitate reporting, either by the victim/survivor or by another person?
- In your understanding, how are they treated by police? By DPP staff?
  - Are they given information about their case?
  - Are they encouraged to withdraw the case?

Finally, a few general questions about decision-making and recommendations for change.

- How would you describe the quality of choices made by or for most victim/survivors with disabilities? e.g. informed, appropriate for their circumstances, experts on themselves.
- Have you received any feedback about things that people say or do that are particularly helpful? Unhelpful?
- What changes would need to take place in the criminal justice system to encourage more reporting to police?

That's all I have to ask you. Is there anything we haven't covered that you think is important for me to know about?

Services for women from non-English speaking and Indigenous backgrounds

- What services do you provide for victim/survivors of adult sexual assault?
- If no specific services for sexual assault survivors, how are they hoping you can help them?
  - How well do their objectives or needs fit with the services you're able to provide?
  - Do they want forms of help that the service can't provide? What do you do in this situation?
- What types of decisions are they typically facing when they contact you?
  - Are they more likely to disclose recent or historical offences? What impact does this have on what you can do for them?
- We know that many Indigenous/NESB women don't go to the police after they've been sexually assaulted and there are a number of barriers to reporting and to pursuing the case through the courts.
- What are the particular issues that Indigenous/NESB victim/survivors face in regards to the criminal justice system?

- When it comes to decisions about reporting to police, or continuing through the criminal justice process, what are they looking for you to provide?
  - Information? Support? What sort of information or support?
  - What can you offer to help them make informed decisions?

For those who don't report to police:

- What are the main deterrents?
- What type of support are they likely to look for?
  - Informal – friends, family, community?
  - Formal – other services.
  - What are they hoping those support sources can give them?
- Are those support sources likely to encourage or deter them from reporting to police? If unlikely, why is this?

For those who do report to police:

- What factors make it possible for them to report sexual assault? e.g. disclosed to another person who encouraged them, length of time in Australia, financial independence
- In your understanding, how are they treated by police? By DPP staff? Are they given the necessary information to understand what is happening with their cases and why?
- Have you received any feedback on how much choice they felt they had once they'd become involved in the criminal justice process? Whether they would encourage other women to report?

Finally, a few general questions about decision-making and recommendations for change.

- How would you describe the quality of choices made by most victims/survivors, e.g. informed, appropriate for their circumstances, experts on themselves?
- Have you received any feedback about things that people say or do that are particularly helpful? Unhelpful?
- What changes would need to take place in the criminal justice system to encourage more Indigenous/NESB women to report to police?

That's all I have to ask you. Is there anything we haven't covered that you think is important for me to know about?