Mainstream[1] Crisis Support Services Responding to Sexual Violence Perpetrated Against Adults

Good Practice Project – Round 1

Report to Ministry of Social Development
Taskforce for Action on Sexual Violence
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Gifted to TOAH-NNEST to enable ongoing modification
to reflect current research and practice.

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[1] The word *mainstream* appears in italics to denote the way that its use is problematic due to the hegemonic assumptions which such a word can imply. It is used in spite of this due to lack of an alternative word able to accurately describe the services.

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Introduction

Background

In July 2007, the New Zealand Government established The Taskforce for Action on Sexual Violence to lead and coordinate efforts to address sexual violence, and advise Government on future actions. This Taskforce was somewhat unique in that it was established as a partnership between Government and a sector body Te Ohaaki a Hine - National Network Ending Sexual Violence Together (TOAH-NNEST), a bi-cultural umbrella group for those working in the sector, particularly the specialist community service providers. This group aims to promote social, political and institutional change so that all people can live free of sexual violence and its effects.

One of the six priority areas for the Taskforce to address was *early intervention and crisis response to acute and chronic sexual abuse and assault*, looking to an outcome of *impact of sexual violence is reduced and survivors are supported*. Recognising current diversity of service provision, the workplan for this priority area included development of material to provide greater specification of sexual violence services. The Ministry of Social Development (MSD) funded a project to develop a framework for best practice by mainstream services in responding to acute needs of survivors of sexual assault, which resulted in an opportunity for the sector to begin to develop good practice guidelines and an evidence base for our practice.

Specialist sexual assault services providing crisis support have existed in New Zealand since the 1970s when a number of Rape Crisis collectives were established. Groups of women developed collectives to meet the needs of survivors of sexual violence as negative societal attitudes to survivors were not conducive to good treatment by services, communities or often even families. This was of particular concern given the high impacts of sexual violence and resulting vulnerability of many survivors thereafter.

While societal attitudes have changed to a degree, a high incidence of sexual violence and high impacts on survivors have not changed. Quality of service responses has improved in line with changes in societal attitudes, but not sufficiently to ensure that survivors are not further harmed by contact with services.

In such an environment, the role of the specialist sexual assault crisis service is as important as it ever was for adult survivors. We are there to protect, promote and enhance the well-being of the survivor, including minimising the psychological consequences of the trauma by attending to their emotional and psychological needs, both in and of themselves, and in relation to a survivor's journey through legal and medical processes.

Developing guidelines for best practice

While to date we have not had sector-wide best practice guidelines for the delivery of crisis support services, the development of Te Ohaaki a Hine National Network Ending Sexual Violence Together, a

national organisation which includes both Nga Whiitiiki Whanau Ahuru Mowai o Aotearoa/ The National Collective of Rape Crisis and Related Groups of Aotearoa Incorporated and other groups, the development of research and theory from the trauma field, the recent review *Responding to Adult Survivors of Sexual Violence: A Review of Literature on Good Practice* commissioned by the Ministry of Women's Affairs, and the recent stocktake and visioning process by specialist crisis support services, all combine to provide us with a good opportunity to begin to develop shared and multiply informed ideas about what best practice might be in the delivery of crisis support services. In doing so, we are not beginning from scratch. Sexual violence support services developed out of responding to the needs of survivors in our communities. Decades of working from this client-centred orientation mean that service providers have a high level of knowledge about what survivors want. Further factors indicative of the validity of this service knowledge are the shared values in the work identified across the sector in the recent stocktake, *Tauiwi Responses to Sexual Violence*, outlined in Appendix 5, along with recent developments in the science of traumatic impact and the neurobiology of attachment which have validated practices which were developed in this grass roots movement, such as, the importance of working at the client's pace, the importance of the relationship and the importance of honouring the adaptations a survivor made to living with experience of abuse.

So, to begin from where we are, this project to identify good practice will firstly identify the knowledge that service providers hold. Validity of the resulting principles and practices have been confirmed by a consultation round with survivors and service providers, asking for their feedback. The context of this service provision is the tri-partite response to sexual violence, so representative police and medical teams practising in this area of work were also consulted.

The next step was to make a start on linking this knowledge with the research evidence about the effectiveness of various practices. The highest level of scientific validation from a positivist point of view would require the use of experimentally designed research producing statistically significant results, along with these results being replicated by further research and/or by delivery in different contexts. However, in their recent review, Decker and Naugle (2009) were not able to identify any research relating to immediate intervention following sexual assault which met these parameters. This is not surprising given the multiple difficulties in applying rigorous research design, primarily due to ethical constraints such as the lack of ethics in randomly allocating survivors to a "no treatment" research control group. Therefore, we need to look more broadly for research which can provide support for practices consistent with what that research might tell us, for example, survivor feedback, evaluations of service, and research about physiological and psychological impacts of trauma.

Moving away from the supremacy and static nature of "best practice"

While it has been fashionable for some time to seek the supremacy of "best practice", there are a number of limitations with this concept.

- Use of "best" forecloses room for challenge and improvement.

- Any determination of what "best practice" is will be temporary, as it will be always changing as knowledge develops, and as survivor need changes along with changes in societal responses to sexual violence.

- What is "best" for one victim/survivor might not be for another due to differences in need based on variables such as rural/urban, gender, culture, sexual orientation, abilities, and resilience.

Therefore, this project will seek to promote the multiple possibilities of "good practice" (Mossman et al, 2009), rather than the supremacy of "best practice".

In recognition of this multiplicity of "good practice", part one will focus on some of the principles which are considered to inform good practice, with multiple examples of what practice based on the principles might look like. In recognition of the changing nature of what we know and what victim/survivors need, it is also intended as an on-going project, of which this version is just Round One. Future versions will be developed through further rounds of consultation and research review.

Promising practices

Another response to the difficulties of using research evidence and prescribing best practice in this sector is to look at "promising practices" – those where effectiveness seems good from initial responses, or which reflect current thinking and/or new trends in the field or societal context. A framework of criteria for this has been developed by the Australian Centre for the Study of Sexual Assault (ACSSA, n.d.) as follows.

The programme must:

- Have a clear focus: have a clearly defined conceptual framework, clear aims, and clear desired outcomes.

- Take account of contemporary research and practice developments in the field of sexual assault.

- Position diversity as key to the development, understanding and delivery of good practice models.

- Demonstrate a sensitivity towards the barriers faced by victims/survivors in disclosing and reporting sexual assault, and other difficulties, if relevant.

- Include processes of accountability and evaluation.

Optional criteria:

- Be replicable (that is, able to be used by others).

- Have been evaluated as successful.

Other considerations

In their discussion of the concepts of good practice, Mossman et al (2009) identify several further questions which also need to be considered when reviewing good practice:

- What are the outcomes against which good practice is evaluated?
- Who has the power to define good practice?

These are not considered in the current project, but consideration would be valuable in the formulation of further rounds of review to increase robustness of the project.

This project

This project was commissioned by the Ministry of Social Development as a part of its support for the sector and in its role of lead agency of Taskforce for Action on Sexual Violence Term of Reference Two: Crisis Support and Early Intervention.

It is intended to be used as a resource for the sector, to promote ongoing development of and reflection on good practice, including increasing access to research and identifying areas where research is needed; to bring to our relationships with others so that we can be accountable as we ask our partners to be; and to increase transparency in our relationships with our communities, at both local and national levels.

Stage one: Interviews with specialist sexual assault services and key informants were conducted by researchers Pam Oliver Limited. The material from these interviews was considered alongside a number of other guidelines and practice documents from the field, and some initial guidelines were developed.

Stage two: The project was then returned to the sector where this material was integrated with further provider knowledge, survivor voices from both published literature and a collaborative approach to the research, standards documents from Australia, Europe and the UK[2](see Appendices 1 -3 for summaries), and international research literature. Also relied upon was the recent stocktake of *mainstream* services (Te Ohaaki a Hine: National Network Ending Sexual Violence Together – Tauiwi Caucus [TOAH-NNEST TC], (2009). During that project, services were asked what they valued about the services that they provided. When these values were clustered, they came to constitute most of the core principles that are espoused here (see Appendix 5 for those values).

Stage three: A round of consultation with crisis support services and representative police and medical teams formed stage three of the project.

Stage four: MSD provided funding though a contract to support the development of the first good practice resource, and at the completion of the contract gifted the document to TOAH-NNEST so that TOAH-NNEST holds the intellectual property rights and can continue to modify it in ways that continue to reflect current research and practice.

[2] Those from Australia and the UK are in the form of standards for audit purposes. This is not the intent for the current project.

Further stages: This document is considered a "living document", so further rounds of consultation and research review will be conducted in order to keep it current. It is also intended that TOAH-NNEST Tauiwi Caucus will work towards establishment of a forum for the sharing of "promising practices" developed in this country. In the meantime, feedback can be sent to: tauiwi@toah-nnest.org

Current presentation

The project is presented in three parts:

Good Practice Part 1 - Principles of Service Delivery (beginning with a 3 page summary of the principles)

Good Practice Part 2 - Types of Service Delivery

Good Practice Part 3 - Promising Practices

Good Practice Part 1
- Principles of Delivery

Summary

1. *Welfare and well-being of the victim/survivor is paramount*

- Crisis support services work from the premise that the welfare and well-being of the victim/survivor is the paramount concern.
- Services focus on the provision of informed choice, control, safety, dignity and physical, emotional and social well-being for all survivors.
- This involves direct support of the victim/survivor, and systems advocacy in collaboration with her (or him)[3], or on her (or his) behalf.
- This may also involve direct support of the family or other social circle of the survivor, as the primary social environment in which her (or his) healing will occur.

2. *Treaty-based relationships with Tangata Whenua*

Engagement in treaty-based relationships with Tangata Whenua is critical to support the capacity of Maori to restore mana to Maori victims/survivors as individuals and as a group, and is fundamental to meeting the terms of the Treaty of Waitangi.

3. *Values based services*

What we do and how we do it is informed by the nature of sexual violence and its cultural context, its impacts on victims/survivors and society, and what survivors need to heal. This informs our work with clients, the nature of our organisations and relationships, and our political advocacy and activism to get the needs of victims/survivors met and to end sexual violence.

4. *Specialisation*

Victims/survivors and communities are best served by specialist services due to the particular dynamics and high level of impacts from sexual violence.

5. *Client-centred practice*

Fundamental premises arising from this specialist orientation to sexual violence are client-centred and empowering practice.

- Begin from a place of respect for her (or him), and her (or his) personal strengths and needs.
- Develop relationship and rapport.

[3] Apologies to the reader for the nature of the reading experience with these gendered pronouns. While it makes for awkward reading, after much debate, this was the best way we found to reflect the reality that most work in the sector is done by and for women, without causing further harm to male survivors through reinforcing the notion that men can't be victims.

- Sensitively ascertain what her (or his) needs are, with regard to who she (or he) is as an individual and how she (or he) is responding to what she (or he) has and is experiencing. Assist her (or him) through her (or his) decision-making process if need be.
- Assist her (or him) in getting her (or his) needs met.
- Advocate for respectful and informed treatment by others.

6. Gender appropriate staff

Client-centred practice dictates that the client need with regard to service provider gender must predominate over other matters whenever possible. This means:

- Gender match for women
- Gender choice for men

7. Independent

Services are independent from statutory or legal responses to sexual violence in order to preserve their capacity to work in a client-centred way.

8. Integrated

Crisis sexual assault support services are integrated with other psychosocial services for survivors of sexual violence to give survivors a "wrap around service", and best meet the needs of the agency and the community.

9. Working collaboratively both nationally and in our local communities

- Work in tri-partite relationship where available and appropriate.
- Local configurations for local need.
- Good relationships with other local services (non-tripartite).
- National co-ordination.

10. Accessible

- The nature of sexual violence requires an immediately available 24/7 response.
- Accessible to all victims/survivors.
    - At no cost to the victim/survivor.
    - Via routes that survivors can use – 0800, face to face, phone, e-mail, web-sites, texts, video-conferencing for rural clients.

11. Culturally competent and resourced

- The world view of Tangata Whenua is respected. The development of tikanga or kaupapa Maori services is supported, at the same time as *mainstream* services are as culturally safe for Tangata Whenua as possible.

- The diverse ethnic and other cultural needs of survivors of sexual violence are acknowledged, and met as well as possible through cultural awareness developed through relationship and resourcing at both local and national levels.

- The development of ethnic-specific responses to sexual violence is supported.

- The particular needs of children and young people are catered to in the ways that we design and develop services.

12. Appropriate environments

Services should be provided in environments which promote victim/survivor well-being and welfare.

13. Quality

- Services provided are of the highest quality given the state of knowledge and resources. This is achieved through:

  - Ongoing evaluation of service delivery with assessment based on feedback from clients, staff and service delivery partners, practice guidelines and research evidence.

  - Staff are supported through appropriate training, leave, resources and supervision.

14. Sustainable

- Services need to secure sufficient resources so that they can meet the current and increasing demand for service in ways which meet victim/survivor needs.

- Income sources need to be adequate, long-term and negotiated in a timely fashion, to enable services to avoid the constant distraction of endeavouring to ensure sufficient resources for continuing service delivery.

- The nature of the work can have a high cost on those doing it if staff support systems are not in place – staff support, working and training conditions, and remuneration need to be appropriate to the nature of the work and able to support staff retention and recruitment.

15. Sexual violence is a whole community problem

Everybody has the right to live free of sexual violence. Survivors do not cause the sexual violence which is perpetrated on them, and nor is it up to them to prevent it. Those who offend must stop doing so. Perpetration is supported by the "cultural scaffolding" of misogyny, rape myths, and wide

acceptance of public sexual objectification of women, so responsibility for prevention sits with the whole community.

Specialist services contribute to community change through provision of services, education, advocacy and statistical and other information about the nature of sexual violence.

Principle 1: Welfare and well-being of the victim/survivor is paramount

- Crisis support services work from the premise that the welfare and well-being of the victim/survivor is the paramount concern.
- Services focus on the provision of informed choice, control, safety, dignity and physical, emotional and social well-being for all survivors.
- This involves direct support of the victim/survivor, and systems advocacy in collaboration with her (or him), or on her (or his) behalf.
- This may also involve direct support of the family or other social circle of the survivor, as the primary social environment in which her (or his) healing will occur.

Without that consideration [paramountcy of victim need] as a guiding principle, the issue of "good practice" is little more than a discussion about the desirable practices identified by different groups in order to achieve their own particular imperatives (Mossman et al, 2009, p 26).

Provider knowledge with survivor voice[4]

Welfare and well-being of the victim/survivor is the reason for provision of crisis support services. Sexual violence is one of the causes of greatest harm in our society, with impacts ranging from life-long anxiety and social withdrawal, disabling levels of shame and self-blame, suicide, alcohol and drug use, drop in socio-economic status, teen pregnancy and parenting, relationship and sexual difficulties, family violence and involvement in crime. These impacts spread out from individuals to weaken families and social safety.

In addition, victim blaming attitudes and cultural difficulties talking about sex and strong emotions means that victims/survivors become isolated within their own relationships, families and communities.

[4] A fundamental premise of the work of sexual assault support services is that we work for victims/survivors, to have their needs heard and met. The inclusion of survivor voices alongside provider knowledge and research in this project reflects this orientation and the collaborative spirit of its development.

Furthermore, the legal system response to sexual violence can cause further harm to survivors through conveying negative social attitudes, needing to prioritise rights of the alleged offender, and requiring the victim/survivor to do things at certain times which may well be at odds with her own healing needs.

Research

Sexual violence can cause high levels of harm

There is much research which supports this assertion. Petrak (2002) provides a useful summary showing that survivors of sexual violence have high impacts immediately, and that significant proportions of survivors might still be impacted months and years later. These impacts include:

- Anxiety and fear, including "(a) fear of stimuli or items that were directly associated with the attack (e.g. a man's penis, tough-looking people); (b) fears of rape consequences (e.g. going to court, pregnancy, sexually transmitted diseases); and (c) fears of future attack (e.g. being alone, being in a strange place, having people behind you) (p.31).
- Majority of survivors meet symptomatic criteria for PTSD soon after a rape, and significant numbers still meet such criteria months and years later – in one study 16.5% still met criteria 17 years post-rape.
- Up to half of survivors develop a major depressive episode following rape, with many survivors still reporting depression 3 years later.
- Suicidal ideation following rape has been reported for as many as 50% of survivors, with 19% having made a suicide attempt.
- Difficulties in social functioning – several years after a rape, half of one sample had a restricted social life and only went out with groups of friends; another study found that in the first year post-rape survivors showed impacts on economic, social, leisure and work functioning; and further studies

I knew that I could not survive it again.....My fear was that I'd actually have to kill myself, because I couldn't go through it again. That was scary.

Shelley

(Jordan, 2008 p. 165).

The judicial process can and does re-victimize and re-traumatize victim/survivors. In most cases it is the victim/survivors credibility that is put on trial which diminishes the need to seek the truth. Sadly social attitudes, myths surrounding sexual violence, lack of physical evidence and defense lawyers' theatrics in court play a huge part in a jury's decision to either acquit or convict.

Louise Nicholas

(Survivor Advocate)

have shown long-term impact in marital and family relationships.

Responses from family and friends can be unhelpful- for example:

- NZ - Kingi, V., Jordan, J., Moeke-Maxwell, T., & Fairbairn-Dunlop, P. (2009). Some participants in this study identified unhelpful responses from friends and family with regard to pressure to "get over it".

- Baker, T., Skolnik, L., Davis, R., & Brickman, E. (1991, cited in Petrak, 2002). These researchers compared support from significant others following being victim of a crime. Rape victims/survivors reported more "negative" support from partners than other victims. This included things like suggestions that the survivor could have fought harder to prevent the crime.

Potential of the legal system to cause harm – for example:

- USA- Campbell (1998) – Following rape, victims/survivors can be further impacted by the ways that they are treated, to the degree that contact with medical and legal systems can lead victims/survivors to experience higher levels of post-traumatic stress.

Practice Examples

1. Crisis support workers will honour and create space for the survivor's choices, even where this conflicts with the wishes of family, partner or police.

2. Crisis support workers will work with family and friends to assist in the development of positive social support for survivors.

3. Crisis support workers work with which ever systems a survivor is involved with to facilitate "rape myth free" responses from those systems.

4. Crisis support workers will provide advocacy, defined by the Australian National Standards of Practice Manual as:

> *Acting and working within systems and agencies on behalf of individuals to ensure that their rights are upheld and their needs met. Advocacy can be proactive in terms of seeking out the full potential that a system may offer, as well as reactive in terms of working against the potential for systems and agencies to further traumatise victim/survivors. (Dean, Hardiman & Draper, 1998, p. 49)*

Principle 2: Treaty-based relationships with Tangata Whenua

Engagement in treaty-based relationships with Tangata Whenua is critical to support the capacity of Maori to restore mana to Maori victims/survivors as individuals and as a group, and is fundamental to meeting the terms of the Treaty of Waitangi.

The Treaty relationship:

- Exists between whanau, hapu and iwi who have whakapapa to a shared Maori ancestry and Tauiwi who are all those people of other cultures who have chosen to make this land their home.
- Is based on a shared agreement that Te Tiriti o Waitangi is the founding document for relationships between Tangata Whenua within Aotearoa and Tauiwi who have entered New Zealand.
- Acknowledges that Tangata Whenua and Tauiwi are each entitled to be guided by the values and practices which derive from their respective world views.
- Requires equitable and adequate access to resources and decision making so that both Tangata Whenua and Tauiwi may properly participate in responding to sexual violence and eliminating sexual violence from our communities.

Research

Not yet available.

Practice Examples

1. The two house model of TOAH-NNEST is an example of a Treaty-based relationship. The separate groups of Nga Kaitiaki Mauri and Tauiwi caucus, while running their own houses, together form the relationship that is TOAH-NNEST.
2. The following clause from the constitution of Nelson Rape & Sexual Abuse Network Inc demonstrates their commitment to tangata whenua and the Treaty of Waitangi.

   Objective 3.2 To provide services which are culturally inclusive and reflect Te Ao Maori me Te Ao Pakeha, and to support kaupapa Maori services and Maori aspirations for tino rangatiratanga, thereby upholding te Tiriti O Waitangi.

Principle 3: Values based services

What we do and how we do it is informed by the nature of sexual violence and its cultural context, its impacts on victims/survivors and society, and what survivors need to heal. This informs our work with clients, the nature of our organisations and relationships, and our political advocacy and activism to get the needs of victims/survivors met and to end sexual violence.

Provider knowledge

- *Respect for service users involves an acknowledgement and articulation of the power dynamic inherent in a service delivery relationship. Sexual violence, being an abuse of power, is often associated with a loss of dignity, humiliation and intimidation of the victim/survivor. The service delivery relationship has the potential to redress a sense of powerlessness by responding to victim/survivors as people with dignity and rights.* (Dean, Hardiman & Draper, 1998, p. 5).

- *We believe that sexual violence is an abuse of power. It occurs primarily due to the way society defines the roles of women and men and supports a patriarchal system that views others as property, while also rewarding those who exercise power and control over others with no regard for human rights or dignity.* (Te Ohaaki a Hine -National Network: Ending Sexual Violence Together Tau Iwi Caucus Incorporated [TOAH-NNEST TC Inc], 2009, 4.1.6).

- *As the degree of sexual violence perpetrated on children and young people has become apparent we have come to believe that society's failure to make paramount the rights and needs of children and young people allows adults to use their emotional, physical and social power to abuse children and young people and to fail to provide the nurturing and safe environments which would protect children and young people from abusive patterns of behaviour.* (TOAH-NNEST TC Inc, 2009, 4.1.7).

- *We believe that while among adults sexual violence predominantly victimises women and is predominantly perpetrated by men, both males and females perpetrate and are victimised by sexual violence. Gender differences can exist in the motivations and patterns of this violent behaviour. While some impacts of the violence are similar for males and females, some impacts are different due to the differences in patterns of perpetration and the societal context in which the victim makes sense of and lives with the consequences of the violence.* (TOAH-NNEST TC Inc, 2009, 4.1.8).

- *We believe that sexual violence is most likely to be perpetrated on those perceived to be vulnerable, whether by age, ethnicity, race, gender, disability, a history of abuse, language, immigration, or the quality of social supports in a person's life.* (TOAH-NNEST TC Inc, 2009, 4.1.9).

- *We believe that, in general, sexual violence is most likely to be perpetrated by those who are vulnerable to the messages of a rape supportive culture. For some this will be due to having been victims of violence themselves and living with the psychological and emotional consequences of this, though most victims of violence do not perpetrate sexual violence on others. Nor have all perpetrators been victims. Some perpetrators who find themselves in a position of power over others believe that they are entitled to take what they want due to the social and personal messages about power to which they have been exposed and which they have taken up, for example, rape perpetrated in war, or by groups of adult males.* (TOAH-NNEST TC Inc, 2009, 4.2.0).

Our work with clients recognises the fundamental importance of not reflecting these dynamics if clients are to be safe and healing is to occur. This leads us to use principles of client-centred practice and empowerment through informed decision-making, to run our organisations in ways which minimise or take care with the use of institutional "power over" relationships, and to work in society to change individual, group and cultural attitudes and practices which support the factors which contribute to sexual violence. This latter point is a common stance for such services through the Western world. For example, Standards of the Australian National Association of Services Against Sexual Violence say this:

- *Services against sexual violence aim to initiate, respond to and participate in proactive and preventative strategies, research, networking and media liaison designed to influence the attitudinal, behavioural and structural changes needed within society to end sexual violence and improve responses to victim/survivors of sexual violence (Dean, Hardiman & Draper, 1998, p. 39).*

Research

RCNE best practice guidelines were developed from research with 14 members across Europe.

- The members' ideological foundations also underpin the theoretical and practice frameworks, as professionalism, ethical positions and expertise are developed using inclusive and empowering methods of working *(RCNE, 2003, p. 9).*

Practice examples

1. Client-centred practice and the concept of empowerment are cornerstones of the ways that sexual assault support services work due to our understanding that they are an effective response to sexual violence precisely because they undermine the dynamics of that violence.

2. The following excerpt from the Code of Ethics of Nga Whiitiiki Whanau Ahuru Mowai o Aotearoa/ National Collective of Rape Crisis and Related Groups of Aotearoa Inc demonstrates the importance of empowering practice – as an antidote to violence.

   Whanau Ahuru Mowai/Rape Crisis workers have a responsibility to ensure that clients have as much information as possible for making their own informed choices and decisions. Whanau Ahuru Mowai/Rape Crisis workers shall respect each client's individual process and be committed to empowering the client and fostering maximum self-determination.

3. The collective structures of Nga Whiitiiki Whanau Ahuru Mowai o Aotearoa/ The National Collective of Rape Crisis and Related Groups of Aotearoa Incorporated demonstrate awareness of the influence of power in our groups.

   The organisation has collectivism as a fundamental principle, to give flat structures, use consensus decision-making, and retain local autonomy with national affiliation. This principle is a model for the use of power in groups which aims to prevent institutional power of one person or group over another, to create a space where women can heal and be heard.

4. The following principle of the constitution of Te Ohaaki a Hine -National Network: Ending Sexual Violence Together Tau Iwi Caucus Incorporated shows a similar understanding.

   4.2.3These understandings (of sexual violence) lead us to believe that to end sexual violence we need relationships built on co-operation and respect (rather than competition and power).

5. This objective of the Nelson Rape & Sexual Abuse Network Inc also demonstrates the value placed on empowerment.

   3.4 To promote autonomy, self determination, personal growth, pride, confidence and self-esteem for women.

   - In addition, for this group, the minimum criteria for a rape crisis worker includes a knowledge base where they can demonstrate a political analysis of sexual abuse including the dynamics around the imbalance of power. It is important for the survivor that Rape Crisis workers understand that although the effects are personal the problem is socio-political.

   - These values are current for this group which earlier this year, voted as a collective using a consensus decision process, to remain a collective and not change to a structure where hierarchical principles are used.

Principle 4: Specialisation

Victims/survivors and communities are best served by specialist services due to the particular dynamics and high level of impacts from sexual violence.

Provider knowledge and survivor voice

A specialist response is required due to the following factors.

- The potentially high negative impact of sexual violence on quality of life, psychological functioning, and relationships. E.g. DSM IV lists survivors of rape as having one of the highest prevalences of Post Traumatic Stress Disorder.

- The importance of early intervention as the difficulties arising from sexual violence can have a deteriorating course due to both the physiological factors associated with trauma responses – the "kindling" effect whereby there is increasing hyper arousal at lower trigger thresholds – and the interplays of psychological and social factors e.g. social withdrawal due to lack of sense of safety in the world leads to less positive experiences of the world, which, along with emotional numbing, can lead to depression.

- The importance of informed and appropriate early intervention – ill-conceived early intervention, such as some models of Critical Stress Debriefing, has been shown to have the potential to cause further harm following trauma.

- Cultural ambivalence about sexual violence can play out in the responses of service providers. When such responses occur at a time of high vulnerability, a person has little resilience so they can be easily harmed by such ambivalence. For example, the service provider who idly wonders "what were you doing there anyway?" can inadvertently reinforce a process of self-blame, or the service provider who thinks that 80% of complaints of sexual violence are false brings this filter to their normal processes of selective attention when listening to the survivor's disclosure. Negative responses to disclosures can have a range of consequences, including increasing the severity of the impacts, leaving the survivor isolated and unwilling to risk seeking other support, and delaying any further disclosures – for days, months, years or decades.

- Cultural ambivalence also plays out in families so it is helpful to have specialist guidance available for them as well.

- There are specific legal and court procedures which relate to sexual violence so it is in the interests of survivors and their supporters to receive accurate information.

- Specialist sexual violence services tend to provide a range of services, being almost a one-stop shop for sexual violence (excluding police and most medical responses). This is helpful not only for survivors and their families, but also for communities. When the local school teacher or youth group leader suspects sexual violence but needs to consult, there is a place to go. Cultural ambivalence means that in general people seem to make disclosures when the environment has told them it is safe to do so. For example, in mental health assessment interviews much work has gone into teaching clinicians how to ask about sexual violence in a way that assists people to feel safe enough to disclose (Read, Hammersley & Rudegair, 2007). At the level of community, it is easier for people and services to acknowledge an incident of sexual violence if it is already regularly talked about in that community.

Research

- AUST – Lievore (2005) - Survivors rated the services provided by specialist services highly for both the specialist knowledge brought and the way that it is offered with an emphasis on emotional care and support.

- USA - Monroe et al (2005) - Most common reasons survivors gave for contacting the sexual assault centre were psychological symptoms and needs, most commonly anxiety or depression 66.4%, wanting to talk with someone who understood 32.8%, and flashbacks or nightmares 16.8%. This supports the need for specialist personnel.

- USA - Monroe et al (2005) – all aspects of the sexual violence support services were rated positively. Particular aspects mentioned were the staff, the counsellors, staff being non-judgemental, believing victims, promoting recovery and/or coping skills and feelings of safety and comfort. Respondents reported that the biggest difficulties that they had faced were

If I had available to me in 1993, someone advocating on my behalf when I first disclosed to the police about historic rapes, I know I would not have lost 14 years of my life going through 2 deposition hearings and 5 trials.

Louise Nicholas

(Survivor Advocate)

emotional issues and talking about the experience. Much of this feedback suggests the need for specialisation.

Practice Examples

1. Most centres around the country were established as specialist centres and remain so. Some have begun to provide other services in response to funding possibilities (often Family Violence services) or in response to needs identified in their communities or by survivors. (TOAH-NNEST TC, 2009).

Principle 5: Client-centred and empowering practice

Fundamental premises arising from this specialist orientation to sexual violence are client-centred and empowering practice:

- Begin from a place of respect for her (or him), and her (or his) personal strengths and needs.
- Develop relationship and rapport.
- Sensitively ascertain what her (or his) needs are, with regard to who she (or he) is as an individual and how she (or he) is responding to what she (or he) has and is experiencing. Assist her (or him) through her (or his) decision-making process if need be.
- Assist her (or him) in getting her (or his) needs met.
- Advocate for respectful and informed treatment by others.

Provider knowledge and survivor voice

The nature of rape is that it is the imposition of the penultimate power of one person over another. Empowerment, or the restoration of power over self, is a counter to this significant, though often not complete, loss of power. Client-centred practice, whereby the client's needs are the most important determinant of what happens, is a counter to the objectification and human dis-connection of the rape. What she (or he) feels, wants, needs is of primary importance to this human working alongside her (or him), for her (or him).

Client-centred practice is a long held foundation to work in this sector, and can seem straightforward. However, due to the impact of the assault and the demands of some of the ways that we respond to assault, it can be more complex to achieve than simply asking what she (or he) wants and helping her (or him) to get it. For example, many women who are physiologically and emotionally in a state of traumatisation are not able to answer direct questions about their needs, as they are not necessarily able to access those parts of themselves that know what they need. They might more easily be able to identify what they don't want.

This approach to the work is further supported by what we are coming to know about the relationship between attachment patterns and PTSD, that those with less secure patterns of attachment, whether that be avoidant or anxious, are more vulnerable to the development of PTSD. Being able to meet attachment needs arising from the event, that is, to be able to provide an appropriate and available human response, can mitigate the development of later trauma impacts.

What constitutes client-centred and empowering practice

1. **Begin from a place of respect for her (or his) feelings and her (or his) needs**, such as, respect for the survivor's resilience, vulnerability, sense of shame, need to re-establish privacy and personal boundaries, need to regain control, need to believe that she (or he) is not vulnerable, need for dignity.....whatever her (or his) individual needs are. Sexual violence can impact any aspect of self, so a survivor's needs can relate to any aspect of self.

   Working from an English based New Zealand culture, there are often not words or concepts to articulate all of the impacts that survivors experience from sexual violence. We recognise the need for holistic responses, but have little structure to use in talking about this. This compares to Maori models of health such as Te Whare Tapa Wha, which recognises Te Taha Hinengaro (psychological health), Te Taha Wairua (spiritual health), Te Taha Tinana (physical health) and Te Taha Whanau (family health). Similarly, the Maori concept of the sacredness of whare tangata provides validation to the sense that some tauiwi survivors have of the nature of the violation to them.

2. **Develop relationship and rapport** – the verbal and non-verbal communications by which you let the survivor know that you are attuned to them and you are there for them. Attuning to a person who is traumatised, can be quick, but not easy to handle. It requires being able to "get" or "tune into" what the survivor is feeling and the depth of it, without being destabilised by this. In this you help the survivor to feel better, and are able to advocate effectively for her (or him) in the "world". Such attunement and presence alongside her (or him)

I think people just see it for what it is. Like if you get hit on your thumb, that hurts, your thumb hurts, that's all, and then it stops. It's like a physical thing. Being raped, okay, that's a physical thing, but it's everything else that goes with it. It just hits every corner of your life.

Helen

(Jordan, 2008, p. 163)

I guess I just wanted to talk about that spiritual aspect a little because I think it does come up for a few people. I mean it's a life-changing situation. You can almost feel the shift in your brain when it happens. You're off thinking on a different plane after that and anything is possible.

Gabriel

(Jordan, 2008, p. 26)

for her (or him) can also assist the survivor to move to feeling safe, if she (or he) is at this point feeling unsafe. While feeling safe can be a fundamental need and desire, it can also be a long journey. The sooner started, the less negative impact the experience of feeling so unsafe will have.

3. **Sensitively ascertain what the survivor's needs are, with regard to who she (or he) is as an individual and how she (or he) is responding to what she (or he) has and is experiencing. Assist the survivor through her (or his) decision-making process if need be**. In the aftermath of sexual violence, a survivor may not have the capacity to make all decisions unassisted. She (or he) may be feeling destabilised and unable to think or feel clearly if she (or he) experienced the assault as overwhelming.

   Further, the context for this decision-making can be the midst of a legal system which has its own requirements, being mandated to protect the rights of the alleged offender and make a case. Therefore, our role is to create space around her in this whereby she (or he) has the chance to exert some power for herself (or himself). The art of the work is to form good relationship with her (or him) so she (or he) knows her (or his) well-being is our number one concern, offer her as much information as she (or he) is able to process, facilitate her (or his) decision-making capacities (e.g. slowing down the process, arranging privacy for her (or him), reducing stress on her (or him) by making sure her (or his) physical needs are met as much as possible), and moving forward to take care of her (or him) when she (or he) needs us to, with her (or his) consent.

4. **Assist her (or him) in getting her (or his) needs met** through advocacy, information, finding appropriate services and resources.

5. **Advocate for respectful and informed treatment from other** services - including her (or his) rights to accurate information, informed consent and decision-making, choices and control, and to being treated with courtesy and compassion and with

There are certain words or actions that can trigger bad memories of a rape. It was hugely beneficial to me when my counsellor asked if there was anything, words or actions that I didn't want to hear or see. Too easy, just ask first. It made the sessions easier to go through.

Louise Nicholas

(Survivor Advocate)

I don't think he realises that he actually takes the inner you away from you, that you're only a shell, someone that's just fluffed the whole being out of you. Everyone struggles to get themselves back again.

Connie

(Jordan, 2008, p. 163)

respect for her (or his) dignity and privacy - and from other groups, such as her (or his) family and community.

Many of the other services or people involved in responding to sexual violence have agendas other than, or in addition to, the welfare and well-being of the victim. Family and friends can themselves be secondarily traumatised by the event, or triggered into their own traumas. They may also be holding cultural beliefs and practices which lead to victim blaming or an inability to tolerate high levels of emotion or talk about sexual matters. Some families, friendships and/or communities are strong enough to hold this kind of event happening to one of their members, others not. Others fragment in the face of the impact of the trauma, and leave the survivor, alone. The support worker means there is one person focused on the needs of victim/survivor, who doesn't have another agenda, is not personally involved and has support and supervision to deal with impacts on herself[5].

Research

- USA - Decker and Naugle (2009) point out that to "help victims regain a sense of control" is supported by crisis intervention and literature and community psychology.

- USA – Wasco et al (2004) – found that specialist sexual assault advocates did increase victim's/survivor's information and knowledge and help them to understand options and make decisions.

[5] Variable standards of service delivery means that this has not always been survivors' experiences of support agencies e.g. Jordan (2008). Increasing resources and capacities of services should make the provision of quality services more reliable.

- *"The issue of whether there is a greater psychological benefit in reporting the sexual assault to the police remains unclear. Some studies have suggested involvement with the criminal justice system increases levels of fear (Kilpatrick et al, 1979), while others have suggested that those women who elected to proceed to prosecute their assailant reported higher self-esteem (Cluss, Boughton, Frank, Stewart, and West, 1983). While, clinically, it makes sense that attempting to take some kind of action towards increasing control over the event may be beneficial to the individual, the continued and not unfounded lack of faith in the criminal justice system to protect individuals remains high. It remains the task of the individual, and not the clinician, to decide whether or not to report their sexual assault to the police, proceed with examination, and legal proceedings."* (Petrak, 2002, p. 37).

- Baker, T., Skolnik, L., Davis, R., & Brickman, E. (1991, cited in Petrak, 2002). These researchers compared support from significant others following being victim of a crime. Rape victims/survivors reported more "negative" support from partners than other victims. This included things like suggestions that the survivor could have fought harder to prevent the crime.

Practice Examples

1. The following excerpt from the Competency Guidelines of Whanau Ahuru Mowai/Rape Crisis demonstrates a commitment to client centred practice.

   We see the counselling/support relationship being a partnership in which the Whanau Ahuru Mowai/Rape crisis worker facilitates a process of allowing the client to move at her own pace, and, in the counselling situation, to structure her own healing journey. This differs from the traditional medical approach which sees the counsellor as the healthy expert who can fix or cure the client's sickness.

For victim/survivors to be able to walk their journey safely, I have found through not only my own experiences, but that of others I have supported, that having one person to walk with you and help guide you through the maze of processes was immensely helpful. It help gives back some control, it gives a sense of trust and empowerment. So much is taken away from you when you are raped, it's nice to know that people who are supporting you understand, realise your needs and are prepared to be patient allowing you to move through this journey at your own pace.

Louise Nicholas

(Survivor Advocate)

Principle 6: Gender appropriate

Client-centred practice dictates that the client need with regard to service provider gender must predominate over other matters whenever possible.

This means:

- Gender match for women
- Gender choice for men

Provider knowledge and survivor voice – gender match for women

There are several issues which make gender matching for women fundamentally important:

- Women generally feel more able to talk about sexual matters with other women than with other men (excepting partner)
- Following rape many women are scared of men
- There tends to be an immediate rapport between women about rape, whereby the woman who has been raped expects understanding (and therefore emotional safety) from another woman in a way that she doesn't expect it from a man. This is both about the nature of rape and its perpetrators, but also that in our society women are generally expected to be those most able to respond to our emotional experience.

  This is not to say that every woman is actually able to provide this understanding as stories of inappropriate behaviour from women police officers and support workers are not uncommon. However, it does mean that the quick relationship which needs to develop between the survivor and the support worker starts from an advantageous point if the woman expects rapport and understanding and is comfortable to talk about sexual matters.

  In addition, it is an imperative to work safely with survivors of Pacific cultures (TOAH-NNEST TC, 2009).

Research- gender match for women

- NZ – Jordan (1998) Jan Jordan asked survivors what suggestions they had to make it easier for women to report rape and sexual assault. One of the suggestions was "have a woman present". p 30.

- UK – Lovett, Regan & Kelly (2004) – In terms of medical examination, 82% of survivor/respondents said that it made a difference to them that the crisis support worker was female. This included the 1 male survivor/respondent involved in this part of the research.

- UK - Chowdhury-Hawkins, R., Mclean, I., Winterholler, M., & Welch, J (2008) – asked survivors in a number of SARCs about their preference for gender of staff providing forensic medical and care. Nearly 80% indicated that they would prefer a female to examine them and nearly ½ of the females and ¼ of the males indicated that they would not go ahead with the examination if there was no choice but to have a male examiner.

Practice examples – gender match for women

1. Currently services in NZ recruit women for these roles.

2. Human Rights Act 1993 (as at October 2008) makes provision for allowing employment which might otherwise be seen to be discriminatory, where it is for "a counsellor on highly personal matters such as sexual matters or the prevention of violence" Part 2, Section 27. The same Act allows for similar discrimination in the provision of services on the same grounds (Section 45).

Provider knowledge - gender choice for men

The question of gender of support person for men is less straightforward. While men need the same things that women do – to be able to expect the emotional safety which comes from understanding and compassion - this is less able to be simply established on the basis of gender. Yes, only another man can really imagine what it is like to be a man and be raped without having to be told. Only another man can really understand the depth of some of the male-specific responses to sexual assault

The house seemed full of huge men (police officers). Among them, as they crowded in the doorway from the hall to the dining room, I could see a woman's face. I held on to her eyes and she on to mine. Someone asked if I was happy to talk to a male officer and I said yes, assuming that the female officer would stay. She didn't; I felt sad and confused about that.

(Leefman, 2005, p. 25-26).

The last voice I wanted to hear was a male voice.

(Jordan, 1998, p. 21)

resulting from the ways our society thinks about men, for example, the idea that "you can't be a man and a victim at the same time", the fear that if you are assaulted by a man you might turn gay, or the idea others might hold that if you are assaulted by a woman you are "lucky", or the idea that if a man is assaulted, he is likely to become a sex offender (Milne, 2001). This would suggest that gender matching would be good for men as it is for women. However, one thing that can get in the way of this is that men are often reluctant to show their emotional vulnerability to each other. This phenomenon can be further exacerbated in situations in which the offender was male. Many men feel safer to disclose emotional vulnerability to a woman. The best case scenario with our current levels of knowledge, would be that there was gender choice of support person for men who are sexually assaulted. This would also allow for the gender matching which is essential from Pacific perspectives (TOAH-NNEST TC, 2009).

Research – gender choice for men

Not yet available.

Practice examples – gender choice for men

1. In a situation where a number of boys and young men were identified as survivors by police following investigation of a man who had been abusing multiple boys over some years, the local crisis support service offered meetings for groups of survivors and their parents to meet local service providers, including male counsellors who worked with survivors.

Principle 7: Independent

Services are independent from statutory or legal responses to sexual violence in order to preserve their capacity to work in a client-centred way.

Provider knowledge with survivor voice

Due to the nature of their roles, many of the other services or people involved in responding to sexual violence have agendas other than, or in addition to, the welfare and well-being of the victim. It can be a result of these other pressures or requirements of their roles that other services can inadvertently cause harm to the survivor.

As an example of how another agenda can cause harm to a survivor, the nature of the process to get justice in this kind of crime which most often lacks independent witnesses and corroborative evidence, along with offender expectation of the possibility of DNA evidence, means that the most common response to an allegation of sexual violation is that "she wanted it". This and the evidential standard of *reasonable belief* mean that her credibility is most often made the issue in court. Anticipation of this attack on her credibility can lead to efforts to defend it as early as the reporting process. The following quote is from a woman in the situation of having been raped in her own bedroom by a man who broke into her home:

The doctor explained that the blood sample would also be used to detect the presence of alcohol: if no alcohol was present, then the rapist couldn't say I'd been drunk. Was the doctor suggesting that if I had been drinking there could be some confusion as to whether or not I'd consented to intercourse? Taking the blood sample seemed an unnecessary and almost abusive intrusion into my body. But I had no option: I was to undergo an invasive procedure to defend myself against possible accusations from the perpetrator of this crime.

(Leefman, 2005, p.33).

One of the roles of the crisis support service is to ameliorate this harm through providing a concurrent person who is focussed on the needs of the survivor, providing full information about the reasons for the action of the other role, assisting the victim/survivor to move away from the harm causing issue if this is what she (or he) wants, and negotiating with other services to alter what they are doing or how they are doing it if harm is being caused.

Research

- USA – Campbell et al (1999) – Found that neither individual variables, nor rape-related variables alone predicted high scores on a measure of post-traumatic stress, but secondary victimisation by

medical or legal personnel did so. The more re-victimising actions or comments there had been, the higher the level of post-traumatic symptomatology. This effect was ameliorated where the survivor had high levels of mental health support.

- USA – Campbell (1998) - Found that higher levels of advocacy had been required to assist victims to get their needs met where factors of the assault and factors of the victim did not fit the mold of: stranger rape with a weapon causing injury to a victim who shows distress, was not using alcohol at the time of the assault and who seems receptive to help. It is important to note that scenarios fitting this "mold", are not the majority.

Practice Examples

1. Current NZ specialist crisis support services are independent community organisations. While many are in relationship with statutory legal and medical responses, these relationships do not accord any institutional "power over", other than that in play by their statutory or social status.

Principle 8: Integrated

Crisis sexual assault support services are integrated with other psychosocial services for survivors of sexual violence to give survivors a "wrap around service", and best meet the needs of the agency and the community.

To best meet client need, services are most often integrated – crisis and non-crisis support services, court support, advocacy, on-going counselling, and prevention education. This enables provision of a "wrap-around service" with smooth transitions, able to meet multiple of the client's needs at this and other points in their journey. Integration also serves our communities and keeps our agencies healthy by not just being the ambulance at the bottom of the cliff, but also providing consultation and education to our communities, and, for many, lobbying for an end to sexual violence.

Provider knowledge

A survivor's recovery journey may have many points of acute and varying need. Integration of crisis, counselling and support and advocacy services allows for these needs to be met by a service with which the client feels comfortable, and a service which can reasonably be expected to understand her (or his) journey of recovery and thus her (or his) needs.

Such integration serves our communities through maintenance of a clear voice to keep addressing sexual violence on the community agenda, and an easy route for consultation.

Such integration also means that we do not separate service delivery from lobbying, enabling a direct path from survivors, through services, to public voice. We become a channel for those voices rather than a dead end. This integrated response builds morale through keeping services involved as a part of the solutions on wider levels than only working with the individual survivors. We are not helpless in the face of this terrible social problem with which we work every day.

Research

- While studies vary on the proportions, all studies find that some rape survivors will recover from the psychological impacts over a period of months, but that for many survivors, recovery time is measured in years. (See Petrak [2002] for a summary). Being able to provide the longer term counselling and therapy needs of these survivors is possible through provision of an integrated service.

- USA - Monroe et al (2005) – US services tend to provide short term counselling only as a part of their services. In an evaluation across 19 sexual assault centers in Maryland, about 20% of those survivors who recommended service improvements wanted more therapy, more time for therapy sessions, and/or group therapy.

- USA – Fry (2007) – In an evaluation of New York rape crisis centres, survivors said that they needed long-term counselling, and group therapy.

Practice Examples

1. Nelson Rape & Sexual Abuse Network Inc. describes such integration as follows:

> *Crisis support services might work alongside on-going counselling by providing support while the client is waiting to see a counsellor, or during times of acute need. Both aspects of service can be matched to the client's needs through in-house co-operation and consultation.*

Principle 9: Working collaboratively both nationally and in our local communities

a. Work in tri-partite relationship where available and appropriate

Provider knowledge

A co-ordinated psycho-social, medical and legal response is that which is most likely to best meet the needs of survivors of sexual violence. This is also supported by the NZ Police Adult Sexual Assault Guidelines (1 July, 2009), which requires Police to "work cooperatively with other agencies in a tripartite approach to achieve better outcomes for victims". While not all survivors will need or wish to access all aspects of this co-ordinated response, such an approach offers multiple points of entry by survivor choice, with facilitated access and smooth transition to other aspects of service. Such a response will maximise her (or his) access to justice, increase her (or his) access to medical care and support her (or his) well-being. It also supports provision of consistent and quality services through providing a vehicle for collaboration and specialisation among service providers.

An effective tripartite relationship:

Is based on:

- Agreement that victim/survivor needs are paramount drivers of service and response
- Partnership – whereby the functions of each role are considered different but equal, and where the parties hold respect for and understanding about each of the different roles

Is supported by:

- Local and national formal infrastructures and agreements addressing:
  - Paramountcy of victim/survivor safety and well-being, and right to informed decision-making
  - Identification of the roles and responsibilities of each party, and the tools and routes for accountability for these
  - Agreed protocols and procedures for referral and other services required by the victim
  - Transparency about possible conflicts in roles, responsibilities and accountabilities, and protocols for mitigating those conflicts and resolving disputes safely and quickly in the interests of minimising impact on service provision to victim/survivors
  - Protocols for ensuring good communication, including:
    - Communication of critical information

    - Confidentiality agreements
    - Protocols for informing one another of relevant communications or initiatives being undertaken (e.g. media statements), so that each agency can respond appropriately
    - Sharing information and resources
    - Clarity and transparency regarding all decision points and potential consequences
  - Compliance with all relevant legislation and regulations
  - Agreement to advise and consult re all service initiatives or changes which could impact survivors of sexual violence and/or the tri-partite relationships.
  - Designated representatives from each party
  - Protocols to ensure information about the agreement is understood by all personnel involved in each service
  - All parties agree to undertake training and create learning opportunities for each organisation to develop professionally
- Regular local and national meetings to discuss specific content of the work, and the relationship – issues arising and changes in the roles or circumstances of one party which might impact on the others
- Specialisation – supporting good service provision and development of trust and confidence between the parties.

Is nurtured by relationship developed through:

- Small teams, the members of which can come to know each other personally through regular work, meetings and training
- Mutual training practices at local level (police, medical teams and support services all involved in each other's training).

Research

- USA - Epstein & Langenbahn (1994, cited in Decker & Naugle, 2009). In a review of four communities, a number of factors were identified as practices that enhanced the provision of care to survivors of sexual assault, and led to increased successful prosecution of sexual assault cases. These included:
  - Inter-agency task forces and networks
  - Joint interviewing with victims

- Cross-training between agencies
- Referral services

- US, UK, Aus – Beckett (2007). In a multi-national review, Beckett identified the following factors as aiding the collaborative relationship in responding to survivors of sexual violence:
  - Specialist police sexual assault teams – impacted on competence and confidence, development of professional and integrated services, facilitated involvement of support agencies at early stage, and was associated with a paradigm shift to redefining policing as "protecting victims from the impacts of crime" (p 29).
  - Contact beyond caseload – meetings enabled effective case co-ordination and management, information sharing and mechanisms for resolving inter-agency difficulties, changes in practice through sharing of ideas, clarifying role responsibilities, agreeing on basic standards for research and practice, and mitigating impacts of staff turnover.
  - Training – gains included co-ordination between organisations; collegiality; giving each organisation a stake in the others; accuracy of information, insight into the expertise and operations of other groups; common knowledge, philosophy, concern and a spirit of cooperation; development of skill, understanding, support and enthusiasm; and the development of new policies and procedures.
  - Protocols – much theory suggests multiple values of development of protocols, such as ensuring inter-agency liaisons are professional, effective and victim-focussed; reducing the likelihood of one agency being subsumed by another; and providing a written basis for monitoring service provision. Evaluation showed that existence of protocols correlated with effective relationships between law enforcement agencies and Rape Crisis advocates, but also in Australia, that existence of protocols did not ensure that police followed them.
  - On-going evaluation – is also theorised to have much value, in part through the collaboration to develop the evaluation procedures. Research has suggested the need for combined goal setting, agreed standards and official sanctions to encourage compliance.
  - Integrated data collection – while not yet evaluated, it is suggested that integrated data collection could both serve the relationship and allow development of a more complete picture of sexual offending.
  - Physically integrated services - Referring to the evaluations of Britain's SARCs, Beckett also suggests sharing premises as "an important step". However, she also points out that these were developed at the exclusion of Rape Crisis centres and that this is a concern as "the

therapeutic necessity for victim empowerment is more likely to be understood, integral, and lasting if underpinned by a feminist perspective" (p. 40).[6]

- US – Campbell (1998). Evaluated the collaboration of legal, medical and mental health resources using an ecological conception of person-environment fit as the criteria for a "good" outcome, as variation in survivor need means that outcomes will differ. The question explored was "Did the system respond in a manner consistent with victims' needs?" (p.360) Survivors who lived in areas with co-ordinated approaches were more likely to have positive experiences with the systems involved, and to be able to obtain services which were considered to be consistent with their needs.

- US – Campbell & Ahrens (1998). Compared communities considered to be highly co-ordinated re services for sexual violence with communities considered to have low co-ordination. In communities considered to be highly co-ordinated, three types of multi-agency programmes existed: co-ordinated service programmes, interagency training programmes and community-level reform groups. Common features of multi-agency service programmes, whether co-ordination was formal or informal, were that they involved staff from multiple agencies, and focussed on improving service delivery for victims. In contrast, in communities with low co-ordination, interagency training was the only kind of multi-agency programme. There were also differences between the nature of the training between communities with high service co-ordination and those with low service co-ordination. For the former, training was short but frequent, had goals of both relationship building and on-going learning, and was reciprocal. For the latter, training tended to be mandated, infrequent, long, and restricted to established service providers only.

Practice examples

1. A number of NZ regions have regular meetings between police, medical service and crisis support service. The meetings might involve collaborative work to meet individual survivor need, as well as a forum for discussion of cross-service issues, and issues related to sexual violence in general in the region. There has not yet been formal evaluation of any of these tri-partite relationships to explore those elements asserted earlier as necessary for an effective relationship.

[6] Such exclusion has also occurred in New Zealand's first attempt to develop an integrated service, Pua Waitahi in Auckland. In spite of full participation throughout the initial years of service planning and development, community crisis support services were excluded from the final set up.

B. Local configurations for local need

Provider knowledge

The natures of our communities vary widely in ethnic make-up, socio-demographic profile, and availability of other resources. Therefore, services need to be tailored to take into account local contexts, needs and service constraints. A one-size-fits-all approach to crisis support services provision is unlikely to be effective for victim/survivors.

Research

Not yet available.

Practice Examples

1. Mid North Women's Support and Youth Services - in response to the local needs of the Kerikeri community, this group have established sister services alongside the sexual violence services that they provide – budgeting and youth services.

2. In the Kaipara area, following a drop in funding for the women's centre, Rape Crisis picked up the function of providing emergency housing and associated advocacy to women and children in situations of violence.

C. Good relationships with other local services (non-tri-partite)

Provider knowledge

Sexual violence happens to a person in the context of the rest of their life and their other needs. Any pre-existing difficulties can hamper recovery, and the period of disorganisation which can occur following sexual assault can mean that women might need assistance with issues that they previously managed well themselves. Therefore, crisis support workers might need to engage a number of other services for a woman to be optimally supported following an assault.

Stigma attached to sexual assault also attaches to those agencies which work with survivors of sexual assault. This contributes - along with shame, doubt, lack of trust, and a belief that they can manage on their own - to many survivors not seeking help directly from sexual assault services. Good community relationships mean that other services who receive disclosures of sexual violence are able to assist survivors to access sexual assault services.

Sexual violence can seem like society's dirty secret, as if there is an alternate reality that only survivors, you, and your colleagues are aware of. This can feel isolating. To be widely active in community relationships and talking sexual violence, blows the secret and the isolation it engenders. This is both good for the mental health of service providers and assists communities to alter their attitudes to sexual violence and its victims.

Research

- *Referring on:* USA – Wasco et al (2004). Hotline and advocacy workers linked survivors (on average) to at least two additional community resources.

- *Blowing the secret:* USA – Campbell & Ahrens (1998). Found that agencies in communities which were co-ordinated in their responses to sexual violence, were involved in community-level reform, such as interagency task forces, women's action groups e.g. court watch, t-shirts carrying survivor voices etc.

- USA- (Epstein & Langenbahn, 1994, cited in Decker & Naugle, 2009). In a review of four communities, it was found that coordination between sexual assault victim advocates and organisations assisting underserved populations, led to better provision of translation, technical assistance, training and funding by and for some advocacy groups.

Practice Examples

1. Collaborative work with school counselors can lead to provision of specialist counseling and crisis support services to youth in schools. This both improves young people's access to service and improves awareness of sexual violence and its effects in the school community.

2. While some survivors wish to control the use of their personal and health information, others are happy for mental health services and crisis support services to work together to develop complementary plans for counselling and support.

D. National co-ordination

Provider knowledge

As a network of predominantly small organisations, working collaboratively can achieve sharing of resources and development of strategic planning and relationships, in order to achieve the goals of provision of appropriate services and ending sexual violence.

Research

Not yet available.

Practice Examples

1. Both of the following networks support agencies providing specialist services in response to sexual violence:

    - Nga Whiitiiki Whanau Ahuru Mowai o Aotearoa/ National Collective of Rape Crisis and Related Groups of Aotearoa Inc.

    - Te Ohaaki a Hine – National Network Ending Sexual Violence Together.

2. Co-ordination by Nga Whiitiiki Whanau Ahuru Mowai o Aotearoa/ National Collective of Rape Crisis and Related Groups of Aotearoa Inc for Rape Awareness Week allows a national theme which increases the power to bring public attention to the issue.

Principle 10: Accessible

- The nature of sexual violence requires an immediately available 24/7 response.
- Accessible to all victims/survivors:
  - At no cost to the victim/survivor.
  - Via routes that survivors can use – 0800, face to face, phone, e-mail, web-sites, texts, video-conferencing for rural clients.

Provider knowledge

24/7

Crisis services need to be available 24/7 365 days per year because:

- Sexual abuse and assault may occur at any time, including weekends and holidays.
- There is anecdotal evidence that sexual abuse and assault occur more often at night, as context and opportunities for sexual abuse and assault are greater during those times.
- Flashbacks and nightmares following rape – can happen anytime, but often happen at night.
- Disabling terror following rape – can happen anytime, but mostly happens at night.
- Privacy to talk on the phone about something that you feel ashamed and distressed about when you do talk about it – can happen anytime, but often happens at night.

Immediately available

- Sufficient staff to respond immediately.
- Crisis support services should be called automatically and available as soon as possible when someone contacts police with regard to a sexual assault so that services are available as early in the process as possible.
- This helps to ensure client emotional safety in waiting times and waiting areas.
- Crisis support workers need time to develop the relationship which they will use to perform support functions through the medical or police interview.

Services need to be accessible to all victims/survivors

- Sufficient numbers of services to cover geographic spread of the population.
- Sufficient service capacity to meet increasing levels of demand.
- Freephone – easy to remember 0800 number, could be nationwide with automatic diversion to local service.

- E-mail and text for those who prefer to make contact this way or who cannot use a telephone.
- Offices need access for disabled.
- Services need to be linked into local communities so appropriate referrals are made.
- Services need to be advertised in ways that all sectors of the population know that they are available and how to access them in their locality.
- Advertising needs to be targeted particularly at demographic groups that are known to be most likely to be victimised (e.g. people with mental health difficulties, people with disabilities; children and young people; sex workers; known victims of abuse).
- Where a certain population can not be well served by a particular service, for example, where a service does not work with a group such as men or young people, that service would be a part of making arrangements or highlighting the need for that population to be served.
- Service promotion needs to 'out' sexual abuse and assault as a critical social issue and requires on-going national promotion, including strategic media coverage (e.g. television, radio, magazines, internet).

Research

- USA – Monroe et al (2005). It is thought that a long delay between attack and seeking assistance contributes to the scale of psychological difficulties people present with – recommendations from survivors were that there be more services and that they be more widely advertised.
- USA – Wasco et al (2004). 24/7 service - most (68.6%) callers to the sexual assault service hotline called as "in crisis" so needed immediate service .
- USA – Valentiner, Foa, Riggs, & Gershuny (1996). Free services are the ideal due to low income groups being highly represented among survivors of sexual violence e.g. in one US study, 63% of the sample reported an annual household income of $30,000 or less.
- USA – Fry (2007). In an evaluation of rape crisis services in New York, survivors reported that lack of accessibility and cost were factors that led to them not accessing services.

Practice examples

1. Being accessible to young people:
    - Working with local school counsellors to offer a service in high schools.
    - Gr8mates web-site offers information to young people about how to respond to disclosures from peers.

2. Improving access through having offices in several areas of the city, as does Hutt Rape Counselling Network.

3. Offering a mobile service – going to the clients if they can't get to the office.

Principle 11: Culturally informed and resourced

- The world view of Tangata Whenua is respected. The development of tikanga or kaupapa Maori services are supported, at the same time as *mainstream* services are as culturally safe for Tangata Whenua as possible.
- The diverse ethnic and other cultural needs of survivors of sexual violence are acknowledged, and met as well as possible through cultural awareness developed through relationship and resourcing at both local and national levels.
- The development of ethnic-specific responses to sexual violence is supported.
- The particular needs of children and young people are catered to in the ways that we design and develop services.

Provider knowledge

Sexual violence can happen to anyone, but, due to the nature of perpetration, those who are not of the dominant social or cultural group, or are isolated, or are unable to tell are more likely to be perpetrated against. They may also face greater barriers to accessing services and justice. We aim to be able to provide as good a service as possible to everyone who needs and wants it.

Optimum service delivery would involve the choice to use culturally specific services, where survivors could be responded to in their own language and through practices which reflected the beliefs and practices of their culture with regard to relationships, harm and healing. Such cultural resourcing is of particular importance in this field due to both the wide variations in the ways that societies respond to and manage sexual violence and its impacts, along with the degree of harm which can be caused by sexual violence.

This latter, along with the focus on our sexual/reproductive/private parts, can mean that survivors are vulnerable at the times they are in contact with service providers. Trauma can reduce the capacity of the "higher" areas of the brain to function, so we become primarily emotional beings. At such times, that which is most containing and comforting is that which is most familiar, in rhythm, in sound, in smell. Our first language tends to be that to which we revert to describe our deepest emotions. Translation is brain "work", and languages learnt later may never fully resonate with our emotional selves.

Current service availability means that there are actually few choices for such culture-specific service delivery. While we support the development of such services, *mainstream* services are currently the predominant default service, both due to this service lack and because some survivors choose not to

engage with their own cultural and/or ethnic community. This means that *mainstream* services need to provide services which meet the needs of our culturally diverse population as well as possible.

In particular, to respect the terms of the Treaty of Waitangi, all services must be able to provide culturally informed services to Tangata Whenua.

In addition to ethnic cultures, there are many people who live as part of one or more sub-cultures within the dominant culture. Such people as members of a group and as individuals may have needs associated with a different world view, needs particular to their circumstance, and needs associated with experiences of discrimination and prejudice. The needs of such groups need to also inform service provision so that clients can access adequate and appropriate services and resources.

- People with mental health issues.
- People with disabilities.
- Gay, lesbian, bisexual, transgender, intersex (GLBTI).
- Refugees.
- Migrants.
- Sex workers.
- Prisoners.
- Elders.
- Travellers.

These groups make up a significant proportion of the population and many are known to have a particular vulnerability to sexual abuse and assault (e.g. people with disabilities, sex workers, people in prisons). Because many of these groups experience social stigma, they also experience additional barriers to reporting. Feeling understood and respected can be particularly important.

These victims/survivors have particular needs that require crisis services personnel to have a good understanding of their societal context, family dynamics and unique circumstances, and specialist skills are needed to respond to those needs.

Accessing crisis services is believed to be less likely for these victims/survivors, who may choose to remain silent rather than report and disclose sexual abuse and assault for fear of others finding out about their circumstances (e.g. sex worker) and potential negative reprisal from families, associates or employers.

Children and young people are also often targeted by those who perpetrate sexual violence. Responding appropriately to their needs in the aftermath of sexual violence, means understanding their particular needs in everything that we do – in terms of safety, communication, privacy, negotiating control, healing, and freedom to continue to develop their social and sexual selves.

Men also are a group of significance. In general, sexual assault services are set up to meet the needs of women as those traditionally needing and accessing the services. However, recent increases in disclosures from men mean that the community also needs to be able to meet the needs of men, whether this is through existing services working with men directly, or through services for men being established. While men and women may be of the same ethnic culture, gender culture is significant with regard to perceptions of victimisation, responses to sexual assault, emotional expression, and medical needs.

Good practice

1. **Treaty based relationships with Tangata Whenua**
   a. See principle 2.

2. **Culturally aware staff**
   Crisis services staff need to have sufficient cultural knowledge to facilitate culturally appropriate healing, through both being aware of those cultural values which do and do not align, and being able to support the needs of the client within her (or his) cultural world. There is a conflict between 'Western' feminist models of service provision for sexual assault and the gender philosophies of many other cultures. Different cultures have diverse interpretations of sexual assault and victimisation, and these need to be taken into account in order to understand how they may affect a particular victim/survivor's reaction to the abuse and assault, as well as that of their family and/or community.

   Each victim/survivor has a unique world view, shaped by cultural influences and ethnic identities, and these need to be acknowledged by the crisis service providers if the victim/survivor's particular needs are to be addressed.

   An understanding and overt acknowledgment of the victim/survivor's cultural beliefs will build trust, leading to more collaborative and meaningful engagement through the process of crisis service delivery.

   A victim/survivor who is not treated in a culturally sensitive manner, or who perceives prejudice, discrimination or stigmatisation within the service, may be discouraged from engaging with crisis services, affecting their recovery and the likelihood of pursuing a prosecution.

   In particular staff need:
   - an awareness of the specific taboos and prohibitions around sexuality and sexual victimisation, so that their response will be culturally sensitive

- an awareness of cultural models of health that may be relevant to victims of various cultures (e.g. for Tangata Whenua, Whare Tapa Whä, Te Wheke).
- an awareness that each victim/survivor is part of complex wider cultural and social environment and some understanding of the dynamics of those contexts (e.g. ethnic group, religious affiliation, gang membership) in order to work effectively with victim/survivors and their families.
- A good knowledge of the social and kinship systems of the victim/survivor (e.g. collectivist).
- A knowledge of how the victim/survivor's circumstances and social contexts may affect their response to the sexual assault, including factors such as:
  - Poverty and economic dependence on the perpetrator
  - Lack of education
  - Gender beliefs about the status and rights of women
  - A lack of understanding of New Zealand laws
  - A lack of trust in Police and government

Service providers also need to be aware of the impact of institutional and personal racism and discrimination that is experienced by migrants, and the impact on their safety and well-being.

3. Access to cultural consultation

No matter how well versed we are in the world view of another culture, there may still be situations which arise which are beyond our capacity to handle well enough to serve the client's best interests. It is desirable that we have access to appropriate cultural consultation as soon as possible to support us in working cross-culturally. This would preferably be available on both an acute and regular basis.

4. **Access to interpreting services**

Survivors need the choice to receive services in their own language. This is desirable both for her (or him) to be able to express herself (or himself), and also so that she (or he) has sufficient understanding of processes and procedures to make fully informed decisions. However, where a population group is small, her (or his) choice to access such service or not may depend on the degree to which she (or he) feels safe in her (or his) own community around issues of sexual violence.

5. **Good relationship with local culture-specific services** to facilitate both collaborative working and effective referral.

   Good relationships with relevant cultural networks and communities:

   - serve to promote the acceptability of sexual assault services within those communities so that they will use and engage with the services
   - can inform service development
   - can lead to informed culturally appropriate referral
   - and can form the basis for collaborative working relationships with individual clients where such partnership is advisable due to the high cultural needs of the client within the processes of the aftermath of sexual violence e.g. where there is a real fear of reprisal from family and/or community.

Good practice for the sector

The sector encompasses a diverse range of agencies in terms of size, community served, resources, and approach to the work. To support them in this work, a national project could be undertaken by the sector to assist in the development of resources, including:

1. Development of minimum standards for cultural competency re Maori worldview for *mainstream* services, developed by Nga Kaitiaki Mauri and Tauiwi Caucus of TOAH-NNEST and extending those developed by Nga Whiitiiki Whanau Ahuru Mowai o Aotearoa/ National Collective of Rape Crisis and Related Groups of Aotearoa Inc. Developing such standards within the sector would enable them to be tailored to the nature of this work, and the nature of the sector in general being small not for profit social service providers.

2. Development of minimum standards for cultural competency for various other ethnic worldviews for *mainstream* services, developed by Tauiwi caucus in conjunction with its members and, where appropriate, in conjunction with other culture-specific groups.

3. Development of a system of cultural consultation available to those who do not have such consultation available in their local area.

4. Development of relationships with appropriate representative bodies at a national level. Members of these groups experience constant difficulty addressing entrenched paternalistic attitudes and assert that their involvement at all levels is critical to crisis services being accessible and user-friendly (e.g. Disabilities Peoples Assembly motto, 'Nothing about us without us'). More broadly, such relationships could also be platforms for shared development with regard to all needs following sexual violence e.g. increasing access to justice for those living with disability.

5. Development of resources for working with people with particular cultural or other group needs.

Research

Race

- US – Campbell, Wasco, Ahrens, Sefl & Barnes (2001). These researchers interviewed 102 women in Chicago who were survivors of sexual assault. To get a general population sample, recruitment was through adaptive sampling, that is, by presentation or paper poster in areas visible to women in general, such as grocery stores, laundromats, churches. Most participants were women of colour. Researchers asked about post-assault service seeking and found that race was the only variable which predicted contacting a mental health service or rape crisis service following sexual assault. In spite of the sample dominance of women of colour, only 31% of the women who contacted mental health services were of colour, along with only 9% of those who contacted a rape crisis centre.

Maori

- Two research projects (funded by Te Puni Kokiri) are being completed which will bring much needed research re sexual violence and Maori to guide future directions. Meanwhile, the following two recommendations come from a preliminary summary from one of those projects, a stocktake by Nga Kaitiaki Mauri of kaupapa Maori services providing crisis support or services:

    - Provide cultural competency training for all sexual violence sector workers.

    - Lack of community services means individual workers are often unsupported and lack training. Support TOAH-NNEST to work with local communities to develop kaupapa and tikanga Māori services. (Hamilton-Katene, personal communication 22/05/09).

Pacific peoples

- NZ - (TOAH-NNEST TC, 2009). Effective services for Pacific peoples, would ideally be ethnic specific so that services can be built on those cultural foundations which drive the nature of people's relationships with each other, with the spiritual and with the environment

Non-western cultures

- USA - Holzman, (1996) **–** From her work as a rape crisis counsellor with a diverse ethnic population, Claire Holzman describes four values in Western rape crisis counselling that may conflict with other cultures:

1. Individualistic independence versus interdependence with family and community.

2. Self-determination versus deference to authority.

3. Open and direct communication versus discretion, tact, and indirect communication.

4. Emotional expressiveness versus restraint, particularly with regard to anger (p. 52).

Lesbian and gay cultures

- Sexual assault of gay men and lesbians is sometimes a "bias" or "hate" crime. Herek, Gillis and Cogan (1999, cited in Coxell & King, [2002], in Petrak & Hedge [eds]) looked at the psychological impacts of bias crimes, using self report from lesbians and gay men about their experiences of sexual and non-sexual violence over the preceding 5 years. They found significant differences between experiences of violence motivated by bias and that motivated by other factors. Those who were victims of bias crimes:
    - Had higher scores on scales measuring depression, traumatic stress and anger
    - Were more fearful of crime
    - Felt more vulnerable
    - Were more likely to attribute negative life events and setbacks to sexual prejudice
    - Had less belief in the benevolence of others
    - Had lower self-mastery
- Casas, Brady, and Pontoretto, (1983, cited in Coxell & King [2002] in Petrak & Hedge [eds]). – In research with mental health professionals, they found that such professionals have "less accurate recall about homosexual clients, and make more errors in recall about issues discrepant with cultural stereotypes about lesbians and gays" (p. 63). This could lead to inadvertent discrimination against gays and lesbians receiving mental health services. The nature of these errors could be particularly significant in working with the impacts of sexual assault where cultural stereotypes already play a significant role in professional response.
- Garnets et al (1990, cited in Coxell & King [2002] in Petrak & Hedge [eds]) - Make the point that reports of sexual violence can be a "double disclosure" for lesbian and gay survivors, needing to disclose both the sexual assault and their sexual orientation. Further, that care needs to be taken with the confidentiality of their sexual orientation, as disclosure could lead to discrimination.
- Coxell & King (2002, cited in Petrak & Hedge [eds]) suggest that best practice is to: – assume nothing, ask sensitively re orientation, and how "out" a person is, and how comfortable they are with this being known.

Men

- See Principle 6. In addition to the cultural constraints outlined there, men are more likely to present in an emotionally controlled fashion (Kaufman et al, 1980, cited in Coxell & King, [2002] in Petrak & Hedge [eds]), possibly to reassert their "manhood". This can mean that they are not

responded to as a "good" rape victim as they are not presenting distress in the ways that people expect following rape.

Disability

- AUS – Murray & Powell (2008). This review paper highlights research which shows high rates of sexual assault for those with many forms of disability. Perpetrators are often those with whom residences are shared, family members, and staff in care facilities or support services. Challenges to reporting can be significant, such as "rape" being excluded from communication devices, carers may control access to telephones, organisations may have a lack of policies and procedures for responding to sexual violence, or have policies and procedures which take decision-making out of the survivor's hands, organisations may consider sexual assault as an "incident" rather than a crime, the organisation may move or restrict the survivor rather than responding to the perpetrator, or the survivor might be dependent on the perpetrator. In addition, survivors with disabilities face all the usual rape myths, with some additions such as: ideas that people with a disability are asexual, that they lie, or that they would not be sexually assaulted. Even where a report is made, prosecutions are often not taken due to justice system perceptions of the capacities of the survivor to be a "good witness". Recommendations to improve the responses of sexual assault support workers towards survivors with disability include: training for sexual assault support workers, co-ordination between police, sexual assault support workers and disability support workers, information available to the survivor in a form specific to her needs and disability, agencies resourced to enable staff to have time to work with clients at a pace and in a format that suits them.

Practice Examples

1. Counselling Services Centre – This service has two staff go on call-outs to medical examinations and police interviews as they are in an area with high Maori and Pacific populations, so there are likely to be whanau present.

2. Cultural training and supervision available to support workers.

3. Offering referral to kaupapa Maori services where these are available.

4. Male Survivors of Sexual Abuse Trust – A Christchurch service established by men for supporting male survivors.

5. Responding to a survivor's knowledge and fear that any local interpreter would be a family member or known by the alleged offender, a service arranged to access a geographically remote language interpreter by telephone to explain a police decision.

Principle 12: Appropriate environments

Services should be provided in environments which promote victim/survivor well-being and welfare.

Provider knowledge

Providing appropriate environments for survivors of sexual violence has a direct impact on their well-being as the environment has the capacity to prolong or exacerbate anxiety, or to assist in the development or maintenance of feelings of safety and calmness, both of which impact on the potential for recovery of the nervous system. This applies to both the physical environment itself, and the environment created by the tone of human interaction. Survivors often describe a sense of being exposed, that they feel as though everyone around them knows exactly what has happened to them, and this can trigger feelings of shame.

These issues apply to all environments in which the victim/survivor is required to be, whether that be an interview room, a waiting room, a police car, or a medical environment.

Qualities of the physical environment:

- Calm and smooth – avoid others coming in to the environment, loud or otherwise intrusive noises, sounds of anger or discord; temperature and lighting are appropriate for survivor comfort
- Survivor perceptions of control – not sitting with her (or his) back to the door
- Protected – not left alone, particularly in a public environment such as a waiting room or toilet area with partial walls; not exposed to offenders or reminders of them - their belongings, smells, sounds; not exposed to the scrutiny of uninvolved others
- Moving vehicle – driving to be calm and smooth and the trip as short as possible
- Misogyny or objectification – no signs of the denigration of women or the sexual objectification of women or men.

Qualities of human interaction:

- Have a genuine understanding of the seriousness of sexual assault and abuse
- Are sensitive to the survivor's needs
- Do not minimise the trauma or stigma experienced by the survivor
- Do not stereotype the survivor

- Genuinely care for the safety and well-being of the survivor
- Behave with courtesy and compassion, and respect for survivor's dignity and privacy
- Focussed – no discussion of other matters such as other cases or interagency issues.

Research

- USA – Campbell (1998) – Following rape, victims/survivors can be further impacted by the ways that they are treated, to the degree that contact with medical and legal systems can lead victims/survivors to experience higher levels of post-traumatic stress.

Practice examples

1. Development of specialised interview rooms in some police stations, away from where offenders might be.
2. Development of medical suites with attached lounge, counselling rooms and showers, and with clothes and food readily available.
3. Some crisis support services have no signs so that survivors visiting them do not inadvertently disclose by being seen to enter the building.
4. Some services provide two waiting rooms, with one being "woman only" for those survivors feeling too vulnerable to be in more public environments.

Principle 13: Quality

- Services provided are of the highest quality given the state of knowledge and resources. This is achieved through ongoing evaluation of service delivery with assessment based on feedback from clients, staff and service delivery partners, practice guidelines and research evidence.
- Staff are supported through appropriate training, leave, resources and supervision.

Provider knowledge

It is important that services are of high quality as the potential for crisis support workers to cause harm is as great as it is for anyone else in the aftermath of sexual violence. Also there are high costs to survivors (and therefore to society) if we fail to ameliorate harm when we had the opportunity to do so.

However, it is not easy to achieve research validation of service quality due to difficulties engaging survivors in evaluative research of crisis support services to empirical standards, and lack of resources to keep up with research evidence.

Further, quality can be impacted by the lack of resources, which impacts in high staff turnover and thus acts as a restraint on provision of adequate staff support.

Currently quality of services is due to commitment and dedication, long service provision, and client-focused services which means we are always listening to what clients tell us.

Research

- USA – Wasco et al (2004). "*The nature of sexual assault services presents challenges for evaluation. Most sexual assault agencies provide crisis intervention services, typically free of charge and brief in duration, to clients who may be in crisis and/or in danger. The context in which rape crisis services are delivered raises practical concerns for evaluators who must take care to protect the safety, confidentiality of survivors, and design their evaluations in ways that respect recovery from sexual assault. For example, contacting a survivor in her home to evaluate the sexual assault services she previously received may violate her privacy, interfere with her recovery process, or place her in danger (if she lives with her assailant).*" (p.253)

Practice examples

1. Client feedback - in light of how difficult this is to get formally in the crisis situation, one service records spontaneous evaluative comments made by victims/survivors during support at police interviews and medical examinations.

2. Service feedback – informal feedback gathered in tri-partite meetings, and regular feedback surveys to gather qualitative information from all of those involved in partnered service provision.

3. Nelson Rape and Sexual Abuse Network allocates a training fund for each worker and sets a resources budget to purchase the latest books and video resources.

Principle 14: Sustainable

- Services need to be secure sufficient resources so that they can meet the current and increasing demand for service in ways which meet victim/survivor needs.
- Income sources need to be adequate, long-term and negotiated in a timely fashion, to enable services to avoid the constant distraction of endeavouring to ensure sufficient resources for continuing service delivery.
- The nature of the work can have a high cost on those doing it if staff support systems are not in place – staff support, working and training conditions, and remuneration need to be appropriate to the nature of the work and able to support staff retention and recruitment.

Provider knowledge

Most New Zealand services are operating on insufficient income to provide full services and/or to pay the staff. This leads to victims/survivors having insufficient access to service, and to staff recruitment and retention difficulties which lead to compromises to service quality.

Need for services is increasing - as sexual violence increasingly "comes out", both through intentional efforts to reach victims/survivors and changes in society in general, more survivors are seeking services.

It is also possible that rates of sexual violence are increasing. This is difficult to establish due to restraints on disclosure and reporting. Changes in the last New Zealand Crime and Safety Survey also reduce validity of comparisons between survey results in 2001 and 2005. However, the results for 2005 show a disturbing 12% of female respondents aged between 15 and 24 years, reported that they had been subject to forced sexual intercourse, distressing sexual touching or other sexual violence in that year (Mayhew & Reilly, 2007). Further, sexual offenders prey on women who are not able to fend them off, and increasing levels of alcohol consumption by women increase the numbers of women who are not able to defend themselves from an offender.

This work impacts workers in multiple ways. Working so closely with traumatized people in their hours of need and at all hours can lead to vicarious traumatisation and emotional fatigue. In addition, the work brings people face to face with the realities of both the perpetration of sexual violence in our society and our society's response to it – somewhat lonely things to know given general levels of denial and victim-blaming in society.

Research

1. TOAH-NNEST TC (2009) -This recent stocktake of NZ crisis support services found that services believe that they are underresourced, and that they manage this by reducing hours of service, not paying staff for some or all of their work, or paying staff low wages.

2. Baird, S, & Jenkins, S R (2003). These researchers, among others, have found that there are a number of variables which are protective in terms of the development of vicarious traumatisation and/or secondary traumatisation, including level of education.

Practice Examples

1. Services attempt to provide appropriate levels of training, supervision and support to staff to enable their work to be sustainable. One service encapsulates this with a "building resilience" policy.

Principle 15: Sexual violence is a whole community problem

Everybody has the right to live free of sexual violence. Survivors do not cause the sexual violence which is perpetrated on them, and nor is it up to them to prevent it. Those who offend must stop doing so. Perpetration is supported by the "cultural scaffolding" of misogyny, rape myths, and wide acceptance of public sexual objectification of women, so responsibility for prevention sits with the whole community.

Specialist services contribute to community change through provision of services, education, advocacy and statistical and other information about the nature of sexual violence.

Provider Knowledge

The tendency to approach sexual violence prevention by only telling women how to be safe is prevalent and dangerous. This has immense implications for all women. Safety education and messages not informed by those with specialist knowledge, often look only at how women can keep themselves safe to avoid sexual violence. This approach implies that following a set of clearly defined rules (further to the precautions women take consciously and unconsciously daily to try and keep safe) will mean you avoid sexual violence. This not only places all responsibility on women for sexual violence, it sets women up. If sexual violence does occur and women have not followed the "rules", that is, out late, lost your friend, ran out of money for a taxi, accepted a drink from stranger, then they can be blamed for not following the rules. This feeds in to and upholds common myths about rape that blame women for their experience of sexual violence.

Research

- Baker, T., Skolnik, L., Davis, R., & Brickman, E. (1991, cited in Petrak, 2002). Compared support from significant others following being victim of a crime. Rape victims/survivors reported more "negative" support from partners than other victims. This included things like suggestions that the survivor could have fought harder to prevent the crime.

Practice Examples

1. Wellington Sexual Abuse Network (WSAN) are working with Police and the City Council to develop strategies that recognise that responsibility for the problem of sexual violence rests with the whole community. This includes:

    - Providing insight into the consequences of current safety campaigns aimed at women.
    - Providing presentations/workshops on alternative sexual violence prevention initiatives to Police and WCC Walkwise staff. (Walkwise is a WCC initiative - like friendly security people that 'police' the streets of central Wellington).

- Developing advertising campaigns targeted at men and what role they can have to stop sexual violence i.e.: ethical bystander models.
- Working with bar staff and bouncers – training bar staff on issues of sexual violence and identifying and effectively responding to inappropriate and abusive behaviour, along with supporting bars to display a variety of relevant information in their establishments.
- Working collaboratively with police on submissions re legislation and local bylaws around issues including; the drinking age, young peoples' access to alcohol, types of alcohol young people are consuming, and real consequences for bars serving intoxicated people.
- Environmental crime prevention.

Good Practice Part 2
- Types of Service Delivery

Vision for mainstream early intervention and crisis support services

Nation-wide coverage of specialist sexual violence support services which are able to provide 24/7 early intervention following recent sexual assault and on-going acute interventions when needed to maintain or assist in establishing emotional and psychological well-being of survivors.

Critical Components of service

1. 24/7 telephone and internet communication service

- Information
- Referral
- Support
- Acute counselling interventions e.g. safety assessments
- For survivors and their support networks
- Consultations for other service providers
- Liaise with police and medical teams re call-outs
- Co-ordinated data collection

Rationale: Provides access to specialist services for much of the population. Easy to access – doesn't require travel, can often be accessed without needing to explain to someone else where you are going. Can respond to acute need, and work with the caller to resolution or make emergency referrals.

Research:

- USA - Monroe et al (2005). In a state wide evaluation of services provided by specialist sexual assault centres in Maryland, USA – 89.9% of respondents said they were satisfied or very satisfied with hotline service.
- USA - Wasco et al (2004). In a state wide evaluation of sexual assault services in Illinois, of those service users who agreed to participate in the evaluation, more than 80% of hotline callers said that they gained somewhat or a lot more information, around 90% said that they felt some or a lot of support had been provided to them.

2. 24/7 Call-out service for advocacy and support

(ideally 2 staff available, 1 for survivor, 1 for whanau)

- Police interviews – from prelim to closure of case

- Forensic medical examinations
- Therapeutic medical examinations
- Follow-up medical examinations when requested

Rationale: Police and medical processes can cause further traumatisation through replication of dynamics of the abuse or triggers into fear endured during the abuse. Police and medical staff have roles to perform so cannot always maintain focus on well-being of the survivor. Support can offset the development of PTSD and other adverse impacts.

> *The police inquiries were beginning to come together, and providing them with the help they needed was traumatic in itself, especially when they asked for specific details of the attack. Sessions with the counsellor gave me the space to off-load the added emotional stress.*
>
> (Leefman, 2005, p. 52).

- Importance of someone to advocate for survivor well-being:

  Kylie was "raped at knifepoint by a stranger in an attack which included her being forced to drink alcohol and being beaten around the head". She was accused of making a false complaint due to inconsistencies in her story. From her point of view, this arose from being pushed to provide information when she was "past it", no longer able to think straight.

  I did feel they were calling the shots. I was too tired and distressed to think that I had a right to say, "This is enough".... It didn't really occur to me that I could say I was too tired and wanted to go home. (Jordan, 1998, p. 42)

- Importance of assistance from someone who understands the process:

  Then an officer came in to say that they were trying to find a woman doctor to examine me. He had assumed that I would prefer a woman. I didn't tell him that I really didn't care; I thought his sensitivity was too nice to throw away. And when I finally had the medical examination later that day, I was pleased I hadn't said anything. The examination was far more

I was beginning to understand that this thing – rape – was far more taxing, far more demanding, than I had ever imagined. I thought I was strong enough to overcome its effects. I thought I could keep living the way I'd always lived..... At first I had refused to allow the attack to change my life, but now I realised that it was a greater force than I'd reckoned with.

(Leefman, 2005, p.53)

extensive than I would ever have imagined; I could not have coped if the doctor had been male. (Leefman, 2005, p. 31).

- Ideally need two staff to work with family:

  Telling mother: Immediately she was in tears. I put my arms around her to comfort her, knowing that I didn't have the strength for this. Fortunately she had a good neighbour who came in to take care of her. My trauma was different from hers, and each of us needed support.

  (Leefman, 2005, p. 49).

Research:

- NZ – Jordan (1998) - Identified four themes of what women need to be satisfied with police performance in their experiences in reporting process:
  - To be believed
  - To be treated with respect and understanding
  - To be allowed to retain some degree of control over proceedings; and
  - To be provided with adequate information. (p.70)

  These themes form the basis of much of the advocacy work crisis support workers do in police and medical processes. See Appendix 4 for full recommendations.

- USA – Campbell (1998) – Contact with medical and legal systems can lead to higher levels of post-traumatic stress following rape. This effect can be ameliorated with mental health support.

- USA – Campbell (2006). Rape advocates assist victims/survivors to get a better deal in medical and legal systems and to feel less distressed by them.

- USA- Wasco et al (2004) State wide evaluation of Illinois sexual assault advocacy services (what we would consider call-outs to police interviews, medical exams and court support). Of those who participated in the evaluation, 87.2 % reported that they got somewhat or a lot more information, 96.5% some or a lot of support, and 84.7% reported somewhat or a lot of help in making decisions.

- UK- Lovett, Regan & Kelly (2004) – 93% of survivor/respondents were satisfied with crisis worker role at medical examinations. This was the highest score for any of the services provided by the Sexual Assault Referral Centre. Both survivors and police supported the role of the support worker at the police interview. Survivors said that she helped them to feel safe and relaxed, and police commented that it assisted the survivor to stay the distance through a difficult process, and it allowed them to concentrate on their own role. Statistics also showed a relationship between the crisis support worker being involved and survivors withdrawing from the legal process – of those who did not have a crisis support worker, 53% withdrew, of those who did, only 20% withdrew.

- Petrak (2002) identifies a number of factors indicating need for assessment in the acute post-rape period:
  - a history of suicidal behaviour is associated with the presence of suicidal ideation post-rape. (Petrak & Campbell, 1999, cited in Petrak).
  - a prior history of sexual assault leads to more severe signs of traumatisation post-rape (Ruch, Amedeo, Leon, & Gartrell, 1991, cited in Petrak).
  - Alcohol and drug abuse relates to increased PTSD symptomatology (Ruch & Leon, 1983, cited in Petrak).
  - Stressful life events in previous 12 months may increase post-rape symptomology, though this hasn't been confirmed by all studies – (Ruch & Leon, cited in Petrak).
- Zoellner, Foa, & Brigidi (1999, cited in Petrak) Found that positive social support might offset the development of PTSD following rape.

3. Emergency face to face sessions – day-time

- To assist clients with stabilisation, assessing and arranging safety, and decision-making.
- Acute counselling interventions
- Support
- Referral
- Assistance with decision-making
- Arranging access to resources
- For survivors and their support networks

Rationale: Most clients presenting for this service feel that they are in "crisis". They need to be responded to as soon as possible so that distress can be contained, time-dependant decisions made, and plans for safety put in place, Responding appropriately to acute need reduces long-term impacts. Many situations can lead to acute need arising, for example, a recent trigger to memories of sexual assault, recent life stressors combining to render useless prior strategies of ignoring the impacts of the sexual assault, imminent change in possible exposure to the offender (e.g. up for probation), birth of a child, another family disclosure, or an upcoming court case. One of the most common

In all this, you're dealing with so many people, yet they expect you to be able to – like the police expect you to be able to ring up and make phone calls. You're not in a position to make phone calls, you're not in a position to speak to all these different people, you're at your lowest point, and your most vulnerable… you don't want to be the one to chase people, you need it all there for you… I think the problem is, although it's available, they don't realise how easy it needs to be… not 'cause people aren't determined to get support, but because everything's hard work, when something like that 's happened… I needed them to ring me. I can't emphasise enough that you're not in a position to do things for yourself. You can't go and find the help you need, you can't.

(St Mary's service user, Interview 11, Undetected Offender, p. 54).

causes of acute need is a recent sexual assault. Symptom levels tend to be high in the first weeks after the assault and many survivors need assistance to redevelop psychological stability, and/or have a need for supportive contact. Such sessions need to be offered as a separate aspect of service as even if counsellors were available on short notice to pick up new clients, it would be inappropriate and unethical whilst containing the crisis to open up the narrative of the abuse to get sufficient detail to begin a claim for ACC cover.

Research: Not yet available.

4. Follow-up service

- Co-ordinated follow-up including telephone, e-mail, text or face to face communications and liaison with other support agencies
- Depending on client need, arrangements with clients and course of case, this service might operate for anything from 1 month to multiple years.

Rationale: For many survivors, sexual abuse or assault continues to impact their lives for some time. There is a personal journey of adapting to the fact that this has happened and what it means for you, and we live in a world in which portrayals of the sexual objectification of women are everywhere, and sexual violence is most often encountered as prime time TV entertainment. Some survivors need on-going professional assistance, while for others they need someone they can talk about it to as appropriate social support is often not forthcoming as people don't want to talk about it or don't know what to say.

Research*:*

- US - Rape has a high impact. Research invariably shows that rape has high psychological consequences in the first few weeks and months with up to 95% of survivors meeting criteria for PTSD. Further, while many survivors do improve significantly by three to four months after the event, many do not. Significant proportions of survivors continue to report anxiety and depression many years after the rape. E.g. Rothbaum, Foa, Riggs, Murdock & Walsh (1992).

- Bryant (2003). We don't yet fully understand predictors of PTSD e.g. one review suggests that of those who meet criteria for ASD, approximately ¾ go on to PTSD. However, also approximately half of people who develop PTSD did not experience ASD in the initial month, and 5% experience delayed onset (more than 6 months after the event).

- UK – Lovett, Regan & Kelly (2004) – While in this sector there has often been debate about whether services should call survivors, or wait for survivors to call them to be less intrusive and more client-centred, in this study 78% of survivor/respondents supported the idea of

proactive follow-up, though with a range of opinion on optimum timeframe for first contact – within a few days 37%, after a week 33% and after a couple of weeks 30%.

Pro-active follow-up also had an impact on withdrawal, with 30% of those contacted only once withdrawing, reducing to 20% of those contacted 2-10 times.

5. Case Tracking

This role is to work alongside police, prosecution, courts, and corrections re progress of case and communicate this to survivor regularly and appropriately. In addition, arrange other services client might need (e.g. court preparation) and appropriate return of property held as evidence.

Rationale: Many survivors want information about what is happening in legal processes so that they know whether they are physically safe or not, when they are going to need to think about the assault again, and in general to maintain some sense of control.

Research: UK – Lovett, Regan & Kelly (2004) – When there was not a "case tracker" 64% of respondents thought that they had not been well informed about the case. Of those who had a "case tracker" service, 75% praised the accurate information that they had been given and almost all respondents were satisfied with the service.

6. Court Services

- Court preparation
- Advocacy and liaison through court processes when possible and appropriate
- Court support – trial, verdict, sentencing, restorative justice referral, parole applications, release
- Emotional Harm and Victim Impact Reports

Rationale: The nature of the adversarial system can be very hard on the survivor (and her family/supporters) – she (or he) is

In the end I initiated it and said, "you've got to send us more letters, tell us what the hell is going on", because there were times when they'd say, "look, the trial's here", but then you didn't hear and then you're waiting to go to trial and then someone phones and says, "oh no, it's not happening for another six months". You're going in like a roller coaster here, there was no communication to say, "no, it's not actually going to be happening". That was really hard, I actually suffered every time that happened. Emotionally you do, trying to prepare yourself for it.....I said, "I know this is only another job to you." For some of them it wasn't, they were really involved, but I said, "I'm thinking about this every day. You've got three that you're thinking about. Every single day"....They probably felt that they were doing enough, but when you live with something day by day, it's not enough. You need to know this guy is going to be put away or whatever you're feeling, and he's not going to be out there. Just those little silly things: are you making sure he can't get out? He can't get bail, can he? Because you don't know...It would have been nice if there was someone to answer those questions and not feel silly about it. **Helen**

(Jordan, 2008, p 67-68).

a witness only so has no legal representation in this process other than what the Prosecutor can provide alongside their duties for the State; her credibility is questioned; she (or he) sees the offender, and must tolerate him seeing her (or him); and she (or he) has to tell intimate details of her (or his) experience and feeling to a public room where not everyone is even sympathetic. It is described by some survivors as the hardest thing they have ever had to do. Further, court processes are offender focussed, and police and prosecution have clear roles to perform regardless of how empathic they are towards the survivor.

Because re-traumatisation as a result of a Court process is so common, it is essential that survivors are offered the option of an independent support worker to assist them through these processes, both during the trial and in the preceding weeks to become familiar with what will be required of them and the environment in which it will occur, to assist with ensuring that appropriate court applications are made and to develop strategies for managing the emotions associated with this often difficult process.

It is important that the person providing support in court is someone who is able to "focus on what the victim/survivor needs rather than venting their own emotions" (Jordan, 2008, p.90), as can be the case when a family member or friend is the designated support person. It is hard to see people we love go through these experiences and be maligned. While family and friends can still attend and be supportive, the survivor is allowed to keep just one person with her (or him) through all processes.

Because all of a sudden I saw myself as being tied up, naked, gagged and being left on the bed by this man, and that was why court was so traumatic, because all of a sudden you saw what had really happened. That this person got off on seeing you, that was and that was really horrible, that was really damaging to see that perspective.

Gabriel

(Jordan, 2008, p. 124).

Research: Not yet available.

7. Information bank

- Specialist libraries – books, DVDs, tapes.
- Pamphlets.
- Web information – regularly updated.
- For survivors and their support networks.

Rationale:

- Sexual violence remains relatively "secret" in our society so resources are not easily available through usual means such as the local library or DVD store.
- Many survivors are not able to "take in" much information if they are significantly impacted by the assault. Giving pamphlets means that they are able to access the information when they are ready.
- Much misinformation exists in our communities which can harm survivors. Giving accurate information to friends and family can offset this.

Research: Bryant (2003). In terms of understanding the pathways of the development of PTSD: "It is apparent that the appraisals of the symptom, rather than the symptom itself, may be critical in determining the influence it will have on subsequent adaptation" (p 793). Information about common responses to sexual violence can give context for people making these symptom appraisals.

8. Resource bank – acute practical need

- Clothing.
- Transport.
- Safety – alternative accommodation, respite care, alert systems, changing locks.
- Funds.

Rationale:

- Clothing is often necessary when it has been destroyed in the assault, is triggering to the assault, or is taken as evidence.
- Transport can become an issue for survivors who develop high levels of anxiety – some feel that they can no longer travel on public transport and others can no longer drive in situations they find stressful.
- Emergency housing is needed in many instances of sexual assault, because the victims are not safe to return home, or because they do not wish to return to the place where the assault occurred. For some "homeless" people, a previous sense of safety which meant they felt safe enough to live this way, can be undermined by the sexual assault.
- Feeling safe is an important step in recovering from the anxiety often caused by sexual assault. Many survivors can't get this staying alone, or without adding extra fortifications to their homes.
- Money can be important following assault – a person may not be able to work, may need to replace broken clothes or other items, need to catch taxis instead of buses, need a holiday or to treat themselves well, and may need to reduce other stressors to be able to cope with the impact of the assault.

Research: UK – Lovett, Regan, & Kelly (2004) – in the acute aftermath of a sexual assault, many survivors needed assistance with practical matters.

9. Social work support e.g. assistance with Work and Income, accommodation

Rationale: Whether due to the impacts of repeat victimisation, or other factors, services see many survivors who are not well resourced in the world, whether that be financially, socially or other. Sexual violence can also cause massive disruption to individuals and to family functioning. The safety of women and the safety of children are often issues to be attended to.

Research: Not yet available.

10. The above to be integrated with recovery and support services including:

- Counselling
- Psychotherapy
- Support
- Support groups
- Services for those supporting survivors – family and friends.

Rationale: Service integration enables both acute and longer term needs of survivors to be met by a provider with whom they can develop a trusting relationship. This maximises survivor access to services which are designed with their needs in mind.

Research: USA - Wasco (2004) – took pre-counselling and post-counselling measures: a posttraumatic stress index PSI and a scale called Counselling Outcome Index (COI) containing items relating to support, trust of self, attribution of blame for the assault, capacity to talk about thoughts and feelings about the assault. This scale was developed collaboratively between the researchers and service providers. Results showed significant differences on all items following counselling. Half of respondents had ten or more sessions.

11. Prevention and education services

***Rationale*:** The prevalence and negative impacts of sexual violence are such that if it was an infectious disease, it would be called a pandemic and massive efforts would be in place to prevent it. Because it is a social ill rather than a medical ill, should not matter in terms of the energy and resources our communities devote to ending it. At present the cost of this is primarily covered by small specialist services, desperate to do whatever they can to end sexual violence.

Research: Not yet available.

12. Advocacy – to end sexual violence, to improve conditions for survivors

Rationale: We must end sexual violence. As with prevention, specialist services are those in our communities who are aware of the real face of this violence. To be true to every survivor we support, we must advocate to improve the systems that they deal with, resources available to them, their access to real justice and to stop sexual violence.

Research: Not yet available.

13. Other services as locally determined

Rationale: Services work to serve survivors within their local communities as fully as possible. This might mean that they offer a wider array of services than those usually considered associated with sexual violence so that survivors in their area can get that service. Conversely, resources available in a particular community might provide the opportunity for development of innovative services for survivors, such as, restorative justice programmes for sexual violence.

Research: Not yet available.

Good Practice Part 3
- Promising Practices

Promising Practices

On consideration of the Australian criteria for "Promising Practices", services fed back that they found them generally useful, though with a few gaps. These were identified as: relationship with Tangata Whenua and demonstration of community need. These have been added to the Australian criteria to form New Zealand criteria.

The next issue becomes how we use the criteria. They could be used in a pass/fail sense with some programmes meeting criteria and being shared, and others considered to not meet criteria not being shared. However, in such a small country, a more constructive option would seem to be using the criteria as a way of reviewing programmes so that we can all learn from the strengths and challenges each project faces.

New Zealand criteria:

1. Partnership with Tangata Whenua – this might be direct re this project, or the project might sit within an on-going partnership. The purposes of this criteria are to meet the agreements of the Treaty of Waitangi, and to ensure that the needs of Maori are always considered.
2. Meet an identified community need.
3. Have a clear focus: have a clearly defined conceptual framework, clear aims, and clear desired outcomes.
4. Take account of contemporary research and practice developments in the field of sexual assault.
5. Position diversity as key to the development, understanding and delivery of good practice models.
6. Demonstrate a sensitivity towards the barriers faced by victims/survivors in disclosing and reporting sexual assault, and other difficulties, if relevant.
7. Include processes of accountability and evaluation.
8. Be replicable (that is, able to be used by others).
9. Have been evaluated as successful.

Examples of Promising Practices

Example 1: Wellington Sexual Abuse Network (WSAN) Prevention Project

WSAN is a collaborative network comprising; Wellington Rape Crisis, Wellington Sexual Abuse HELP Foundation and WellStop. Our primary focus is developing sexual violence prevention strategies. In 2007 WSAN commissioned research to assess the state of sexual violence prevention nationally and internationally. We discovered that a radical shift had taken place in the way that sexual violence prevention education was being conceptualised and implemented (Carmody, 2005; Keel, 2005).

This shift involved:

- Including sexuality and healthy sexual relating in prevention education and involving sexual violence prevention in sexuality education
- Helping young people develop the skills to negotiate ethical non-violent relationships and learn about both pleasure and danger in sexual relating (Carmody, 2005).

Traditional sexual violence prevention education which "places the responsibility on young women to manage their sexual safety by teaching them risk avoidance and 'refusal skills' sends both young women and the community the wrong message"… and in fact "reinforces those traditional gendered norms which situate men's sexuality as irrepressible and 'out of control' while positioning women as 'gatekeepers' and responsible for managing men's sexual behaviour" (Powell, 2007, p.14). It is within the intimate relationship that young women are therefore most vulnerable to pressure and coercion to sexual assault and unwanted sex, but also where the rules of male domination can be negotiated and disrupted.

Sex & Ethics - Violence Prevention Programme for Young People was developed by Dr Moira Carmody, of the University of Western Sydney based on the new research findings and her 25 years in the field of young people and stopping sexual violence. WSAN is piloting this programme in 4 sites in the Wellington region over 2 years.

The programme is run over six weeks with young people aged 16 – 25. Sex & Ethics is based on an ethical framework that enables young people to pay attention to their own wants and desires and work out what they want in their sexual relationships. It encourages concepts of mutuality, ethical decision making and respect. The other part of this programme looks at the role of the community in preventing sexual violence with the concept - ethical bystander.

This enables participants to decide when and how to intervene safely if they see unethical sexual situations developing around them.

Criteria review – Example 1

1. **Partnership with Tangata Whenua**
   We have sought advice and input from Maori about delivering the Sex & Ethics programme in New Zealand. However we are limited in the amount of programme content we can alter until after the completion of the 2 year pilot as this project is part of a comparative research study with the Australian pilot. Changes we have made are limited to language, settings and names and gender of role play characters.

2. **Meets Community Need**
   WSAN decided to focus our prevention strategies at young people due to:

   - The increased incidence of young clients accessing Wellington HELP and Wellington Rape Crisis services.
   - Increases in date rape and 'met that night' rape among young people.
   - Research that shows the age of sexual activity getting lower.
   - Anecdotal information from talking with young women that early sexual experiences are most often; unpleasant, unsatisfying or unwanted.
   - Increasing sexualisation of children, particularly girls and what impact this has on female sexuality and male sexual expectations.

3. **Has a clear focus**
   To have effective, current, appropriate prevention strategies that can work to prevent sexual violence and improve the lives of young people

4. **Takes account of contemporary research and practice developments in the field of sexual assault.**
   Commissioned research to look at developments in prevention strategies nationally and internationally. Discovered new and exciting approaches. Obtained use of pilot programme which was developed out of new research - called Sex & Ethics.

5. **Position diversity as key to the development, understanding and delivery of good practice models.**
   Not entirely sure yet. Undertaken extensive advisory input and evaluation will draw out (hopefully) gaps with diversity. One of our pilot groups is a Queer group. However, there are limits to programme alteration to address gaps and fit NZ culture until after the pilot is complete. This is to allow for comparative research with Australian pilot. Has ethics approval to deliver in NZ.

6. **Demonstrates a sensitivity towards the barriers faced by victims/survivors in disclosing and reporting sexual assault, and other difficulties, if relevant.**
   Not so relevant to the programme content. However in running it we have taken into account impacts content can have on participants. Undertaken extensive screening for educators and

participants. Disclosure policy attached to each pilot site organisation and support info provided to all participants

7. **Include processes of accountability and evaluation.**
   Is a research project so evaluation of participants pre programme, end of programme and 6 months post programme. Advisers involved in life of the project. Findings evaluated by programme creator.

8. **Be replicable (that is, able to be used by others).**
   This is our aim - We want to support groups to be able to run this programme without WSAN and in all areas. We also want to develop it for use with a variety of groups i.e.: kaupapa Maori, queer, rural etc. Educators who have completed the training to become an educator and delivered a full programme are accredited and can deliver sex & ethics outside the pilot parameters. We aim to run a training next year available to educators nationally so the programme can be taken back to their communities.

9. **Have been evaluated as successful.**
   We hope so!

Example 2: www.Gr8 mates.org.nz

Gr8mates is a web-site developed in response to Sue Jackson's (1997) NZ research showing that young people are much more likely to disclose sexual violence to their friends than to families or services. The web-site was developed to offer young people information about what to do in response to these disclosures. It was developed in conjunction with groups of high school students, and the designer was a young person also. It uses cartoons to tell stories as a young person friendly medium of communication. The cartoons were intended to depict a diverse population and therefore communicate to a diverse population.

Criteria review – Example 2

1. **Partnership with Tangata Whenua.**
   The project was not developed in partnership.

2. **Meets Community Need.**
   We were aware of young people needing such information through the research, through callers to our 24/7 telephone line and through work with young people in schools.

3. **Has a clear focus.**
   Focus was to provide young people with information about what to do when a friend discloses, in a format which was easily accessible to them.

4. **Takes account of contemporary research and practice developments in the field of sexual assault.**
   Was based on new research at the time of development.

5. **Position diversity as key to the development, understanding and delivery of good practice models.**
   Diversity was a key factor in the ways that the vignettes were constructed and characters depicted. However, recent feedback pointed out the lack of a same sex vignette.

6. **Demonstrates a sensitivity towards the barriers faced by victims/survivors in disclosing and reporting sexual assault, and other difficulties, if relevant.**
   Overcoming barriers to disclosure was central to the development of the project.

7. **Include processes of accountability and evaluation.**
   Project was reviewed by focus groups of high school students prior to being uploaded, and one year post uploading. Site visits were monitored for several years. However, this was several years ago, so further evaluation is required.

8. **Be replicable (that is, able to be used by others).**
   The concept could be repeated in other languages, but is purpose designed for this age group.

9. **Have been evaluated as successful.**
   Was initially, but evaluations need to be repeated.

Example 3: Project Restore

This is a collaborative project between providers of restorative justice services, providers of sexual violence services and academics. Its purpose was to develop an option for survivors to engage in restorative justice in ways which were safe for them through being informed by what we know about the needs of survivors. It has come to be "justice through relationship".

Criteria review – Example 3

1. **Partnership with Tangata Whenua.**
   The project was not developed in formal partnership with Tangata Whenua as an identified group. Maori are involved in the development and delivery of the programme through being front-line providers and members of the Executive Committee.

2. **Meet an identified community need.**
   Most survivors we work with have no access to formal justice, or don't want to use formal justice systems. Providing this service enabled us to offer another option to engage in justice, and in a way which fitted into the values base of our services. Shirley Jullich's research (2006) had also identified restorative justice as a way of meeting the needs for justice that survivors spoke of.

3. **Have a clear focus: have a clearly defined conceptual framework, clear aims, and clear desired outcomes.**
   The conceptual framework of the programme draws on what we know from providing services to survivors and perpetrators of sexual violence. This is described in guidelines developed for and from the programme. Desired outcomes are "real justice", though we measure this through satisfaction with the experience.

4. **Take account of contemporary research and practice developments in the field of sexual assault.**
   Has been developed alongside what research there was available about use of restorative justice in response to sexual violence, for example, Mary Koss's research in the States.

5. **Position diversity as key to the development, understanding and delivery of good practice models.**
   Diversity has not been positioned as a key element, though the nature of the programme provides flexibility for "specialists" to be involved, whether providing support on the basis of culture or disability.

6. **Demonstrate a sensitivity towards the barriers faced by victims/survivors in disclosing and reporting sexual assault, and other difficulties, if relevant.**
   The programme is carefully tailored to the needs of survivors both at points of disclosure and in on-going relationships with family and community.

7. **Include processes of accountability and evaluation.**
   Evaluation processes are a part of the design of the programme.

8. **Be replicable (that is, able to be used by others).**

We are hopeful that the programme will be able to be replicated. To this end, a set of practice guidelines have been developed. Other sexual violence service providers have expressed interest when we have been working in their areas, though lack of a funding source to date means that it has not yet been picked up.

9. **Have been evaluated as successful.**
   Evaluation is currently underway.

Where to from here?

1. This has been a massive project to achieve in a limited timeframe which inevitably meant a limit on consultation processes. While it would be ideal to establish some infrastructure for regular or on-going review, it is imperative that at least a further round of review is planned within the next twelve months, while what is presented here is still so new as to be held with maximum flexibility for change.

2. An essential part of that review, will need to be consultation with Tangata Whenua. While efforts were made by both Tauiwi and Maori to achieve that this time around, competing demands on Maori have meant that no feedback has been given to date. That consultation is essential for a number of reasons, including the intention of Tauiwi and Maori services in this sector to walk forward together with a shared vision, and because many Maori clients are seen by *mainstream* services – sometimes by choice and sometimes because it is all that is available at that time or place.

3. Definitions of "good practice" are socially constructed so will be continually changing, both due to increasing amounts of empirical evidence becoming available to inform, and changes in culture which lead to both changes in need and changes in the ways that we think about responding to need. Therefore, these guidelines will always be a "work in progress". This requires the establishment of a durable infrastructure for regular review, in consultation with Tangata Whenua. Such review could include consideration of the questions raised by Mossman at al (2009): What are the outcomes against which good practice is evaluated? Who has the power to define good practice?

4. Associated with this could be the development of an on-going forum for sharing "promising practices". The Australian model of a web-site for publishing such practices could be worth replicating due to its easy accessibility.

5. Identified within these guidelines is a need for the development of systems to resource services to work with survivors from groups with varying needs. This might include a national system of consultation relationships, and development of practice guidelines for working with specific groups, developed in consultation with representatives of those groups.

6. Aspects of the guidelines seem daunting when resource levels are insufficient to allow practice to meet principle. An important step in rectifying this is for the sector to continue to draw public attention to the size and nature of the problem of sexual violence.

7. The research gaps in the document are significant. While some of this is due to time constraints precluding an exhaustive search this time around, more is due to a lack of research in the sector, particularly New Zealand research. It is hoped that the identification of these gaps can both inspire

and guide future research efforts. At the least, several multi-centre models of service evaluation have been identified which could be used as beginning templates for nation-wide evaluation in New Zealand e.g. Monroe et al (2005) and Wasco et al (2004).

Final Words

This has to be thank you, to all of those who have supported the project. Many colleagues in under-resourced and time-strapped services have spent hours thinking about what they do and communicating that for the project. Others have spent the thinking hours then didn't manage to communicate and now carry guilt – don't worry, there will be another round! Thanks also to the doctor who gave up novel-reading or window gazing to devote her travel time to this project, the student who assisted so ably in gathering literature, the friends who formatted or lent hard-to-find books, the staff who suffered lack of support while this had to be done, the police who engaged in ways that aim to extend our understanding of each other, the survivors who joined us in this endeavour, the women who have worked day and night for years to support survivors in their darkest hours of fear and despair, the women of Rape Crisis who have been prepared to walk this journey together - in person Andrea and Sandz, and Pam and colleagues for their foundational work on this project. Last but not least, thanks to the teams at Ministry of Women's Affairs and the Crime and Justice Research Centre who clearly demonstrated the need for this project, and Barbara Collins and Virgina de Joux of the Ministry of Social Development who moved mountains to make it a reality. Over decades, this sector has often felt an isolated place to be. Your support changed that, bringing real partnership between sector and government in working to improve things for survivors. Thank you.

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Appendix 1

National Service Standards for Domestic and Sexual Violence: Core Standards (Draft) UK

Structure:
Core principles, Outcomes, Standards, Indicators, Sources of Evidence, Notes.

1. Understanding domestic and sexual violence and its impact
   Outcome: Services demonstrate an appropriate and informed approach, relevant to their service users, that recognises and understands the dynamics and impact of domestic and sexual violence, within an equalities and human rights framework.

2. Safety, security and dignity
   Outcome: Services ensure that all interventions prioritise the safety, security and dignity of service users and staff.

3. Diversity and fair access to services
   Outcome: Services respect the diversity of service users and positively engage in anti-discriminatory practice, and service users are supported and assisted to access services on an equitable basis.

4. Advocacy and support
   Outcome: Services provide independent institutional/individual advocacy and/or support to promote the needs and rights of service users.

5. Empowerment and participation
   Outcome: Services promote empowerment and self help to enable service users to take control of their lives and inform the delivery and development of services.

6. Confidentiality
   Outcome: Services respect and observe service users' right to confidentiality and all service users are informed of situations where that confidentiality may be limited.

7. A co-ordinated multi-agency response
   Outcome: Services operate within a context of relevant interagency cooperation, collaboration and coordinated service delivery.

8. Challenging social tolerance of domestic and sexual violence and holding perpetrators accountable.

Outcome: Service challenge social tolerance of domestic and sexual violence in all aspects of their work and work from the belief that it is preventable.

9. Accountability and governance
   Outcome: Services provide effective management of services so that service users receive a quality service from appropriately skilled staff.

Appendix 2

Rape Crisis Network Europe – Best Practice Guidelines for NGOs supporting women who have experienced sexual violence

Definition of good practice: Actions that proved successful or achieved positive outcomes for users of their services.

- Ideological foundations – the organisational ethos that guides service delivery
- Client-centred approach – action that focuses on the needs of the woman in crisis
- Accessible services – offering a broad range of supports for victims/survivors
- Promoting awareness and values – challenging myths about sexual violence
- Improving societal responses to sexual violence – contributing to the development of effective societal responses to sexual violence, through education, awareness-raising, advocacy and lobbying.

Appendix 3

National Standards of Practice Manual for Services Against Sexual Violence – National Association of Services Against Sexual Violence (NASASV)

Standards of Practice

1. Access and Equity

The Service against sexual violence works to ensure the accessibility and appropriateness of its service delivery to all those victims/survivors in its community, whether they are women, children or men.

Access implies recognising cultural diversity, and identifying and addressing barriers and structural disadvantages experienced by members of the community.

Equity implies the fair treatment of all service users, a just allocation of resources and positive discrimination towards those facing additional barriers to services.

Service provision respects the cultural context of victim/survivors such as their race, ethnicity and language, and factors such as geographical location, socio-economic background, gender, age, sexuality and level of ability.

2. Direct Service

2.1 Rights of Service Users

The service upholds service users' rights to accurate information, informed consent and decision making, choices and control.

Service users are treated with respect, dignity and consideration at all times.

Information about the service and the service users' rights is easily accessible to all service users.

2.2 Service Records

The service has a clear policy regarding service records, including file keeping and data collection. All recording procedures should ensure evaluation, accountability and continuity of support.

Where service user records are kept, such records meet strict ethical standards in relation to content, confidentiality and security (within potential legal constraints). Service users are informed of the Service policy on record/file keeping.

2.3 Crisis support and Response – Adults

The service provides prompt support and systems advocacy to victim/survivors of sexual violence. The service response focuses on the provision of choice, control, safety and dignity for all survivors of sexual violence.

2.4 Crisis Support and Response – Children

All children who have been the victims of sexual violence and their non-offending caregiver/s are entitled to the highest quality response which highlights the children's rights to safety, care and protection. The prompt provision of advocacy, support and counselling at the time of the disclosure will maximise the children's recovery in the immediate and longer term.

In all instances of sexual violence against children, a co-ordinated approach which ensures protection and acknowledges the emotional, physical, health, legal and special needs for children will be prioritised.

2.5 Counselling Support – Adults

Counselling and support are offered as promptly as possible to victim/survivors of sexual violence. A framework which acknowledges sexual violence as both an abuse of power and a gendered crime with political, cultural, social and economic causes and consequences is offered. The Service response promotes their rights to respectful, skilled and relevant support.

2.6 Counselling and Support – Children

Immediate and appropriate counselling, support and advocacy at first disclosure of sexual violence by children is the most valuable response for their recovery and for the prevention of future problems.

Effective intervention involves the non-offending caregiver/s in the counselling process in recognition of their role in the children's recovery.

Counselling and support of children is provided within a framework which:

- *Acknowledges the nature and incidence of sexual violence as occurring within a context of power imbalance based on gender, age and status within the family and community*
- *Acknowledges the diversity of families and caregivers contexts within which the care of children occurs.*

2.7 Working with Young People

Young people are offered appropriate and accessible crisis, advocacy, counselling and support services within a framework which:

- *Prioritises safety and protection*
- *Provides choices, options and control within the parameters of safety and protection*
- *Recognises the developmental stages of young people, ie between childhood and adulthood, when responding to issues of confidentiality and consent, particularly within the context of mandatory reporting.*

2.8 Group Work and Group Activities

The service against sexual violence recognises the importance of presenting additional options of support for victim/survivors through the provision of groupwork programs.

3. Community Education and Professional Training

Services against sexual violence are well positioned to promote a broad understanding of sexual violence. The development and dissemination of knowledge and expertise is crucial to:

- *The provision of responsive and effective services*
- *Changing systems*
- *Changing attitudes which further victimise survivors of sexual violence*

The educational function of services encompasses community education strategies and the provision of professional education and training.

4. Planning and Evaluation

The quality of services to victim/survivors of sexual violence will be enhanced through the utilisation of appropriate service development tools including planning, evaluation, quality improvement mechanisms and research.

5. Structural Reform/Social change

Services against sexual violence aim to initiate, respond to and participate in proactive and preventative strategies, research, networking and media liaison designed to influence the attitudinal, behavioural and structural changes needed within society to end sexual violence and improve responses to victim/survivors of sexual violence.

6. Service management

The service will implement efficient and accountable methods of management which clarify responsibilities, facilitate the achievement of service goals and ensure accountability to all levels including service users, auspice and funding bodies and the community.

Appendix 4

Recommendations for sexual assault support services, from Jan Jordan (1998).

Recommendations for support agencies and counsellors

1. All districts should have a well-publicised, 24 hour crisis service available for rape/sexual assault victims, with personal service guaranteed (as opposed to reliance on answer phones at night).

2. Support agencies should ensure that all services are provided and conducted in an empowering manner, in order to avoid re-victimisation.

3. A limited number of appropriate counsellors should work as part of a multidisciplinary team with the police and doctors to provide integrated service delivery.

4. The availability of specialist rape/sexual assault counsellors within any generic support agency should be facilitated. These should be carefully selected persons, trained to have a thorough knowledge and understanding of the needs and effects of rape as well as an awareness of police and court processes.

5. Counsellors should be flexible in adapting their style to the woman's needs, to ensure that she retains a sense of her own power and autonomy within the therapeutic relationship.

Recommendations for police – recommendation 6

6. An appropriate support person should be available for the complainant at all stages of the process (unless she declines one).

What women need during police processes: p.70

- To be believed
- To be treated with respect and understanding
- To be allowed to retain some degree of control over proceedings
- To be provided with adequate information

Appendix 5

From stocktake of *mainstream* specialist sexual assault services

What crisis services value

Quality of service as a specialist service, high quality, effective therapeutic interventions, bring understanding of dynamics of sexual violence so also effective advocates in the system, staff well-trained, professional, contribute to the well-being of the client, family and the community.

Independent and effective advocates, work way we want – informed by dynamics of sexual violence

Integrated to resemble a wrap-around service, smooth transitions, meet multiple needs of clients' at this point and in their journeys.

Accessible and free, outreach, 24/7, multiple access points, available when client has window to engage.

Political and able to bring this understanding to the work, advocate on all levels, keep the issues of rape in front of the community .

Approaches to the work are client focused, holistic, bring resources e.g. specialist libraries, wide ranging work – will respond to any need related to sexual assault, empowerment.

Community relationships – *are* respected, work collaboratively.

Local services for local people, local networks.

Dedication and committed to supporting women and children no matter what, long-standing staff .

Culture of work with good people, good teams, and look after staff well, long-standing staff.

Exist or there would be no specialist services .

What recovery and support services value

Client Focused

Highly value our capacity to move with what client need is, for example, way we have developed the child and family service has been in line with what clients presenting to this service have needed, same with young people's service in schools.

Availability and Access
Our ability to be able to response quickly to the need. We are free and available to everyone. Our view is that we cater the support to the need of the clients. We make it as easy to access support they need as possible.

No Cost
That the service has had a long life – celebrating 25 years and we are able to provide the service free to clients.

Qualified and Skilled
We provide a professional service. Workers bring a significant level of experience for working with sexual violence.

Appropriate Setting
Our service is set up specifically for survivors so in a quiet cul de sac, no signage, can attend to those issues as don't have several groups using the service so can tailor to that.

Specialist
As a local specialist service we are able to meet the needs of our community from a position of expertise, but with considerable flexibility. Our service is driven by the needs of our clients rather than a set doctrine or business model.

Wrap around
We are client focused – we are able to provide a holistic wrap around – we can work as a team to provide the support one client may need – so we have youth worker, social worker, health, budgeting.

More than just a service
Very client focused and understands ERR trauma and need response- especially while waiting for court. We are more political – organize marches etc – creating a movement – empowering women.

Service qualities identified in Vision for mainstream crisis support services

- Sexual violence specialist – bring understanding of sexual violence and its dynamics and impacts to the work and the ways that we do the work.
- Quality services - well trained staff – code of ethics.
- Independent from statutory or legal responses to sexual violence, but working within tri-partite relationship.
- Integrated service provision across spectrum of survivor needs in sexual violence – crisis and recovery.

- Community embedded and appropriate. Local.
- Work from client-centred model.
- Free to users (including localised 0800 numbers).
- Accessible – 24/7, routes used by adults and young people – face to face, phone, e-mail, web-sites, texts. Video-conferencing for rural clients.
- Well staffed to enable service provision in a timely fashion.
- Good employer – staff working and training conditions appropriate to the nature of the work and able to support recruitment and retention.
- Physically discrete.