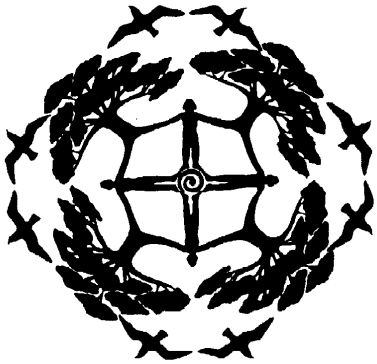
Preventing Sexual Violence:
A Vision for Auckland/Tamaki Makaurau

Report presented to ACC
by Auckland Sexual Abuse HELP



with contributions from
community groups

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A Community Injury Prevention and Safety Promotion Project

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Executive Summary

This is a report of a research project looking at the prevention of sexual violence in Auckland/Tamaki Makaurau. Sexual violence is defined as: the use of sexual actions and words that are unwanted by and/or are harmful to another person.[1] The extent of sexual violence in New Zealand is difficult to gauge without the availability of prevalence studies and high rates of non-disclosure to police or other authorities. However, population studies indicate high rates of sexual abuse of children and later re-victimisation.

While societal causes of sexual violence have long been acknowledged, it is also clear that some individuals are more at risk for sexual victimisation and sexually offensive behaviour than others.

Sexual violence has a high cost. Victims/survivors, perpetrators, family members, friends, acquaintances, and others are affected by sexual violence in many ways: physically, emotionally, socially, legally, financially, at school, home and work. All of us feel the impact. Both the *act of* and the *threat of* sexual violence have significant effects on many people throughout their lives.

So How Can We Prevent Sexual Violence?

We can work to change attitudes, behaviours and values in our society that support or tolerate sexual violence. We can begin by reducing risk factors and increasing protective factors in people's lives. We can teach people skills to develop nurturing, non violent relationships and to protect themselves from violence, at the same time as understanding that for real change to occur for all peoples, larger societal changes need to take place alongside personal empowerment.

In other words, we can start preventing sexual violence by moving away from a society where unwanted and harmful sexual actions and words are used against others, towards truly empowered communities (economically and socially) that promote healthy relationships among people.

Prevention of Sexual Violence in Auckland/Tamaki Makaurau: The Report

In the following document, community groups in Tamaki Makaurau/Auckland explore these issues and ideas with the aim of creating a vision for preventing sexual violence.

The main purposes of this report are to:

- Analyse both the direct and wider societal causes of sexual violence in order to address risks and vulnerabilities for particular individuals.
- **Identify the disparities that exist between ideal prevention strategies and existing prevention initiatives (or the lack of existing initiatives).**
- **Make recommendations about how to approach the prevention of sexual violence in Auckland/Tamaki Makaurau.**

[1] Some common terms that are used interchangeably with sexual violence are sexual abuse and sexual assault. More specific forms of sexual violence include child sexual abuse, sexual harassment, rape, acquaintance rape, date rape, sexual violation, incest and elder abuse.

The first part of the report looks at the risks of sexual violence for children, young people and adults. The risk and vulnerability literature reviews demonstrate the risks for these groups, and at the same time show the general lack of information about sexual violence risks for these groups in New Zealand/Aotearoa[2].

Various counselling services across Auckland/Tamaki Makaurau filled in research questionnaires which allowed us to gather information about incidents of sexual violence and opinions about what could have averted it. The analysis of these provides some information about the risks for sexual violence in Auckland/Tamaki Makaurau.

The community consultations allow us an insight into what actually goes on in the field of sexual violence prevention in Auckland. The representatives from each group have informed this entire project both about the needs of their clients, and also about the common themes across various cultures about the sexual violation of women and children. This helps to reinforce our understanding of sexual violence as societally determined.

Our discussion on the prevention of sexual violence begins by introducing the available literature and some examples of existing prevention strategies both in Aotearoa/New Zealand and internationally[3].

With these three things – questionnaire research, community consultation and prevention literature – in mind, we make conclusions and specific recommendations about the prevention of sexual violence in the region of Auckland/Tamaki Makaurau. Key aspects of our recommendations about prevention are the need to address both those who are potentially vulnerable to being abused and those who are potentially vulnerable to being abusive, and the need for culturally appropriate prevention initiatives and services in multi-cultural Auckland/Tamaki Makaurau. Also important is the need for concurrent and consistent preventive education at all levels of society – messages need to include invitations to community-wide responsibility for the protection of children.

This report also emphasises the need for improvement in the collection and analysis of data about sexual violence. The existence of high quality, readily available and reliable information varied considerably across various agencies such as the NZ Police, Child, Youth and Family service (CYF) and ACC. Areas for future research are also identified, including the need for a comprehensive population study in this city to determine incidence, detailed study of the dynamics of revictimisation, the facilitators and restraints to child disclosure, and long term evaluations of prevention programmes.

[2] Throughout the risk and vulnerability literature reviews in this report an attempt has been made to present the available material in an unbiased way. However it should be noted at this point that individuals are not to be blamed in any way for being sexually violated.

[3] **It should be noted that compared to material available about the effects of sexual violence, there is a comparatively small amount written about the prevention of sexual violence.**

Introductory Note

Sexual violence is a widespread problem – research in this country suggests that nearly 1 in 3 girls may have had an unwanted sexual experience by the age of 16, 70% of these experiences involving genital contact (Anderson, Martin, Mullen, Romans and Herbison, 1993). Figures for boys come from a Christchurch study which found that 1 in 29 boys reported having experienced some form of sexual abuse before the age of 16 years (Fegusson, Lynskey and Horwood, 1996).[4] Prevalence of sexual violence towards adult women seems more difficult to establish, but early studies of university aged women in New Zealand and the USA found that approximately 15% of women described experiences of sexual assault which met the legal definition of rape and a further 11% described experiences of attempted rape. Experiences of any unwanted sexual contact were reported at 50%. (Koss, Gidycz & Wisniewski, 1987, cited in Himelein at al, 1994, and Gavey, N., 1991).

While not all survivors go on to face long-term problems following an episode of sexual violence, many do. As adults, female survivors of childhood sexual abuse have been found to face a range of difficulties, including a decline in socioeconomic status, increased sexual problems and disruption of intimate relationships (Mullen, Martin, Anderson, Romans and Herbison, 1994). A relationship has also been established between a history of childhood sexual abuse and the development of later mental health problems (for example, Lynskey and Fergusson, 1997). The prevalence of post traumatic stress disorder among female survivors of adult rape has been found to range between 48 and 80% (Foa, 1997; & Solomon & Davidson, 1997). Many survivors are still suffering this and other symptoms years after the assault. It might be expected that a social problem of this magnitude would be the subject of widespread investment in prevention programmes and other strategies. This is not the case in Aotearoa/New Zealand. Although a number of prevention programmes do exist, with the exception of *Keeping Ourselves Safe*, they are usually developed by local community groups and can thus lack co-ordination across the sector and be subject to funding restraints which limit the numbers of people who have access to them.

Auckland Sexual Abuse HELP embarked on this project as an attempt to review the issue of sexual violence prevention for the area of Auckland/Tamaki Makaurau and to develop proposals for co-ordinated prevention interventions. The motivation for our involvement comes from twenty years of work in the field, with survivors of both recent sexual assault and historical sexual abuse. We see first hand the devastation and debilitation caused by sexual violence. To maintain morale in the face of this, a key part of our mission for some years has been the prevention of sexual violence. We have worked towards this through providing education in many forums, most consistently through a pre-school prevention programme. This project offered the opportunity to broaden the scope of our engagement with prevention in collaboration with other groups working in the field.

The project has predominantly been funded by ACC Injury Prevention. In 2000, ACC advertised that they were looking for projects which would address injury-related issues across the lifespan and in a variety of different settings in a comprehensive, intersectoral manner. The programme was designed as three year long projects, whereby the first

[4] Prevalence rates for boys have varied in international research between 3 and 31% (Watkins and Bentvim, 1992).

year would be spent gathering information about community needs and establishing the relationships necessary for comprehensive approaches to injury prevention. At the end of the first year, participating organizations would prepare a proposal outlining the design and implementation of a comprehensive, community-based injury prevention and safety promotion project. Funding was to be available to implement some of these projects.

For Auckland Sexual Abuse HELP, this looked like a dream. To be able to stop and think and talk with others about prevention of sexual violence across the lifespan was something we had not had the resources to do. To have the chance of implementing a large scale prevention programme in collaboration with others involved in the field was cause for great hope. Our proposal to enter this project was successful. This report is the result of the first year of participation in this project.

Most of this report is a collection of documents which were developed as part of the research project. However, a few sections have been added for explanatory value. While the collated report was required for ACC, over the course of the project we have also come to view it as a resource for those working in the field, in particular the community groups who have participated in the project. As a collaborative construction of knowledge, groups are free to use the report in the development of their own research, prevention strategies and funding applications.

In this report, we present the research processes that we undertook. This includes:

- Analysis of both the direct and wider societal causes of sexual violence in order to address risks and vulnerabilities for particular individuals.
- **Identification of the disparities that exist between ideal prevention strategies and existing prevention initiatives (or the lack of existing initiatives).**
- **Recommendations about how to approach the prevention of sexual violence in Auckland/Tamaki Makaurau.**

This project is a milestone for the community organisations who have participated in that it represents a coming together and sharing of knowledge never before attempted in quite this way in the Auckland/Tamaki Makaurau area. Through providing both background information and a review of prevention initiatives, we hope that the report will be of assistance to both government and community in the development of initiatives which work towards finding solutions for the prevention of the widespread problem of sexual violence.

About Sexual Violence

Sexual violence towards a child is any sexual suggestion, contact or involvement of the child in a sexual activity. For adults, the notion of consent is involved, so sexual violence is any unwanted sexual suggestion, contact or involvement in sexual activity. Sexual violence comes in many forms, from sexual harassment which may be limited to things which are said, through to rape and assault with the use of weapons. Most studies reporting prevalence of sexual violence tend to limit reports to that which was physical in nature.

Although not every culture has been scrutinized to determine the presence of sexual violence, it does seem to occur across the globe. It also seems that anyone can be a victim of sexual violence, though this report investigates those factors related to people, place and situation which can mean that a higher level of risk exists.

The causes of sexual violence have long been seen to exist at the level of society. In particular, feminist analyses have cited both the economic oppression of women and the sexual objectification of women as key factors in a "rape supportive culture". Economic oppression can act as a restraint on women leaving partners who are violent while the public portrayal of the sexual objectification of women maintains the idea that women and their bodies are there to serve what men might see as their sexual needs. Further, women's fear of sexual assault is seen to benefit men as a group through being a restraint on women's "independent" behaviour - few women will walk alone on the street at night due to fear of sexual assault.

However, while the problem can be seen as societally constituted, there are also variations in individual vulnerability to both sexual victimization and sexual offending. Studies of offender rehabilitation services have indicated for some time that people who sexually offend against children are likely to have been abused themselves in some way as children, a significant proportion of them sexually abused. More recently, factors which are indicators of an increased risk of sexual offending among survivors, have been identified (Lambie et al, 2002). However, there is little research into the factors which influence those who sexually offend against adult women. A lack of rehabilitation services and clear differences in patterns of sentencing, seem to indicate that the rape of adult women is seen as a different type of problem than sexual offences against children. However, the acts do seem to stem from similar societal routes and the existence of a number of high profile serial rapists would indicate a recidivist nature to the offence as is recognized with offending against children.

The effects of sexual abuse and assault can be devastating. Because the physiological systems of children are still developing and they may not yet have developed the capacity for dealing with strong affect, they are particularly vulnerable to the experience of overwhelming trauma. Post-traumatic effects can be seen in many areas of their lives, including emotional and cognitive development. A history of childhood sexual abuse is known to be related to the later development of many mental health problems, but also other phenomenon which are regarded as social problems, such as teenage pregnancy. For children whose experience of abuse is not countered by other sustaining relationships, the abuse can also disrupt that most fundamental facet of

human social life - trust in and connection with other human beings. The consequences of this reach into every area of a survivor's life.

Sexual assault has been associated with the development of a number of psychological difficulties, including depression, agoraphobia, obsessive-compulsive disorder, social phobia and, commonly, post-traumatic stress disorder (Boudreaux, Kilpatrick, Resnick, Best & Saunders, 1998). An Australian study found that for both men and women, rape and sexual assault were the traumatic events most likely to be associated with post traumatic stress disorder (Creamer, Burgess and McFarlane, 2001). It is a particularly traumatizing experience as it has been intentionally perpetrated by another human being and involves violation of private or sacred parts of the body and self. Recovery from PTSD associated with sexual assault can also be slow. It is not the kind of trauma that can be easily talked about, victim-blaming responses are not uncommon and impede recovery (Campbell, Ahrens, Sefl, Wasco and Barnes, 2001; Ullman & Filipas, 2001) and it can be difficult for survivors to re-establish a sense of social safety.

Sexual violence has a high cost. Individuals bear most of this in terms of the impact on their chance to feel safe and secure in the human world[5]. The impacts on individuals can be so severe, that the most significant costs incurred are probably through such things as later parenting difficulties. It is hoped that this high cost can be reduced for individuals and society through the development of effective prevention initiatives.

[5] See Julich, Shirley on childhood sexual abuse and redistributive justice, PhD, Auckland, 2001.

The Research Process

In order to design and implement an intervention effective in preventing sexual violence, we needed to answer key questions: who is vulnerable to sexual violence in Auckland/Tamaki Makaurau and why? And, given these factors, what would effective prevention interventions look like? To answer these questions, we have taken a mixed approach which has included wide consultation with community interest groups, a questionnaire study, literature review, collection of statistical information and a fair amount of surfing the web – a key resource for communication among community groups and programmes across the globe.

Literature Reviews – Risk and Vulnerability

We began by reviewing information about risks and vulnerabilities from national and international published literature. Although the work of this organisation in the field has given us ideas about risks and vulnerabilities, we wanted to establish an international picture which could serve both as a guide to which variables to study, but also as a baseline for establishing the differences in our local communities. A literature review of risk and vulnerability for children and young people can be found beginning on page 12, and the review for adults on page 21.

Stakeholder Meeting

As the issues of sexual abuse and assault affect people everywhere, we invited representatives of a wide range of groups to join us for an initial meeting. We included some of our initial findings from the literature review on the back of the invitation to give people a taste of what we were trying to do. The invitations were open in the sense that they could be passed on to any other person or group that the recipient thought relevant. We enclosed a return sheet for those who couldn't make the meeting, but who wished to stay involved with the project through receiving information and/or attending future stakeholder meetings.

At the meeting we presented the goals of the research and our ideas about research process. We also presented the literature reviews on risks and vulnerabilities to sexual abuse and assault of children, young people and adults. The research and the reviews were well received. We used this and all following stakeholder meetings as ways to gather further information and ideas about the topic matter.

Gathering Statistics

In an attempt to get some indicators of the size of the problem, we asked for statistical information from agencies such as the New Zealand Police, Accident Compensation Corporation, and Child Youth and Family Services. Unfortunately, accessing this information was not as simple as we had hoped. Much of the information provided was not useable due to huge categories of "other", or division into categories which made little sense for the purpose of this project. Some of the agencies involved in therapeutic and advocacy work have also contributed their statistical data to assist in creating a picture of the population who are accessing services, though low reporting rates mean that this information gives no real indications of incidence.

Gathering Information from Community Groups

To gather information about risks and vulnerabilities in this city, we began to work more closely with both community groups who work with survivors, and groups who work with

people who face vulnerability but may not be represented in the work of the community groups. We gathered this information in a number of ways.

1. Questionnaires
In an attempt to gather consistent information across the city, we developed questionnaires for counsellors and crisis workers to fill out. The questionnaires did not identify clients and we asked only for information which was already known by the counsellor or crisis worker. Initially, with the assistance of the Injury Prevention Research Centre, we set up a data analysis programme called Epi6. Having established a coding system, we entered the information from the questionnaires into the data programme. However, due to a smaller number of returns than originally anticipated, this programme was not as efficient at giving meaningful analysis as we had hoped.

We consequently returned to a more small scale approach which allowed both qualitative and quantitative approaches to the material. Setting up tables allowed us to view each questionnaire in its entirety, and then to compare and contrast differences in the information. This allowed us to see any patterns or differences that existed among the various groups by age, ethnicity, offender characteristics etc. This level of engaging with the material has been most valuable, but very demanding within a short time frame. If time and money were not a constraint, we would like to have sat longer with this information and worked with the various strands of material to reach a deeper level of analysis. Key issues were, however, identified and presented for a discussion looking at the implications for prevention.

2. Focus groups
Not everybody found the prospect of questionnaires appealing or appropriate, either due to characteristics of their populations, working with small numbers of survivors or other personal or cultural factors. We offered focus groups as an alternative method of gaining a general understanding of the risks and vulnerabilities of different communities. These discussions were often peppered with stories to illustrate the broader themes that were being discussed. The research process with these focus groups involved writing up the notes from the meetings, sending them back in note form for comments and additions, and then consolidating the notes. These were again sent back for approval of content and context. We invited these groups to present their views on risk and vulnerability at the prevention workshop. These discussions were of great value for both the understanding gained and networking that was established.

3. Interviews – Key informants
With other groups who did not work directly with sexual violence, we worked with key informants – people who knew their population and were aware of risk of sexual violence or instances of sexual violence. Some of these interviews were conducted by telephone and some in person. Records of these discussions were also sent back for correction and validation.

Prevention Literature Review
The second phase of the work involved looking at prevention. Again, we looked to the national and international published literature for guidance – what had been tried and what had been shown to be effective. The web was also of value in this phase of information collection as a number of successful prevention initiatives have web pages describing their operations.

Nationwide Collection of Information about Prevention Programmes

The literature review occurred alongside a nationwide collection of information about prevention programmes. We sent questionnaires about projects to every group we could find contact details for who might be involved in such work.

Given the flexibility in the current syllabus, we were also interested to see what was happening in local schools. We sent questionnaires to 18 randomly selected primary and intermediate schools in the region. We received three replies. Appendix B contains their responses and comments.

Meeting with ACC

At this point of the year we attended an ACC workshop alongside other community organizations with contracts for research into community injury prevention and safety promotion. We presented the findings of the project to date. This highlighted differences between working with intentional injuries such as those incurred through sexual violence versus the unintentional injuries we think of when we talk of accidents. Much of what was presented to us by ACC was directed towards unintentional injury and so was less relevant to this project than to others.

Stakeholder Meeting: Results of Research into Risk and Vulnerability and Developing Prevention Strategies

We held our second main stakeholder meeting with the focus groups and the broader contributors/stakeholders in order to report back the findings from the questionnaires and to begin our discussions on prevention. The agenda for the day saw most of the morning spent presenting the findings from the questionnaires. A brain storm on the implications for prevention followed each presentation. It was at this point that those contributing groups who were able to attend were invited to present the ideas developed in focus groups. The attendance of an interpreter for two sign language speakers allowed for members of the Disabled People's Assembly with hearing impairments to fully contribute. However, after lunch the interpreter was called away and this resulted in their valuable input being much reduced, with only one hearing member of the Assembly left to present their views. This was frustrating for all parties concerned.

The afternoon was spent experiencing some of the current live prevention initiatives, with a presentation by Jude Bishop from We Can Keep Safe, the ASAH preschool prevention programme, and from the team at Auckland Rape Crisis, leading a component of their Personal Action for Sexual Safety programme. Unfortunately we ran out of time to do any meaningful visioning towards prevention and so decided to regroup in the weeks ahead (time was hard to find as the end of year loomed with, at that time, a February deadline for completion of proposals).

Developing the Vision

It was between prevention workshops that ACC informed us of the structural changes affecting the community projects, and the non availability of funding for implementation to stage two. This news severely affected the momentum of the project, for both staff working on the project and stakeholder contributors. Although there was much disappointment at the follow up stakeholder meeting, there was also a determination to complete the process and to hold our integrity as a community committed to social change, regardless of the lack of potential funding.

Therefore, we have continued to work with the key issues and identified objectives of the stakeholder community groups and agencies towards developing strategies for prevention. This part of the research process has involved much reading, discussion and tying together of material collected over the year. A new member of staff joined the project and assisted with comprehensively compiling the prevention literature review and focusing on the implications for strategy development. A draft version of this report was presented at a final stakeholder meeting where a discussion included the possibility for maintaining the stakeholder group to continue the discourse on prevention. The final approval for inclusion of dialogues and references to ideas were sought as was feedback on the conclusions drawn around prevention strategies.

The research process has been fairly fluid and flexible due to the changing and challenging conditions presented over the course of the project year. The more difficult of these included a frustration by the lack of resources and time to consult more fully, the resignation of a staff member part way through the project with the subsequent loss of much valued knowledge and expertise, and disappointment at the restructuring at ACC which led to the scrapping of community injury prevention and safety promotion projects. From our perspective, the acknowledgement of our limitations and strengths, with integrity and honesty, with people and process, have been key notions that have supported the research process of this project.

Vulnerabilities and Risk Factors in the Sexual Abuse of Children and Adolescents: A Review of the Literature

Introduction

The sexual abuse of children has received much worldwide attention over the last two decades. The prevention of sexual abuse is gaining more recognition as it is increasingly being realised that there may be certain vulnerability factors that could be targeted for primary and secondary prevention. This review seeks to outline the prevalence of sexual abuse with specific references to Aotearoa/New Zealand. Vulnerabilities or risk factors for sexual abuse will also be highlighted including family factors, sibling incest, racial factors, and socio-economic factors. Next, vulnerable groups of children and adolescents in the care of others will be outlined. Injury including physical and psychological effects will also be discussed briefly.

The Prevalence of Sexual Abuse

The New Zealand rates of children who are sexually abused compare to international figures (Anderson, Martin, Mullen, Romans, & Herbison, 1993; Fergusson, Lynskey, and Horwood,1996). Anderson et al. (1993) found that one in three women had been sexually abused by age 16. In a longitudinal study, Fergusson et al., (1996) found that 10.4% of the young people surveyed at age 18 reported sexual abuse – 17.3% of females and 3.4% of males. Internationally, it is generally accepted that one in four girls and one in ten boys are sexually abused (Kendall-Tackett, Williams & Finklehor, 1993). In a review of the sexual abuse of children, Watkins and Bentovim (1992) pointed to a range of prevalence rates for females as 6-62 percent, and for males 3-31 percent. There is also a difference between clinical and community samples with much higher prevalence rates for clinical samples. This difference is not surprising given some of the psychological effects of sexual abuse.

There have been some reported differences in abuse over childhood. Intrafamilial sexual abuse has been found to occur earlier in childhood over a longer period of time due to the availability of children. However, extrafamilial sexual abuse is reported to be more prevalent in school aged children (Ligezinska, Firestone, Manion, McIntyre, Ensom, & Wells, 1996). Family members accounted for perpetrating 38% of abuse (Anderson et al., 1993). Of those family members, 1 in 10 stepfathers had abused their children and 1 in 100 biological fathers had abused their children. Acquaintances, including family friends, and those in a position of trust, like teachers, accounted for 46% of perpetrators of abuse. Women accounted for 2% of the reported perpetrators. Nearly half of all perpetrators were under the age of 25.

Stern, Lynch, Oates, Toole, & Cooney (1995) found that intrafamilial sexual abuse was more frequent and chronic with delayed disclosure than for extrafamilial sexual abuse, in their Australian study. Fergusson et al. (1996) found that intrafamilial sexual abuse was more severe and chronic than extrafamilial sexual abuse. Intrafamilial abuse also made up 23.5% of disclosed abuse and extrafamilial abuse 76.5%.

Research also points to some gender differences, although they also vary across studies. Girls are more likely to be abused by family members, whereas boys are more likely to be abused by non-family members (Ligezinska et al., 1996). Anderson et al. (1993) found that of their sample of female children, the majority of perpetrators were known to them. Generally, boys are older at onset of victimisation (Berliner & Elliot,

1996). Ongoing victimisation of boys suggests that once a boy has been sexually abused, this early sexualisation is recognized and preyed on by sexual predators (Briggs & Hawkins, 1995).

Sexual abuse by strangers is less common than that perpetrated by people known to the child, accounting for 15% of reported episodes in a New Zealand study (Anderson et al., 1993). Elliot and Briere (1994) found that in cases substantiated for forensic prosecutions, only 3.5% of children reported stranger abuse. In the majority of cases (112%), children knew the person who had abused them. (These percentages add to more than 100 as some children had more than one perpetrator).

Key implications from this picture of statistics include that children's homes may not be safe, and that a focus on a "stranger danger" message may lead to a false sense of security with known people. Further, all children may be vulnerable to sexual abuse just because of their natural vulnerabilities (Gallagher, 2000) such as their age, maturity, and dependence on adults.

Vulnerability Factors

Some of the strongest indications of vulnerability for being sexually abused relate to the dynamics of families where sexual victimisation occurs.

Family factors

McCoskey, Figuerado and Koss (1995) identified an ecological approach to understanding family violence using a framework developed by Bronfenbrenner. Four levels of analysis included individual characteristics, personality types and substance abuse; the immediate family context including family structure, size, acute stressors, parenting styles, and ways of resolving conflict; and the broader ecological context such as broad cultural values and beliefs like the use of corporal punishment, family privacy extremes, and violence in popular media. The influence of some of these factors have been addressed in research, but others have yet to be investigated.

Mian, Marton, LeBaron and Birtwistle (1994) investigated familial risk factors for the sexual abuse of 3-5 year old girls. They had three groups: girls where there had been intrafamilial sexual abuse; girls where there had been extrafamilial sexual abuse; and a group of girls where there had not been any sexual abuse. Significant differences in parent characteristics were found between the parents of girls who had been abused and those who were not. Girls who had been abused were less likely to live in a two-parent family, more likely to live with a child from her mother's previous relationship, and had parents who had more difficulty in their spousal relationship. Also, mothers were younger and more likely to have a history of sexual abuse, and were also more likely to abuse alcohol. It was suggested that mothers with a history of victimisation may be more likely to provide an environment where victimisation of daughters occurs due to factors such as a sense of powerlessness and alienation. The fathers of girls who were abused were more likely to abuse alcohol or hard drugs and had less education. In the group of girls who had been abused by a family member, mothers were more likely to report spousal relationship difficulties and to perceive their daughters more negatively than the other two groups. The fathers in this group were significantly more likely to be physically abusive and to have been physically abused even when they were not the identified perpetrator. A further factor for this group was a lack of clear generational boundaries. Mian et al. suggested that unclear boundaries could contribute to sexual abuse by either

providing opportunity for perpetrators or by increasing vulnerability for sexual abuse to occur through children not having clear guidelines about appropriate behaviours.

Bolen (1998) looked at predicting risk of being sexually abused using data from a large San Francisco study. Children of mothers who did not work were significantly less likely to be sexually abused, but this relationship was complex. Until age eight, patterns of sexual abuse were similar, but children were more likely to be sexually abused when mothers worked part of the time than most of the time. However, a child who lived only with females was at greater risk of abuse if their mother worked most of the time. Bolen suggested that the differential effects were more likely to be related to the child either being separated from their natural mother or living with a stepfather. The highest rate of abuse occurred at age 13. Children who lived with both biological parents were significantly less likely to be sexually abused.

Fergusson et al. (1996) also looked at predictive factors related to sexual abuse and identified five key variables increasing risk for abuse. These were: gender, girls were more than 5 times more likely to be sexually abused than boys; higher exposure to parental conflict; lower parental attachment; higher paternal protectiveness; and parental alcohol related problems.

Sibling incest

Sibling incest is more hidden and underreported than for example, father-daughter incest (Araji & Boesk, 1997). Four factors have been identified that contribute to this, including: a tendency by parents to label sexual behaviour as experimentation or exploration, and therefore regard it as not serious; family members are generally more tolerant of incestuous relations between siblings when siblings are young, close in age, and where violence is not a factor; parents who discover brother/sister incest are unlikely to report a sexually abusive child; and an assumption is made that trauma is minimal because generational boundaries have not been violated. Brother/sister incest is the most commonly reported sibling incest, and is usually perpetuated by an older sibling.

Rudd and Herzberger (1999) carried out an exploratory study with women who were in treatment for either sibling or father perpetrated incest when they were children/adolescents. Most of the women had come from intact families at the time of abuse. Despite women saying their parents had been “successful”, Rudd and Herzberger pointed to the chaos that underpinned these families, which included alcoholism and illness. Most women had lived with their biological mothers, but they were generally described as emotionally unavailable. Women who had been sexually abused by a sibling(s) had more brothers and these brothers were older, than for women who had been sexually abused by a father. Family sizes were large where sibling incest had occurred - the average number of children in the family was 6. Although Rudd and Herzberger cautioned about making causal statements between larger families and abuse, they did also point to other research with similar findings. A further factor associated with sibling incest was the absence of fathers, either physically or emotionally.

Socio-economic status

The relationship between socio-economic status (SES) and sexual abuse is not clear from the literature. Studies have differed in their assessment of its significance for risk of being sexually abused. Berliner and Elliot (1996) argue that SES has no relation to sexual abuse. Fergusson et al. (1996) did not find any significant associations for SES

and sexual abuse. However, Mian et al. (1994) found that a higher risk for being sexually abused was linked to socio-economic status, social stressors, and parental disturbance that may have predisposed parents to less effective parenting. Rudd and Herzberger (1999) found that families in which sibling incest had occurred had more financial constraints due to larger numbers of children.

Racial differences
The relationship between race and sexual abuse is unclear. While sexual abuse has been found to occur in all racial groups which have been studied, differences in age and incidence across racial groups have also been reported in the research literature, particularly from studies conducted in the United States. Bolen (1988) reports less sexual abuse among Asian Americans than among White Americans, Hispanic and African American groups. White Americans were more likely to report a history of sexual abuse and were more likely to be sexually abused when younger. However, Hispanic and African Americans were more vulnerable to being sexually abused during preadolescence and adolescence, though Hispanic females were still less likely to report unwanted, illegal and legal sexual experiences by age 18.

Bolen (1988) also looked at vulnerability across religious affiliation, though this is also mediated by ethnicity. Protestants were the least likely of all religious groups to be sexually abused during childhood, but were more likely to be sexually abused during adolescence than the group without any stated religion.

In Aotearoa/New Zealand, a recent report on ethnicity and sexual abuse from the database of the Sensitive Claims Unit, showed that 23% of claimants were Maori (*Insight*, March 1999). Maori claimants had reported more multiple incidents of abuse than other claimants and were more likely to have reported abuse by someone in their extended family, such as an uncle or cousin. However, it is unclear what age groups of claimants this report represented or over what years the information was collected.

Age
Bolen (1988) looked at the relationship between girls' ages and sexual abuse. In this sample, the mean age at which sexual abuse occurred was 11.2 years. However, for those who had not already been abused, the ages 12 or 13 presented the greatest risk for being sexually abused.

Extrafamilial factors
Bolen (2000) looked at predictive factors among girls who were sexually abused by somebody outside of the family. Although there were many locations where sexual abuse occurred, Bolen found that a large number were abused in situations considered to be safe. These included locations close to home. An interesting finding was that the relationship between the victim and the perpetrator corresponded to the location where the abuse took place. So, when a victim was close to a perpetrator, the abuse took place in or near her home, or in a vehicle. Younger girls were most likely to be abused by strangers and neighbours, followed by acquaintances, family friends, and those with a minor role to a child. However, older girls were at higher risk of abuse from friends, dates and authority figures.

Children in care
A key vulnerability factor for sexual abuse of children and young people is living apart from their birth family. This includes being in foster care or residential care, being

removed from family by a statutory agency, boarding at school, or living in other residential arrangements due to disability.

Over a 6-year period (1990-1996), Hobbs, Hobbs and Wynne (1999) found higher rates of sexual abuse for children in care in Leeds, England. They collated information for physical abuse as well as sexual abuse. An overlap was found between children who were abused both physically and sexually. The findings for physical abuse will not be discussed in this paper. Foster parents perpetrated sexual abuse on 22 of the 76 children who had been sexually abused and not physically abused. However, parents were also the perpetrators of sexual abuse on 22 of these 76 children whilst visiting the children in care. Other children were also reported as perpetrators for 24 of these children. Girls were at higher risk of being sexual abused than boys. Thirty four percent of children had a history of sexual abuse upon entering care. Overall the risk of being physically or sexually abused was 7-8 times greater for children in residential settings and 6 times greater for children in foster care, than for a child in the general population.

Gallagher (2000) used a wider definition of institutional abuse to include sexual abuse perpetrated by any adult who worked with children (under 18 years of age) in a search of local authorities in England and Wales over a 4 year period. Of children who were referred for sexual abuse while living in the community, the majority of sexual abuse occurred in the school setting. Other settings in the community included private residences, most commonly involving private music tutors, and voluntary clubs like scouts and youth groups. Overall the numbers of female victims were slightly higher than for males. However, female children were still more likely to be abused in foster care whilst male children were more likely to be abused in residential institutions.

Boys abused in care including residential care and boarding schools were often abused by more than one perpetrator. The multiple perpetrators included adolescent boys and housemasters (Briggs & Hawkins, 1995).

A number of studies have found that people with disabilities face a higher risk of being sexually abused than people without disabilities. Sobsey (1992) suggests that this risk is at least one and a half times greater and particularly related to the risk of being abused outside the family. Non-familial caregivers accounted for a third of the perpetrators and transportation providers accounted for 10% of perpetrators. Sobsey argued that some offenders chose careers as caregivers. There is some evidence to suggest that risk is further increased with the severity of disability, but is not related to the nature of the disability.

Although the rates of sexual abuse in daycare are reportedly low, there are certain factors that are apparent (Shumacher & Carlson, 1999). From a large study, Finklehor, Williams and Burns (1988, cited in Schumacher & Carlson, 1999) claimed an incidence of 5.5 per 10,000 children were sexually abused in daycare facilities compared with 8.9 children sexually abused in their own homes. Girls are more likely than boys to be sexually abused in daycare, and home based daycare services were less safe than daycare settings (Margolin, 1991, cited in Shumacher & Carlson, 1999). Offenders in home-based services were usually the caregivers' partner (Margolin, 1990, cited in Shumacher & Carlson, 1999).

In their review, Schumacher and Carlson (1999) pointed to several risk factors for being sexually abused in early childhood settings including characteristics of the daycare

facility, staffing, parental and child characteristics, as well as regulatory agency and professional factors. Risks associated with the facility include: small staffing, small town or rural location and the practice of private caregiving times such as toileting. Characteristics of the caregivers include having adolescent and adult male caregivers, ignorance of reporting abuse, and access of non-caregivers to children. Parental characteristics include ignorance of the signs and symptoms of abuse, a lack of involvement with the daycare provider and ignorance about the possibility of female perpetration of abuse. Characteristics of the child include the inability to withstand threat to self and family and being female. Regulatory agency and professional characteristics include a lack of awareness of research about female perpetrators of abuse and an over reliance on criminal background checks (which are not mandatory in New Zealand). Although the numbers of children abused in these settings may be small, "the right to be safe in a daycare setting should be the birthright of all children" (Schumacher and Carlson, 1999, p. 897).

Injury

Physical Injury

Emery and Laumann-Billings (1998) point out that there is very little data on non-lethal specific injuries from sexual abuse, such as specific physical outcomes such as pregnancies, and sexually transmitted diseases. They argued that two important reasons for looking at physical consequences include physical safety (which justified interventions) and the way that specific injuries can provide relatively unambiguous definitions of family violence that can be recorded over time. Several other authors also allude to physical injuries as the result of sexual abuse but are not specific about the nature of the injuries. (Hobbs et al., 1999; Briggs & Hawkins, 1995).

Psychological Injury

The psychological injury or effects of sexual abuse on children and adolescents have been widely documented. These impact in both the short term and long term.

Short term effects

In a study comparing abused children with a control group, Conte and Schuerman (1987) found that there were certain behaviours that children exhibited soon after disclosing sexual abuse. They list: poor self-esteem, aggression, fearfulness, irrational/lacking confidence, withdrawn, acting out, and anxious to please/trying too hard. Briere (1992) found the short term effects of sexual abuse included posttraumatic stress (PTS), alterations in normal development and distortions in cognition and affect. Emery and Laumann-Billings (1998) point to an increased risk for PTSD when the offender was emotionally close and the abuse involved threats, coercion and guilt.

Ligezinska et al. (1996) found that children who felt guilty and experienced self-blame following sexual abuse were more depressed, had a poorer self-concept, and reported anxiety. Those who felt traumatised by the abuse experienced intrusive thinking patterns, engaged in avoidance behaviour and also experienced sexual anxieties. Girls were significantly more fearful than boys.

Kendall-Tackett et al. (1993) have argued that while girls displayed more internalising symptoms than boys, and boys more externalising symptoms than girls, boys and girls had more similarities in the effects of sexual abuse than differences.

In a follow up comparison study of abused and non-abused girls, Mannarino and Cohen (1996) found that girls who had been sexually abused still felt different from their peers,

had reduced interpersonal trust, and lower perceived credibility at a 12 month follow up. They also had an increasingly external locus of control at the 6 and 12 month follow up, which was related to increased symptoms of depression. Feeling different may be compounded when the child is from an ethnic minority race, as they may already be feeling different due to their colour, physical features and language (Wyatt, 1990).

Long term effects

Whilst Briere (1992) stated that the initial responses to sexual abuse may abate, he also pointed to seven major psychological disturbances commonly found in adolescent and adult survivors of childhood sexual abuse. These were post-traumatic stress, cognitive distortions, altered emotionality, dissociation, impaired self-reference, disturbed relatedness, and avoidance.

Summary

In conclusion, children are vulnerable to being sexually abused due to inherent factors associated with their age, such as level of cognitive development and their relatively small physical size. However, there are a range of factors including the physical and emotional availability of parents and access of non-family caregivers which increase the risk of abuse for a particular child. Age of greatest risk and nature of relationship with the perpetrator may vary with race and religion, though few studies have looked at these factors. What little information there is in the domain of published literature about risks and vulnerabilities of children in Aotearoa/New Zealand does reflect overseas results. However, none of these New Zealand studies has involved populations which are ethnically representative of Auckland/Tamaki Makaurau. The information from the Sensitive Claims Unit indicating a rate of claims above the population rate for Maori makes it clear that we need to look more closely at what is happening in this city.

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Vulnerabilities and Risk Factors in the Sexual Abuse of Adults: a Review of the Literature

Introduction

This literature review aims to provide some background to the work and ideas that exist about adult life span vulnerabilities to sexual abuse. The structure of the review follows that of the adult life span - young adults through to elderly - and also looks at specific communities where risk is identified as being high. This includes disabled people, and the refugee and migrant communities. Anecdotally, there are several areas for which little academic literature exists; this review will investigate such areas, including male rape and the risks of being a traveller. There are certain risk factors that apply to all adult communities, specifically the impact of prior victimisation and the risks associated with alcohol and drugs. Separate sections are devoted to these issues. Many of the studies reviewed hold an international (predominantly USA) perspective, reflecting the fact that there are very few commentaries or studies about sexual violence in the New Zealand context.

The Impact of Prior Victimisation

In the preceding child and adolescent vulnerability review it was noted that trauma carried from childhood sexual abuse or assault may increase the chances of revictimisation in childhood and later in life. Studies of adult sexual assault supports this (Russell, 1986, Koss and Dinero 1989, cited in Himelein et al). Himelein, Vogel and Wachowiak's 1994 study reveals that across all categories of non-consented sexual contact, those women who identified child sexual abuse featured more prevalently as being victimised as adults. Women who were date raped were nearly twice as likely to have been victims of child sexual abuse (72.2% versus 36.8%). John Briere noted that a history of childhood abuse, makes a women 2-3 times more likely to be abused as an adult, and a man 7 times more likely (Briere 1997). Shultz draws the same conclusion by drawing on figures produced by the National Violence Against Women Survey 1996. This study found that 18% of the female rape victims who reported being raped before age 18 were raped again as adults (Shultz 2001).

Having outlined the long term effects of sexual abuse and the likelihood of subsequent sexual victimisation Himelein et al, supported by empirical studies, suggest that those sexual abused may be selected by offenders for the very characteristics that make victimisation possible: low self esteem, neediness, alcohol abuse and so forth (Craig 1990, cited in Himelein et al).

Studies attempting to analyse 'victim characteristics' and how these might contribute to sexual assault are often inconsistent and contradictory. Some research suggests that women are more likely to be sexually violated if they possess particular attitudes and behaviour (Bernard et al., 1985: Muehlenhard and Linton, 1987; Murnen and Bryne. 1991 in Kalof 2000), whilst other studies have found that sexual victimisation is largely unrelated to attitudes and behaviour (Ageton, 1988; Himelein, 1995; Koss, 1985; Koss and Dinero, 1989 in Kalof 2000).

Young Adults 18-25 years

Women of this age are generally socially independent and socially active. It is an age of bridging between the exploration of adolescence and the realities of adulthood. The risk

of rape is four times higher for women aged 16 to 24 - the prime dating age - than for any other age group (Warshaw 1994). Supporting this, a 1992 -1994 report analysing sexual assault in New South Wales, Australia showed that half (50.2%) of assaults took place between the ages 16-24yrs. Late teen and early twenties are the peak age for acquaintance rape (non stranger rape) to occur. Studies of the older adolescent (17yrs+) and young adult population therefore tend to focus on acquaintance rape and acquaintance non-consensual sexual contact. Research studies of this age group have largely been conducted with American college populations. This is limiting, in that the make up of such populations differs to the New Zealand tertiary education population, however there are similar issues which are worth examining.

Koss, Gidycz and Wisniewski's 1987 study surveying a national sample of American college women exposed the extent of sexual assault: 15.4 % of the women had experienced an assault which met the legal definition of rape and 85% of the rape victims knew their attacker (cited in Himelein et al 1994). Since an initial study of this area by Koss, new studies show that the number of sexual assaults has remained stable among college populations and also within the general US population (studies cited in Lonsway, 1996). Lonsway, driven by her concern for rape prevention, highlights the changed perceptions of acquaintance rape that studies in this area have exposed. She writes, "[I]t has only been in recent history [the last 10-15 years] that work by Mary Koss and others has exploded this stereotype [the myth of stranger rape] and shed light on the reality of rape in our culture" (pg 230:1996). This has had huge implications for prevention, where historically prevention has aimed at clearing paths and lighting, self defence courses and alarm systems (Lonsway, 1996).

New Zealand statistics support the international studies which show that acquaintances (friends, dates, lovers, former lovers, co-workers, neighbours etc) commit rape more often than those unknown to the victim. Figures from the National Collective of Rape Crisis representing the years 1992-1996 show that 92.6% of survivors knew the offender whilst only 9.1% recorded the offender as a total stranger (1997). An Australian (New South Wales) health report shows similar figures with the vast majority of cases involving a social acquaintance or friend. Nine percent of women reported rape by a current sexual partner, and 15% reported that a total stranger carried out the assault.

Young adulthood is, in itself, a vulnerable time. Younger people more acutely feel cultural norms and expectations, which is problematic when cultural norms support viewing sex as a commodity, and support viewing the attainment of sex as the ultimate male challenge. Traditional definitions of masculinity include seeing men as having a right to be aggressive, forceful and strong; to entitlement (especially after money has been spent); and having the authority to direct what happens (Berkowitz 1992, Curtis 1997, Warshaw 1988). Traditional definitions of femininity include seeing women as passive, not making a fuss, being ladylike and compliant (Curtis 1997, Warshaw 1988).

Perpetrators often use such a belief system as a justification for rape and sexual assault (Berkowitz 1992). Research suggests that sexual aggression can be closely linked with believing rape myths and gender stereotypes (Curtis 1997, Bernard et. al 1985, Muehlenhard and Linton 1987, Murnen and Bryne 1991 in Karlof 2000). Warshaw's 1988 study found that 1 in 12 college aged men admitted having fulfilled the definition of rape or attempted rape, yet virtually none of these men identified themselves as rapists. A display of violence or aggression towards women is found to be a common precursor to sexual assault (Shapiro & Schwartz 1997).

Kalof's (2000) study on the vulnerability to sexual coercion among college women showed an alarmingly high level of non-consensual sexual assault. It showed that the pervasiveness of the problem has in no way decreased over the last 10-15 years. 35% of the sample reported unwanted sexual intercourse due to social coercion (defined as force through non violent means, for example threats, pressures and lies). Twenty percent reported drug or alcohol related non-consensual sex (where they were unable to consent). Fifteen percent experienced forced intercourse by physical coercion (by physical force or by threat of physical force) and 5% defined themselves as victims of rape (selected this criteria as a stand alone identifier).

For this group of women and men, going out socially and dating make up a significant proportion of recreational time. Abbey et al suggest that one risk factor associated with sexual assault is, simply, dating and sexual behaviour (1996). Frequent dating and sexual activity increase the chances of coming across someone who sees using force as legitimate (Abbey et al 1996, Shapiro & Schwartz 1997). A study by Kanin (limited by a small sample) suggests that frequent dating or a reputation for engaging in sexual activity are risk factors for sexual assault as sexual predators may view 'certain types of women' as fair targets for sexual aggression (in Abbey et al, 1996). Abbey et al suggest that the misperception of friendliness as sexual intent is a frequent precursor to rape. They cite studies that showed approximately half of the young men interviewed felt that forced sex was acceptable if they had been 'led on' or sexually aroused, and that a man who has misperceived his partner's cues is likely to feel led on when she rebuffs his sexual advances (Goodchilds and Zellman, 1994; Koss & Harvey, 1991 in Abbey et al 1996). The third risk factor identified by Abbey et al is alcohol consumption.

Himelein et al, suggest that the earlier the age of consensual sexual activity, the greater the risk of experiencing some form of sexual aggression in dating. They also conclude that child sexual abuse and early sexual activity, whether consensual or otherwise, significantly increases the risk of victimisation later in life when dating. Shapiro & Schwartz suggest that a woman's sexual self-esteem is lowered as a result of date rape occurring. This may lead to an increase in sexual activity (rather than a decrease) thus increasing her vulnerable to further sexual violence (Shapiro & Schwartz 1997). The common use of alcohol and drugs in social intercourse is recognised as an added risk dynamic.

Familiar surroundings d not results in added security: most date rapes happen within the victims or assailants home (Cutis 1997). New Zealand Police statistics for North Shore City and Waitakere City support that most sexual assaults take place within private dwellings (1999-2000). This is further supported by a report from New South Wales that found that most assaults took place in the home of the victim (35.3%) followed by the assailants home (15.6%), with 'deserted areas' next at 10.6%.

Curtis suggests that women raped under date rape or acquaintance rape circumstances are seen as 'safe' victims because they are less likely to report the incident to authorities (Curtis, 1997). Incidents of stranger rape happen most commonly when a woman is alone, becomes separated from a group of friends, or by an intrusion into her home.

Adult Women

The fear of rape or sexual assault affects the way in which women lead their lives. Although stranger rape and assault is given much more publicity, it is the abuse and

assault of women by acquaintances, partners, and husbands that make up the majority of sexual violence cases. These numbers are not reflected in official statistics, as the reporting of non-stranger rape is low (Koss et al 1988, Mahoney & Willliams, 1998 in Bergen 1999). Barron suggest that rape within marriage (or long term relationships) is the most prevalent form of non-stranger rape. (Barron, 1989).

Marital rape is a term used to describe rape within a variety of relationship dynamics. This includes couples that are legally married, separated, divorced or in de-facto relationships. To date, no study of marital rape has included cohabitating gay and lesbian couples (Bergen, 1999).

Legal definitions of marital rape differ from country to country. Bergen suggests that marital rape can be defined as *"any unwanted intercourse or penetration (virginal, anal or oral) obtained by force, or when the wife is unable to consent"* (Bergen 1999). This definition fits the legal position in New Zealand.

USA based research has established unlawful sexual connection within marriage as a problem faced by millions of women each year. Estimates reveal that between 10% and 14% of married women experience rape within marriage (Finkelhor & Yllo, 1985, Russel, 1990 in Bergen 1999 & Mahoney 2001). Russell's 1990 study of interviews with over 900 randomly selected women found that 3% had experienced stranger rape while 8% of the sample (including unmarried women) had experienced rape by a husband. One in every 7 married women reported either a completed or attempted rape by a husband or ex-husband (Russell cited in Mahoney 2000). A more recent national survey found that 10% of all sexual assault cases reported by women involved a husband or ex husband attacker (National Victim Centre cited in Mahoney 2000).

Researchers generally categorize marital rape into three types:

- *Force-only rape* -husbands uses only the amount of force necessary to coerces their wives
- *Battering rape* - husbands rape and batter their wives. Battering may occur concurrently or before or after the sexual assault
- *Sadistic/obsessive rape* - husbands use torture or perverse sexual acts. Pornography is often involved. (From Bergen 1999).

Studies reveal that both the law and commonly held myths contribute to the perpetration of rape (Bergen, 1999, Barron, 1989, Kaufman-Kanto & Jasinski, 1998, Mahoney, 2001). Laws protecting women in marriage against rape are relatively recent. Only in 1993 did all 50 states in the USA make rape within marriage illegal (and there are still some exemptions within some states to aspects of the law). Russel (in Bergen 1999) writes that these exemptions "indicate an acceptance of the archaic understanding that wives are the property of their husbands and the marriage contract is an entitlement to sex". In New Zealand the law was amended in 1985.

Societal norms and attitudes are slow in changing. Mahoney writes that stereotypes about women and sex such as "women enjoy forced sex", or "women say 'no' when they really mean 'yes'" or that "it is a wife's duty to have sex" are reinforced in our culture through mainstream and pornographic media. These messages both mislead men into believing that they should ignore women's protests and mislead women into blaming themselves for unwanted sexual encounters (Bergen 1999, Matangi 1998, Mahoney 1998).

Marital rape occurs across all demographics - regardless of age, social class, race or ethnicity (Bergen 1999), though some differences may exist. Russell (1990) shows that there is a higher rate of rape in marriage when a woman is under 25yrs of age, and that women in the upper middle class were slightly over represented among marital rape survivors. Finkelhor and Yllo found that women from lower-class backgrounds were more likely to report experiencing marital rape (Bergen 1999).

Bergen (1999) draws on various studies to show a variety of findings across differing cultural groups. These findings highlight cultural variations and differential understandings of what constitutes one's wifely duty. For example, Latino women are least likely to define forced sex within marriage as rape but rather view it as their wifely duty. African-American women showed a slightly higher rate of marital rape than white, Latino or Asian women. White women are least likely to stay with their husbands. A significant influence on ability to leave is access to economic resources allowing independence (Bergen 1999). Factors such as economic dependence on the male earner, and a woman's wish to protect her children, contribute to making leaving an abusive relationship difficult (Mahoney 1998, Kaufman et al 1998 Mahoney 2001). Hence such women become easier targets.

There is a higher risk of rape for women in relationships with physically violent men. A 1989 study by Frieze and Browne revealed that 33-50% of women who are physically assaulted by their partners also suffer sexual assault at their hands (cited in Acierno 2001). Men who batter and rape are particularly dangerous, and physical injury is likely to be more severe (Bergen, 1999).

A New Zealand study, *The Women's Safety Survey*, conducted in 1996, looked at all forms of violence - psychological, physical and sexual - used against women by their partners. Overall, 10% of the non-Maori women and more than a quarter of the Maori women reported they had experienced at least one act of physical or sexual abuse in the previous 12 months at the hands of their current partner. When asked specifically about incidents of sexual violence, Maori women reported nearly four times the number of sexual assaults than non-Maori women (Morris,1998).

There is some concern among researchers that marital rape is seen as "an extension of domestic violence" and therefore overlooked as a distinctive problem especially in terms of service provision. It is problematic to assume that all martial rape survivors are also battered wives, as it ignores the reality of those women raped by their partners but who do not experience other physical forms of violence (Bergen 1999).

Marital rape survivors are likely to be raped 20 times or more before they are able to end the violence. They not only experience a higher number of assaults, but research indicates that they are more likely to experience unwanted oral and anal intercourse than women raped by acquaintances (Peacock 1995 in Bergen 1999).

An analysis of lifelong risk of 'intimate violence' (physical and sexual) shows that violence increases during courtship and early marriage, pregnancy, separation and divorce (Kaufman-Kanto & Jasinski, 2001). Further studies support that there is a higher risk of abuse during illness or recent discharge from hospital (Kaufman et al 1998, Bergen 1996, Campbell & Alford 1998). The risk is also higher when attempting to leave

a relationship or if separated or divorced; as these are typically situations which represent a challenge to control and abuse. (Finkelhor & Yllo 1985).

A commonly held myth is that marital rape is less harmful than stranger rape. However in marital rape, a woman is more likely to suffer multiple rapes, over the course of the relationship, resulting in enormous psychological, emotional and physical consequences (Mahoney 1998, Barron 1989).

Further risk is involved for women when there is a heavy use of alcohol, drugs and pornography by her partner (Kaufman et al 1998, Mahoney 1998, Gillespie 2000).

Survivors of marital rape are least likely to report or disclose it. Bergen writes that "women raped by their husbands may hesitate to report because of family loyalty, fear of their abuser's retribution, inability to leave the relationship, or they may not know that rape in marriage is against the law" (Bergen 1996). The myths of male entitlement are so strong that often women do not define forced sex within marriage as rape (Matangi 1998, Bergen 1999). If they do not define their experiences as rape they are unlikely to seek outside assistance to stop it due, amongst many things, to the fear of not being taken seriously by the authorities and others (Bergen 1999).

A large body of research shows the police response to marital rape as being highly inadequate (in Bergen 1999). Further research also shows that religious institutions contribute negatively to marital rape situations. It has also been suggested that workers in some social service organisations are inadequately trained to relate to the specific issues pertaining to marital rape (in Bergen 1999).

In conclusion, Bergen's paper points to five circumstances which women face as being particularly high risk for being raped by their partners. They are:

- Women being married to domineering men who view them as "property"
- Women who are in relationships with physically violent men
- Women who are pregnant
- Women who are ill or recovering from surgery
- Women who are separated or divorced (Bergen 1999)

Adult Men

Until very recently the rape of males has been a hidden issue (Milne cited in Jamieson, 2001). Males tend to deny their victimisation. This may be due to the lack of information to help define their experience as sexual assault, which feeds the culture of disbelief. There is a gender stereotype that says that men are not supposed or allowed to be victims (Youth Resource Library, 2001, Seabrook, 1991, Milne in Jamieson 2001*).* There are very few academic studies in the area of adult male rape, however there is a body of mainly internet based anecdotal material.

Male sexual assault remains vastly underreported the United States, with Department of Justice documenting only 13,000 cases of male rape every year. Studies show that 1 in 6 men are sexually assaulted during their lifetime (Male Sexual Assault 2001). The New South Wales statistical report on Victims of Sexual Assault 1992-1994 showed that the majority of adult male assaults take place between 16 and 24.

Another New South Wales report showed that 27% of men were assaulted by social friends or acquaintances, with 18.2% of assaults carried out by a stranger who had immediate prior contact and 17.6% with a total stranger. Male victims reported people in a position of power as making up 12.2% of assailants (New South Wales Health 1994).

Sexual assault has nothing to do with the sexual orientation of the attacker or the survivor. (Isely & Gehrenbeck-Shim 1997, Scarce 1997 in Youth Resource Library.com & Male Sexual Assault 2001). There are strong homophobic myths which represent male rape is a homosexual act, when in fact it is frequently about power and control.

Most reported perpetrators are male. Several reports state that the majority of rapes of males are perpetrated by heterosexual males (Isely & Gehrenbeck-Shim 1997, Scarce 1997 in Youth Resource Library.com). In his book, Scarce writes that the majority of rapes of males are perpetrated by Caucasian, heterosexual men who often commit their crimes with one or more cohorts (Scarce 1997).

Elder Rape

There are very few studies that look specifically at sexual violation of the elderly. Intrafamilial, institutional and acquaintance sexual assault within the elderly community is largely a hidden issue. Most studies of elder abuse look at neglect, and emotional and financial abuse of the elderly. The minimal public awareness of the issue, plus the isolation experienced by survivors, results in the issue staying buried whilst risk and vulnerability for assault remain high (Quinn 1997). Older people are not viewed as sexual targets (sexuality is seen as something associated with youth) however since rape is often a crime of power rather than sex, they become victims to those who view them as easy rape targets (Quinn 1997).

Reference is often made to stranger rape of the elderly in which opportunist rapists target physically vulnerable older women (Quinn 1997 & Elderr.html 2001). These assaults are the ones that make newspaper headlines (for example, New Zealand Herald 14/11/00). In these situations the vulnerability of living alone in a physically isolated environment is highlighted. Elder rape, as for other age groups, is underreported. An article titled Elder Rape discusses some of the reasons that this may be the case (http://geocities.com/~sweetkittie/elderr.html). The comment “who would believe that someone would want an old woman like me?” is familiar. Generational attitudes, for example a belief that rape is caused by sexual desire, and that victims must have ‘tempted’ their offenders, can also be blamed for underreporting.

Often the physical capacity of the person may make it impossible to disclose (Quinn 1997). Sometimes the trauma suffered can be such that the victim appears confused, as suffering from a form of dementia. This is misunderstood by carers as a decline in wellness associated with aging. Rape is rarely considered as the cause of mental deterioration (http://geocities.com/~sweetkittie/elderr.html). Furthermore, the victim may worry that disclosure will result in the loss of health and care services (Quinn 1997). Ramsey-Klawsnick notes that females are predisposed to victimisation due to their lack of physical, social and financial power. Old age and impairment decrease personal power and hereby increase the risk of rape. “Elderly, disabled females therefore make excellent sexual abuse victims” (in Quinn 1997).

In tune with other life span dynamics, relatives, or persons known to the survivor commit the majority of cases of elder rape. Two separate studies show that sons are the most

frequent familial offender (Quinn 1997). Marital abuse of the elderly is frequently a continuation of a lifetime of abuse (Quinn 1997).

Holly Ramsey-Klawsnick conducted a study of 28 cases of elders abused while living in the community - not residential or nursing care - in Massachusetts in 1991. All were female and between 65-101 yrs old, and all offenders, except one, were male. The offenders were generally relatives of the victims: 39% sons and 29% husbands. Over one third of offenders were elderly themselves. The majority were caregivers to the victim, and the victim was dependent in some way on them (Ramsey-Klawsnick 1991). A similar study in Britain looked at 90 cases of sexual abuse. In this sample 86% were women and 14% were men. Almost all of the victims were over 85 years and functioned at a low or very low level of self care, rendering them dependent on others. Ninety-eight percent of the abusers of both males and females were men. Again the statistics show a high level of abuse by sons, almost 50%, with 14% of the abusers being husbands. For male victims almost two thirds of the abusers were 'friends' and the other third housekeepers.

The elderly in residential care are easy victims for offenders who are workers/carers (Quinn 1997). Like the disabled community, those elderly in residential care are vulnerable due to the large number of people who have access on a personal care basis. Institutions are favoured places for sexual predators due to ease of access and high dependency of victims on staff.

A study conducted through the Illinois Department of Aging's Elder Abuse and Neglect Programme, showed that other forms of abuse (emotional and financial) are much more commonly reported than sexual abuse (Quinn 1997). Those sexual abuse cases that were present constituted the largest number of non-verified investigations. Service providers need to be made aware of the associated dynamics of sexual abuse, and the risks and vulnerabilities for older people, so that it does not remain a hidden problem.

People with Disabilities

International research demonstrates that children and adults with disabilities have a much greater risk of being sexually violated (Sobsey & Mansell 1990, Shapiro 1996). An Australian study showed that people with disabilities were ten times more likely to be sexually assaulted (Brook, 1997). A Canadian study indicated that 83% of women and 32% of men with developmental disabilities would be sexually assaulted in their lifetime (Brook, 1997, Froemming, 1991).

The New South Wales study on Victims of Sexual Assault, showed that 7.7% of victims had an intellectual disability and 1.8% a physical disability, while 4.6% of victims had a psychiatric condition. This accounts for over 10% of the total number reported (New South Wales Health, 1994).

Sobsey (1992) suggests that although there is some evidence that risk increases with the severity of the disability, the nature of the disability does not seem to matter. Briggs (2001) however suggests that the severity of the disability may correlate in some way with the severity of abuse. Victims may have mental, physical, behavioural or sensory impairments.

People with disabilities experience a general lack of access to information about sexuality or sex education and specific issues relating to their particular disability. This

means the recognition of appropriate touch is often difficult. Lack of sex education reduces the individual's control over their life and increases their vulnerability to sexual assault (Carmody and Bratel, 1992, Brook, 1997). It should be noted, however, that none of these authors is suggesting that the responsibility for victimisation lies with the disabled. As with any group in society, no individual can be responsible for another's, in this case offenders', actions.

There are many social dynamics effecting people with disabilities that relate to their increased vulnerability. The literature in this area discusses the following risk factors:

- That people with disabilities live in a culture of compliance, where they are not encouraged or taught to be independent or assertive (Froemming, 1991, Brook 1997).
- That people with disabilities often depend on the offender and may fear punishment (Froemming 1991, Carmody and Bratel, 1992).
- That people with disabilities fear disbelief in a culture that often patronises and views them as "less than"(Froemming 1991, Carmody and Bratel, 1992, Brook, 1997).
- That people with disabilities are viewed as not owning their own bodies due to the constant need for assistance and intervention. This results in making them more easily objectified (Froemming 1991, Carmody and Bratel, 1992, Sobsey, 1992).
- The risk is high for people with disabilities as they are often less physically capable of resisting and more isolated from support (Froemming 1991, Brook, 1997).

Although the risk of sexual abuse by a family member is significant, it may not be any more so than for non-disabled people. Sobsey believes that much of the increased risk of sexual abuse comes from outside the family. People with disabilities often have many caregivers, thus increasing their chances of abuse (Froemming 1991, Sobsey 1992). Accessibility is often regular, private and of a highly intimate nature, as in bathing, toileting and dressing (Carmody and Bratel, 1992). A high percentage of assaults are committed by aides and volunteers met through the system. The bigger the institution the greater the risk of abuse (Shapiro 1996).

Traveller/New Immigrant/Refugee

The brief points made in this section are based largely on anecdotal information. The article that is referenced comes from a chapter on cultural issues and service provision for sexual abuse for immigrants in Australia. It offers some considerations suggesting vulnerabilities specific to this community.

Travellers and immigrants share some risk factors. The most obvious is the role that language plays as a barrier to being safe in a foreign place. Information about sexual assault services is not readily available in non-English speaking languages and general information gleaned from the media is not accessible (Garrett 1992).

Often migration status is determined by establishing a dependence relationship. Women and children may feel trapped by this circumstance.

A lack of knowledge about cultural norms and expectations may result in manipulation into unsafe situations. Equally, unfamiliarity with physical surroundings and potential 'safe' areas may become an added risk.

Travellers or people with no fixed abode may find the transient lifestyle (meeting a range of people, relying on others for transport and shelter) to be an added risk. Furthermore, they may be targeted by offenders due to reluctance in pursuing police complaints because of planned travel arrangements and the time/location commitments required to go to court.

Drug and Alcohol Use and Abuse

The Auckland based Alcohol and Public Health Research Unit has presented some strong statistics about the role of alcohol in sexual assault. Special concern is noted at the increasingly young population that reports harm incurred through alcohol use. Alcohol is presented as a causative factor in unsafe or unwanted sex and unwanted pregnancies. Citing the Otago Women's Health Study, the report indicated that 10% of young people reported that being drunk was the main reason for first intercourse and significantly more identified alcohol as a factor. Twenty-nine percent reported unwilling participation. NZ Family Planning also report that a third of the teenage girls using their services say that being drunk was a factor in unsafe sex and unwanted sex (Alcohol and Public Health Research Unit May 2001).

The 1995 national survey on Drinking in New Zealand found that over a quarter (27%) of women aged 16 to 24 years had been sexually harassed by someone who had been drinking and 10% said this happened on at least 5 occasions (over a 12 month period).

The Auckland-specific study, A Decade of Drinking, showed that, in answer to a question about the problems caused by other people's drinking, the increase in reports of sexual harassment from 1990 to 1999 was mentioned. This increase was particularly marked among women under 30, rising from 15% in 1990 to 20% in 1999.

International studies support the correlation between alcohol use and increased vulnerability to sexual violation. The 1999 study by Ullman, Karabatsos and Koss found that alcohol is associated with risk of sexual assault among women and with an increased risk of experiencing completed rape once attacked. High alcohol and drug use is also a common consequence of sexual abuse or assault. (see Wilsnack 1982,Stephens 1992, Sheilds and Hanneke 1983).

A large study by Abbey et al showed that over half of the women sampled had experienced some form of sexual assault. Acquaintances (defined as those known to the victim) committed 95% percent of these assaults and almost half of the assaults involved alcohol consumption, by either the man, the woman or both (1996).

Substance abuse contributes to both victim vulnerability and perpetrator aggression (Martin & Hummer in Bart 1993, Koss 1988, Curtis, 1997, Muehlenhard and Linton 1987). Mary Koss's study showed that 74 % of perpetrators and 55% of date rape victims had been drinking alcohol or taking drugs before the incident (Koss 1988 in Abbey et al, 1996).

The term Drug Rape has become commonly used to describe a situation in which a person's ability to consent or refuse is impaired or impossible as a result of drugs taken

or administered by another. Most often the offender is the person who administers the drug and who has actively removed the victim's ability to consent. Those that take advantage of a person found in such a position should equally be regarded as offenders. (Sturman Report 2000).

The Sturman Report on Drug Rape commissioned by the British Home Office is the most recent and comprehensive report in this area. This report describes the very intelligent, presentable way in which drug rapists can portray themselves. Offenders have a series of methods that they employ in securing drug rape victims. This often compromises the victim's understanding about the believability and facts of their situation.

The following information is sourced from the Sturman report. Clubs and pubs are the most common places of drugging. The home of the victim and university campuses are the next common. This highlights the non-stranger element of such attacks. The survey cited showed that 70% of the offenders were known to the victim.

The study showed that over half the drugs were facilitated by alcohol and 19% by soft drinks. This supports the 'social' nature of such attacks. Most victims suffer self-blame and shame. There is a tendency for society to blame the victim where alcohol and drugs are involved. Reportage may be low because those victims who use recreational drugs fear the consequence of reporting.

The study showed 42% of victims to be in the 30's age bracket. It may be at a time of personal vulnerability as the report identifies that it is often people looking to build new relationships after a long-term relationship or marriage break-up, who are out in such social settings. Separation from friends and drinking alone may increases the risk of becoming a drug rape victim.

Alcohol remains the most frequently used and abused drug that contributes to risk and vulnerability.

Limits of this Review

Although there is much written around the trauma of surviving sexual violence, the literature is limited on the specific vulnerabilities and risks for being sexually assaulted. There is a distinct lack of written information in Aotearoa/New Zealand about who is assaulted, where and why they are assaulted. We hope that this project will be able to contribute to knowledge in this area.

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Sexual Violence in Auckland/Tamaki Makaurau: The Size of the Problem

With the level of information currently available, it is not possible to determine the incidence of sexual violence in Auckland/Tamaki Makaurau. In Aotearoa/New Zealand, the Otago Women's Health Survey is the only large general population study to survey the prevalence of childhood sexual abuse among a cohort of women. This study indicates that nearly 1 in 3 women reported having had one or more unwanted sexual experiences before the age of 16 years.

> 'A significant number of these experiences (70%) involved genital contact or more severe abuse, and 12% of those abused were subjected to sexual intercourse. The abusers were usually known to the victim, being a family member in 38.3 % of cases and acquaintance in another 46.3%. Stranger abuse accounted for 15% of all abuse experiences' *(Anderson et al 1993).*

Although we can assume that these figures are to some degree generalisable due to the way that they replicate findings of prevalence studies in other Euro-American cultures, they are of limited value in looking to develop prevention initiatives in Auckland/Tamaki Makaurau. This city's population is different to that of Otago in terms of factors such as ethnic distribution, average age, and immigration.

A snapshot of Auckland at the 6 March 2001 Census[6]:

	Auckland	New Zealand
Usually resident population count	1,158,891	3,737,277
Percentage change from March 1996	8.4	3.3
Percentage of people aged under 15 years	22.9	22.7
Percentage of people aged 65 and over	10.0	12.1
Percentage of Mäori	11.6	14.7

New Zealand and Auckland census statistics which impact upon this research

Increasing ethnic diversity

- The census counted more people of Asian ethnicity than Pacific peoples ethnicity.
- Almost 240,000 or 1 in 15 people were of Asian ethnicity.
- Counts of people of Asian ethnicity have more than doubled between 1991 and 2001.
- There were 231,801 people of Pacific peoples ethnicity.
- The count of people of European ethnicity has declined from 83 percent of the total in the 1991 Census to 80 percent in 2001.

[6] The following statistics and snapshot comments can be found on the Statistics New Zealand Government Website. www.stats.govt.nz

- 1 in 7 people (526,281) are of Mäori ethnicity.
- Two-thirds of people of Asian ethnicity live in the Auckland region and 1 in 8 live in the Wellington region.
- Two-thirds of the people of Pacific peoples ethnicity live in the Auckland region.
- In the Auckland region, 1 in 8 people are of Asian ethnicity, 1 in 8 of Pacific peoples ethnicity and 1 in 10 of Mäori ethnicity.

More people born overseas

- Almost 1 in 5 New Zealand residents were born overseas compared with 1 in 6 in 1991 and 1 in 3 in 1901.
- In the Auckland region, 1 in 3 people were born overseas.
- In the Auckland region, 1 in 9 people were born in Asia.
- Almost three quarters of people born in the Pacific Islands and two-thirds of those born in Asia live in Auckland.

More multilingual people

- The number of multilingual people increased by 20 percent from the 1996 Census to 562,113 or nearly 1 in 6.
- Excluding children under 5 years of age, 1 in 50 people do not speak English.

The population is older

- The median age of the population has increased from 31 years at the 1991 Census to 35 years in 2001.

Auckland Statistics

In the absence of a prevalence study, but wishing to give some idea of the scale of the problem, we present a number of statistics from community and government agencies whose work is in the area of sexual violence. However, these figures will be lower than actual prevalence due to the high level of non-disclosure and non-reporting of sexual violence.

Government Agencies

1. NZ Police

Unfortunately, the only available figures from the NZ Police are for the years 1999 and 2000. The latest figures are due to be released at the end of March 2002 and will not be available for public use until after the official release. It will be interesting to see if the steep rises in both recorded sexual violence and resolution of these continued into the year 2001.

Auckland City District				**North Shore/Waitakere District**			
1999		2000		1999		2000	
Recorded	Resolved	Recorded	Resolved	Recorded	Resolved	Recorded	Resolved
149	51	281	185	228	126	196	120

Totals for both districts.
1999 year = 377, 47% resolved.
2000 year = 477, 64% resolved.

In the year 2000, there was a total of 477 recorded incidents of sexual assault in the Auckland districts City, North Shore and Waitakere (note this does not include Manukau District). According to police figures, 305 of these cases (64%) were resolved. This does not mean that a prosecution was brought, but rather that the file was closed for any of a number of reasons. The majority of the offence type for the 2000 year were classified as indecent assaults (41%), while 25% of cases were classified as sexual violation. The remaining classifications included abductions, attempted sexual violation, indecency, and unlawful sexual intercourse.

2. Child Youth & Family Service (CYFS)

CYFS figures report the number of cases where, on assessment, abuse was found to have occurred. However, figures for the calendar year reported are likely to be an underestimation as a new computer system means that the figures have been compiled from a computer data base that is essentially a practise tool – it is available for staff to enter as part of their assessment but not compulsory. In spite of this unreliability, we have included these figures as at the least they do indicate a minimum number of established cases for the Auckland area.

It is interesting to note that some of the figures for the Auckland region are lower than what might be expected on the basis of population. However, given the current computer situation, this may be indicative of a regional variation in computer input rather than a regional variation in cases of abuse established by CYF.

2001 Calendar year Assessments with Findings (for Children under 17 years of age).

	Auckland	National
Emotional	569	1978
Physical	605	1945
Sexual	304	1154
Neglect	739	2855
Behavioural	894	3443
Self Harm/Suicide	39	93

3. Accident Compensation Corporation

A quarter of all new claims accepted by the Sensitive Claims Unit of ACC are from the Auckland / Tamaki Makaurau area. Like the CYFS figure, this is a low representation in proportion to the region's population. Similarly low are the ongoing claims which fall at just under a quarter of the national figures.

Numbers of Accepted Paid Sensitive Claims 2000-2001 (New and Ongoing)

	New	Ongoing	Total
Auckland	1088	1834	2922
New Zealand	4288	7783	12,071

Between the year 1999/00 and the year 2000/01, there was an 11.7% rise in new claims in the Auckland region compared to a 16.8% rise nationally.

Other figures provided by ACC are too limited by the large number of "unknown" or "not stated" categories to give meaningful information.

4. Ministry of Women's Affairs

The recently produced document 'Mäori Women: Mapping Inequalities and Pointing Ways Forward'[7], compiled by Ministry of Women's Affairs, compares the rates per 100 of substantiated notifications to CYFS of abuse and neglect of those aged 16 and under in 1998/99 for Mäori and Non-Mäori:

> 'In 1998/99 year CYPF substantiated some form or multiple forms of abuse and neglect for 2,808 children aged 0-6 and 3,392 young people aged 7-16 years. Approximately 46% of children and young people with substantiated findings of abuse and neglect are Mäori, 34% European, and 11% Pacific children. The rate for substantiated notifications to CYFS of abuse and neglect for 1998/99 was 1.2% of Mäori children aged 16 and under. This was three times the non-Mäori rate of 0.4%

	Mäori	**Non-Mäori**
Number	2,852	3,348
Rate	1.2	0.4

Source: Strengthening Families: Report on Cross Sectoral Outcome Measures and Targets 1999, p.24. Data by sex is not readily available.

Community Agencies

1. Auckland Sexual Abuse HELP

Auckland Sexual Abuse HELP is based in central Auckland and works with survivors of sexual abuse and assault and their families and friends. It has a DHB contract to provide crisis counselling services in the Central, North and West Auckland areas and provides on-going face to face therapy services to clients from central and north Auckland. In the year July 2000 – 2001, Auckland Sexual Abuse HELP registered 369 new clients. Sixty-five percent of these clients were women and children who were either seen for a crisis appointment or a crisis call out, while 35% of clients presented for ongoing therapy/counselling sessions. This number does not reflect the 4000 phone calls received on the crisis phone line for counselling, support, information or advocacy, nor any clients who first presented to the agency prior to this time period.

The majority of the clients seen at Auckland Sexual Abuse HELP are adults assaulted as adults (this is due to the high level of crisis call out work). Auckland Sexual Abuse HELP also see women who were abused as children (under 17 yrs of age) and abused children.

Clients by age at presentation and time of abuse

Age Group	**Number**	**%**
Children	86	22
Adults abused as Children	99	25
Adults abused as Adults	147	37
Not recorded	64	16
Total	**396**	**100**

The ethnicity of the clients seen at Auckland Sexual Abuse HELP is reflected in the table below. Not all clients recorded an ethnicity, and some clients identified with more than

[7] Published in September 2001 by The Ministry of Women 's Affairs, Minitatanga mö ngä Wähine Wellington,New Zealand.

one ethnic group and so have been counted twice. Those clients that reach the service who identify as of Maori or Pacific Island ethnicities are offered a referral to a Maori or Pacific Island service.

Ethnicity of Clients	**Number**	**%**
Pakeha	170	53
Maori	84	26
Pacific Island	41	13
Asian (incl: Middle east)	16	5
Other (mostly from Europe)	11	3
Total	**322**	**100**

The majority of Auckland Sexual Abuse HELP referrals are from the Police (29%), with self referrals the next most common source of referral (21%). There is a range of agencies and organisations that refer survivors to Auckland Sexual Abuse HELP services. Other community based agencies (10%) and medical organisations (8%) are the next highest sources of referral.

Sources of Referrals	**Number**	**%**
Self	84	23
Police	114	31
Other Community Agencies	38	10
Family member	27	7
Doctor/Medical Service	31	8.5
School	20	5.5
CYFS & Mental Health	27	7
Friend	14	4
Other	7	2
Unknown	7	2
Total	**369**	**100**

Age of client at the time of call-out is indicative of the age of survivors of sexual violence making police complaints. In the year 2000-2001, 47% of clients seem on call-outs were women and men in the 16-25yr age group, 31% were older than 25yrs and 22% less than 16yrs.

2. Auckland Rape Crisis

The focus of the work of Auckland Rape Crisis is on education, advocacy and prevention. They do not do long term therapeutic work with survivors but do manage a crisis phone line and enquires about sexual violence. Rape Crisis is often a first point of calling for many people who are referred on to other services. These figures are for the year ending June 2001

Phone contact by Client Grouping	**Number**	**%**
Sexual Violence Survivor	124	26
Sexual Violence Survivor Related	163	34
Information	193	40
Other Counselling/Support	4	1
Total	**484**	**100**

Occurrence of Sexual Violence Identified by Survivor and Survivor Related Phone		
Contacts	**Number**	**%**
Sexual Harassment	9	3
Incest (blood relative only)	15	5
Rape/Sexual Abuse	250	87
Combination of Above	2	1
Total	**276**	**100**

This number is slightly less than the number of calls received by survivors or survivor related contacts as sometimes there is no disclosure of the type of abuse. The majority of calls received are seeking information and resources (61%) with 34% seeking counselling support.

3. Counselling Services Centre (CSC)

Counselling Services Centre is based in South Auckland and services this area with crisis call outs and on going face to face counselling. They work with survivors of partner violence as well as sexual violence**.** The figures provided by Counselling Services Centre are not able to be absolutely separated between only sexual abuse/assault counselling and partner violence. They estimate that 75% of the total cases are sexual assault related.

CSC saw 426 new clients in the year 2000-2001. Their referrals come from over 50 different agencies. Sixty-eight percent of clients were seen as adults, with 24% presenting as youth (13-17yrs) and 8% as children.

Sixteen percent of clients were male, with 78% of those males presenting as adults. The majority of clients were female (84%) and the majority of these were adults (66%).

Ethnicity of Clients 2000-2001	**%**
Pakeha	39%
Maori	28%
Pacific Island	16%
Maori/Pakeha	3%
Maori/Pacific Island	2%
Other	7%
Unknown	4%

4. Tu Wahine Trust

Referrals attending Tu Wahine's service for the purpose of receiving korero awhine/ counselling, therapy and support for sexual abuse:

Make up of referrals to Tu Wahine	
whanau/families	16
individuals	112
children 0 to 15years	58
16-20years	10
20years plus	91
Total individuals referred	**157**

Note: There were 7 males under the age of 15 and 3 over 15 that attended as individual referrals to the service. Further context for these figures can be found on page 84 of this report.

5. Waitakere Abuse & Trauma Counselling Services

Waitakere Abuse &Trauma Counselling Services (WATCS) works with a range of clients in terms of age, gender and ethnicity. For the financial year June 2000-2001 the majority of clients were female, Pakeha (72%), self referred, adults. WATSC works with survivors of family violence as well as sexual violence, the break down of which can be viewed in the table below. This table also offers a comparison between the years 2000 and 2001.

Referrals to WATCS services						
	Sexual Abuse		Family/Domestic Violence		Totals	
	2000	**2001**	2000	2001	2000	2001
Child	**53**	**78**	54	103	107	181
Teen	**38**	**47**	24	31	62	78
Adult	**80**	**107**	37	99	117	206
Caregiver	**14**	**17**	4	1	18	18
Family Therapy	**7**	**19**	6	28	13	47
Totals	**192**	**268**	125	262	317	530

Within the child referrals, 11 cases were for keeping safe, inappropriate sexual play or sexual offending.

Figures compiled on reported versus unreported abuse reflected that for the year ending June 2001, 49% of sexual abuse cases remained unreported (this included historic abuse cases) and 51% of abuse was reported to CYFS or Police. WATCS are unable to provide a record of what percentage of reported cases went forward for prosecution, but noted a significant trend in increased reporting.

In the breakdown of when the abuse took place, 52% of the sexual abuse clients reported being abused as a child, 29% as a teen and 14% as adults with the remaining percentage unrecorded at time of compilation. It is unclear how many of those child cases were recent and how many historical.

Summary

These tables and figures are snap shots of some of the main organisations and agencies working with sexual violence in the Auckland/Tamaki Makaurau area. Independently viewed they offer the reader an idea of the client base (age, ethnicity) and some of the resultant courses of action (reported to police/ACC claims). Unfortunately, they are unable to serve a greater purpose than that. However, as a result of the value gained from the questionnaire developed for this project, it has been suggested that community agencies develop a standardised data collection form that can be collectively and collaboratively analysed for future use. It is hoped that in future years government agencies might also be able to offer more informative analyses of the wealth of date that they collect in the normal course of their business

Sexual Abuse Across the Lifespan: A Questionnaire Study of Vulnerability and Prevention for Children and Young People

Description of the Research

After review of the relevant literature and discussions with colleagues both individually and in a public stakeholder meeting, we developed questionnaires for looking at vulnerability to sexual abuse and assault across the lifespan in Auckland/Tamaki Makaurau. Questionnaires were separated into "child and young person" and "adult" categories and sought counsellors' knowledge and opinions about the risks and vulnerabilities faced by clients, along with counsellor's views about prevention. No client identifying information was requested. The questionnaires were pilot tested and reviewed twice by a variety of staff at Auckland Sexual Abuse HELP.

We met with five other organizations in the Auckland area who work specifically in the field of sexual abuse - Waitakere Abuse Trauma Counselling Service, Tu Wahine Trust, Man Alive, Counselling Services Centre and Pacific Island Women's Health Project (known as The Project). To Tu Wahine Trust and The Project we offered the option of participation by focus groups if the questionnaires did not seem appropriate for them or their client group. Both organizations took up this offer. Of the other organizations and ASAH, we requested up to 15 questionnaires for males and 15 questionnaires for females in 4 age categories: 0-12 yrs, 13-17yrs, 18-50 yrs, over 50 yrs.

Due to small numbers of questionnaires returned, electronic data analysis was abandoned in favour of manual tabulation of quantitative information and searching for trends.

Limitations of the Research

Conclusions from this research are limited due to a number of factors. Although we sought 60-90 questionnaires in each client age/gender group, only a proportion of these were able to be completed by the participating agencies. This has resulted in small sample sizes. Counsellors were also asked to answer from their established knowledge (i.e. not to ask any new information of clients) so there are a number of gaps in information provided. A number of the items sought counsellor opinion rather than either objective test result or client opinion. All participating agencies are specialist in this field, so opinions could be considered to be informed, though they remain opinions nonetheless.

Although agencies working with particular ethnic groups decided to participate through focus groups rather than questionnaires, some questionnaires were returned which related to clients who had identified as Maori or of a Pacific ethnicity. These clients did not necessarily have a counsellor of the same ethnic background so opinions expressed with regard to vulnerabilities and prevention may not be culturally informed. Further, as these clients were being seen in mainstream agencies, this information may not be representative of that ethnic group in general.

Although the questionnaires had been piloted, some differences in understanding of the questions did become apparent when questionnaires were returned.

The client base about which information and opinion was given, is skewed - it is a clinical sample from agencies providing services for sexual abuse. Therefore, disclosures had been made effectively and, for children, somebody in the environment had cared enough to get them to counselling services. This is further limited by the fact that we wanted to use information current to the present generation i.e. we did not request questionnaires which related to adult clients reporting historical abuse, only child or young person clients reporting child or young person abuse. This limited the possible sample in that many disclosures of childhood sexual abuse are not made until adulthood. The sample of male children and male young people is particularly limited. We requested the same number of questionnaires as for girls, but assume that less male children and no male young people were being seen in the agencies we were working with.

Risk and Vulnerabilities of Children

Description of sample
This is a clinical sample in that questionnaires were filled out by counsellors/therapists at WATCS, CSC and ASAH about client situations they had seen at work. No demographic or client identifying information was asked for.

Girls

a) Pakeha (includes two girls of other ethnicities, not named in order to maintain anonymity)
21 girls, 22 abusers
Age at onset of sexual abuse: 0-14 yrs
4 one-off incidents, 18 chronic

b) Maori
10 girls, 11 abusers
Age at onset of sexual abuse: 3-10yrs
1 one-off incident, 9 chronic

c) Pacific Island
3 girls, 4 abusers
age at onset 7-11 yrs
all chronic

Boys
8 boys, 9 abusers - one Maori, 7 Pakeha
age at onset of sexual abuse: 3-12 yrs
4 one-off incidents, 5 chronic

The abuse and abusers - Girls

Types of abuse
Most of the abuse described was touching of the child's genital area. This was often associated with digital penetration. Children were also forced to touch genitals of the offender. Oral sex occurred in about a third of cases. Penis-vagina penetration was most likely to occur as a child got older and where abuse had occurred over several

years. Pornography was used in several situations. Several children were abused anally.

Site of Abuse
One of the most striking aspects of the abuse of female children was the amount of abuse which occurred at home - Pakeha: 12 out of 22 (54%), Maori: 7 out of 11 (63%), and Pacific Island: 3 out of 4 (75%).

Ethnicity	Home	Home of other relative	Home of a friend	Home of offender	Public place	Total
Pakeha	12	6		1	3	22
Maori	7	2	1		1	11
Pacific Island	3		1			4

Offender access
This high amount of abuse at home was sometimes because the offender lived at home, but often not. A number of offenders were relatives and trusted family friends who visited often.

Ethnicity	Known offender, lived at home	Known offender, easy access to home	Known offender, easy access to home of relative	Total number of offenders
Pakeha	5	8	4	21
Maori	7	1	2	11
Pacific Island	3			4

Relationship of abuser to survivor
Consistent with most literature about childhood sexual abuse, most of the offenders were well-known to the survivors. In this study, most were relatives or family friends.

	Pakeha	Maori	Pacific
Fathers	3	2	1
Step-fathers	1	2	
Mother's boyfriend	2		
Brothers	0		
Step brothers	0	2	
Uncles	1		2
Grandfathers	1	1	
Cousin	1		
Other relative	1	2	
Family friend	6	2	
Other acquaintance	3		1
Stranger	2		
Total	21	11	4

The abuse and abusers – Boys

Types of abuse (not reported in two cases)
Most of the abuse described was the offender touching the child's genital area. This was sometimes associated with requests to touch offender's penis. Also described was anal rape and mouth-penis contact.

Site of abuse and relationship with offender
Even with such small samples, the difference in pattern of offending against boys and against girls was clear. Whereas the girls in this sample had been abused at home by relatives or family friends in what was most likely to have been on-going abuse, boys were equally likely to have been abused in a one-off incident or on-going abuse and to be abused in a variety of public and private settings by a range of people. This included a step-brother, a biological uncle, a family friend, two neighbours, a peer at school, the partner of a grandmother, a friend of a friend and an acquaintance.

Settings included a foster home, the child's home (2/11), the offender's home (2/11), grandmother's home, non-custodial father's home, a friend's home, school, in the street and in a motel.

General characteristics of offenders

Descriptions of offenders against both boys and girls included the following:

- Overt use of power - aggressive and angry, threatening, viewing and treating women and children as objects
- Using attachment - charming, befriending families with young children
- Previous histories of sexual offending unreported and unchallenged

Vulnerability of the particular child - girls and boys
Counsellors offered a number of reasons for why a particular child might have been chosen by an offender. This included:

Aspects of the offender/child relationship- use of power over or attachment to

- Existing relationships whereby the child loved, trusted and was loyal to the offender.
- Power imbalances by way of age differences, or knowing that the child was scared of him.

Aspects of the offender/family relationship- use of power over (personal or societally constituted) or attachment to

- Relatives and boyfriends
- Offender confident that partner/father would support him over child - tapping into attachment or vulnerability of person supposed to be protecting child
- Offender knew mother would not/could not protect children from him, would not challenge him
- Mother did not hold equal status in marital relationship or in extended family
- Mother did not challenge father sleeping in children's beds even though some behavioural indicators of abuse
- Friends
- Trusted by child's parents
- Physical inappropriateness tolerated due to perceptions of cultural difference.

Aspects of the situation

- Lack of parental supervision
- Easy and frequent access
- Isolated environment

Family factors

- Child abuse part of the family culture
- Socially isolated
- Sexual issues hidden
- Cultural authority of male in household
- Denial of previous intra-familial abuse
- Family shame attached to disclosure
- Lack of resources leading to reliance on relationships which gave offender access
- Importance of extended family relationships- fear of disclosure
- Violence and victimisation tolerated as a part of life

Parent-child relationship

- Parents obviously not protective
- Mother not clear about boundaries e.g. allowing male friend to bath child
- Contamination of generational boundaries between parent and child in general
- Parents physically and emotionally unavailable to child
- No awareness of risk to children from frequently holding adult parties in home
- Mother not aware of child seeking attention and affection from other adults

Characteristics of the child

The following have emerged as clusters of characteristics. Some could occur together.

- Trusting child- naïve of risk and danger
- Needy child - hunger for affection and attention, poor sense of boundaries, missing presence of father
- Fearful and compliant child - quiet, shy, small, gentle
- Does not ask for comfort or help when distressed
- Physically mature, seems older

The most common aetiology for most of these clusters was seen to be the quality of relationship with parents, including lack of emotional and/or physical availability, insecure attachment and emotional neglect.

Restraints on children stopping abuse through disclosure – girls

Offender actions

Counsellors suggested a number of offender actions which restrained girls from disclosing the abuse, including:

- Stopping abuse being defined as abuse
- Combination of grooming and age make it difficult for the child to conceptualise that “nice” people can do not nice things
- Giving toys and treats as reinforcements and maintaining confusion about “nice” people
- Framed by offender as games, embedded in playfulness
- Starting with small boundary violations and subtle progressions
- Messages of being special

- Normalised by offender - all fathers do this with their daughters, exposing child to sexual abuse of older sibling
- Grooming of parents and caregivers- confuses child and makes disclosure unsafe
- Overt coercion or power over
- Physical punishments and threats to hurt the child or others
- Extracting promises not to tell
- Threats that others would be mad if told
- Associated threatening looks and "meaningful" conversation in front of others
- Impression that saving younger siblings by allowing it to happen to them
- Isolation from other caring adults

Other restraints

Counsellors named a number of other restraints including:

- Developmental abilities to conceptualise
- Developmental abilities to take control of adults
- Physical enjoyment
- Enjoyment of attention
- Loyalty, attachment and love for parental figures
- Fear of the offender
- Fear of the responses of others – such as anger towards the child or others wanting to hurt the offender
- Not wanting to interfere in mother's relationship with offender
- No avenue for discussion of sexual issues
- Her need to be good
- Her need to protect the family from shame
- Her need/desire to keep the family together
- Protecting other relatives from knowledge that this person is an abuser

A further restraint described for girls of Pacific ethnicities was the notion of having been taught to obey and respect adults.

Restraints on children stopping abuse through disclosure - boys

Restraints reported for boys were isolation from parents, previous disclosures not being believed, embarrassment and involvement of other boys serving to silence, social isolation, offender being seen as a friend, loyalty to offender, fear of father of abuser, and communication difficulties.

Awareness of risk

Counsellors reported that a number of girls had some awareness of risk. However, it is unclear whether this was answered on the basis of awareness developed from the chronicity of the abuse or whether there was risk awareness prior to any abuse occurring.

No boys were considered to have had an awareness of risk prior to the event.

Disclosure - girls

It is important to remember that as a clinical sample from agencies which work with survivors of sexual abuse, this sample represents a small number of children who have made effective disclosures. This is likely to be a minority among children who are abused.

What was striking among Pakeha girls was that most girls (16/21) disclosed to their mothers. Fathers were disclosed to only when the offender was a stranger and the disclosure was immediate, or when the child had been disbelieved by her mother. A grandmother, a counsellor and friends also received disclosures.

Other interesting trends included that when the offender was somebody close to the mother, disclosure was often delayed until mother had ended the relationship with that person herself and that disclosures could be triggered by other things in the environment such as overhearing talk of sex or the offender.

Also clear was the way that disclosure is not just an act which a child does. It is a process which may also require an observer or listener to hear or notice a child's mood, behaviour, or something unusual that they say and then to ask about this. What is said then needs to be taken seriously. Given that this would require a person who is able to attune to a child's emotional state to some degree, and that counsellors in this study listed lack of quality in the parent/child relationship as a prime vulnerability to sexual abuse, it is not surprising that there is a low rate of proximate disclosure among children who are abused.

Maori girls were less likely to disclose to their mothers (4/11), but this could not be separated from the fact that fewer lived with their mothers (5/11). When disclosures to all family are included, the rate rises (7/11).

The number of children of Pacific ethnicities was very small, however, the complete difference from the Pakeha pattern of disclosure to mother may indicate a trend. None of these three children disclosed first to family members. Disclosures were made to school counsellors and neighbours.

Disclosure - boys

Mothers were disclosed to in all cases, though in one case a disclosure had first been made to a custodial father, but then to mother when the child was not believed. The disclosures were all delayed. Counsellors gave little information on circumstances of disclosure, but what there was looks similar to that for girls - disclosure occurred when the child was no longer at risk from a relative, disclosure was triggered by environmental factors, and disclosure occurred when a mother noticed a child's upset and asked about it.

Relationship to other research

Published research into vulnerability to childhood sexual abuse has pointed to a mother having a history of sexual abuse as a vulnerability for the child. In this research there were too many "don't know" answers to form any opinion on this. However, it was named as a factor in specific cases. If this is indeed a factor, then lack of information about this when a child is in therapy may have implications for future child safety.

Use of alcohol by offenders has also been studied as a factor in childhood sexual abuse. Again, these questionnaires contained insufficient information for any trend to be evident with this.

Not living with both biological parents has been seen as a risk factor. This might be supported in this research as both Maori and Pakeha girls have low rates of living with both biological parents - Pakeha 12/21 and Maori 1/11.

Prior abuse has also been associated with increased vulnerability to sexual abuse. Counsellors reported that more than half of the Pakeha girls had histories of emotional violence or neglect, or having witnessed physical or emotional violence between their parents. Histories of physical, sexual or emotional abuse were described for more than half of Maori girls.

Counsellor responses indicated that the Pakeha boys may have had a different pattern of vulnerability to the girls. Six of eight boys did not live with two biological parents and no boys were reported as not having had a history of abuse. Half of the boys were reported as having had both physical and emotional abuse, while two questionnaires were not filled out for this item, and two had "don't know" answers.

Discussion

Lack of a good relationship with parents, or an insecure attachment, is often cited as the key factor in determining which children are vulnerable to being abused. Information on vulnerability and restraints in this study suggests some of the reasons why this might be so. Vulnerability seems to be best understood as mediated by factors associated with offenders - offenders seem to seek out children and situations where they have access and where they are least likely to be found out. Children who won't tell, or who, if they were to tell, wouldn't be believed, are vulnerable to being sexually abused. Children who won't tell are likely to be those with insecure attachment to parents and so might not feel able to seek protection, or might want the relationship with the offender due to the lack of emotional closeness with other adults. Children who aren't believed if they do tell seemed to live in homes where the offender was given more credibility than the child.

An insecure attachment also maximises the effectiveness of what could be described as offender methods of operating. One way that offenders gained acquiescence and/or discouraged disclosure was through using coercion - physical power, institutional power, societal power such as age and gender, verbal power and relationship power. A child who does not feel protected by parents is more vulnerable to the use of coercion. A second means of gaining access and discouraging disclosure was through the use of attachment - abusing children where an emotional relationship already existed - or charm - befriending children or their families, more specifically mothers. Children whose emotional needs are not being met can be more vulnerable to befriending. Befriending families and mothers seemed to give access, but also led to children not disclosing abuse until the mother had already ended the relationship. It may be that the children thought that the adult would be believed over them, a situation which did seem to have occurred for some children. A further restraint on telling was confusion due to a gradual onset of abuse, abuse being embedded in play, abuse feeling good and the discrepancy between a person being nice and yet abusing. Some of these factors seem to be deliberately used by offenders while others occur through the capacities of children to make sense of things.

Prevention

These patterns of vulnerability and disclosure have implications for prevention, such as a need for:

- Age, gender and culturally appropriate safety education for children and adults which:
    - teaches about how things can change from feeling good to feeling uncomfortable
    - contradicts threats
    - encourages checking things out with other adults
    - talks about safe people
    - goes against any normalisation of abuse offenders might do
- Safe disclosure - teaching adults how to listen for and respond to disclosure so that they can facilitate this two way process.
- Education for parents and other caregivers on possible motivations of "charming" male friends
- Identifying children and families at risk through observation of quality of parent - child relationships
- Education for all adults to encourage a community approach to the protection of children

Suggestions from counsellors about what could have prevented incidents of abuse

a) Parents or other primary caregivers:

- Parental emotional availability, secure attachments child/parent, parental attunement to child's distress
- Safety education for parents
- Supervision of children
- Education re potential risks of baby sitters
- Parents listening to children saying that they feel uncomfortable with particular family members
- Modelling by parents of appropriate and respectful relating to others
- If abuse sorted out in previous generation and disclosed to husband so both parents aware of need to keep children safe.
- Mother keeping safe from known offenders

b) Environment:

- Opportunities for open discussion about sexuality and boundaries
- Child being in environment that felt safe to disclose in
- Changes in Catholicism

c) Children:

- Safety education for children

d) Culture:

- A culture that respects the rights of women and children

e) Other professionals:

- Health professional support for parents' suspicions
- CYF investigating first report

f) Perpetrators:

- Boys having education about importance of mutual sexual relationships and respect for females

- Older men not having children in their offices

Safety Education

One child was reported as having had safety education at school, but having forgotten it. However, it was interesting to note that this child was one of few who had made an immediate disclosure to parents. This is in line with research on a safety education programme for 7-10 yr olds in Ireland where it was found that children who had been through the programme were more likely to make disclosures and that these disclosures were more likely to have a confirmed outcome (MacIntyre and Carr, 1999a).

Risk and Vulnerabilities of Young People

Sample description

Young Women
9 Pakeha, 2 Maori, 2 Pacific Island, 1 Asian
15 offenders
13-17yrs of age

No questionnaires were filled out for males in this age group.

The abuse and abusers

The incidents of sexual abuse were predominantly one-off incidents, with only one description of chronic abuse. Two questionnaires had no information about this variable.

Types of abuse described were predominantly vaginal rapes, but also anal rape, attempted rape, and forced oral sex. Taking this in conjunction with the child questionnaires suggests increasing moves toward penis-vagina penetration with increasing age of the victim.

Two of these rapes were drug rapes - i.e. drugs were given without consent as a part of the assault.

Place of offence shifts markedly from children to this age group. In this sample, the most common places of offence were:

Workplace	3
Staying over at someone's house	3
Public places	3
At offender's place	2
At her house	2
Offender's car	1

This variation reflects a more mobile group. One interpretation of this would be that offenders will act wherever females are: children at home and young people in a variety of places.

Significant changes in the relationship of the offender to the victim include: a rise in friends of friends, employers and strangers along with a drop in family friends and relatives.

Characteristics of offenders

- In senior roles in a shared workplace
- In frequent trouble with the law including drugs and physical assaults
- Having expectations of sexual intercourse in relationship with girlfriend
- Opportunist

Vulnerabilities

Aspects of the situation

- Being alone anywhere
- Being with people who are not well known to the young woman

- Being in an isolated place
- An offender having personal information about a young woman which could be indicative of vulnerability
- Offenders having access to the home due to relationships with others

Aspects of the offender/young woman relationship
- Offender having power as an employer
- Boyfriend/girlfriend relationship
- Some friendship connection which she takes as indicative of safety
- Offender knowing he has power over her through other means e.g. that her mother loves him

Characteristics of the young person
- Naturally trusting, naïve, no previous victimisation therefore no mistrust, unaware of risky behaviours
- Taking risks -alone in a bar, portraying self as sexually available and interested in drugs
- Emotionally neglected in family unit
- Time of sexual experimentation

Family Factors
- Modelling by father of extra-marital affairs
- No control by parents of her risky behaviours - had run away from home
- Lack of attention to young person
- Lack of protection of young person
- Marital problems
- Lack of empowerment for young people
- Parents not being aware of the motivations of some of their friends
- Beliefs re gender and culture which support abuse

Other
- Cultural restrictions on young women challenging the authority of older males.

Discourse he uses about and to her
"I thought you liked it - thought you were that kind of girl as you have so many guys around".

Vulnerabilities and restraints on safety in particular assaults
- Client unable to assert herself when sexual advances beyond what she wanted
- Seduced by thought of being promiscuous and wild
- Had feelings for offender
- Going out with older guy, trying to be more adult than is so in risky situations doesn't know how to deal with
- Didn't know how to stop offender
- Held captive - no contact with any adults trusted
- Peer pressure to look cool
- Stayed in bar alone after friend left
- Accepted a ride with men she didn't know
- Trusted the adult
- Excitement of meeting a stranger

Restraints on stopping sexual assaults

a) Difficulties defining as abuse

- Offender confuses sense of boundaries by saying "you know you want it" and being amorous
- Lack of belief that a friend would actually do this
- Confusion about peer expectations and dating
- Sense of self-blame and /or shame and/or guilt

b) Fear of consequences

- Fear of consequences of disclosure such as mother restricting young person's social life if knew of assault
- Would have to do the work of this person if they were not around anymore
- Felt intimidated by his size
- Peer pressure if doesn't go along with expectations of dating.

c) Coercion

- Physical threats
- Generally controlling of mother and her
- Physical violence and restraint
- "You like it"
- Drink drugged
- Playing a "dare" game
- "I'll tell your boyfriend"

d) *Bribery*

- Offering trips away

e) Grooming

- Building up trusting relationship
- Offer some kind of help that is needed
- Development of a trusting relationship with parents which is visible to young people

Risk

One young person was described as having had some perception of risk following an educational session at school. However, the situation was also one in which most people would perceive risk - an intruder breaking into the house at night.

Others had no perception of risk in spite of what would commonly be perceived as "risky behaviour", for example, getting into a car with several men where one was an acquaintance, going off with a guy met that night, meeting someone known only through electronic means.

Often described was a perception of safety in relationship, for example - "he was a friend of my boyfriend, he was my boyfriend, he was my best friend's boyfriend, he was a friend of my cousin's boyfriend".

Counsellors described no sense of risk in the workplace, though a significant amount (25%) of this small sample (most of whom would not even be in employment at this stage of life) were sexually assaulted in the workplace, predominantly by employers.

Safety Education
There was insufficient information provided about this to enable formation of any conclusion. However, several young women had had some safety education which did seem to have had a protective effect.

Disclosure
In the shift from children to young people (13-17 yr olds), reports of disclosure to mothers drop significantly. Most of the initial disclosures made by these young people were to people such as friends, police, and school counsellors. It must be remembered, however, that this is a biased sample in that disclosures were made to people who have then referred to counselling. The research literature actually suggests that friends receive the most disclosures from young people (Jackson, 1997).

Discussion
In this small sample, a number of factors identified in other research were not replicated. No patterns of vulnerability due to prior victimisation, alcohol use or lack of caregiver knowledge about whereabouts were established. Counsellors most often reported that they did not know whether or not the mother of the young woman had a history of sexual abuse so no information was gathered on this variable.

Of 14 young women, two lived with two biological parents, while information was not collected for one. This may be indicative of a trend which would support the hypothesis that not living with two biological parents is a risk factor for sexual abuse.

Offences against young people seem to be more opportunistic than those against children, though they may still be pre-meditated, for example, those of drug rape. The coercion, charm and confusion factors described with children seem to collapse into one pattern with young people. Charm is used to get the young person into a vulnerable position such as isolated from friends, into a car, of having built trust. This then shifts to varying levels of coercion from the creation or exacerbation of confusion such as the line "you know you want it", through to immobilisation with physical restraint or drugs.

One of the surprising factors in this sample was that most offenders were traceable as they were known to the survivor or connected to her by mutual friendships. This would seem to suggest that offenders were not afraid of being caught. This starts to make sense if we think about vulnerability in terms of offender motivations - who won't tell, who won't be believed and who won't be validated as a victim. On these variables, most young women are at risk. Young people no longer disclose abuse to parents. The young women in this sample did tell adults to get to services, but research (Jackson, 1997) shows clearly that disclosure is predominantly to peers. Such disclosures generally do not result in legal consequences for offenders. Young people also often don't tell due to confusion - at this age, confusion centres around issues of consent and self-blame. Young people who do get to police are often not believed. The crisis team at ASAH recount numerous examples of complaints made by young people not being taken seriously due to the beliefs that many police officers hold about a high rate of false complaints of sexual assault being made by young women. Young women are also often not validated as victims of sexual assault. Rape myths and societal expectations bring victim blaming - "what do you expect when you go out dressed like that? Well, you shouldn't have been drinking". Self-doubt means that young women are often not even sure in their own minds that they have been a victim/survivor of a crime. If young

women are believed, they are often more likely to suffer consequences than the offender. A common parental response is to restrict the social life of the young woman to stop this happening again (to her). These factors which lead to vulnerability, apply to all young women who spend time away from home.

Other risk factors which seem to apply to this age group include lack of risk discrimination, the idea that anyone who is loosely connected to someone you know must be safe and the power of peer culture. These factors may also apply to young women as a group, though it is also possible that they could be exacerbated for those with difficult or distant relationships with parents and /or histories of trauma.

Implications for prevention

- Age and culturally appropriate education on risks, sexual assault as power, rights to set boundaries, staying with friends, peer pressure, consent, shame and self-blame, boundaries and limits, safe dating.
- Important that all young women have access to this education as all young women are vulnerable. Mixed gender education might go some way to also protecting males as victims who are not represented in this sample, and developing a shared understanding and ability to communicate which could avoid some of the difficulties for young people in defining and resisting sexual assault.
- Modelling of respectful relationship - media, families
- Education for parents about helpful responses to sexual assault with a view to decreasing reluctance of disclosure to parents.
- Recognition that sexual problems in the workplace include not only sexual harassment, but also sexual assault. Education for employers about their responsibilities to provide a workplace free of sexual harassment or assault. Education for young people about the risks involved in workplace relationships and resources on how to respond to this. In the meantime, in the absence of adequate education to stop employers from abusing their positions of power, penalties should give due consideration to the abuse of responsibility which has occurred, in a similar way to the recognition given to “theft as a servant”.

Counsellors also offered the following suggestions for prevention, targeted towards the following groups:

Parents

- Parents being aware of changes in young people’s behaviour
- Parents thinking about male friends who visit often
- Parents having knowledge of effects of CSA
- Better family relationships so that parents are aware of whereabouts etc
- Listening when young people say that they don’t want to spend time with certain people
- Awareness of who is asked to look after children
- Skills to recognise potential abusers

Society

- Efficient legal system so offenders apprehended early on in offending career
- Greater valuing of women in society
- Men being kept away from young women

Other professionals

- Investigation by school into disruptive behaviours

Young women

- Not being around unsafe people in unsafe situations
- Awareness of risk
- Empowerment of young people
- More prevention education
- Culturally appropriate prevention education
- Education re sex, intimacy, relationships, right to say no and feel OK
- Education re sexuality, sexual abuse, assertiveness, sexual boundaries, assertiveness, consent issues

Young men

- Education of males re societal myths about sex and rape
- Greater valuing of women in society
- Culturally appropriate prevention education
- Education re sex, intimacy, relationships, right to say no and feel OK
- Education re sexuality, sexual abuse, assertiveness, sexual boundaries, assertiveness, consent issues.

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Sexual Abuse Across the Lifespan: A Questionnaire Study of Vulnerability and Prevention for Adult Women and Men

Introduction

This analysis is based on information gathered from questionnaires completed by counsellors and therapists at Auckland Sexual Abuse Help (ASAH), Counselling Services South (CSC), and Waitakere Abuse Trauma Counselling Service (WATCS). See appendices for copy of the questionnaire.

It is more broadly informed by the focus group interviews and stakeholder group meetings.

Limitations

Due to the small size of the sample it is hard to read any statistical significance from the material, or to see significant patterns that are specific to the different ethnic communities of women. However there are some commonalities and worthwhile observations which can be related to the literature and the anecdotal store of knowledge gained from those involved in the field.

The sample is skewed by the fact that the counsellors are informed by clients who have *chosen* to work therapeutically in their healing. Other limitations are similar to those described for the child and young person questionnaire – that there are gaps in the information as counsellors were asked to reply only from their own knowledge and opinion, that a number of items have asked for opinion rather than either objective test result or client opinion, and that clients of particular ethnic backgrounds did not necessarily see counsellors of the same ethnic background.

Description of Population

The total number of questionnaires received were 33. Two of these related to males and 31 to females. Most of the questionnaires related to clients described as Pakeha (23) with the remaining described as Pacific Island (1); both Pacific Island and Maori (2); Maori (2), European (2) and other (3).

The majority of the sample described by counsellors (21 of 33) were aged between 16-25 at the time of first adult assault. International research, and the ASAH crisis team support that this age group is the most highly represented of adult women among survivors of recent sexual assault. The average age at time of assault is different to the average age of women presenting for therapy. In this sample the majority of women were described as being in their mid to late thirties.

The males in the sample were described as aged between 25-30yrs at the time of assault and were survivors of one off stranger or acquaintance (just met that night) sexual assaults.

What we learnt about offenders

The offenders in the sample ranged from strangers (15%) to various levels of acquaintance (42%), including family members (42%).

All offenders were male.

Reports of offender ages ranged in years but the majority of offenders were described as being in the 26-30 year age span. Although not absolute, the age of the offender, fell generally into a similar age group to the associated survivor. However for those women assaulted by family members such as fathers or uncles, the offender was a generation older.

There were a number of 'don't know' answers to the question of offender age, but from those answers given, the age of the youngest offender was 17 and the oldest was in his 70's.

Family Member Offenders

A 'family member' was described as the offender in 42% of incidents. This included: husbands (and ex husbands), Defacto (and ex Defacto), fathers, mother's live in boyfriend, uncles and brothers-in-law.

Husbands/Defacto - Abuse in Intimate Relationships

Husbands or defacto partners made up the majority of family offenders with 6 of the 14 cases having reported sexual assault by their husbands or defacto partner (that is 18% of the total sample). This is a considerably higher percentage of women than indicated in the USA based literature where studies placed the figure more at 10-14 %. When the international figures were presented for discussion to local workers in the field, it was felt that the figures were a low estimate. Their estimation of a higher percentage has been reflected in this small sample.

Counsellors reported that all of the women had identified high levels of physical and emotional abuse by husband/defacto offenders and that this had been their experience over many years. Several of the survivors had described being raped on a weekly basis. Descriptions of assaults fitted the three types of marital rape discussed in the literature;

- *Force-only rape* -husband uses only the amount of force necessary to coerce their wife
- *Battering rape* - husband rapes and batters wife. Battering may occur concurrently or before or after the sexual assault
- *Sadistic/obsessive rape* - husband uses torture or perverse sexual acts. Pornography is often involved. (From Bergen 1999).

Use of pornography had been described by a third of the women as being associated with marital rape.

	No.	%
Physical Violence	12	36.4
Emotional Abuse	15	45.4
Pornography	4	12.1

Although the NZ study, *The Women's Safety Survey 1996*, reported that in the context of a relationship Maori women experienced nearly four times more episodes of sexual assault than non-Maori women, none of the women described in this sample were Maori,

Pacific Island or of Asian ethnicity. However, in the focus groups, all of the agencies described marital rape as often accompanied by physical violence.

Comments made by counsellors about restraints (to keeping safe) placed on survivors of intimate partner assault or marital rape, were most commonly socio/political observations about the impact of gender role division. These included:

- the social expectations associated with 'wifely duties'
- the raising and protection of children
- a sense of loyalty
- issues of shame, embarrassment and self blame
- the offender's (husband's) sense of entitlement
- a lack of community support and sense of isolation

These observations point to the impact of gender role division on the social, legal and economic positions of women. The inequality of this contributes to what is sometimes described as women being "trapped" in marriage or de facto relationships.

In both the discussion with Shakti Asian Women's Centre and Pacific Island Women's Health Project, there was much discussion about the perceived expectations of women in a marriage relationship and how some husbands enforce their sense of entitlement to sex. These experiences are often viewed by women as 'part of the parcel' and were not necessarily defined as rape or assault (see community information for more detail)

The descriptions of the husband/defacto offender include the offender as being; violent, controlling, using power over, abusive, paranoid and jealous. All were described as angry.

Further, it was noted that offenders dd not stop attempts to control women after the dissolution of the marriage.

Ex husband / defacto

In 3 cases of a family member as offender, the offender was identified as an ex husband or ex defacto. In all three cases the offender had been abusive sexually, physically and emotionally during the relationship. The dynamics of power over and control were described as having escalated on dissolution of the relationship as the offender attempted to regain control over his ex partner.

This dynamic is supported in the literature where studies have shown that the risk of violence is higher when attempting to leave a relationship, or if separated or divorced, as this represents a challenge to the control of the abuser.

Other Family Members

Other family members described as offenders included fathers, uncles, and mother's live in boyfriend. In all these cases, abuse as adults were a result of ongoing previous childhood and adolescent sexual, physical and emotional abuse by the offender. The use of power as an authority figure and expected compliance as tools of grooming and coercion were characteristics of the assaults. Also described was a situation religious beliefs had been used as an attempt to normalise the assaults.

Brothers-in-law were also represented as family member offenders in one-off assaults. It was noted that offenders seemed to count on survivors protecting their sisters and not disclosing the assaults.

Other Known Offenders
Fourteen (42%) incidents of acquaintance assault were described. Offenders included: friends, boyfriends, friend of friends, people met that night, dates known a while, neighbours, clients and work boss/colleagues.

Several of the assaults were perpetrated by more than one offender (gang rape).

Dynamics described with a 'friend' offender include; ease of access; that they use knowledge of the survivor against them; they get to know vulnerabilities and/or are in a position of trust when survivor is vulnerable (drunk or distressed); are trusted by the survivor; there exists no or little awareness of risk.

Similar dynamics were described when offenders were friends of friends, or acquaintances just met The offender had been viewed as someone who could be trusted and risk was perceived to be low. Offenders who had been met just that night in social settings, (parties and pubs and clubs), were described as having seemed trustworthy, and spending much time in grooming survivors to develop that sense of trust (see also sections on alcohol and grooming).

Key points with regard to acquaintance or known offenders (who are not family) are that there is:

- trust built - grooming
- low awareness of risk
- ease of access
- use of alcohol/drugs
- an offender's sense of entitlement

Stranger as Offender
Counsellors knew little about offenders in the assaults perpetrated by strangers. One offender had been convicted on rape and attempted murder charges but nothing was known of the others.

What was evident in this sample was the high level of violence and physical coercion/restraint used by all the stranger offenders. Observations included that a sense of opportunism was associated with the stranger assaults. Some of the circumstances included the survivor being isolated, surprised by the attack, and affected by alcohol. Counsellors were of the opinion that offenders had probably set out looking for women in such circumstances, with the intention of sexual assault.

Place of Assaults

A high percentage (48%) of assaults took place in the home of the survivor, 21% of assaults in the offenders' home, 15% of attacks in a public place and 15% in temporary accommodation such as an hotel, a van, an hostel or a batch.

Public places included toilets, cars, parks, streets and school grounds were named several times. All stranger assaults had taken place in public places.

Notably high, was the 15% of assaults that had occurred while in temporary accommodation, away on conferences or holiday weekends.

Also common, were assaults associated with parties. Women had become isolated in a room, usually through the grooming or persuasion of the offender, and then loud music, use of alcohol and the social milieu had worked against them being able to stop the assault.

All the assaults by husbands /defactos took place in the shared home. The ex husband and ex defacto assaults were in the home of the survivor. Access to the home was gained in a variety of ways including, still having a key to the home and bringing children to the home after access visits.

Time of Assault

The one off assaults (67% of the sample) had mostly occurred at night. Those assaults also associated with alcohol and partying tended to have occurred in the early hours of the morning, though day-time assaults had also occurred.

Those women who experienced on going abuse in the context of a relationship or by a family member had generally been assaulted at any time of the day or night.

Description of Assault

The nature of the assaults represented the spectrum of physical sexual assault, from fondling over clothes to high levels of physical and sexual violence. Most incidents included penis-vagina penetration with some incidents of anal penetration and fellatio . The nature of the assault differed between the one off assaults and those that were chronic.

Ongoing assaults, within the context of a relationship, often had a brutal and sadistic component to the assault, and were mostly accompanied by physical violence or “torture”.

The majority of attacks, both one off and ongoing, involved a level of initial physical restraint being placed on the person. Some survivors were drugged or alcohol was used as a restraining factor. More violent restraints included strangulation, gagging and beatings.

The men who were assaulted, in all cases by strangers, had been anally raped and forced to perform oral sex.

Grooming

Grooming seems to play less of a subtle role in adult sexual assault then it does in child or adolescent sexual abuse. However, there are examples where trust building and attention giving are used as methods of grooming or gaining trust. For those women who were raped by friends or boyfriends, there seems to have been some time given to trust building before the assault took place. Offenders seem to play on ‘known’ vulnerabilities (see section on prior victimisation).

Methods of grooming involving alcohol were most commonly utilised by offenders that women had just met.

Grooming did not occur in all cases. This was reflected in the questionnaire responses as well as by the Crisis Team at Auckland Sexual Abuse HELP. Sometimes assaults seemed to be a result of opportunist offending with no attempt to gain survivor compliance. This was exclusively the case in the assaults by strangers.

Coercion

Physical threats and physical force were the most commonly used forms of coercion reported for this adult population. The physical threats varied from the use of a knife and strangulation to verbal threats of physical violence ("I'll kill you").

Those women in long term abusive relationships were most likely to have reported experiencing beatings and other actual physical violence alongside verbal threats of violence.

Several people mentioned the impact of the use of emotional coercion. This included using phrases such as 'you asked for it' and 'you really want this'. Emotional coercion was also seem as having been used to undermine a survivor's sense of reality and self.

The role of Alcohol & Drugs

Alcohol and drugs had been involved in grooming, increasing vulnerability and use of coercion by the offender. In total, use of alcohol or drugs had played a role in 20 of the 33 (61%) assaults reported. Alcohol was often mentioned as a tool for grooming or setting the client up into a vulnerable position. There were several incidents where the client was drunk and the offender offered to assist the client 'safely' home. The separation from friends at this stage seems to be a common risk factor for women and men who are drinking in a party or club situation. The use of alcohol may also relate to an increased risk of being seen as an easy target. Counsellors commented about the effect of alcohol in reducing people's abilities to keep themselves safe and at times increasing risk taking behaviour. In several incidents the survivor's relationship with alcohol was a known point of vulnerability that seemed to have been exploited by offenders. International studies support a correlation between prior sexual abuse and alcohol and /or drug abuse. This was evident among this sample of women.

Alcohol also featured in three of the five stranger perpetrated assaults. It was a considerable factor in reducing the perception of risk in walking alone in the early hours of the morning. However, it must be said that variables besides alcohol were also important factors in creating isolation, for example, in two cases access to a phone to call a taxi was denied, resulting in walking home alone.

Two of the assaults involved drug rape whereby tranquillizing drugs had been given without consent to someone via an alcoholic drink, for the purpose of sexual assault. This had resulted in loss of consciousness and memory loss. Drug rape of this nature is a growing concern, especially in the 17-25 year age group.

The Impact of Disability

A question on the impact of disability was frequently answered in relation to disabilities caused by alcohol, drugs or the ingestion of poison. However, several incidents were also described where visual impairment and psychological disability had reduced survivors' abilities to keep themselves safe from sexual assault.

Causes/triggers of the assaults

Counsellors opinions about what had triggered the assaults were varied and complex. The range of qualitative answers listed below gives some idea of the range of responses from personal beliefs through to broader political observation.

- Offender's belief that the person could be victimised
- Offender's jealousy and feelings of dissatisfaction
- Offender's belief of entitlement
- Offender's fantasy about sexual desirability and availability
- Offender's extreme anger and rage
- Offender's attempts to maintain power and control
- Offender's misinterpretation of client's messages
- Client's isolation
- Economic vulnerability
- Client's vulnerability due to abuse of alcohol and/or drugs
- Client's naivety
- Client's rejection of offender

Reported Assaults & Legal Issues

In this sample, counsellors reported that a relatively high number of assaults had been reported to the police (39%). This is to be expected when two of the agencies involved receive police referrals at the time of police report. However, of the 13 reports of assault, in only 2 cases had an offender been convicted. Four cases were still waiting a police or court outcome. Three cases had been investigated but police had decided that there was not have enough evidence for a case to proceed to court. Two cases had not proceeded as survivors had not been believed by police. Counsellors reported that several survivors had asked police to drop the charges due to fears of reprisal and legal advice about custody issues with children. The use of protection orders and issues around custody of children seem complex as they relate to sexual assault by an ex-partner. Advice to not pursue charges of sexual assault against ex-partners while custody issues were still outstanding, seemed to have complicated matters for women. What may have been perceived by legal advisers as the best 'look' for the family court, could leave women more vulnerable to on going assault. These legal issues around custody or access to children hold considerable risk for women when attempting to leave a relationship and need to be considered as having implications for prevention.

Some of the women who did not report the sexual assault to police, did disclose to a doctor for a medical examination. However, 15 survivors had not reported the abuse to anyone other than the counsellor.

Seven of the offenders were described as having had a prior conviction relating to assault, were gang affiliated, or were known in the community as a sexual abuser. Some survivors had had knowledge of the prior convictions for assault, but not all.

Awareness of Risk

In 19 of the assaults, counsellors reported that the survivor had had no awareness of risk prior to the assault. This was attributed to either the surprise nature of the attack or, more commonly, to the fact that they had trusted the offender.

For those survivors who had had some awareness of risk, this was generally associated with a known offender's propensity for violence. Prior verbal threats had warned of a sexual assault.

Counsellors reported that some survivors had talked about having had a sense of the risk, but due to prior victimisation had been unable to clearly ascertain risk or keep themselves safe.

Ironically, it was an awareness of the potential risks women face from men that had led some women to seek safety in the offender - accepting offers of rides home, seeking a travel companion or being looked after when drunk. There is clear vulnerability when women believe that they have to rely on men for their protection and safety.

Prior Victimisation

The relationship between prior victimisation and the circumstance of assault is complex. However, for the sample as a whole, the known incidence of prior victimisation was high, especially victimisation as a child or adolescent.

Victimisation as a child	**No.**	**%**
Physical	16	48
Emotional	23	70
Sexual	18	55

Victimisation as an adolescent	**No.**	**%**
Physical	11	33
Emotional	24	73
Sexual	15	45

Victimisation as an adult	**No.**	**%**
Physical	11	33
Emotional	15	45
Sexual	13	39

Counsellors reported that over half of the adult survivors had been sexually abused as a child, nearly half had been sexually abused as an adolescent and over a third had been sexually abused as an adult. Although this may reflect the high levels of revictimisation which are discussed in the international literature, it may also reflect a sample bias in that those survivors of adult sexual assault who seek counselling and therapy services, often seem to be those who have been victimised prior to the recent assault.

Whereas all women in this sample assaulted by someone they knew had a prior history of some sort of abuse, only a few of those assaulted by strangers had been previously victimised.

Many of the comments made by counsellors about characteristics that had led to this person being victimised in the assault in question, related to issues connected with prior victimisation. Associated vulnerabilities were seen to include:

- Not being able to keep safe
- Not believing in a right to safety

- Low self esteem and self respect
- Neediness
- Lack of understanding of personal boundaries

A range of answers were given to a question about disclosure of previous incidents of abuse, though generally disclosures of abuse had been minimised or ignored.

- Prior sexual harassment had been disclosed to parents. Their attitude that "females just have to put up with this sort of thing", had contributed to her lack of ability to keep herself safe.
- Parents chose to minimize what had happened and to protect the abuser.
- Police had seemed to believe the offender and disbelieve the survivor
- Previous incidents took place within a family context in childhood and there was no one safe to tell.
- No disclosures had been made as the survivor thought that abuse was normal .
- Sexual abuse had happened in foster care and the client did not trust anyone to tell.
- Disclosure had been made to both mother and police. Mother had not been supportive of report of abuse by father and client was therefore was under-resourced to deal with any further abuse.
- Offences began in childhood and continued into adulthood.

Conditions that contributed to the sexual assault

In looking at the causes of sexual assault, what are most often talked about are characteristics of previously victimised survivors which indicate vulnerability or contribute to risk taking. In an attempt to broaden the scope of this discussion, counsellors were asked what they thought had contributed to the occurrence of these sexual assaults in terms of characteristics of the environment or situation, characteristics of the offender and characteristics of the survivor. Although characteristics of survivors featured strongly in their responses, other factors were also identified. Factors within each class of characteristics vary between those operating at a societal level and those operating at a specific or individual level.

Environmental or situational Characteristics

- Ease of access
- Physical isolation (separation from friends)
- Use of alcohol
- Legalisation of marriage and privacy
- Lack of money
- 'working girl'
- walking alone at night
- Cultural beliefs
- Party atmosphere
- Physical proximity

Offender Characteristics

- Obsessive control issues
- Want for power and control over
- Belief in entitlement
- Violence with a belief of right to dominate
- Opportunist

- Part of family = legitimate access
- Appeared trusting
- Gang mentality/bravado
- Addictive behaviours
- Acting out anger issues - family patterns of behaviour
- Able to pick up that survivor would be a 'safe' victim

Survivor Characteristics

- History of victimisation
- Appearance as a 'safe' victim
- Presents as naive and vulnerable - child like
- Unlikely to tell or resist
- A nice, friendly, trusting person
- Seen as physically beautiful and desirable
- Impaired ability to trust own judgement
- Low self esteem = lower self care and safety
- Intoxicated
- Risk taking behaviour
- Strategy of looking to men to keep safe
- Lack of personal boundaries
- Tendency to become quickly intimate with people
- Seeking safety in controlling relationships
- Unlikely to make a fuss
- Unable to say no
- Compliant
- Addictions
- Cultural constraints

For most assaults, characteristics of each type were able to be identified. However, the relative importance of different classes of characteristics differed with each assault. The value of this triangular model of contributing characteristics is that it offers a way to understand variation in the causes of individual assaults, while staying cognisant of the influences of the wider picture. This can be used as a guide in formulating prevention strategy. It also offers a guide to three areas in which to target/focus prevention initiatives.

The extent of physical and psychological injury

The degree of physical injury sustained in the sexual assault depended on the level of physical violence associated with the attack. Counsellors described bruising; vaginal and anal grazes, tears, and bleeding; back pain; cuts and head injuries. However, most counsellors identified that the greatest injury to survivors was psychological. Such injury was described as often severe and sustained. Psychological injuries included an inability to maintain healthy relations, inability to trust self and others, suicidal tendencies, self harming, panic attacks, and depression (to name a few).

Prevention of the assaults

Counsellors described various attempts by survivors at preventing the assaults. These attempts differed depending on the nature of the assault and the survivor characteristics. Talking and saying 'No' were the most commonly stated methods used when physical restraint was applied to prevent escape. Other methods recorded included begging, kicking, running, fighting, and screaming. Often the fear of personal survival beyond the

assault was a constraint in attempting physical resistance. It seems that women who were survivors of ongoing intimate partner violence believed that attempts at prevention during the actual assaults could result in further physical violence. Therefore, the kinds of prevention methods described in these situations tended to be attempts to pacify or 'please their partner'.

When we asked *what could have* prevented the assault, counsellor opinion varied from pragmatic suggestions to more ideological/political responses. These included:

- Staying with friends - avoiding isolation
- Public information about help available to leave the relationship.
- Public information about personal rights.
- Therapy following earlier abusive incidents.
- Client having clearer ideas about safety.
- Having access to a phone.
- Having a sense of entitlement to safety.
- Leaving partner when abuse began.
- Addressing early suggestive comments.
- Community education.
- Education of adults, teachers, neighbours about signs of abuse.
- Encouragement of reporting suspicions of abuse to authorities.
- Education about sex, intimacy and relationships.
- Police more willing to enforce protection orders.
- Safe practise at parties - drinking levels and friends to care.
- Family support.
- Better government agency assistance and coordination.
- Education around power and abuse - sexual pressure.
- Outsiders taking action.

This broad array of ideas about prevention of these specific assaults, suggests that any prevention initiatives might need to be equally broad in approach.

Summary

There are many overlaps between the risks and vulnerabilities to sexual assault identified in this small study and those identified in the research literature. However, the level of detail able to be identified here is valuable for prevention planning. Further, discussions with other community groups offer further depth to this developing picture.

Community Consultation

Introduction

The following section looks at risk and vulnerability to sexual assault and the potential of prevention and education through the eyes of a variety of community groups with whom we consulted. Our motivation was to give voice to groups which often fall out side of the dominant discussion. As the literature and our own wisdom would suggest, identifying commonalities and differences across the many different communities which are Auckland/Tamaki Makaurau, is key to the development of effective prevention strategies.

We are extremely grateful for the time and energy that people from participating community groups (NGOs) have given to this project. Their voices and perspectives have added enormous colour, vision and value.

We hope that what can be gained from having participated in this project, supported by the notes that follow and by the document as a whole, is an ongoing discourse for all participating organisations as to how best to develop and implement strategies for prevention that make most sense for their communities.

The discussions have been written up with attention given to the wider issue of risk and vulnerability across the lifespan, a focus on points made about prevention and education, followed by a summary of the key issues.

Working in the field of abuse, as individuals and an organization, we have become quite sensitive to the use of power over others, both when we feel that people with power over us are taking advantage of this to serve their own needs or being otherwise careless in the use of this power, and also when we have power over others.

Although this was not in any way a goal of ours, this research project gave us power over others in that we were inviting people to join a project which we had already defined and over which we had budgetary and editorial control. Our attempts to share power included paying people for consultation, inviting people to attend stakeholder groups and make comment on research proposals and ideas, and sending back records of discussion for agreement that these records accurately reflected the ways that people wanted their interests to be represented in the research and the final document.

It was our desire to work together in ways that respected both the limitations that groups faced on their ability to contribute to the project and to honour the contributions that groups did make. We hoped that the voices of other community groups could be heard loudly and clearly. To achieve or allow this, we needed to be able to respond to and accommodate the wishes of groups to be able to participate in ways that suited them.

Some groups were happy to fill in questionnaires, some were happy to be interviewed over the phone, and some were happy to participate in group interviews which we facilitated. However, one group, Tu Wahine Trust, wished to retain a higher degree of control over their contribution, to write it themselves. With the perfect vision of hindsight, it would have been useful to have offered this option to all groups, but we had not. It was an option that developed late in the process out of dissatisfaction with the processes which had been defined by Auckland Sexual Abuse HELP and ongoing discussions with a goal of finding a way forward which allowed participation but retained autonomy or

self-determination. Opening this community consultation section is Tu Wahine's contribution to the report.

Tu Wahine Trust

Introduction to Tu Wahine; a best practice model when working with wahine/women, tamariki/children, taiohi /youth and whanau/family who have been affected by violence and abuse.

Tu Wahine was incepted in 1987 through consultation with the then West Auckland Maori community and representatives from the National Maori women's organisation Te Kakano o te Whanau Inc., in response to the needs being expressed by survivors of violence and abuse for culturally appropriate services. Services that recognise our own cultural values and beliefs and that assist us to address the issues of violence and abuse in a manner familiar to our own cultural experience.

Tu Wahine continues to develop from the growth in our understanding of our role in the pakeha/mainstream world that we live in and Te Ao Maori/the Maori world.

We see ourselves as a roopu/group of Maori professionals whose philosophy/kaupapa is:

- To support, educate and assist in the healing process of Maori women children and their whanau who have been affected by abuse and violence
- The development and establishment of Maori women into positions of empowerment through increasing their perspectives in to the issues of abuse and violence, on a spiritual, physical, cultural and economic basis
- Part of the process of empowerment of Maori women is supporting Maori men into complementary roles within their own whanau

Tu Wahine provides a for Maori by Maori service which is underpinned by whanaungatanga.

Whanaungatanga is pivotal to the healing of whanau affected by violence and abuse. It is the bounding of common threads of kinship that provide boundaries to recognise and confirm our worth as an individual and as part of a whanau /smallest family unit, Hapu/family groups and Iwi/larger family grouping connected to an identifiable tangata/ancestor of greater standing.

It is this concept that offers us the opportunity to gain knowledge, broaden our understandings and to have and show respect. Whanaungatanga provides a framework to knowingly make a commitment to participate, make decisions, and take responsibility and to be accountable first to ones self, to each other and then to the wider community.

It is our belief that Maori are most competent and best able to work with violence and abuse in our community, the Maori community.

We have come to this conclusion based on our understanding and experience of the issues of violence and abuse and the context in which we perceive the healing process. This conclusion is supported by research completed by Horiana Joyce and Michelle Erai in the Draft report competency guidelines for Maori working as sexual abuse counsellors of January 1992.

It is clear from the many consultation Hui carried out by the writers that there are three very distinct concepts that those Maori affected by sexual abuse will discuss in some form. As per the findings, examination of these factors although not only important to Maori we believe to be vital when dealing with sexual abuse from the view of Te Ao Maori.

The first concept I wish to re-iterate is Colonisation. We know that colonisation has been around for hundreds of years and moved to New Zealand in the 1800's. We also know that the affect of colonisation on Maori has been devastating. We know that before colonisation Maori dealt with such issues as sexual abuse, neglect and violence in traditional ways and that these issues were not acceptable to our culture. However because of the impact of colonization, tikanga/Maori tradition, values and beliefs, has become distorted by the coloniser's values and we now find ourselves having to develop healing models based within traditional values but relative in today's society.

The second concept has to do with healing - Whanau, Hapu and Iwi. For Maori we know that if our whanau are healthy and strong then our Iwi are healthy and strong too. It is clear that the strength of Maori lay in the Whanau, Hapu and Iwi concept. It is our belief that it is pointless trying to heal an individual and return them to an environment that is stagnant. We therefore conclude that healing involves not only the victim but all of those who are part of the persons network; whanau, hapu and iwi and that we also need to initiate a process to ensure that the perpetrator does not continue to abuse. We know that this sort of healing is an effective form of prevention. Through this process re-abuse is less likely as the whanau is more aware and more capable of assisting others. Further it is also important that the victim does not feel completely cut of from the people they most care about as the whanau hapu and Iwi are paramount to her maintaining health and well being.

The third concept being Te Oranga- healing the whole person. It is important that Te Taha Wairua (the spiritual), Te Taha Tinana (the physical), Te Taha Hinengaro (the mental), Te Taha Whanau (the family) are in balance as these elements are what makes us whole. To ensure this sort of holistic healing we draw on Maori models of health, which have been developed in the contemporary context of Maori life but continue to draw on traditional methods and practises.

Based on the above concepts I conclude that to effectively work with Maori affected by violence and abuse, knowledge of these concepts and specialist skills are a requirement, and that these specialist skills are only obtained through whakapapa/ birthright and bloodline. In addition it is also paramount that one is able to apply the concepts and skills appropriately so that they achieve the objective of health and wellbeing as perceived from Te Ao Maori/the Maori world view.

It is this Maori framework and its concepts that Tu Wahine has established as a best practise model for Maori whanau who are affected by Violence and abuse. Tu Wahine is

not a specialist Rape Crisis or any other mainstream service; we are a best practise model for working with Maori affected by violence and abuse. Tu Wahine is a Maori service developed by Maori to meet the needs of Maori.

Tu Wahine is a Roopu/group of 5 full time counselling staff and 2 part-time counsellors, a full time administrator, a fulltime Tumuaki/director, 3 part time supervisors, 1 part-time kai ako mo te Reo Maori/trainer, 3 Kaumatua, 2 kuia and 6 volunteers. All staff and volunteers are Maori, this fulfils the first priority of a best practise Model for Maori affected by violence and abuse. Secondly we have developed programmes that are tikanga based, developed by Maori for Maori and provided by Maori providers who have the appropriate skills and mind set consistent with the Maori worldview.

To give added weight to our proposal that we are a best practise model, we present the following statistical information.

Breakdown of referrals
Clients are referred to our service from various agencies and for the purpose of this overview we have identified the most significant referral sources.
Please note that the period identified by these statistic's is the 1st July 2000 to 30 June 2001.

- Self referrals -73%
- Statutory Agencies - 27% main contributors are CYF, Department for Courts, Police, Education and Health

As you can see most of our clients are Self referred, however 30% of this group are advised of our services via other Maori community agencies and a further 5% by non Maori community.

These statistics suggest that Tu Wahine is an accessible service for Maori women, children and whanau affected by violence and abuse. That there is a certain level of credibility and confidence being recognised by Statutory agencies and other's, and finally that Maori community are confident in the services that are provided by Tu Wahine.

The next set of statistics refers to the referrals received by Tu Wahine over the period 1 July 2000 to 30 June 2001.

Tu Wahine registered 448 Maori women, children and whanau into our intake book. The purpose of their referral is as follows:

- *Referrals attending our service for the purpose of receiving korero awhine/ counselling, therapy and support for Sexual Abuse:*

  Total individuals referred –157
  16 -whanau/families
  112 - individuals
  58 - were children between the ages of 0 to 15years
  10 - between the ages of 16-20years
  91 - 20years plus

Note: There were 7 male under the age of 15 and 3 over 15 that attended as individual referrals to the service.

- *Family Violence we recorded:*

  Total individuals-291
  66 -whanau/families
  65 -individuals
  176 -tamariki/children/taiohi/young persons, between ages 0 to 15 years
  21 -taiohi rangatahi/ youth, aged over15 to 20 years
  94 -20 years plus

In reference to ethnicity Tu Wahine provides to anyone who is part of/or identifies with the whanau.

- 10% Tau Iwi/Other including Pakeha, those of Pacific Island descent and Asian to mention the dominant grouping.
- 90% Maori who whakapapa to a Maori blood line.

At least 85% of the clients referred to Tu Wahine have 2 or more sessions, with most continuing on to long-term therapy.

Maori women's responses to abuse

Up until recently addressing issues of violence and abuse was a not a priority.
Maori women could not afford the luxury of going to counselling and therapy as there were far more pressing issues such as the day to day pressures of providing food and housing, child rearing and stretching limited resources governed by the state welfare system just to mention a few of the more prominent reasons.

Another chain of thought around this issue has to do with whakama; being too ashamed to talk to anyone because of the implication and affects that this abuse has from a Maori cultural perspective.

Further to this for some the response is that abuse is just another aspect of life and one just needs to get on with it.

Factors that contribute to offending

It is our opinion that the following are some of the contributing factors to offending. They include the erosion of traditional cultural values and beliefs, the diminishment of Te Reo Maori and its relegation to be a second language for Maori whanau.
The destruction of whanau, hapu and iwi structures which have been replaced by nuclear family, the alienation of our land, the on going process of colonisation; our rights under the Treaty being denied through the actions of the Crown.

The impact of this can be recognised by the large number of Maori who are both victims and perpetrators of violence and abuse.

Our men and women are now vulnerable to the patriarchal society, which we now live in. Some cling to vices such as alcohol and drugs as an excuse for their actions. Or we may use deliberate misinterpretation of traditional practises to condone our unacceptable behaviour.

We know that however one tries to disguise the act of violence and abuse it is never acceptable and should be dealt with in an appropriate manner.

Dynamics around disclosure

The dynamics around disclosure is determined on how informed our whanau, hapu and Iwi are around the issues of violence and abuse. It is also determined by how much support and understanding is given to the individual in the context of her whanau.

For Maori whanau a known assailant perpetrates most abuse and in many cases the perpetrator is a whanau member. Because of this relationship it is often hard to detect sexual abuse especially when a child is being molested.

Often how one reacts to the disclosure determines how the healing will progress.

If ones reaction is denial or disbelief then that child my not follow through with the disclosure and this could end in many years of continual abuse.

We know that it is customary and in fact a natural part of life's journey to teach our children to respect authority figures including whanau members usually those who are older, we also teach our children to be silent about those things that are out side of their sexual maturity, and we continually caution them about the strangers that lurk beyond the whanau. In normal circumstances this information helps to develop a well-rounded personality, however for a victim of violence and abuse this often leads to confusion and secrecy and gives the perpetrator opportunity for access.

Although my earlier comments around our reaction to a disclosure are directed at child abuse, the same may be said for any disclosure.

Prevention

It is our belief that appropriate Cultural healing concepts and methods are the key to future prevention. It is within the healing process that we are able to encourage and support individuals, whanau, hapu and Iwi to make decisions that not only change their attitudes toward violence and abuse but motivate them to a level where they are able to actively promote stopping abuse and living a life free from abuse.

Tu Wahine presently run two prevention programmes for tamariki/children and Taiohi/Youth; He taonga a tatou tamariki which is a programme targeted at education and support for tamariki/children and Taiohi/Youth and their whanau/family who are affected by violence and abuse and Ma wai ra e manaki a tatou tamariki which is specific to sexual abuse and keeping ones self safe. Both programmes are based on Maori conceptualisation of issues. They also focus on building ones identity with being Maori and encourages Maori whanau to accept nothing less than what is expected of us from a Maori world perspective.

For Pakeke/older group of women we also offer various programmes that are tailored to meet their needs. We assist our wahine through various methodologies to realise their own potential and that giving ourselves permission to think within the circle of the Maori world is our right.

Further to this we have developed education presentations which assist other agencies to understand our perspectives around healing and working with Maori whanau. Part of

our presentation includes challenging institutional racism and challenging non Maori to assist Maori whanau to get the most appropriate help.

We have also been involved with such initiatives as Zero Tolerance to violence promoting violence free communities.

We believe that the vehicle to prevention is the delivery of education and support programmes such as those we presently run being run across the board in Maori networks, in particular in a kohanga Reo, Kura Kaupapa and their whanau and through our Marae, whanau hapu and Iwi.

To conclude I seek to remind those sitting in positions of decision making that violence and abuse is a problem that is prevalent in **ALL** communities. It is my opinion that if we are to effectively address these issues then we will need the appropriate resources. For most community groups the passion and the vision of a violence free community is in our reach however, the resources to develop the right programmes must also be brought within this same parameter.

Disabled People

A dialogue with the community
We consulted with two groups in our attempts to bring some of the perspectives of the disabled community to the issue of prevention of sexual violence. Initially a conversation was held with Dianne Hill, a counsellor at the Kelston Deaf Education Centre. A record of this conversation appears below. We also consulted on a more ongoing basis with the Disabled People's Assembly, whose contribution follows.

Historical issues for deaf adults
Around about 30 years ago, when the present adult population were kids, the deaf were not allowed to develop their own language through sign. Instead they were forced to learn an oral language. The deaf still had a sign language but it wasn't recognised or valued. Educators at the time believed that the deaf would do better if taught to be oral. This meant that deaf people were unable to develop a recognised language to communicate. Even the language that students developed between themselves was not recognised as valuable or warranting status.

This resulted in restricted access to knowledge and consequently a lack of self esteem and confidence. The entire way that society viewed and limited the deaf fed a culture of vulnerability. There was little to no understanding or knowledge of what was acceptable and what was not .This was due to a lack of framework (established through language) of what is the norm. Therefore victimisation was easy and within that community became in some ways the norm.

Perpetrators knew that victims were unable to disclose and that if they did they held little credibility. Now this population has grown up there is a lot of adult disclosure of childhood abuse. Most of the abuse (as per the general population) occurred within families or by people known to the victim. This cohort of adults had limited avenues or possibilities to deal with it.

Lack of believability was due to a combination of lack of power, and the general public's lack of acceptance of the deaf as part of the community. This lack of public acceptance fed the offender's lack of restraint. *"Where there is no value there is no restraint"* This rationale made the deaf seem easy victims.

The lack of opportunity, or belief of an ability to reach a full potential, that was imposed on deaf people resulted in low self esteem from day one. From that comes vulnerability. They experienced a life time of learning that they were not important. Sexual abuse perpetrated on top of that sense of low self worth confirmed that low sense of self. Hence the victimisation cycle.

"Deaf people these days are taught that they do not have to put up with that".

This generation are more empowered and more able to reach their potential. This is due to their access to NZ sign language and a strong sense of identity within the deaf community.

Current dynamics
The community now has its own language - sign – and with this has come confidence and understanding. There is now a more empowered and educated community with a cultural and community identity.

Therefore, sexual abuse has decreased. It is thought to be more in line with the prevalence in the general population. There is a belief that the deaf community is no longer over represented. Kids now have access to greater learning opportunities and knowledge about themselves and the world.

Residential institutions, as always, are a "hot bed of possible abuse". Perpetrators often choose to work in residential settings because of ease of access. This is a general vulnerability to all residential settings and not specific to the deaf residential care.

Now that deaf people have better access to public knowledge through teletext and resources that inform the deaf community, awareness of sexual abuse issues (acquaintance and stranger danger) has risen and as awareness increases so does their ability to disclose or prevent.

If a person is deaf plus has an overlay of an intellectual disability there may be an increased risk due to the degree of access by a greater number of people and the inability to retain information about keeping safe. This applies also to general keeping safe messages i.e. boiling water, or safe use of electricity.

It appears that abuse is often intergenerational. It runs in families. If a parent themselves was abused they may feel like it is the norm to then go on to abuse their children and on it goes. Getting access to those children and breaking the cycle of abuse is key. Having a more empowered sense of identity and self esteem are crucial to this task. For deaf people, ownership of their own language and being able to access information and knowledge is also very important. The more people who can sign in the broader community the easier that access will be.

A dialogue with the Disabled People's Assembly (DPA)
The DPA is a leading organisation in its thinking on disability issues. The DPA believe that disability is a social construction, as opposed to being viewed as an individual tragedy (which is still the mainstream view). This viewpoint acknowledges that individuals may have an impairment, but it is barriers of attitude and environment that turn that impairment into a disablement. They strongly advocate that, given a change in the attitudes and environment of mainstream society, people can have impairments without being disabled. This way of viewing disability is a challenge to the status quo and to the charity model.

The DPA is the only organisation that represents people regardless of their disability. There is a strong sense of 'united we stand', as this approach allows for the opportunity to rise above individual impairments to address the wider social issues. The international experience is more inclined towards this viewpoint. It is believed that mainstream New Zealand is far behind in its understanding of disability issues.

Much of our discussion on risk and vulnerability was informed by the personal story of a member of the DPA. In order to protect anonymity, some of the details have been

removed. Because this has in part been written in narrative style, we will name the person “Paul”.

Understanding the dynamics of abuse - a discussion
People like to subscribe to a certain view of who a disabled person is, who they can be, how they can be. When this is challenged, the stronger the ‘boxing’, labelling, and imposed identity becomes.

Paul found his body to be natural - not normal or abnormal. It is the response of others that labelled him abnormal. The more independent Paul become the more abusive the system (people) became. Paul explained the dilemma as a catch 22 situation. If he subscribed to their view of him “as less than”**,** his personal vulnerability increased and it rendered him powerless. If he said he was the same as non-disabled, he was abused for making up a lie. He was not allowed to be the same so therefore not accorded the same levels of respect. It was agreed that these dynamics are common issues for disabled people.

Paul gave personal examples of the kinds of abusive comments he experienced. These included being told, “you should have been aborted”, and a whole variety of “retarded” and psychiatric labels. These labels are used by the non-disabled to be devaluing, disdaining and marginalizing.

It was agreed that generally disabled kids get used to being treated this way. People with disabilities “come to expect it’ - the abuse then occurs along the spectrum. They are often isolated from their peers (a negative result of mainstreaming) and with no peer contact to check stuff against or have connections with there is no way to understand their experience. The message of abuse acceptance is rife and it doesn’t take long to internalise.

Consequential risks and vulnerabilities
Offenders rely on that given sense of low self esteem.

There is a reluctance by institutions to accept what is not nice or that abuse could happen. There is an attitude that people who work in disability are nice people and couldn’t possibly be abusive. An example was given of a case a few years ago where a caregiver was prosecuted but only after years of allegations. Institutions are often viewed by offenders as safe places for offending.

There were many questions generated by our discussion on risks and vulnerabilities.
Who do people share their experiences with, for example, peer groups. If no-one validates the social construction, how do they know that what they are experiencing is sexual abuse?
Who are the stories being told to? Is there disclosure and how much is being disclosed?
What is happening sexually and what is okay? (Many people reach adult status and still don’t have this knowing). What is a sexual relationship? Who teaches boundaries - and what do boundaries mean when you require constant intervention by systems and ‘experts’? What is okay behaviour?

Disabled people’s realities are generally constructed by others - there is no entitlement to put forward their own reality and tell their own stories. There is no discourse or tools for discussing these issues.

The term “human services” is used to describe services provided to disabled people. Within this work, the abuse is multi levelled. When people are subjected to socialisation that the people around are being treated in a certain way, it creates an environment that perpetuates this happening and it becomes accepted practise.

Therapists are not always informed. Even if intervention is attempted, the system often shuts it down and nothing happens. People in institutions sometimes don’t see certain actions as abuse as the abuse is so institutionalised.

If you do have some sense of personal boundaries, and these are violated - how do you complain about someone who helps you to meet basic personal needs? There is a lot of fear about having those basic needs met. Often these situations are understood by rationalising it as “what is happening is not pleasant but if the caregiver is doing some beneficial things then I have to put up with the unpleasant stuff too”.

There is a lack of educational information on being disabled and sexuality. The issue is a complete void for disabled people. This puts disabled children at risk. Even though sexuality is not talked about, disabled kids do behave sexually. Thus disabled kids’ sexual behaviour is (even) less informed than non disabled kids. For example, the issue of predatory sexual behaviour of peers, such as the high schools behaviour of boys, was discussed in terms of sometimes it is hard to distinguish wether acts are consensual or not. It is often framed as “lets have some fun” but leads to the question “is this fun or scary” and “what happens if I say no”. If there is no information, there is no awareness or ability to gauge risk. There is an attitude of disabled people being either asexual or sexually deviant.

There appears to be a growing number of abuse complaints in the area of physiotherapy. Some of what is happening is about a lack of boundaries. Touching has been perceived by some as constituting a sexual abuse due to the of lack of respect given by a therapist. Examples include having to parade half naked in front of professionals, having legs forced apart in therapy with no consent or respect/trust building in place and there being no regard for privacy. Attendant care needs to be consensual, for example, it needs to be said “I need to put my hands around your waist to move you to the chair - is that okay?” Protocols need to be discussed - what are the boundaries for respect and how can they be integrated into safe practise. Coercion is often practised in therapy.

Most of the core issues for the disabled are the same as the core issues identified for children, young people and adults. The added vulnerability is the general societal attitude that views disabled people as victims, or less than human. Offenders can be non disabled, family, whanau, friends, as well as disabled peers. The location of offending can be equally as big an area, from people’s private homes to institutional care. Factors that make keeping safe difficult for disabled people include fear, a lack of communication skills, appearing as easy targets - as naïve and trusting, a low self esteem, and a lack of personal boundaries (as they are so often exploited). Just like most people in the population, in adolescence there is a tendency to engage in more risky behaviours, including alcohol and drugs which can be factors in reducing safety.

Issues for consideration in prevention

One of the primary concerns is of a societal nature: that the principal boundary for disabled people is not necessarily the disability itself but the perception of that disability by society. For this reason, a major goal would be to ensure that disabled people are treated in an inclusive manner. As well as this inclusiveness, there needs to be some targeted focus on the particular vulnerabilities of the disabled community. This would include attention being concentrated on the families, doctors, teachers and caregivers who have contact with disabled people.

A recommendation would be education for disabled people about boundaries - how we define them and how we have control over them - as disabled people have to cope with difficult boundaries as well as extreme reliance on, and trust of, people in their lives.

The idea of an 0800 number was suggested as a practical initiative, with the idea being that anyone could call to talk about relationship issues, or where general feelings of insecurity in certain situations could be discussed. The point was stressed that this should be available for both offenders and victims in order to be a credible prevention strategy.

The idea was also proposed that every organisation that has dealings with disabled people should be encouraged to have their own policy about sexual abuse/violence which makes clear the unacceptability of sexual abuse/violence. This policy ought to include issues around disclosure and who it is safe to talk to inside and outside of the organisation. Organisations such as schools should nominate a person/people who can be sought out when problems arise. There needs to be someone inside and outside the organisation that can be approached as some people prefer anonymity whilst others may prefer not to have to talk to an outsider.

One of the conclusions reached in the discussion was the feeling that issues around sexual abuse/violence are the same community-wide, but that the focus is different depending on the group concerned.

Older Women

As we set out to approach the question of sexual violence across the life span, the question of how sexual violence specifically effects the elderly population was raised. Clearly there are dynamics of risk and vulnerability that are particular to this population over and above the general risks and vulnerability identified for adult women.

In discussion with several workers in the Auckland region for Age Concern (Coordinators of Elder Abuse and Neglect), the issues identified in the international literature were substantiated. Although the coordinators themselves saw few examples of sexual abuse, they identified many of the described dynamics of risk and vulnerability. They felt that the problem of sexual violence for elderly was limited by the lack of visibility and discourse.

The average age of the clients seen by Age Concern workers is 70 years. In the questionnaire study, we had asked for questionnaires relating to assaults on women and men over the age of 55 years. There was one response only in this category, and, as a stranger assault in a public place, it was not of the known offender type that the literature would suggest is most common for this age group.

Summary

Workers in this area deal predominantly with psychological/emotional and financial abuse issues. It was felt that the elderly generally do not talk about sexual abuse because of the degree of shame and the lack of language to describe behaviour and feelings. Simply put, elderly people often do not define their experiences as assault/rape, most do not know the definition of rape. Therefore, identifying the problem, whether it be sexual violence by intimate partners, acquaintances, workers (if in residential care) or strangers, is very difficult. Workers in this field have noted that one must be very conscious of the way that language is used so that the elderly develop the ability to discuss their experience.

For this age group, the most commonly media reported cases of sexual violence are of stranger intruder rape. This may give a false sense of the problem as the stories of on going or institutional abuse are rarely heard. However, through this study we have heard stories from workers who have had disclosed to them cases of ongoing sexual violence. Assaults have been by intimate partners, residential carers, and other residents in shared accommodation situation.

Due to the limited nature of the sample and sources of these stories, we are only able to draw attention to the common themes that have emerged.

Prior victimisation and lack of family stability and support resulting in isolation and vulnerability in older age was a factor in the circumstance of rape.

A generational difference may be seen in that several of the survivors had no consideration that their situation could be defined as rape; in their minds, rape is defined as forced sex with a stranger. The sexual assaults were described as sustained and ongoing. Further, medical practitioners have been known to fail to follow-up on presentation of physical injuries to the genital area, treating the injuries but making no inquiry into cause. Such injuries may become more common as drugs like Viagra influence the sexual behaviour of older men. Failure to follow up may be due to a lack of

knowledge and consideration by professionals that sexual violence can be an issue also for the elderly community.

Offender coercion was described, when refusal of sexual intercourse had brought threats of physical violence. Although one of the survivors was not an intimate partner of the offender, she lived in the same dwelling. Aspects of the situation did mimic the dynamics of partner offenders. For example, leaving the situation did not stop the offender pursuing and harassing the survivor and legal protection had to be sought. For others, use of weapons had been used to coerce throughout marriage.

In the case of intimate partner abuse, a life time of abuse has been framed in a belief in the meaning of marriage being that they have to stay together. For women of this generation, there seems to be a strong sense of personal / community shame related to dysfunctional relationships. This keeps women from talking about it and maintains a sense of isolation. It was felt that women look for reasons to excuse the behaviour of men.. *"his mother was like…" or "he never had any…"* finding reasons and excuses for the offender. This could be due to feelings of loyalty which run very deeply for this generation of women.

It was observed that older people put up with a lot of things. For example, when talking about the most horrendous abuse, older women just talk of these experiences as if they are a normal part of life, whereas the young women (daughters) will be shaking, shocked and horrified by the level of abuse. The 'talking culture' is seen as a recent thing, which older people don't know or understand. Even if older women disclose, they don't think (expect) that anything will be done.

As identified in the literature, residential settings are a place of vulnerability for the elderly. There were several examples given of abuse taking place within the bounds of residential settings. These ranged from staff abusing residents to a family member (husband) of a resident sexually assaulting.

The difficulties of identifying and acting on residential abuse were discussed. These included the mental health status of residents making the determining of assault situations difficult and lack of complaint from survivors making it difficult for residential carers to protect them from familial abusers, even when they have observed evidence of abuse.

These issues leave confusion about the rights and responsibilities of the carers of elderly adults, and where and when intervention/advocacy is required. The dynamics of elderly abuse and restraints on addressing it are issues that professionals working with elderly must address.

Strategies for prevention

One of the key issues for elderly people is about understanding or defining abuse, so a key prevention strategy may be the raising of awareness. This would mean breaking the taboo or belief commonly held by elderly people that rape is about sex, and assisting people to understand that rape is about power. A step towards this might be through articles being published in Age Concern literature or periodicals that have an aged readership.

An information kit would be useful for professionals who work with the elderly such as, GP's, Income Support and community law offices.

There are some systems in place for the care and protection of the elderly, but it seems that contracted workers could be better resourced to handle the situation. A policy document or manual to assist in dispelling myths and assisting disclosure and action would be useful.

Abuse and Assault of Males - A Dialogue with Peter Milne

Peter Milne works in a therapeutic role with men and boy survivors of sexual abuse. Until recently, Peter had a long association with Man Alive. His observations of the issues surrounding the rape of men and boys are largely based on his experience with this client group.

Risks and vulnerabilities for adults

Peter actually sees very few adult men abused as men. He believes that this is due to difficulties with disclosure rather than it not happening. Men's ability to deal with stereotyping and breaking out of the silence that envelops them, is akin to where women were with this issue some 20 years ago.

There are particular issues of stereotyping or myth making which add to the difficulties survivors face. For example, the ideas that: real men don't get raped; if you are raped, your sexuality will be questioned; being raped means that you are a potential offender (both in the mind of the survivor as well as the community); and that you are alone with your experience.

Risks and vulnerabilities for children

Offenders are commonly people known to the child. Offenders with close relationships include fathers, step fathers, mothers, and neighbours. Peter sees very few survivors of sexual assaults perpetrated by strangers.

Most survivors who come for therapy are those who have had long term abuse, rather than one off incidents. The abuse is usually historical. A common pattern is adult men in their 30's hitting a point in their lives (often in connection to relationship) that brings childhood experiences to the fore.

In most cases of abuse described to Peter, there was a clear use of grooming. This often included grooming the family. For example, the offender may live in the area and establish a relationship with the family before offending starts.

Grooming methods described included holding secrets and treats of neat stuff which the kids otherwise wouldn't have access to. In therapy, when addressing the question of "why didn't I stop it?", clients often talk about the neat things they were given or other rewards they received. However, subtle coercions are used as well.

Sexual abuse had occurred mainly in the home of the survivor or the offender. Very few clients had disclosed as children. They described having much fear around disclosure due to the coercion techniques such as, "if you tell someone they will take you out of the family and send you away". Other coercion methods included the occasional use of physical violence, but this only had to happen once and thereafter it could be used as a threat. Mainly the coercion had an emotional basis.

When asked if there appeared to be greater risk attached in fostering or boarding institutions, Peter said that he had only had the occasional client who had this factor as a background.

Prevention and education

For any prevention of sexual abuse of males, the issue has to be talked about openly and sexual abuse acknowledged as an issue for adult men as well as boy children. There is a need for raising awareness of power and abuse issues within the culture of 'masculinity'. Peter's observations from his work include the fact that many of the people abused have not had a father around. This highlights a need to model positive fathering. For children who lack fathers or safe male caregivers in their lives it can make it hard for them to differentiate a safe versus an unsafe man. When asked at one prevention workshop, "how do you teach a person who is a safe man?" Peter replied that people often have to rely on instincts. Therefore, a key to safety is having a sense of self trust, that kids know their boundaries and therefore know when they are being violated. Education about identifying offenders and how to disclose are crucial.

People also need to learn how to support a male survivor, and to facilitate disclosures of abuse from males. Agencies such as the Police need to better understand these issues in order to receive more reports of sexual abuse and assault. In a cyclical way, higher reporting may bring further recognition to the issue and thus give courage to others to report.

Asian/Migrant Community Consultation

In seeking to speak with people who work with migrant groups, we were fortunate enough to have two dialogues. Our first meeting was with Anil Thapliyal and our second consultation was with Shakti Asian Women's Centre (Shakti).

Anil Thapliyal's background is as a counsellor and as someone involved with wider migrant services and issues. He holds a Masters in Counselling and was instrumental in the development and delivery of projects pertinent to migrants for New Zealand Immigration Service, Family Court, Refugee and Migrant Service (RMS), CYPS and DVA programme's. He sees mostly migrant familles for counselling through Relationship Services. He acknowledged that he is less informed about the specifics of sexual abuse/assault issues but rather has a view of issues that pertain to family violence/dysfunction that may or may not include sexual abuse/assault.

Shakti was set up originally in South Africa by a South African Indian woman in 1985. It has now spread throughout the world. New Zealand Shakti was founded in 1995 and is currently in Auckland only. The core business for Shakti is the support and empowerment of Asian women victims of domestic violence. Centres run by Shakti are:

- The Migrant Resource Centre - helping families in their resettlement process, assisting people through the minefield that is 'the system'.

- Shakti Education Centre for Asian and African Women - aims to assist in a practical way by providing educational courses for women.

- Asian Women's Centre - a drop in and advocacy centre, which fields around 400 calls a month. Referrals come from Police, CYFS, WINZ, GP's, Schools, CAB, and other agencies.

- Refuge - 5 bed house but sleeps 7. Always full. People come from all over NZ. There is an 0800 crisis line - 24hrs since 1997. In 1999, Shakti became part of the National Collective of Independent Women's Refuges. They field 500 calls a month for counselling and support.

There is currently a national programme being developed to respond to ethnic women and children in the community. This will spread the migrant service offered by Shakti throughout New Zealand. Centres will be initially set up in Hamilton, Tauranga and Wellington.

Shakti provide interpretation for 16-17 different languages. The organization has only a hand full of paid staff and relies heavily on volunteers. There are no ACC accredited counsellors, so referrals are made to others who work in the field for sexual abuse related issues. They do have a Psychiatrist who sees clients on the premises, but he is independent in terms of funding. He receives referrals mostly from GP's. Shakti's broader services are free.

Shakti considers Asian to include all nations traditionally defined as Asia, including nations that these days are more commonly referred to as Middle Eastern. Their communities include those that self identify with being Asian as opposed to Pakeha,

Maori or Pacific Island. This includes New Zealand born Asians as well. Even though the women who work for and access the services of Shakti may come from various backgrounds and have different languages, there is much that they have in common as migrant women. They are removed from their cultural norm, and have often shared the same feelings of confusion and difficulty in adjusting to new cultures.

Understanding acculturation
Among many of the ethnic communities "even marriage break-up is a taboo" so talking about sexual abuse is much more of a taboo and there is little sharing of this knowledge. Sexuality in general is not talked about. Girls and boys are often not given information about how things should or should not be.

Cultural and/or religious beliefs can be barriers to being able to talk about sex and sexual abuse/assault. One of the key factors that relates to the holding of information is the protection of the family name, often referred to as 'prestige' or 'Izzat' (respect). The family name and the status of the culture are seen as greater than the individual. Therefore, the cultural component outweighs any concerns about sexual abuse. Known cases of sexual abuse may be either minimised or not reported at all.

Who are the sexual offenders in the community? Shakti named offenders as husbands, partners, extended family and fathers-in-law, but also acknowledged that there is a wide range of potential offenders.

Anil suggested that the perpetrators of sexual abuse in migrant communities are quite often closely related to the victims and often hide behind the 'culture centric norms' which seem to provide a safe haven to the perpetrators. Offenders sometimes use their cultural heritage as a rationale for action.

Because within these migrant communities the family unit and the family name are really important, women want to stay within their marriages to protect the family. There is a great deal of shame for the family if a marriage breaks up. Therefore, women often tolerate abusive situations. If they do leave, community leaders often add pressure for women to go back, even knowing the relationship is abusive. In most cases there is not even family support from parents or parents-in-law. The family name is more important than the well being of the women and children. It takes a great deal of self motivation for women to be able to move away from this situation as they know that they will lose family and community support.

Cultural issues are very complex as migrants struggle with the difficulties and pressures of settling into a new country. Anil pointed to research which suggested that it takes 3 generations to settle and that intergenerational conflict is often a dynamic in such family settings. There appears to be a continuum of acculturation along which migrants move as they become more aware of and more used to the ways of the dominant culture. Women and children often become more quickly acculturated than men who attempt to hold on to the 'old ways', which protect their status and authority.

Some women are silenced as religious and cultural beliefs accord them no voice. There are cultural constraints on them being able to talk about any abuse issues, whether psychological, physical or sexual abuse. Shakti's experience is that women will eventually start to talk about sexual abuse, but that it takes a lot of trust building before

they name it. Shakti has to educate women about what abuse means, as often woman just feel that it is their lot, and that they should expect nothing else.

It was felt that reporting of sexual abuse and assault is minimal and that those families/people that do report are highly acculturated. Cultural pride is a restraint in reporting and seeking help. Migrant cultures do not always understand confidentiality (as it relates to therapy or counselling) and need much assurance to feel safe with disclosure. Language is also very important. For example, use of the word sex is likely to cause a client to close up, due to the internalised constraints of their culture about talking about it.

Examples of acculturation issues in migrant families

Differences in acculturation between family members can add stress to family functioning and may lead to a "boil over" situation. For example:

1. A husband who spends less time in New Zealand than his wife due to business concerns, returns to New Zealand and expects to have sex with his wife. He views this as his entitlement. However, over the years, the wife has become involved in life in New Zealand and has consequently become acculturated to New Zealand values and norms. She no longer views her husband's attitude of entitlement as justified. He returns to have his wife refuse sex with him and he pins her down and forces himself on her. He is unable to see that this is not acceptable. She reports to the police and he is charged with sexual violation. Working with such clients as this husband means assisting them in their process of acculturation and helping them to understand that certain previously held cultural norms are not accepted in New Zealand.

2. A family has lived in New Zealand for many years and the children have grown up here. There has been very little cultural constraint placed on the woman and children, and they are therefore highly acculturated. The daughter reaches 17 years of age and the father, when witness to a 'normal' interaction she has with a male peer, blows his top and insists that all the women in the household now wear a traditional head covering. They refuse and the result is that his anger explodes into an episode of physical violence against family members. In seeing his daughter come of age and only having the cultural code of conduct around morality of the old country, he is unable to shift his view. This example raises issues around entitlement in terms of male authority and acculturation and ethnic identity. Restrictive or closed family practice may increase the vulnerability of children as they attempt to reconcile their worlds.

Often communities gather together to protect themselves from aspects of acculturation. Shakti commented that, therefore, within the peer group or cultural community there can be a higher degree of comfort. There is a sense of wanting to maintain difference and sometimes this does bring up the issue of abuse versus protection. For example, if people come from a Muslim background and they walk by the beach and see half naked women, it is very difficult for them to accept. They respond by thinking that they have to be extra vigilant in order to protect their culture. They do not want their children to be as "immoral" as the wider community, they want to protect them. This fear of immorality may especially affect girls, as they are often more harshly targeted and restricted in their behaviour.

Factors for young people
The above factors can lead to a rebellion by teenagers because they want to fit in with their peers. Shakti sees examples of young Asian women who rebel by having kiwi boyfriends, as opposed to meeting boys from within the community. Family feelings about this can be so strong that it can result in having to cut ties with the family. This can leave young women very vulnerable.

When asked for a common story to illustrate this point the following scenario was created: A family has been in New Zealand for 18 years and the children are born and raised here. The parents have been strict especially at time of adolescence as this is perceived as a vulnerable time. One day, the daughter talks back to her parents and is struck for doing so. She runs away from home with the result that she is now without family protection and so potentially physically and emotionally vulnerable. There is currently very little opportunity for families to sort out these difficult dynamics because there is often little relationship established with the school or out side community. The adults have social contact with friends and family within the same community and participate in no wider outside activities. For families that are used to having a one way conversation to suddenly have to deal with it differently is very challenging. It is like an identity crisis.

Families have different rates of acculturation. Individual backgrounds or upbringing influence what awareness they have that allows for growth and adaptation to a new society. These are migrant issues internationally. Refugee migrant communities face similar issues, however, often the trauma of war is an added stress.

Children and vulnerability
Migrants often exist in co-family environments where having one's own room is not so common.. They have a wide group of people in the network, including cousins and other extended family. Often people stay over so there can be people sleeping everywhere in the house. This leaves children more at risk from intrafamilial abuse. Anil believes that the risk is higher for girls as they reach puberty in the 11 - 12 age group than for younger children.

Shakti provided several examples of the abuse of children being tied to the adult mother's circumstance. The ability of these women to protect their children was constrained by their own personal lack of access to freedom. In some cases it may be that culturally, socially, and spiritually women feel that can't survive without their husband and subsequently can't protect their children from what happens within that relationship. Or, as the second example below shows, it may be that the bigger systems oppress women's freedom and conspire to reduce protection of the child.

1. A woman who came out of an abusive marriage found a new partner who was very nice to her. In his role as step-father he sexually abused her children. She wanted to stay with him because he was generous and nice to her so even though there were signs of abuse, she wouldn't acknowledge that he was abusing the kids. Her own issues of prior victimisation resulted in her protecting the offender.

2. A migrant woman arrives in New Zealand. She is not financially independent. She marries a New Zealand citizen. Her new husband sexually abuses her child regularly over a 3-4 year period. The citizenship of mother and child is dependent

on the husband as sponsor. He uses this as a threat to the child to gain compliance.

The use of residency status as a threat is a real concern for migrant women. Shakti believes that the offender's ability to use this as a threat is dependent on the woman's knowledge - how well they understand their rights. Currently, until permanent residency is established, there is no ability to access social security. At this point women are economically very vulnerable, as they most often rely on the male sponsor as the primary resident holder.

Education plays a key role in these situations, what women know and understand of the system (often very difficult at first arrival) helps them to survive the settling in process and to keep safe. Shakti has seen how much education is connected with self esteem. It offers people the tools to deal with the main difficulties associated with being a migrant, including: often not having the language; not understanding the bureaucratic systems; not having economic stability through employment; and cultural shock - a general confusion by the way things are different.

Adult women

One of the key issues for women is that they often feel insecure economically - if they leave their partners they will have no economic base. It is not uncommon also for husbands to hide economic wealth in parents' names so that should a wife leave and file for divorce it is hard for her to access resources from the marriage. Even when husbands die, they may leave property to their family and leave the wife with nothing - this is another form of power and control mostly seen in joint family situations.

A common story for adult women is around the entitlement to sex by husbands. Sex is demanded and "she feels as the wife, what ever he wants you have to agree".

When asked about the issue of elder abuse, it was agreed that it is not much talked about, except for sometimes physical or emotional abuse. There is an expectation that the family will look after the elderly. This role especially falls to the oldest son. The mother in law is a very powerful role in Asian culture. The male child is also very important and often the mother can hold high expectations of the role of the daughter in law. This is seen as an interference in marriages and relationships. This dynamic in relationship is often made worse by the pressures of migration (shared housing, language issues etc). Sometimes husbands take their frustrations out on their wives. It was observed during discussion that sometimes women who have no control on their own lives and are not empowered in their relationships, use controlling behaviours on their own children. There are often very hierarchal kinds of structures in the family.

An added vulnerability for adult women is that people in positions of authority outside the family may take advantage of migrant women's levels of acculturation and economic vulnerability. For example, a woman gained a work permit and was then sexually abused by her boss. She took it to the Human Rights Commission who rejected the case because they felt there were some concerns around consent. Here language played a key part, in both the assault and in understanding the system - knowing the right place to take the case.

How do children and young people access knowledge and learn about prevention?

In terms of understanding abuse and prevention, it is important to understand that anything to do with sex is simply not talked about in most migrant cultures - not even as a sexuality or health issue. There is likely to be little or no sexual safely promotion, unless encountered at school. It was felt that children often have to rely on their instinct and conscience to decide what feels right or wrong, as they have no other tools for knowing.

Any potential education needs to be culturally appropriate. There is a need for people within each culture to do the work for that culture, for example: Muslim women talk to Muslim women; mono-cultural sex education workshops for different age groupings, as age is another key factor - young people will not actively participate in conversation about sex in front of their elders out of 'respect' and 'cultural discomfort' around such topics.

It was suggested that the easiest point of access to information on sexual abuse/sexuality for young people is through the school sex education programme in year 8. During intermediate school and college young people have most exposure to ideas. However, culturally for some Asian families this is the age that they will separate the girls and boys, and girls would be required to wear coverings. Because of these parental restrictions some children may never get exposure to ideas.

Education for parents may therefore hold the key. It was suggested that sometimes there is not enough education given to parents and support between home and school is limited. For example, there are no guidance counsellors in primary and intermediate schools, for parents of younger children. Generally, there is a real lack of support in the home for ideas learnt in school. To create awareness of abuse, parents need to be included in the education process as well.

Pacific Island Women's Health Project (PIWHP)

History and framework for PIWHP

PIWHP, otherwise affectionately known as 'The Project' was established 15 years ago. It offers services in counselling, education, advocacy, crisis line and call out. It is a place for women to go and talk and receive support. PIWHP runs a children's residential care service (fale mafana) for children who have experienced abuse and/or neglect. The children they cater for include girls aged 0-17, and boys, aged 0-12. Children are referred from a range of sources including GP's, CYFS, parents and family members as well as the occasional self-referral. Often it happens that from one client they have many, as other family members then come to the agency.

In 1995, The Project received funding to create and then deliver a sexual abuse counselling training package. This was in partnership with Auckland College of Education and was provided in 1996 and 1997.

The Project work from a model of empowerment. They recognise that abuse is about power. They believe that work place practices and their values need to be congruent, so "practising what you preach" is key in the organization's philosophy. The Project have moved from a hierarchical organisational model to a 'flat' model where no one person is the 'manager' of the group and each individual is accountable to the group as a whole, yet not to a particular person. The Project value people who have community knowledge as much as people who have qualifications.

Identifying risk and vulnerability

Offenders

Within Pacific communities in Auckland/Tamaki Makaurau, sexual abuse is mostly perpetrated by family members, acquaintances and people within the community. Perpetrators, often span the range of male relatives, including uncles, grandfathers, and cousins. There may be multiple incidents of sexual abuse by multiple perpetrators within the family. Abuse is usually not reported to authorities even if disclosed.

It is believed that perpetrators choose children by instinct. The Project have had some discussion about their experience of a definite smell/odour that they suggest may be a possible chemical reaction or primal bodily reaction. This observation comes from their experience with some children when they come to the safe house. They find that over the course of a couple of weeks in the safe house, this scent begins to diminish, as a possible result of living in a safe situation.

Disclosure

Disclosure is not easy for children. If children do disclose they usually disclose firstly to their friends and/or siblings. The majority of children will disclose first to their friends and/or siblings, and then eventually a parent *may* find out. The journey of time for survivors, from telling their friends and/or a sibling, to telling a parent (if at all) is often a long time.

There may be family involvement when abuse is disclosed, but the child may be harassed not to take any further action by the extended family, and to be quiet about the abuse.

On one occasion The Project presented at a high school, and were inundated with phone calls from young women about sexual abuse in that week.

There is much fear around disclosure. It may cost a woman's reputation to disclose that she has been sexually assaulted. She may be re-abused, disowned and disassociated by her family, as well as made to feel ashamed and guilty. The family name is really important. Often there is more concern for the family name than the reputation of the survivor, and often it remains unreported to the police and therefore statistically under represented.

Disclosure for adult women also takes time. Sometimes when women call on the phone or are in counselling, they will talk about things like, how they can't manage their finances, or are worried about housing. Months later they may start to open up with sexual abuse issues. Often other things have to be dealt with first before they start dealing with the underlying issues.

The Project have seen many women who enter the service and then later disclose having been sexually abused as a child. As another service in Auckland see the majority of the recent rape survivors, this is a population they do not usually see.

Rape within marriage is an area generally not recognised by Pacific women. "Marital rape is not part of the equation." It is seen by some as a marital obligation.

Access, Grooming, Coercion and Restraints

Access to children by offenders is gained at any number of places and anytime such as in the home, friend and family outings, and social gatherings, in the morning or night.

Offenders who are non family members often get to know the family routine - who will be at home and times the child is alone. They groom both the child and the family. Offenders are usually known by the child and family. Once trust is gained, offenders may be left in charge of children when the parents are out.

Offenders will use methods of coercion and grooming, including the use of special treatment, money or 'love', as well as threats of harm, in order to both access and to continue the abuse of children.

Restraints on children disclosing include taking on family responsibility, in that they consider what relatives would say if they found out. Children are aware of the shame involved in "dirtying" the family name. Shame is a definite factor in coercion and restraint. Generally Niue men are still viewed as more important than women. If there is an allegation of sexual abuse, people will look to the girl and wonder what she did to cause it.

Environmental and Cultural Considerations

Alcohol and drugs are often associated with sexual assault. The bottle is blamed rather than the offender's actions. Women may also believe this to be the case. Women are often seen to be the instigator of the abuse and are blamed, even by other women.

Generally, Pacific women's tolerance for abuse or violence is high. By this The Project mean that, Pacific women often put up with a lot. This may be reinforced by their economic situation as well as the value they place on marriage.

In Aotearoa/New Zealand the church tends to substitute for a village setting and acts as an advocate for the people. There is a wish that the church would also advocate for the well being of Pacific people, physically as well as they do spiritually. The majority of our people go to church. It seems like a big ask for our ministers to address this issue. They have the power to help a lot, and we have to find a way that they can do this without them feeling disempowered. They have an advantage as they already have a trust relationship with the congregation.

People sometimes use the church to hide offending - they say that they go to church therefore they are a good person. Church leadership sometimes supports people in the court process. The church is sometimes used and abused by offenders as a way out of taking responsibility. Ministers have a lot of power and could use this power to seek solutions. Most people look to the church for guidance.

A man's reputation is important and especially if they hold any leadership role within the church. If there is offending there is sometimes colluding when a minister may ask or suggest that an allegation should not be taken any further. Ministers have the power to assist with change.

As sex traditionally is "tapu" to talk about, there are differences in levels of acculturation on how comfortable people are about information sharing around sex. Observation suggests that generally parents are not comfortable in talking about sex to their children. Conversely, women and men will talk about sex within their own peer group, in their own language. They will talk about sex in a humorous way. When translated into English however, this talk may sound offensive, which it is not in the original language. In the Niue culture, sex is also not discussed openly, and similarly it is discussed only by way of humour.

Both sex and unwanted sexual experiences may be talked about in this humorous manner. This does not change the fact that it is still an unwanted sexual experience. This may be a way to cope. It may mean that this way of talking gives the freedom to disclose the experience in a safe way.

Prevention and education

Humour is used when talking about sex. Messages are also conveyed through falea'itu (Samoan=comedy). Strong messages about rape can be presented in that medium. A further example of a way for raising awareness is the use of Fa'agogo (Samoan=bedtime story). This is a metaphorical way of conveying the message.

It is easier for communities to say that sexual abuse is a sensitive issue than to speak openly about it. When The Project have spoken about abuse this has often been the response. The Project acknowledges that, but they don't shy away from talking about the issue. There is a real issue with language and the need to translate and create their own discourse of understanding to convey meaning.

There is no one word for rape. The Niue words that have been used in relation to sexual abuse include, fakapilo, takiva (to dirty something). Samoan words include fa'amalosi (to force) and pule le uma (child sexual abuse).

The Project have called and held community meetings to try to discuss, educate and look at ways of working effectively in the area of all forms of abuse. On one occasion many invitations were sent to people to attend - only three people attended. This lack of support seems to be the case in other areas as well, for example, an involvement with the Pacific Islands Women's Refuge community meeting saw only one female minister attend.

Attempts have been made to convey their message on the Pacific Island radio networks.

The Project would like to see better coordination of agencies who work in this field.

Offenders

A dialogue with SAFE
We took the opportunity to talk with staff at the Safe Program. They provide community therapy programmes for child sex offenders. During the course of the research it become clearly evident that a prevention focus must also be aimed at potential offenders.

The aim of our initial conversation was to gain an understanding of risks and vulnerabilities for children from an offender view; how offenders targeted victims; and a broader picture of the make up of the offender population.

Description of SAFE
SAFE runs three programmes for male sex offenders – a child programme for offenders up to age 13, an adolescent offenders programme (13-17yrs) and an adult offenders programme (currently18-83ys). They also provide individual therapeutic work for female sex offenders.

Types of offenders
There are differences between male and female offenders, for example, female offenders will often offend in the legitimate context of caring for children, like bathing or supervising them. The literature tends to suggest that most women co-offend with a male counterpart. SAFE's experience is that this is not always the case for the female offenders they see.

Differences among offenders include the difference between a fixated paedophile, someone who seems to be exclusively attracted to children, and other paedophiles or child sex offenders (who are the vast majority) and who are in relationship and marriage – this latter group is attracted to both children and adults.

Who do offenders choose?
Offenders choose those children who are "least likely to tell", children who are lonely, are isolated, for whom it is "hard to go home", whose parents don't pay attention to them, who are "polite and kind", and "peacemakers" who would not cause a fuss. Offenders may initially form a friendship with these children to start grooming.

Children are often vulnerable due to their size and lack of knowledge. Rather than gender or looks, it's about vulnerability and availability.

Unfortunately, in society there is a taboo about talking about children's sexual development. People talk about children's physical and cognitive development but not sexual development. Adult offenders often say in therapy that children were behaving sexually provocatively toward them. Offenders have no idea about normal sexual development. This notion is based on an uninformed knowledge of sexual development, where normal child behaviour is subjectively distorted.

Places of access
Offenders tell us that churches can be a place of vulnerability as people who go there are too willing to believe the best in a person. Places where there are male dominated cultures and where authority is not questioned, are also vulnerable places for children.

Single mums and immigrant families can also be targeted by offenders.

Residential or care settings hold high vulnerabilities for children being offended against. This may be a higher vulnerability factor as supports for these children are not present, often a hierarchy exists, and sexual abuse may be the "culture or ritual of the place". Special needs children as a subsection of those in care are also at higher risk for sexual abuse. Children and adolescents' own homes or other settings where they have familiarity, are also settings where they can be vulnerable to being sexually abused.

Access to the children themselves takes place in a way that looks legitimate, for example, looking after children or when bathing them. In residential settings this occurs often just before shower time.

Offenders

Often offenders are not able to communicate. This means that they are not able to have mutually sustaining relationships with their peers, and are socially incompetent. Children make no demands of them. They may have dissociation at some level.

Only about 40% have history of sexual abuse themselves, but more have witnessed domestic violence, and have a history of physical abuse.

Opportunistic offenders must have had some referential ideas to offending when they identify the opportunity to offend.

The cognitive distortions that offenders have about offending can precede offending, or may be developed in response to offending. Cognitive distortions can be developed just as with any other anti-social act. For some offenders, they can be developed by the attitudes and beliefs they grew up with such as "it happened to me, so I'll do it to them".

Using coercion

One adolescent offender said he did not have to say anything to get the child to comply. However, the reality was that he held a knife and simply had it dangling beside him as he went to offend. Often coercion can be wordless, just the size and intimidation of an offender can keep children quiet.

The influence of pornography

Pornography is "like throwing petrol on a fire". It does not always feature in offending patterns, for example 8-12 year olds who aggressively abuse other children do not use pornography. Older offenders use it to desensitise children to the offence, or to get themselves stimulated prior to an offence. Advertising catalogues, or anything with photos of children in them can be used by offenders to stimulate arousal.

There is no research showing a causal link between viewing pornography and sexual abuse. However, there is some evidence that adult sex offenders use pornography more frequently and are attracted to more violent pornography.

Family influences

Many offenders at SAFE have mothers' who have a history of sexual abuse. It would be rare to have a genogram without any abuse represented. This suggests that intergenerational abuse in the families of offenders is common. Often these genograms

reflect chaotic families with different children to different partners. There is often sibling incest. Sibling incest occurs across all family structures.

Prevention
What stops offending in some instances is being caught.

There is a need to make sexual abuse a public issue. We need to educate adults who have contact with children about being well informed and having an awareness of risk.

Close working relationships between organizations who work with victims and those who work with offenders would allow the exchange of ideas and knowledge.

Sex workers

This section is a result of several conversations which have taken place with members of the Auckland office of the New Zealand Prostitute's Collective (NZPC). Sex workers have a range of environmental concerns that result in particular vulnerabilities to sexual violence. There is a perception that 'working girls' deserve and invite exploitation. The broader issues that need readdressing include the treatment of sex workers in society as "less than" human, therefore considered deserving of "less than" in treatment. Rape comes in many forms, including exploitation by massage parlour owners.

Description of sex work population
The sex work population is a mix of transgender, women and men, gay and straight. There are 3-7000 sex workers in Auckland.

Street workers make up approx 8-10% of the sex work population, with the rest of the population working as parlour workers, escort workers, or private workers.

Sex workers are generally a transient population with an average age of 18-28 years for parlour workers. Some workers stay in the business over a life time while others just do a "short call" (stint). Adolescent workers are generally opportunistic in their initial approach to the industry, motivated by an immediate need for quick money.

Defining rape and assault
There was some discussion about the way in which sex workers define sexual assault. Rape is often defined by workers in terms of being ripped-off. The process of consent is established through the terms of the agreed price for services. When behaviour goes beyond that contract it is more often considered by sex workers as a 'rip-off' than an assault or rape. Generally it has to be a severe 'rip off'/assault to be called rape.

The issue of Police believability of workers who report assault has improved over the years. As far as the industry sees it there are good and bad police. The police rotation affects relationships. As new (often young) officers enter the force problems often occur as they attempt to exert their new found power. Decriminalisation should assist to reduce this as a problem.

The environmental considerations for risk and vulnerability and the broader characteristics associated with survivors and offenders differ to some degree across the industry, depending on the place of work. We discussed street workers, parlour workers and private workers separately.

Street workers
Frequent verbal abuse of street workers is mostly experienced from young men. Offenders who regularly take more than what they have contracted for are known as "serial offenders". Some offenders like to inflict pain on workers, these offenders are also often repeat offenders. Some offenders are opportunists who have a false sense of entitlement and think that they deserve to exploit the workers. Drug and alcohol dependency can increase vulnerability as sometimes guys try to exchange sex for drugs or get workers to sell drugs. An observation made is that there seems to be a cultural issue, where men of the same ethnicity of the sex worker, don't like to see 'their' women working and get aggressive towards these women. There are also what NZPC consider

'predators', which some workers consider as boyfriends These are guys who want to 'date' sex workers but who actually exploit them.

A female street worker is as likely to be physically assaulted as a queen, even though a queen is often physically bigger. These assaults can start over anything. Some areas are physically safer than other areas. For example, K' Rd, is safer than other parts of the city. There is a culture of protection in this part of town. At Hunters Corner (South Auckland) there are adolescents who are taking the opportunity for quick cash.

When asked about the idea of street cameras offering street workers some sense of protection, it was agreed that "*Working girls like them, because if there is any trouble, it is caught on camera"*.

Problems with the current law governing parlours is that it keeps some people on the street. The Massage Parlour Act means that you have to be 18 years of age and have no drug convictions to work in a parlour. This forces those girls who fall outside of that criteria to work on the street. Some groups choose to work the street, for example the transgender group will always be on the street as it is seen as part of their lifestyle.

Parlours

Auckland has over 50 parlours - staffed by a minimum of 8 with up to over 120 staff on the books. These are mainly located in the inner city area but are starting to sprawl into the suburbs. Some parlours work on door fees and tips to girls in the rooms. Others have a set fee of which the workers get a percentage. Generally parlours are perceived to be a safer place to work. Some parlours have panic buttons in rooms, however the reality is that when you are in real trouble you can't always get to the button. There is a general knowledge that if you scream some one will come.

The owners of parlours can be exploitative and set workers up to risk. They often target young naïve (new to the industry) women so that they are able to mould them. They establish an inequitable power relationship by doing things like getting women to strip naked at interview, or by making 'training' include having sex with the owner. This is an abuse of trust/money/body.

The structure of the parlours add to vulnerability. For example, driven by the want to collect money, management allows in drunk people, clients with weapons, serial offenders (who always 'rip off' the worker or risk the worker's life with fetish such as strangulation). This places workers at an unreasonable personal risk.

It is hoped that decriminalisation of sex work will result in better management of parlours as the staff will have a greater form of recourse.

Common stories of parlour assaults include, *"he only had $40 - I said no but he helped himself anyway", "took more than he should have", "Held me down",* and *"saying no, and stop.. and he carried on regardless" .*

These assaults are often described within the industry as *"had a bit of trouble".* For some workers this never happens, but for others it happens time and time again. Once a victim it seems it is harder to be safe, and some girls are tragically abused. Other women have got it together and are more on to it with a client base that is not abusive.

Management's attitude to dealing with rape/assault is problematic. Their reaction is often *"you've got to expect that love.."* or *"why didn't you get more money"*

Both drugs and being young and naive with little knowledge of the industry are seen as a key to revictimisation. Being out of it on drugs means it is harder to be in control of situations.

Another issue is the vulnerability of Thai and Chinese workers who come to work in the industry and rely heavily on the parlour management as they don't have the language. NZPC have limited access to these parlours to help with safety issues for workers. Some parlours are drug havens. Young girls and Thai girls are particularly vulnerable in this area, as parlour owners exploit their naivety and their lack of access to information due to language difficulties.

Private workers & escorts

Private workers' vulnerabilities lie somewhere between those of street workers and parlour workers. Those workers that go into private work without experience may face greater risk. However, more often it is older women who have worked in parlours who choose to go private. Risks include being isolated and not having the same ability to screen clients. This can result in getting set up, like turning up and there being more than one client. Those working in their own homes have the issue of the clients knowing their address which can result in clients turning up uninvited.

Unlike the parlour or private home, which is the workers space and therefore offers some degree of control, escort work is in a variety of settings. Going to a client's home is the riskiest option. Some workers do go with minders who check the place out and wait outside. Generally hotels and motels are much safer options.

Common vulnerabilities are the offender/societal perception of entitlement to exploit. Common themes for prevention that relate across all areas of work in the industry are the establishment of a safe working culture and environment for sex workers.

Prevention strategies

It is hoped that decriminalisation will bring greater acceptability of sex work in society, and that the associated increased rights it would bring to women who work in the industry would lead to increased safety. Currently a petition, which aims at supporting a private members bill as well as creating an opportunity for public education, is being coordinated by NZPC.

More education/support is needed around drug and alcohol issues. The drug rape scene is seen as hugely problematic and on the increase. There is an urgent need for education around this issue, especially for the police, who struggle with issues of believability.

Auckland Rape Crisis

The focus of Auckland Rape Crisis (ARC) is on prevention of sexual violence. ARC work toward eliminating rape and sexual abuse through education and community work. ARC directly support survivors and their whanau through a telephone crisis line. An interview with Rachel Harrison, the Program Manager, offered an opportunity to better understand the work of ARC and to gain some understanding of what they know about prevention.

ARC run two main prevention initiatives in the Auckland region.

1. Dealing with Disclosures
2. PASS Programme - Personal Action for Sexual Safety

ARC's website is a well developed resource of information which includes prevention strategies and ideas aimed at specific age groups and areas such as drug rape.

'Dealing with Disclosures'
This programme is run with community workers who are likely to have to deal with disclosures. For mental health workers from one District Health Board in Auckland, it is a compulsory part of their training. Dealing with Disclosure can be seen as preventive in focus as a clear disclosure that is well received, and which therefore allows healing to begin, can reduces revictimisation rates.

'P.A.S.S. Program'
The aim of the P.A.S.S. (Personal Action of Sexual Safety) Programme is to prevent rape and sexual abuse through the empowerment of knowledge and resources. It is a programme that is presented in workshop or discussion format via a method of mixed media for youth appeal.

ARC's prevention approach in the P.A.S.S. Programme reaches both possible survivors and offenders by giving them tools to communicate and an understanding of their rights and the law, as well as possible offenders - by clearly conveying that sex without consent is not okay, that applying pressure on someone to have sex is not okay, and by offering some tools towards communicating in a way where an outcome of consent may more healthily be reached.

There is much attention given during the program to demystifying the myths that surround sexual violence. This has the effect of reducing the blame many survivors of sexual violence experience about the abuse as well as giving a clear picture of real risk. During the programme resources are available to help people get safe if they are currently unsafe.

ARC produce a P.A.S.S. Programme resource booklet that is given free to all participants of the workshop. This outlines and discusses the issues raised through the workshop. It is appealing in both content and layout. Aimed at young people the booklet gives clear definitions of abuse, information about perpetrators, statistics which challenge predominant myths of sexual violence, information on how to help a friend who has experienced sexual violence and information about healing options. The P.A.S.S. Programme workshop is a dynamic and movement based workshop which employs various exercises (often using group work), videos and games to engage the young people. Ideally delivered in three one hour workshops, the programme is broadly

broken into three areas: 1. Definitions, safety information, myths and anonymous questions; 2. Date rape, using the Shari and Joe's Big Night Out video (produced by National Rape Crisis) which includes information on alcohol and drugs and their relationship to sexual violence and 3. Effects of sexual violence, healing and support options in their community.

A valuable tool of the sessions is having a questions box where pupils get to write anonymous questions that go into the box to be answered. This allows for the "embarrassing" questions to be raised and often covers the scope of issues needed to be covered in discussion.

All participants are invited to complete an evaluation form, including observing teachers.

One of the most valuable parts of the programme is for the young people to hear each other in the discussions. By listening to the discourse of each other they gain a greater understanding of their peers and open a communication that may other wise have remained closed.

This programme is available to all high schools (years 9-13) in the greater Auckland region. It is also available to be presented through CCAFS / Kari Centre (community mental health centre for children, adolescents and their families in Auckland central), and youth groups when requested. Unfortunately some schools have to be turned down as there is not adequate funding to meet the demand.

Over the last year, the P.A.S.S. Programme has reached 4000 adolescents, in 17 schools. Different schools have different expectations of the programme, with some schools doing several sessions with an entire form of pupils while others have more limited time and sessions available. The ideal presentation of the program is in 3 one hour sessions.

Rape Crisis work with the school counsellors in the school before starting their programmes to assist those workers with dealing with disclosures. Further to this, they contact the community agencies in the school area to warn them of potential increases in disclosure.

A major restraint of the program is in its funding availability and the availability of time within the school curriculum.