

## Literature Review: The Prevention of Sexual Violence

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The prevalence of sexual violence<sup>1</sup> outlined in the reviews of literature about risk and vulnerability leads one to question how sexual violence can be prevented, and prevented from recurring where it has been chronic. This review attempts to outline some of the literature available on the prevention of sexual violence against children, young adults and adults. It is not an exhaustive review, but does attempt to incorporate much of the material available about, and programmes relating to, the prevention of sexual violence in New Zealand. There are very few studies in this area specific to New Zealand, yet it is worthwhile examining the generalisations drawn from international studies and to investigate whether these generalisations can be applied to New Zealand, and specifically to the Auckland/Tamaki Makaurau area.

Although much of the available prevention literature focuses on protecting and educating children, some literature on prevention programmes aimed at young adults and adults is available. Explanations of programmes and general strategies are included, but judgements of these programmes and strategies are not made, unless the available literature includes critiques. The task of critiquing is incorporated into the suggestions for prevention initiatives made later in this report.

### Children

Opinions diverge as to the appropriate audience for programmes which aim to protect children. Van Kessel<sup>2</sup> believes that the audience should be parents, professionals, perpetrators, and children. Many authors believe, however, that the wider this issue's reach in all areas of society, the more likely prevention will be.<sup>3</sup> Quinn suggests that in planning for prevention strategies, the three levels of prevention must take into account the age group targeted for intervention, as well as considering the objectives of the intervention. She suggests that a planning model be used for prevention that includes Finklehor's preconditions for child sexual abuse to occur. An example of this at a primary prevention level is legal and consumer action taken against advertising that degrades and sexualises women and children. A long-term aim from a feminist perspective is changing patriarchal structures and power inequalities at an individual, family, and societal level (Quinn and many others). Children's rights campaigners believe that if children were considered as individuals in our society, and their rights in society reflected this, that they would be less likely to be the objects of abuse and neglect.<sup>4</sup>

Quinn cautions that strategies, such as providing sexuality and relationship education from a young age, aimed at the primary and secondary levels of prevention, need to be directed at adults if long-term outcomes are desired.<sup>5</sup> She also states 'these strategies can only be successful if adults are willing to listen, believe and act when children say that they do not feel safe'<sup>6</sup>. Even when strategies are directed at children, children

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<sup>1</sup> The terms sexual violence/sexual violation in this section include all forms of sexual abuse/assault.

<sup>2</sup> 1990. An evaluation of the side effects of "Keeping ourselves safe", a child sexual abuse prevention programme. Auckland, New Zealand. Unpublished Master's thesis.

<sup>3</sup> For example: Schewe, P., Briggs, F., and Hamby S.

<sup>4</sup> Corby, Brian. *Child Abuse. Towards A Knowledge Base*. 2<sup>nd</sup> Edition. Open University Press, Buckingham, UK, 2001

<sup>5</sup> This is supported by many working in the field of victim support.

<sup>6</sup> Quinn, C. 'Protection and prevention: An integral approach to child sexual assault', unreferenced. p95

cannot control adults' behaviour and so the onus of preventing sexual abuse does not and should not, fall on children.

It is seen as imperative that children learn about sexual safety both at school and outside of school. Sexual abuse prevention programmes have traditionally emphasized two different perspectives<sup>7</sup>. There are programmes based on empowering children and programmes that provide information on sexual abuse. The empowerment programmes include concepts relating to keeping safe without any specific knowledge on sexual abuse. Prevention programmes for sexual abuse in childhood aim to equip children with skills and knowledge in order to minimize the risk of abuse. Formal prevention projects have been largely focused around degendered, desexualized, "stranger danger", and concepts of "good/bad" touches<sup>8</sup>. In general, the approach to sexual abuse education within non-statutory government has been confined to primary school education within the topic of personal safety (ages 5-7) and separated from education about sexual relationships.

Teaching children a broad framework for response rather than rote-learned responses is seen as desirable by the authors of the 'Child and Family' website<sup>9</sup> in Canada. They believe that teaching children a simple strategy fails to acknowledge the power imbalances between children and perpetrators and thus the power of the perpetrator to undermine the child's strategy. Importantly, the 'stranger-danger' messages of many previous education programmes for children have led to confusion as abuse, especially that perpetrated by a family member, often does not fit these criteria. Good touch/bad touch programmes are seen as having drawbacks because not all violations create negative or uncomfortable feelings. In fact, a child may be gradually manipulated so that violations seem minor and feel okay. Sexuality programmes that incorporate information about victimization must be balanced and be careful about presenting sex in a negative way. Children who were taught to follow safety rules (such as "it's not ok for a bigger person to touch or look at my body unless I'm sick or need help") have been found to be more likely to be able to identify inappropriate touching and unsafe situations than those taught good touch/bad touch feelings.<sup>10</sup> Reinforcement of programmes at various levels of schooling is essential.

In 'What Children Learn From Sexual Abuse Programs', Leslie Tutty concludes that school-based prevention programmes need to be carefully targeted to the age group they aim to teach with different styles being adopted for each<sup>11</sup>. Offering the material in a 'powerful' way with considerable repetition and with a number of different techniques (for example live theatre, videos, games) is considered most useful. Tutty found that there are vastly different levels of understanding among children presented with the concepts in sexual abuse programmes. 'One possible reason for this may be the use of group presentation, [and] question and answer methods whereby children who know the correct answers are those who raise their hands to be called on to respond'<sup>12</sup>. Encouraging parents to attend meetings about prevention programmes is difficult, but useful as this can enable parents to become more comfortable with the material taught and therefore better able to reinforce it at home. Parents are also as susceptible to

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<sup>7</sup> Briggs & Hawkins, 'Protecting boys from the risk of sexual abuse'. *Early Child Development and Care*, 110:19-32. 1995

<sup>8</sup> Harne, L. (2000). Sexual violence and the school curriculum, in, J. Radford, M. Freiberg, & L. Harne (Eds). *Women, violence and strategies for action: Feminist research, policy and practice*.

<sup>9</sup> [www.cfc-efc.ca/](http://www.cfc-efc.ca/)

<sup>10</sup> *ibid*

<sup>11</sup> Tutty, Leslie. 'What Children Learn from Sexual Abuse Prevention Programmes: Difficult concepts and Developmental Issues'. *Research on Social Work Practice*, May 2000, Vol. 10 Issue 3, p275.

<sup>12</sup> *Ibid*.

'societal myths about the extent, seriousness, or most common perpetrators of sexual abuse as anyone and so may provide misinformation'<sup>13</sup> unless included in the programmes being taught at school. At preschool level, Hill and Jason found greater gains when parents and teachers together, rather than either parents or teachers, were involved in training.<sup>14</sup>

### **Boys**

Briggs and Hawkins<sup>15</sup> argue that the abuse of boys has been a neglected area in sexual abuse prevention. They posit that although women have led the way in exposing sexual abuse and also led the way in prevention efforts, they have not taken into account some fundamental differences between girls and boys. Briggs and Hawkins point to the common use of the term 'private parts' which is essentially a message for girls, as the 'private parts' of boys are exposed from an early age when needing to pass urine.

Although the reasons given for not disclosing abuse are similar for females, Briggs and Hawkins argue that boys who had been sexually abused had a lack of information about sexuality, assuming that there was nothing wrong with what was happening. They argued strongly that educative programmes should take into account that sexual touching can be pleasurable, and can also be accompanied by inducements as well as threat. Another suggestion they made for improving the protection of boys was removing celibate males from care-giving roles with children. Responsible sex education within families is seen as key, otherwise children are placed in a vulnerable, unprepared situation whereby they may learn about sex from perpetrators. Failure to teach children about the boundaries between appropriate and inappropriate sexual activities leaves children lacking 'both the context and the skills for determining where on the continuum between positive sexuality and sexual abuse their experiences [may] fall'<sup>16</sup>. This 'sets them up' for victimisation and re-victimisation.

### **Childcare institutions**

Child protection policies introduced in the 1980's lacked the guidelines on how to prevent assault and abuse which have recently been forthcoming<sup>17</sup>. As adults are in positions of authority over children, prevention in education includes ensuring that children are safe from teachers and associate staff. Guidelines when employing people to work with children are a recent development. *Safe Not Sorry* is a New Zealand handbook containing guidelines for 'selecting suitable people to work with children'<sup>18</sup>. Many organisations working and dealing with children lack child protection and safe staff recruitment policies. This handbook comprehensively deals with how to recruit staff that are safe to work with children. It is based on the premise, backed up by research, that abusers attempt to gain access to children through childcare facilities and other children's organisations.<sup>19</sup>

### **Extrafamilial child abuse**

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<sup>13</sup> *ibid.*

<sup>14</sup> Hill, J. & Jason, L. (1987) 'An evaluation of a school based child sexual abuse primary prevention program.' *The Psychotherapy Bulletin* 22(1), 36-38. See also Wurtele, Gillespie, Currier and Franklin (1992) and Wurtele, Kast and Melzer (1992).

<sup>15</sup> Briggs, F. & Hawkins, R.M. F. Protecting boys from the risk of sexual abuse. *Early Child Development and Care*, 110:19-32. 1995.

<sup>16</sup> *Ibid* p12

<sup>17</sup> Harne. Sexual violence and the school curriculum, in, J. Radford, M. Freiberg, & L. Harne (Eds). 2000.

<sup>18</sup> Simcock, Anthea, Illustrated by Casey, H. Published by The Institute for Child Protection Studies, Hamilton, New Zealand, 2000.

<sup>19</sup> See also Carlson, Rebecca & Schummacher, Ruth 'Variables and Risk Factors Associated with Child Abuse in Daycare Settings' in *Child Abuse and Neglect* Vol 23, No.9. USA, 1999.

In her article 'Extrafamilial child sexual abuse: A study of perpetrator characteristics and implications for prevention', Rebecca Bolen argues that girls are at risk for different types of abuse based on their age, therefore 'the focus of prevention must change based on the age of the female child'<sup>20</sup>. In terms of extrafamilial abuse, younger children may need information about the privacy of their bodies, as well as stranger danger. Walking safely may be important for middle school children whilst adolescent girls may benefit from personal safety information and information related to dating. She also suggests, however, that prevention programmes may ultimately be minimally effective, as girls simply cannot be prepared for every situation in which abuse may occur. A focus, rather, on socialization and on appropriate male/female interaction may be most useful.<sup>21</sup> Bolen believes that the research focus in the past on intrafamilial abuse, particularly the focus on father-daughter incest, has sidelined extrafamilial abuse. Bolen argues that the intrafamilial focus meant that a large amount of discourse centred on dysfunctional families and characteristics of the victim. However, if extrafamilial sexual abuse were a key research consideration another level of discourse would be necessary. This level would include the societal structure that contributed to, and maintained, the problem of sexual abuse.

Children maintaining silence about abuse is a factor to be taken into account around prevention of sexual abuse. Summit (1983) has suggested a 'Child Sexual Abuse Accommodation Syndrome' in which the child victim experiences alterations in their self-concept as the result of the abuse. He proposed that children might enjoy the initial attention and closeness with the trusted adult perpetrator. However, the pressure to keep the abuse secret may make the child feel helpless. Therefore, the child may be powerless to stop the abuse and so must accept what is happening or assimilate the abuse into their life. The alteration in self-concept becomes negative and so survivors may distance themselves by overachieving in other areas or acting out. Recognition of these factors supports the importance of prevention programmes addressing issues such as empowerment and skill development to enable children to recognise unsafe situations and relationships. Bolek and Araji studied sexually aggressive children<sup>22</sup> and found that the 'rigid or enmeshed family'<sup>23</sup> where there is little contact with people outside the family and where secrets are common, created an isolating and emotionally impoverished environment for children. This can lead to sexual abuse within the family that remains long undiscovered, hidden behind the façade of the 'perfect family'.

As a large proportion of child sexual abuse occurs within the family setting, programmes taught in schools need to concentrate on how to recognise unsafe behaviour in environments considered 'safe' such as the family home or with a trusted adult. If it is not possible for children to recognise these situations, as is likely, then another key message must be about not keeping secrets<sup>24</sup>.

### ***Residential and foster care***

Hobbs et al.<sup>25</sup> made the following recommendations for the prevention of abuse particularly concerning residential and foster care: closer monitoring of residential settings, foster parents, and contact visits with parents; careful pediatric follow up of children in care; a child protection register; support for caregivers; extra provision for

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<sup>20</sup> Bolen, R. 'Extrafamilial child sexual abuse: A study of perpetrator characteristics and implications for prevention' in *Violence Against Women*. Thousand Oaks, Oct 2000. p13.

<sup>21</sup> Ibid p14.

<sup>22</sup> *Sexually Aggressive Children: Coming to understand them*. Sage Publications, USA, 1997.

<sup>23</sup> Ibid p99

<sup>24</sup> There are children's books available that deal with this issue.

<sup>25</sup> (Hobbs, Hobbs, & Wynne, 1999.)

children who had been sexually abused and have become sexualized and/or abusers; and an investigation of all allegations of abuse within the care system. Recognizing that abuse may still be occurring, and early recognition of abuse when it occurs in a placement were important implications from this research. Particularly, this implied that caregivers for children should be trained to identify developmentally appropriate behaviours so they can identify and question behaviour that is inappropriate.<sup>26</sup>

### **Disabilities**

Sobsey's discussion of sexual abuse for people with disabilities<sup>27</sup> includes some implications for sexual abuse prevention. Those pertaining to children included: screening applicants for positions with people with disabilities by way of routine Police check; developing and implementing social and sexual education programmes; providing children with disabilities with sex education at the same age as other children; supporting community integration rather than isolation; requiring more decision making skills rather than compliance; holding service providers accountable for protecting children; supporting better professional training in recognizing sexual abuse; and making abuse prevention and treatment appropriate and accessible to people with disabilities. In Teaching Children to Protect Themselves<sup>28</sup> Freda Briggs addresses the issue of safety from sexual violence for disabled children in some depth. People with disabilities are so vulnerable because of: society's devaluing of them; their restricted social environments with strict routines; low standards of adult behaviour (and expectations of behaviour) when working with people with disabilities; prosecution being unlikely if the victim is intellectually disabled; powerlessness due to disability; the volume of touch contact necessary for disabled people in everyday life; lack of sexuality education; communication barriers (particularly hearing and speech impairments); a belief that 'they won't really understand what's happening to them'; and few opportunities for independence<sup>29</sup>. Underlying cultural beliefs that devalue and dehumanize people with disabilities are seen as the key to abuse of disabled children. Briggs concludes that prevention that challenges all of these aspects of the problem is necessary.

### **Revictimisation: Intervention as Prevention**

Victims of child sexual abuse are more likely to be victimised as adults.<sup>30</sup> They are also more likely to be the victims of physical abuse throughout their lives<sup>31</sup>. Thus, in many ways, intervention can be seen as potentially preventing further victimisation. Many people's experience of abuse is that it is cross generational<sup>32</sup> and that programmes such as the 'Mother and Anger Change'<sup>33</sup> programme provide an opportunity for people to heal from their own trauma before passing on attitudes, feelings or more directly abusive behaviour that could lead to the abuse of children.<sup>34</sup>

### **Prevention the Dutch Way**

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<sup>26</sup> See also Gallagher, Bernard. 'The Extent and Nature of Known Cases of Institutional Child Sexual Abuse' *The British Journal of Social Work*, Published by the British Association of Social Workers, London, 1971.

<sup>27</sup> Sobsey, D., & Mansell, S. (1990). The prevention of sexual abuse of people with developmental disabilities. *Developmental Disabilities Bulletin*, 18, 51-66.

<sup>28</sup> Allen and Unwin, Australia, 2000

<sup>29</sup> *ibid.* p44-45

<sup>30</sup> Hyman. 1993 p109-110. Cited in Julich, S. 'Breaking the Silence: Restorative Justice and Child Sexual Abuse' unpublished PhD Thesis, Massey University, Albany. 2001.

<sup>31</sup> Hyman (1993), Russell (1986), Briere and Runtz (1988) Cited in Julich, S. 'Breaking the Silence: Restorative Justice and Child Sexual Abuse' (as above).

<sup>32</sup> Annan, Jennifer. Personal communication 2001

<sup>33</sup> Provided by the Anger Change Trust

<sup>34</sup> The TV3 Documentary 'Killing Tomorrow' (screened 28 November 2001) is useful to understand some of the issues under discussion here.

In the Netherlands, Regional Institutes for Outpatient Mental Health Care (RIAGG's) have both a therapeutic and prevention task<sup>35</sup>. Over 200 prevention workers in the Netherlands oversee more than 400 prevention projects of which one of the main focuses is sexual violence and incest. Although all the programmes are regional with almost no national programme, at the time of writing plans were underway to develop national prevention strategies.

An important point made is that prevention 'functions as an innovator within the mental health system'<sup>36</sup> in which workers are usually working with the effects of problems. Prevention in the Netherlands is ongoing which means continuity for projects and prevention workers. All three levels of prevention are targeted, across age, on a regional basis. Hence, the entire country is covered by this approach. Knowledge also becomes specialized in the prevention field.

Although the authors point to limitations, such that as regions set their own priorities there may be "wasted" reinvention of the wheel in other regions, it would seem an important aspect for communities to be autonomous in setting their priorities. A prevention worker normally develops prevention projects from scratch. It is thought that a national coordinator would be useful to enable coordination of resources already developed. The structure of prevention work within the RIAGG's is seen as positive, but potential weaknesses included an emphasis on quantity rather than quality and a lack of methodological and evaluative rigor applied to projects.

Major developments in the Netherlands in the prevention of the sexual abuse of children include the education of adult professionals who work with children and the development and distribution of material about sexual abuse for these professionals. However, the focus of the Dutch programmes remains preventing boys from violating girls and there is little acknowledgement that boys can also be victims. At the time of writing, there are plans to establish a nationwide prevention effort to combat child sexual abuse. Three different levels of implementation are also being investigated. Educating teachers about how to respond to a disclosure of sexual abuse is the first level; implementing prevention into the school curriculum is the second level; and at the third level, integrating prevention at teacher training colleges so that it becomes a compulsory subject for students to take.

### ***Prevention in Ireland***

In Ireland, MacIntyre and Carr<sup>37</sup> looked at the effectiveness of the Stay Safe programme for 7 and 10 year old children. They assessed personal safety skills, self-esteem, and parent and teacher knowledge about child abuse and protection. Stay Safe is taught in most primary schools with the support of the Department of Education, the government and leaders of the major religions. Stay Safe incorporates what it was believed was required for a successful programme. This included maximising parental involvement by reinforcing concepts taught at home and using a combination of developmentally appropriate activities for children, including audiovisual materials, to reinforce learning. Other forms of victimisation like bullying were also covered. Stay Safe aimed to cover all these areas in a form appropriate for children in Ireland.

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<sup>35</sup> Verburg, H., Janssen, H., Rikken, M., Hoefnagels, C., & van Willensward, E. M. The Dutch way of prevention, unreferenced

<sup>36</sup> Ibid. p178

<sup>37</sup> MacIntyre, D. & Carr, A. (1999a). Evaluation of the effectiveness of the stay safe primary prevention programme for child sexual abuse, *Child Abuse & Neglect*, 23, 1307-1325.

Teachers, parents and the children were all measured on their knowledge base from the programme. Results of this were compared to measures taken from a control group. Pre-measures included testing children's safety knowledge and skills, measuring their self esteem and verbal intelligence. Teachers were also required to fill in a behaviour checklist. All schools that were involved had the full support of their principals, which MacIntyre and Carr believed, maximised parental and teacher cooperation.

Children showed gains in safety knowledge following the programme, and these gains were maintained at 3 month follow up. There was no difference in gains across the gender of the children. Younger children (7 year olds) had a significant increase in their self-esteem following the programme. Parents and teachers also had increased knowledge and attitudes about sexual abuse following the programme. The majority of children had discussed the programme at home with their parents. There were some negative effects of the prevention programme reported. A small minority of children were upset by the programme or became overcautious about strangers. However, nearly all of the parents and teachers did not believe that this should prevent the programmes from being taught.

This programme was integrated into the curriculum for all primary schools shortly after the evaluation. MacIntyre and Carr<sup>38</sup> compared children who presented to a sexual abuse assessment unit who had taken part in a Stay Safe programme with children who had not. They also found that the Stay Safe programme had benefits at a level of secondary prevention in that more children who had taken part in Stay Safe had reported suspected sexual abuse. Children who had participated made more purposeful disclosures, initially disclosed to a teacher and their teachers made more referrals. An important finding was that younger children who had not participated in the programme were less likely to disclose to a teacher, and confirmed outcomes were less likely for these younger children. Perhaps taking part in a programme helps younger children to be able to tell and give them language for their experiences.

### ***Existing prevention programmes and strategies for children in New Zealand***

Auckland Sexual Abuse HELP Foundation operate a preschool prevention programme, 'We can keep safe'. The five module programme, developed in consultation with the Auckland College of Education and CYF's Specialist Services, includes a parent information session. Since its inception in 1995, 'We can keep safe' has been delivered to approximately 30 preschools annually and has been presented to over 250 children in the past year. The focus of this programme is not on sexual abuse per se, but on safety promotion with a clear sense of body ownership and on identifying adults that children can talk to if they feel unsafe. It uses a variety of mediums which, as well as reinforcing the concepts that are taught, appeal to children. An early evaluation of the programme showed positive outcomes: following the programme, 100% of children were able to name an effective strategy for dealing with unwanted touching, and indicate that it was not okay for just anyone to touch their genitals. Feedback from caregivers was also positive.

Tauranga HELP runs 'The Big Red No', a 45-60 minute personal safety programme for 4-6 year olds. This programme uses storytelling, movement, music and visual arts. Again, this programme is very well received by its audiences. Drama as a tool is highly recommended by those working in this field because of the visual impact and the

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<sup>38</sup> MacIntyre, D. & Carr, A. (1999b). Helping children to the other side of silence: a study of the impact of the stay safe programme in Irish children's disclosures of sexual violation, *Child Abuse & Neglect*, 23, 1327-1340.

children's involvement<sup>39</sup>. As children learn in a multi-sensory way, conveying similar, coherent messages through the use of different interactive mediums such as puppetry, role-plays, and art, is beneficial for children.

Kura Toa runs "Warrior Kids", a self-esteem, social skills and, confidence development course for primary school age children. Though the focus is not strictly on preventing sexual victimisation, the issues dealt with help to develop skills which contribute to prevention.

The Levin Sexual Abuse Centre runs '*Because I'm Special*', a 5 session personal safety programme at the 2 levels of primary school - juniors and seniors. The programme uses videos, posters, songs, worksheets, and practicing of skills learnt. The materials have been translated into Maori. A Caregiver Information Session includes information about sexual assault. The programme has received positive feedback from agencies such as Barnados and schools, and has been presented to 750 children in the past year.

The 'Parents as Healers' educational pack produced by START (Sexual Abuse Therapy and Rehabilitation Team) in Christchurch is for parents helping children who have been sexually victimized but can also be used as a general information pack for parents interested in prevention.

Keeping Ourselves Safe (KOS) is a New Zealand primary prevention initiative (New Zealand Police, 1998). It was developed by the New Zealand Police and the Department of Education. It includes five modules for use with children aged 5-17 taught by classroom teachers. However, it is not compulsory to teach all components of this programme, rather, schools can elect to use this parts of the programme within the Health and Physical Education curriculum.

Wooley and Gabriels (1999) took a qualitative approach to looking at several of the concepts taught in KOS at primary school level. Firstly, they looked at the concept of touch, and the idea that familiar people could behave abusively. They found that in talking with children to get an understanding of how they had interpreted material presented to them in KOS, many children equated a bad or unwanted touch with hurt or pain. Although the children interviewed acknowledged that sexual behaviours could happen in other children's families, they did not acknowledge that it could occur within their own family or with people they had known a long time. Some children also expressed that they would try and avoid a person if they were uncomfortable about them, or say 'no', before considering telling a trusted person. From this, Wooley and Gabriels strongly argue the need for parental involvement in order to facilitate a more effective prevention programme. They also suggest a need to create more concrete concepts about different types of touch to accommodate the developmental level of the children.

Van Kessel<sup>40</sup> looked at the effects of KOS with parent and teachers for years 7 and 8 pupils. She found that 62% of parents surveyed reported positive effects such as their child's increased confidence about what to do with strangers, and an increased awareness of potentially unsafe situations. Parents reported that their child had shared information about the programme at home, and that this information was discussed at home. Six percent of the parents reported that their children showed negative effects of KOS such as nervousness and being upset. However, the majority of parents believed

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<sup>39</sup> Bishop, Jude, personal communication, 2001

<sup>40</sup> van Kessel, K. (1990). 'An evaluation of the side effects of "Keeping ourselves safe", a child sexual abuse prevention programme'. Auckland, New Zealand. Unpublished Master's thesis.



that KOS had an overall good effect while some parents reported no effect. This was similar for teacher report. No one reported an overall bad effect. Briggs<sup>41</sup> believes that Keeping Ourselves Safe is an example of a successful prevention programme for children. Intrinsic to any good strategy is, she says, parental involvement, and the incorporation of sexual safety information into the wider curriculum for children.

'No Excuse for Abuse', a programme developed by the Safer Streets Trust is designed to work in conjunction with the state developed school-based 'Keeping Ourselves Safe' programme to create safer communities in New Zealand. 'No Excuse for Abuse' contains worksheets to reinforce the prevention concepts in the 'Keeping Ourselves Safe' programme.

'Amazing Me' is published by the Safer Streets Trust and was developed by Early Childhood Services in conjunction with the Youth Education Service of Police, Children Young Persons and their Families Agency, Public Health Nurse Services, Health Protection and the Children's Issues Centre of Otago University. It is a series of videos presented by Suzy Cato for children aged between one and five to six years and intended to be used in preschool settings. 'Amazing Me' aims to 'nurture and support the development of life skills that enhance a child's self esteem and confidence'.<sup>42</sup> Using the familiar formula of the television series 'You and Me' (also presented by Cato), 'Amazing Me' also endeavours to 'engage and stimulate viewers to have fun whilst learning about themselves and the world around them'<sup>43</sup>. Evaluation sheets for each video are included in the 'Amazing Me' pack. Policies for early childhood services are recommended, as is getting support for the programme from parents.

There are few evaluations looking at whether these programmes actually help children to avoid abuse. However, there are anecdotal reports that programmes such as these help children to disclose that they have been or are being abused, possibly by giving children a language or the words to describe what has been happening to them. Programmes may also create a climate of permission to talk about the subject.

### ***Broad based initiatives***

*Beyond Sexual Abuse* is a handbook for GPs to enhance their responses to sexual abuse and identify those who have been or are being sexually victimized. It aims to help doctors to understand the myths and realities of sexual abuse and to intervene to stop sexual victimization occurring. It is recognized that GPs are often in a situation where it is possible for them to do this, therefore this document offers ways of approaching the subject with their patients.

There are many books available such as *My Body Is Private* by Linda Walvoord Girard<sup>44</sup>, which teaches young children about acceptable and unacceptable touches and how they can have some control in situations where their boundaries and privacy are not being respected. A New Zealand example is *Keeping Children Safe From Sexual Abuse* by Caroline Witten-Hannah<sup>45</sup>. Again, acceptable and unacceptable touches are dealt with, as is self-esteem and personal safety skills. The key concepts are: the importance of feelings (teaching children that feelings, the emotional aspect of people, tell us our likes and dislikes, and can protect us in potentially dangerous situations); breaking the silence (that the secrecy surrounding sexual abuse makes it possible, that offenders rely on a

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<sup>41</sup> Briggs, Freda. Teaching Children To Protect Themselves. Allen and Unwin, NSW, Australia. 2000

<sup>42</sup> Safer Streets Trust et al. 'Amazing Me' p7.

<sup>43</sup> *Ibid.* p6.

<sup>44</sup> Albert Whitman and Company, Illinois, 1984

<sup>45</sup> Published by Waitakere Sexual Abuse Counselling Centre, Auckland.

child's silence to commit their crimes, and that bringing the issue out in to the open, societally, will help to solve the problem of child sexual abuse); and children's rights/empowering children (that sexual abuse relies on the powerlessness of children, that children need to decide who touches their bodies and that it is beneficial if they feel that they have the strength/confidence to refuse and stop inappropriate requests and behaviour).<sup>46</sup>

The New Zealand 'Safe Kids' and 'Kidsweek' campaigns are seen as useful initiatives for promoting positive views of children's rights.

A website focusing on child sexual abuse,<sup>47</sup> initiated by Dr. Emma Davies, (Programme Leader: Children and Families, Institute of Public Policy, Auckland University of Technology) and written by Davies and Dr. Ian Hassall, (Chair Children's Agenda), has recently been publicised via news agencies such as TV3 and the New Zealand Herald. It has been produced to: 'Offer New Zealanders practical advice and support; promote informed ways to prevent child abuse; and promote informed public debate on child abuse prevention'. The site lists resources available for those with concerns about child abuse. It also incorporates a well-utilized message board through which anyone with access to the internet can post messages about matters pertaining to child sexual abuse in New Zealand. There is a focus on how communities can get together to solve the problem.

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<sup>46</sup> Ibid. p4.

<sup>47</sup> [http://www.aut.ac.nz/news\\_and\\_information/events/buildingtomorrow/mainmenu.shtml](http://www.aut.ac.nz/news_and_information/events/buildingtomorrow/mainmenu.shtml)

## Young Adults

As young people move from the school system into work environments and tertiary education, their risk for sexual assault is higher. Indeed, statistics in NZ and internationally reinforce the vulnerability of 16-24 year-olds. Acquaintance rape is a high risk factor for this group as dating becomes the social focus. Many US campus based prevention studies, some of which are outlined below, take these risks into account. Dating is dealt with primarily in the young adults section as this is where the problems are clearest, however it is acknowledged that these issues are central to the experiences of adults also.

Adolescence must be understood as a period where unwanted sexual experiences do occur. Himelein, Vogel, and Wachowiak<sup>48</sup> studied a sample of first year college students by looking at their dating history and their sexual experiences. A substantial number of young women had already experienced unwanted sexual contact. Himelein et al note the relationship between surviving childhood sexual abuse and risk from sexual victimisation during dating (in line with the material on revictimisation presented earlier in this report). They suggest that secondary school counsellors should be made aware of date rape prevention that could be targeted toward adolescents.

In the comprehensive American document 'Drawing the Line – A Guide to Developing Effective Sexual Assault Prevention Programs for Middle School Children'<sup>49</sup> (henceforth 'Drawing the Line') the authors list four key things that any good prevention programme must have: comprehensiveness in their handling of the subject matter; intensive long term and interactive teaching approaches; relevance to those receiving the instruction; and positive messages about healthy relationships and about what can be done for people who have experienced sexual assault.<sup>50</sup> The authors regard the development of comprehensive programmes to be the job of everyone in the community, rather than being the job of governmental agencies or high-level organisations to develop and hand down to the people using them. This resonates with the message of wider community involvement found in much of the more recent prevention literature. Reinforcing at home what children learn at school was a strong message found in the prevention literature relating to children.

'Drawing the Line' also makes the point that 'students are likely to ignore efforts to influence their attitudes and behaviours if they perceive that adults [both at home and at school] don't practice what they preach.'<sup>51</sup> Therefore, examining school policies and encouraging parents to do the same in the home is useful. Encouraging assertiveness amongst students so that they can effectively intervene in sexually abusive situations (and devising policies so that students who intervene in situations are protected from retaliation by peers and adults) is seen as a key to prevention programmes. Once these policies are in place it is as important to have 'clear and available procedure for responding to disclosures' in place. Providing a context for the discussion of sexual assault is not simple, but a very important foundation for programmes. 'In touch with teens' is a Los Angeles relationship violence prevention programme that the authors of 'Drawing the Line' point to as a successful example of this contextualisation. It uses class discussion and interactive exercises to show teens how economic inequality

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<sup>48</sup> Himelein, M. J., Vogel, R. E., & Wachowiak, D. G. (1994). Nonconsensual sexual experiences in precollege women: Prevalence and risk factors. *Journal of Counselling and Development*, 72: 411-415.

<sup>49</sup> *ibid.* Drawing the Line is available online at:

[www.acog.org/from\\_home/publications/drawingtheline/characteristics.htm](http://www.acog.org/from_home/publications/drawingtheline/characteristics.htm)

<sup>50</sup> *ibid.* pg 1 in 'Characteristics of Promising Programs' section.

<sup>51</sup> *Ibid* p3

causes violence and how the oppression of women and racial, ethnic and sexual minorities affects individuals and societal institutions.<sup>52</sup> Finally, 'Drawing the Line' points out the importance of evaluating prevention programmes to determine their effectiveness.

The problematic nature of media campaigns is discussed in 'Drawing the Line'. The mass media can 'convey a broad range of messages from reinforcing gender stereotypes to cashing in on crimes of violence for ratings purposes'<sup>53</sup>. A task that prevention programmes must focus on is teaching students to analyse and interpret the messages they receive from different media including the internet, and critiquing the roles these messages play in society so that they can do this outside of school and importantly in the home. Input from parents in this aspect of programmes is therefore desirable. Teaching skills in critique of media also provides an opportunity for Journalism and Social Studies teachers to collaborate with prevention programme staff. A recently released report: 'The Net Generation: Internet Safety Issues for Young New Zealanders'<sup>54</sup> indicates the urgent need for wide spread internet safety education amongst young internet users who feel there is no risk involved in having face to face meetings with people, frequently many years older than them, who they know only through the internet.

Paul Schewe notes in 'Best Practices in Teen Dating Violence Prevention Efforts' that by focusing on the entire adolescent population, rather than at risk groups, preventative measures are able to reach those not yet in risky situations. This broadness also eliminates the issue of stigma, whilst providing a window of opportunity to treat high-risk individuals who would otherwise shun treatment on an individual level. Casting the net wide allows the greatest possibility for environmental change<sup>55</sup>. It also introduces a climate of non-acceptance for aggression and abuse in the school environment.

Schewe's research suggested that interactive programmes including video presentations (but not solely video presentations) work better than those without, as do small group workshops with a variety of presenters as compared with presentations to assemblies or by one presenter. Prevention programmes are most effective when students perceive that the message is directly relevant to some aspect of their own experience, therefore, incorporating examples based in young people's reality is essential.

The higher the number of sessions, the more prevention material is reinforced and if students hear it, see it, write it, speak it and do it, further reinforcement occurs. However, reinforcement is also dependent on such things as: implementers of programmes having had specialised training; implementers not being a teacher from within the school but being a trained expert in the field; and the implementer must be likeable and similar to the audience. It is unlikely that a classroom teacher will be a good choice to implement a prevention programme for this age group.

Schewe also found that theory based programmes are more effective than non-theoretically based programmes – if students cannot see a framework, the message will be less effective<sup>56</sup>. Programmes should be sensitive to gender inequities but recognise

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<sup>52</sup> ibid p5

<sup>53</sup> ibid p13

<sup>54</sup> Report by The Internet Safety Group based on results of a survey by the Department of Psychology at the University of Auckland. Feb 2002. Available online at [www.netsafe.org.nz](http://www.netsafe.org.nz)

<sup>55</sup> Schewe, Paul. 'Best Practices in Teen Dating Violence Prevention Efforts'. Unpublished manuscript. p25

<sup>56</sup> ibid

that both males and females could be victim or perpetrator within a dating relationship.<sup>57</sup> Finally, Schewe notes that for a teenage audience programmes must avoid too many “don’t do’s” – don’t drink, don’t smoke, don’t objectify women; but rather include positive behaviours: do date in groups, do respect women, do intervene to prevent violence.

As teenagers move on to tertiary education and work, it becomes more difficult to target them with in-depth prevention programmes. Schryer<sup>58</sup> argued that universities need to acknowledge their role in preventing sexual victimisation on campuses and in residence halls. He proposed that universities should put in place programmes to help do this. He suggests firstly co-opting a task force to consult with various agencies within and outside of university about what prevention efforts could entail. This task force should also be responsible for monitoring and evaluating the effectiveness of programmes. Physical security measures keeping staff and students safe is a consideration. Schryer’s proposals for security included adequate lighting around campus, including carparks, building security with ID card readers at all accesses, and providing an escort service. At another level, policy needs to be developed about how to deal with enrolled students who have been perpetrators of sexual assault. Another avenue for prevention that Schryer suggests is developing a ‘peer educators’ programme so that peers can provide information about the resources available for support and prevention. Including prevention initiatives such as poster campaigns and peer educators within the halls of residence is also suggested. Residential halls are generally of mixed gender and there is a greater risk at this age of sexual assault by a known acquaintance. Support systems for victims, such as counselling, should also be considered as part of a campus programme.

Black, Weisz and Patterson review a theatrical programme aimed at psychoeducation about sexual violence, which was presented to a university community<sup>59</sup>. The performance included multimedia images portraying societal attitudes that lead to rape, followed by four vignettes about a woman who had been sexually assaulted. The sequelae included supportive and non-supportive responses. Hence, sensitive responding to victims of sexual assault was a theme of the programme. Peer educators held focus groups following performances. Pre-test, post-test, and a two-month follow up questionnaire about rape myths were administered. Participants included students, as well as people from the general university community. Black et al. reported that some attitude change was maintained at a 2-month follow up. They suggested that using a creative approach which involved people’s emotions by integrating theatre, education and social work might change some attitudes toward sexual assault.

Lonsway et al.<sup>60</sup> compared a Campus Acquaintance Rape Education (CARE) programme to a non-specific human sexuality paper. CARE trains students to hold educational peer workshops on campus focused on rape. Pre and post tests and a 2-year follow up measuring rape myths, heterosexual beliefs and attitudes toward feminism, indicated that rape myth beliefs remained changed at the 2 years after the programme.

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<sup>57</sup> *ibid* p22.

<sup>58</sup> Schryer, M. F. Sexual assault prevention and intervention task force. 2001.

<http://www.schryer.com/sexualassault/project.html>

<sup>59</sup> Black, B., Weisz, A., & Patterson, D. Evaluating a psychoeducational sexual assault prevention program incorporating theatrical presentation, peer education, and social work, *Research on Social Work Practice*, 10, 589-606. 2000.

<sup>60</sup> Lonsway, K. A., Klaw, E. L., Berg, D. R., Waldo, C. R., Kothari, C., Mazurek, C. J., & Hegeman, K. E. (1998). Beyond “no means no”: Outcomes of an intensive program to train peer facilitators for campus acquaintance rape education. *Journal of Interpersonal Violence*, 13:73-93.

A university study on a sexual prevention programme aimed at males used male peer educators to present workshops on how to support a rape survivor<sup>61</sup>. Presenting a scene about a male this way was thought to encourage men to attend the workshop. It was also thought that this would help to undermine predominant rape myths as they relate to both males and females. The presentation had an immediate effect on decreasing beliefs in rape myths, compared with a control group. At a two-month follow up, the rape myths had risen again, although their influence was still significantly less than pre-test beliefs. A suggestion was made that even just administering the Rape Myths Scale may be an important awareness raising opportunity as the control group had also decreased in their rape myth acceptance at the two month follow up.

There have been many investigations into 'safe-dating' programmes in the US, many of which are campus based due to the high proportion of young adults attending universities there compared with New Zealand. Linda Kalof<sup>62</sup> summarises similarly to Koss and Dinero that 'attitudes and behaviours do not render women uniquely vulnerable to victimisation'<sup>63</sup>. This challenges the myth, seemingly still held by some members of the judiciary in New Zealand, that women who are raped are in some way 'asking for it' by drinking or dressing a certain way. This indicates the need for programmes to focus not solely on personal empowerment, but on the wider societal causes of sexual violence. Kalof concludes: 'Attempts to develop a better understanding of the problem of sexual victimization among American college women would be better served by addressing vulnerability factors that lie outside the personality of the victims themselves.'<sup>64</sup>

An American website dealing with sexual assault and changes to the law lists some positive developments in the area of rape awareness<sup>65</sup>. One of these was communities gaining government funding to develop resources in languages commonly spoken in America other than English – for example Spanish. A video was produced in which all the experts consulted could speak English and Spanish. Another development has been an anonymous and confidential internet support counselling service. This enables anyone with internet access to write in 24 hours a day and 7 days a week to request information and/or seek help. Through a secure server, the user's identity and location are protected and are confidential. This allows people to talk about their worries or their personal history without the fear that someone knows who they are or where they are from. This can be seen as a positive development for prevention and intervention.

A Canadian website called 'Women's Health Matters' likewise aims to challenge society's perceptions about consent and sexual activity by challenging the 'No Means No' message commonly found in date rape awareness campaigns. The goal of the "no means no" campaign is to clarify the ways that women communicate "no", but which are often taken by others to mean "maybe". For example, : 'Not now' means NO, 'I have a boyfriend/girlfriend' means NO, 'You're not my type' means NO, 'I really like you but...' means NO, 'You've/I've been drinking' means NO and perhaps most importantly – Silence means NO'.<sup>66</sup> "Women's Health Matters" suggest that we need to go one step

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<sup>61</sup> Foubert, J. D. & Marriot, K. A. Effects of a sexual assault peer education program on men's belief in rape myths, *Sex Roles*, 36: 259-268. 1997.

<sup>62</sup> Kalof, Linda. 'Vulnerability to Sexual Coercion Among College Women: A Longitudinal Study' *Gender Issues* Fall 2000, USA. P56-57

<sup>63</sup> *ibid*

<sup>64</sup> *ibid* pp57.

<sup>65</sup> Website: [www.ojp.usdoj.gov/ovc/assist/nvaa99/chap9.htm](http://www.ojp.usdoj.gov/ovc/assist/nvaa99/chap9.htm)

<sup>66</sup> [http://www.womenshealthmatters.ca/facts/quick\\_show\\_d.cfm?number=182](http://www.womenshealthmatters.ca/facts/quick_show_d.cfm?number=182)

further and shift this concept of negative consent into positive assent by promoting a message of “Only Yes Means Yes”. This shifts the onus onto the person wanting sexual contact to actually ask the other person, rather than proceeding with sexual activity and waiting for a negative response. This is in line with changes in Canadian law which require assent to sexual activity.

### ***Drug Rape***

More recently, publicity in Australia<sup>67</sup> and America has centred around cases of drug rape and how to avoid it.<sup>68</sup> The Santa-Monica Rape Treatment Center’s booklet focuses on listing the immobilizing and anterograde-amnesia effects of the colourless, odourless drugs available to rapists such as GHB (gamma-hydroxybutyrate) and Rohypnol. They suggest ways of talking care of oneself and friends whilst drinking at parties, pubs and clubs such as: getting your own drinks; not exchanging drinks; not leaving your drink unattended; not drinking anything with an unusual appearance; appointing a sober person to watch out for your group of friends. The document lists signs of being drugged such as: feeling a lot more intoxicated than usual given the amount of alcohol consumed; memory lapse or ‘fuzziness’; remembering having a drink but not what happened for a period of time after drinking it; and feeling as though someone had sex with you but not remembering parts or all of the incident. It also recommends what to do if you feel you have been raped: go to a safe place; call a friend/get help; call the police; go to a hospital emergency for an examination and to collect evidence; ask for a urine test for drug detection; preserve physical evidence such as clothing, the glass you drank from and so forth.

In Aotearoa/New Zealand, Rape Crisis provides a leaflet about drug rape with a similar list of how to keep safe in typical drug rape scenarios. There have also been a number of articles in newspapers and other publications about the prevalence of drug rape leading, hopefully, to greater public awareness of the issue. In the UK, a comprehensive report on drug assisted rapes<sup>69</sup> notes that the very fact that reports are being commissioned will send a clear message to potential offenders that measures are being taken to combat these types of offences. Along these lines, generating debate within society as to what is and what is not acceptable is seen as key to not only changing people’s perceptions about the issue, but to providing people with information so that when they are drinking or taking drugs by choice they are making an informed decision. International liaison between communities working on this issue is also seen as valuable.

### ***Existing strategies for prevention***

The ‘Personal Action for Sexual Safety’ (PASS) programme is run by Rape Crisis in 17 schools in the Auckland area, and over 4000 students in the past year have completed the programme. It is available to all secondary schools in the Auckland area and includes workshops for young people about rape and sexual abuse. The written material deals predominantly with rape myths and peer disclosure and provides much useful practical material. The programme raises awareness about how to prevent and deal with rape and sexual abuse. Many different interactive mediums are utilised such as role play, discussion, videos and stories. Young, outgoing and open individuals lead the programme. It has received many positive reports. It is also used in Nelson for some 1500 students.

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<sup>67</sup> A recent anti-drug rape campaign in Australia focused on the messages outlined here.

<sup>68</sup> See the Santa Monica Rape Treatment Center’s 1997 booklet on drugs as the new weapon of rapists. Published by the Santa-Monica Medical Center, California, 1997.

<sup>69</sup> Sturman Report on UK Drug Assisted Sexual Assaults. Unreferenced. 2000?

The Auckland Sexual Health Service developed a Peer Sexuality Support Programme (PSSP) which was initiated by the Auckland Regional Health Authority and which is now run in 24 schools in the Auckland region. Auckland's adolescent population is large and diverse, and the PSSP was developed on evidence that advice from peers is instrumental in influencing adolescent beliefs and activities<sup>70</sup>. Five 15 to 18 year old senior students from each school (selected by their peers) are trained each year at a five day hui to support and assist other students in making decisions about their sexual health. The benefits of a peer led approach are seen to be the common language and cultural beliefs shared by people in the same age bracket (as opposed to adults who are separated by years and beliefs) leading to frank discussions about sex and sexuality. Sexual coercion is one of the topics student leaders cover in their PSSP training. Since the introduction of the PSS Programme, an 'alcohol and other drugs' peer led initiative is also being tested in the Auckland area.

An impending initiative from Auckland Sexual Abuse Help Foundation is the 'Peer Disclosure Project'. As most young people disclose sexual abuse or assault to their peers, the aim of the project is to resource young people to enable them to assist the survivor in getting safe and making decisions about medical attention and further disclosure. It is anticipated that a guide which has been evaluated by school counsellors, will soon be available to school counsellors and community workers working with youth. A website, specifically designed for young people to find information on how they can best help their friends, is also being developed. The website is being designed with cartoons, moving pictures and bright colours to maximise appeal to young people. A poster campaign to advertise the site is planned.

South Auckland's Counselling Services Centre offers a six week programme called 'Regener8' using narrative and creative therapies focussed on breaking the cycle of domestic violence and abuse.

Kura Toa of area? offers 'Swan Hawk', a ten week self protection course for 13 year olds and over.

The Taranaki Safer Centre has the 'Change Programme' for non-residential adolescent sexual offenders as well as one to one counselling for adolescent offenders. The programme's success can be measured by the fact that over the last 12 years, no participants in either programme have reappeared before the court for re-offending. The Taranaki Safer Centre also offers a 'Preventing Violence Programme' with group sessions for pre-teens and adolescents aimed at decreasing violence and teaching responsibility for personal actions.

The Sexual Assault Counselling and Education Centre in the Bay of Plenty has a programme called 'Mana Wahine' for young women who have been sexually assaulted. It includes a module on keeping safe, self-defence and leaning to maintain personal boundaries. It is hoped that the programme helps participants to avoid becoming victims of sexual assault again.

In New Plymouth, Rape Crisis run a number of different workshops such as: Date Rape - teaching students to recognise risk and about choices around alcohol and date rape (2x 1hr sessions); Sexual Harassment - to raise awareness of the problems associated with sexual harassment and coercive sex (2x1hr sessions); Keeping Ourselves Safe - to explore effects of unhealthy sexual choices on self identity (2hr session); Rights, Responsibility & the Law - aims to give an understanding of the legal consequences of

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<sup>70</sup> Elliot, KJ and Lambourn, AJ. 'Sex Drugs and Alcohol' in the *Journal of Adolescence* 1999, 22.



sexual assault with a focus on consent (1hr session). 300 people have attended these workshops in the past year.

In Hamilton, the Rape and Sexual Abuse Healing Centre runs a programme called 'Breaking the Silence' which predominantly caters for 15-19 year olds. It is adjusted to fit the needs of each group attending. For example if the audience is all male, the focus is on attitudes to sex and beliefs about sexual assault. If the audience is all female, the programme focuses more on practical prevention-based information. The programme has the ability to cover all aspects of sexual assault and abuse with a multi-medium approach. Four to six hundred people have attended this programme in the past year.

YouthLaw<sup>71</sup> produces a 'Leave Me Alone' series of booklets dealing with 'using the law to protect yourself from abuse' including 'Leave me Alone at School and Work'<sup>72</sup> and 'Leave me Alone at Home'<sup>73</sup>. These useful booklets cover what the law says about abuse and how to go about using the law – who to go to, what kinds of agencies exist to help, and what the procedure will be once a complaint is made. They also list the relevant books and resources available. Some of the New Zealand leaflets and resources relevant to prevention listed are: 'Sisters – E Nga Tuahine',<sup>74</sup> a booklet about protection from date rape and sexual abuse; CYFS resources include: 'Child Abuse: How You can Help to Make Children Safe' and 'Breaking the Cycle' (pamphlet, posters and campaign). 'Protecting Children from Abuse' is a booklet put together by the Office of the Commissioner for Children suggesting policies for organisations working with children. The Legal Services Trust produces 'Protecting Yourself from Violence – Theresa's Story' – a video about how the system deals with reported abuse. The Crime Prevention Unit produces a resource pack called 'Community Action to Prevent Family Violence' (1997) and Relationship Services produces a pamphlet called 'Saying no to Violence and Abuse' about the different forms of violence and abuse within relationships, within the workplace and at home.

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<sup>71</sup> [www.youthlaw.co.nz](http://www.youthlaw.co.nz)

<sup>72</sup> Written by Linda Gilbert, published by YouthLaw/Tino Rangatiratanga Taitamariki Inc. Auckland, NZ. August 2000.

<sup>73</sup> Written by Linda Gilbert, published by YouthLaw/Tino Rangatiratanga Taitamariki Inc. Auckland, NZ. April 1999.

<sup>74</sup> Published by YWCA/Public Health Commission. Wellington, 1995.

## Adults

In 'Partner Violence, Prevention and Intervention'<sup>75</sup>, Sherry Hamby notes that most sexual violence prevention strategies are aimed at teenagers and the long-term impact of these strategies has not been conclusively demonstrated. Neither is the impact of community strategies clear as studies have not been done. The author sees a need for community groups to provide relationship training for young people and newlyweds. It is also noted that all people should be encouraged to become actively involved in community based efforts to prevent violence, for example by developing their own awareness campaigns and alerting them to the ways they can join local community action groups. It is believed that 'programmes that focus on teaching people protective factors, such as healthy relationship skills, may be more effective than programmes that focus on warning about risk factors'<sup>76</sup>. The author also notes that there are no studies which examine why half of domestic violence perpetrators stop offending once they are discovered,<sup>77</sup> and whether this is related to particular kinds of intervention, or to the intervention programmes offered in general. Intervention recommendations made are: screening for partner violence should be completed in all services such as hospital emergency departments, counsellors and so forth; more programmes for victims and perpetrators of domestic and other violence; the avoidance in all circumstances of victim blaming and communicating a false sense of safety; increasing community action models as these appear to be the best models thus far; avoiding a sole focus on the self-esteem and psychological issues of individuals; services including assistance with gaining economic resources and legal advocacy; and comprehensive training for providers.

Programmes to combat intimate partner sexual violence are increasingly widespread as it is acknowledged that those most at risk are those who are, or have been, involved in relationships with the person who offends against them. The National Center for Injury Prevention and Control website lists a number of prevention programmes available at a community level in America. The Albuquerque Area Indian Health Board's prevention strategy has four objectives: 1) to develop a violence prevention task force; 2) to implement a media campaign for intimate partner violence prevention; 3) conduct a school-based prevention awareness campaign; and 4) hold community gatherings to build skills, promote prevention and advocacy, develop long-term prevention plans and promote messages of violence prevention, healthy families and healthy relationships.<sup>78</sup> The project uses a framework developed by American Indians to mobilize, plan and work toward preventing community problems. Support groups for all members of the family are seen as important. Noticeably this project has come out of a realisation that American Indians are reluctant to use mainstream services and that American Indian services are limited and poorly funded. La Clinica de la Raza is an Oakland, California project with a target group of predominantly immigrant people in which 30% of the population is under 18 years of age, 24% live at poverty level and in which English is not the primary language spoken. This is another comprehensive project aiming at individuals, families and the broader community. Again there are four components: 1) A rites of passage ceremony based on a traditional ceremony where young girls are introduced to the community as an adult in their 15<sup>th</sup> year; 2) a 6 to 8 week school-based education series that employs methods of interactive learning to empower students to analyze problems to find their causes and to find solutions - critical thinking and solution

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<sup>75</sup> Chapter Summary as it appears in Partner Violence. A comprehensive view of 20 Years of Research Jalinski, JL and Williams, LM (eds), Sage Publications ([www.sage.com](http://www.sage.com)) 1998.

<sup>76</sup> Ibid, p1

<sup>77</sup> Ibid.

<sup>78</sup> Pg 1 <http://www.cdc.gov/ncipc/ncipchm.htm>

building are seen as the keys to the series; 3) a Comadres Group, based on the 'home in the home' model - this is a community based health education programme that takes place in the homes of community members; 4) a speakers bureau composed of survivors of intimate partner violence which is intended to strengthen the activities of the other three components by providing participants with first-hand accounts of the problem and showing how the cycle of violence can be broken. The Expect Respect Project, located in Texas, is rooted in the belief that the social acceptance of violence in personal relationships is a major cause and perpetuating factor in the occurrence of domestic violence. The project takes a whole-school approach to changing the school climate to one that discourages violence and promotes expectations for safety and respect on campus. The programmes described here are indicative of many others in operation around the country and listed on this website.

Rape within legitimate relationships is relatively common for adult women<sup>79</sup>. Marital rape, which has previously been seen as a marital right, has been a crime in New Zealand since 1980. Gavey states the importance of acknowledging that sexual violence is more often perpetrated by acquaintances than strangers.<sup>80</sup> The fact that Maori women are over represented in a sample of women abused by their partners, also needs addressing<sup>81</sup>. Intimate partner violence must be highlighted as a separate issue from date rape, and it should be acknowledged that strategies adopted to avoid date rape will not work against repeated assault by people who live with the survivor.<sup>82</sup>

An article generated from the Otago Women's Health Survey<sup>83</sup> showed that public education was the most favoured approach to reducing violence in the community. It was noted that victims of sexual assault preferred prevention to punishment. Their recommendations emphasised personal and interpersonal skills for men and women, rather than increased sentences or other post-violence measures. The authors note that in a media climate where increased punishment is often mooted, it is interesting that the community most affected by this violence advocated for a prevention approach.

Lonsway's study of US based prevention strategies for adults reviewed educational programmes which set out to challenge rape supportive ideologies. She sought to find out whether these programmes decrease the actual incidence of sexual aggression. She focused on the commonly used techniques for prevention education such as, "debunking" rape myths, generating participant interaction, providing sexuality education and a feminist orientation, and avoiding confrontational approaches. Lonsway noted that a better understanding of rape has required a new look at prevention strategies, specifically away from the simple "stranger danger" message to a more comprehensive knowledge of the extent of acquaintance rape.

Lonsway divided her reviews of programmes into differing types. Within each type she looks at the assumptions that the programme had, applied a critique of the rationale, and finally she reviewed the programme. She looked at programmes targeting female audiences; programmes targeting mixed-sex audiences; and programmes targeting male audiences.

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<sup>79</sup> Gavey, N. (1991). Sexual violation among Auckland University students: how much and who does it? *New Zealand Journal of Psychology*, 20, 63-70.

<sup>80</sup> Gavey, *ibid.*

<sup>81</sup> Young, W., Morris, A., Cameron, N., & Haslett, S.. New Zealand national survey of crime victims. New Zealand 1996.

<sup>82</sup> 'Defending Ourselves Against Violence' at: [www.feminist.com/resources/ourbodies/viol\\_def.html](http://www.feminist.com/resources/ourbodies/viol_def.html)

<sup>83</sup> Martin, J. L., O'Shea, M., Romans, S. E., Anderson, J. C., Mullen, P. E. Attitudes to reducing violence towards women: punishment or prevention? *New Zealand Medical Journal*, 106: 115-117. 1993.

Programmes targeting female audiences generally assumed that more active or assertive responses could increase a woman's chances of deterring a rape attempt<sup>84</sup>. These programmes also held that passivity and lack of assertiveness on behalf of women often allowed men to date rape. In her review of these programmes, Lonsway found that they were effective at increasing participant's awareness and reducing vulnerability. However, all evaluations were based on measures of attitudes of participants and often the reporting took place immediately after the programme.

Although these female-targeted programmes are aimed at prevention, Lonsway suggests that they are better conceptualised as an effort towards deterrence. They are premised on the idea that rapists select victims on the basis of vulnerability; therefore a problem perceived with these programmes was that they might only result in transferring victimisation to women who are more vulnerable. 'Rape deterrence strategies can therefore only protect individual women (with no guarantees) but can never reduce the vulnerability of women as a group'<sup>85</sup>. Rape deterrence programmes also implicitly (and at times explicitly) place the responsibility for stopping rape on survivors. Lonsway concludes that although there is value in women learning about deterrence, the primary causes of rape need to be addressed.

Programmes targeting mixed-sex audiences held to the same assumption about rape prevention being the responsibility of women. However, combined educational programmes frequently focussed on cross-sex communication and dating expectations. Some emphasised a shared 'responsibility' for men and women of acquaintance rape. Lonsway found that these programmes resulted in desirable change in rape-supportive attitudes.

Programmes targeting male audiences were designed to address male responsibility and the notion of empathy. All were evaluated as successful.

### **Males**

An issue raised in studies of sexual offending against males is the focus on the 'males as perpetrators and females as victims' paradigm used in sexual victimisation prevention education programmes<sup>86</sup>. This is seen as damaging in terms of relationships between men and women in society, and in terms of information for boys and men about the possibility of male rape.<sup>87</sup> Rape awareness and sexuality education programmes for men are not common. This is partly due to society's attitudes toward men – 'you cannot be a man and a victim at the same time' – society finds it hard to believe that men can be, or have been, abused.<sup>88</sup>

The 'Strength Campaign' by a Washington organisation called 'Men Can Stop Rape' is a poster campaign based around positive images of equal relationships between adult

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<sup>84</sup> Lonsway, K. A. Preventing rape through education: What do we know? *Psychology of Women Quarterly*, 20:229-265. 1996. p262

<sup>85</sup> *ibid.* p 232

<sup>86</sup> Washington, Patricia A. 'Second Assault of Male Survivors of Sexual Violence.' *Journal of Interpersonal Violence*, Beverly Hills, US, July 1999.

<sup>87</sup> *ibid.*

<sup>88</sup> McGregor, Kim "Therapy Guidelines: Adult Survivors of Child Sexual Abuse" Published by ACC, New Zealand. 2001. Also noted in Wachob, S. 'Rape's Unnoticed Victim' [www2.addr.com/~sariaa/onroad/malerape.htm](http://www2.addr.com/~sariaa/onroad/malerape.htm) and in 'For Men Only: For Male Survivors of Sexual Assault' The Counseling & Mental Health Center, Texas. [www.utexas.edu/student/cmhc/menassault.html](http://www.utexas.edu/student/cmhc/menassault.html) See also Milne, Peter. Comments on Kim McGregor's 'Therapy Guidelines'. Published in the New Zealand Association of Counsellors Newsletter. September 2001. Vol. 22 No. 1

men and women with slogans from a male point of view such as “My strength is not for hurting. So when I wasn’t sure how she felt, I asked”.<sup>89</sup> Another website, associated with The New York City Gay and Lesbian Anti-Violence Project<sup>90</sup>, offers a fact sheet about male sexual assault including definitions of rape. A Washington published handbook, So What’s it to Me? contains ‘sexual assault information for guys’ and also provides information about relationships and sexual exploration. Its aim is to challenge males to examine their own beliefs and society’s beliefs about these issues and provides practical worksheets and examples for this purpose.<sup>91</sup>

### **Self Defence**

In ‘Does offender violence escalate when rape victims fight back?’<sup>92</sup> Ullman investigated the result of women’s strategies or resistance from police records in Chicago. Strangers were the perpetrators in the majority of all the rape cases reviewed, with physical violence commonly used prior to the rape. Few women used physical resistance prior to the rape though approximately a quarter of women used verbal resistance prior to the rape. Although fighting back, screaming, and running away were related to avoiding completed rape, women using these tactics were more likely to experience physical injury. Ullman suggests that there is little evidence to suggest offender violence escalates as a result of resistance.

Rentschler’s<sup>93</sup> approach to self-defence extends the self-defence lessons that traditionally centre on the stranger attack. She outlines the importance of gaining an awareness of surroundings, both physically and politically. Rentschler discusses the inadequacies of various institutions (legal, judicial, family) in addressing sexual violence against women. She advocates a system of prevention that ‘responds to institutional ‘neglect’... by giving women day to day fighting skills for taking care of violence on a personal level’<sup>94</sup>. Rentschler believes that self-defence education addresses the pervasiveness of sexual violence in two ways: through awareness and through fighting back. Fighting back includes yelling, running away from an attacker and physically attacking and defending oneself. It is argued that self-defence could assist women in not accepting violence against their beings on any level. It is further argued that self-defence can also be beneficial in other areas of women’s lives such as communication skills in job interviews.<sup>95</sup> It is posited that the myth that physical strength prevails over other strategies adds to the reluctance for women to defend themselves. The authors emphasize the need to consider physical techniques for women with varying degrees of physical abilities.

### **Prevention Strategies and Programmes in Existence**

There are comparatively few sexual abuse prevention programmes available to adults. One of the reasons is the comparative unavailability of adults as an audience. One of the only programmes available to adults in New Zealand is the Bay of Plenty Sexual Assault Counselling and Education Centre’s ‘Changing my Life Script’ programme. The focus is on personal growth and change and on developing strategies for avoiding abuse and

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<sup>89</sup> See [www.orgitecture.com/mcst/](http://www.orgitecture.com/mcst/)

<sup>90</sup> see [www.avp.org/sa/male-assault.htm](http://www.avp.org/sa/male-assault.htm)

<sup>91</sup> Stringer, G M and Rant-Rodríguez, D. So What’s It to Me? King Co. Sexual Assault Resource Center, Washington, 1989.

<sup>92</sup> Ullman, S. E. Does offender violence escalate when rape victims fight back? *Journal of Interpersonal Violence*, 13:179-193. 1998.

<sup>93</sup> Rentschler, C. Perpetrate my fist! Women’s self-defense as physical education for everyday life. 1995. [www.femininst.com/resources/ourbodies/viol\\_def.html](http://www.femininst.com/resources/ourbodies/viol_def.html)

<sup>94</sup> *ibid.* p2

<sup>95</sup> Boston Women’s Health Collective. ‘Violence against women. Defending ourselves against violence.’ 1998. [http://www.feminist.com/resources/ourbodies/viol\\_def.html](http://www.feminist.com/resources/ourbodies/viol_def.html)

violence in the future. Many organizations offer counselling to achieve this goal of avoiding revictimisation. The New Plymouth Rape Crisis Centre holds an evening of guest speakers during Rape Awareness Week to raise awareness within the community. Other programmes on offer to adults focus on child sexual abuse and how adults can combat it.

### ***Prevention Strategies***

The Injury Prevention Research Centre at The University of Auckland produces a fact sheet about violence against women indicating that health care professionals play a crucial role in intervening in cases of partner abuse. It is worth noting at this point that research has shown that between 33 and 50% of women who are physically assaulted by their partners also suffer sexual assault at their hands<sup>96</sup>, thus the rationale for focusing on intervening in cases of physical assault is clear.

The New Zealand Police have brochures and a web site with suggestions for safety in public places. An example of a suggestion if confronted by a person is to talk loudly, be assertive, say no, and be prepared to physically defend oneself.

Rape Crisis produces a leaflet entitled 'The Sexual Abuse of Males' which deals with sexuality, definitions of abuse and the commonly held misconceptions about males and sexually victimisation,<sup>97</sup> disclosure of abuse and support.

Wider grassroots initiatives such as Rape Awareness week, Reclaim the Night marches and Thursdays in Black aim to broaden public awareness of the issues which so many people end up dealing with alone.

### ***Sex Workers***

Decriminalisation is seen by many as the key to changing attitudes towards sex workers, the lack of social power being seen as built into legislation and law enforcement<sup>98</sup>. The New Zealand Prostitutes Collective (NZPC) is currently organizing a petition to decriminalize prostitution. They also produce a monthly magazine for sex workers in which they frequently outline prevention strategies that some sex workers have found useful. Very specifically, having knowledge of repeat offenders and having cameras to record rape or other victimization of workers is seen as positive. The NZPC produces a leaflet giving details of 'ugly mugs' – these are individuals who rape or abuse sex workers. Workers see this as a useful publication.

### ***Elderly people***

The issue of risk and vulnerability to sexual abuse and assault in the elderly community remains largely hidden; therefore there is nothing specific in the area of sexual abuse prevention targeting the elderly community. There are, however, some broader based initiatives that have the potential to include the issues of sexual assault and abuse. The Age Concern network focuses on the issues of abuse and neglect. Their brief has

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<sup>96</sup> Frieze, I.H and Brown, A. (1989) Violence in Marriage. In Ohlin & M Tonry (eds) Family Violence: Crime and Justice, a review of research. Chicago, Ill. University of Chicago Press pp 163-218

<sup>97</sup> Namely that they will go on to become perpetrators. This is denounced as a dangerous myth (in their words 'Vampire Syndrome') in "Male Sexual Abuse: A Trilogy of Intervention Strategies" by Gonsiorek, JC, Bera, W H and LeTourneau, D. 1994 Sage Publications, New York. Cited in "Therapy Guidelines: Adult Survivors of Child Sexual Abuse" by McGregor, K. *ibid*. This perception (that victims will become perpetrators) affects the reporting of sexual violence by males as 'they will often find people treating them like offenders'. Peter Milne of Mensline in 'Macho Myth Stops Abuse Reporting'. Published: stuff.co.nz – an Online New Zealand News Service. 27 June 2001

<sup>98</sup> International Prostitutes Collective  
<http://ourworld.compuserve.com/homepages.crossroadswomenscentre/> (London)

tended to focus on the physical and financial abuse as well as neglect of their population. Putting sexual abuse and assault onto the agenda is a necessary next step.

### ***Maori, Pacific Islanders, Immigrants***

It is symbolic that the only mention in this prevention literature review of Maori, Pacific Island groups and Immigrant groups is to say that they are conspicuous by their absence from prevention literature in New Zealand. This will be further addressed later in this report. Despite this, there are services available to these groups in Auckland/Tamaki Makaurau.

The Shakti Asian Women's Centre aims to provide a culturally appropriate and safe environment for Asian women regardless of sexual identity or disability. They work together as a team to achieve social change and to help make women self-sufficient and independent. Shakti offer education programmes, workshops and seminars; provide an information and advocacy service; advocate on behalf of women for women's issues with government and non-government agencies; and provide interpreters in 16 languages as well as language assistance. As well as a centre to advise and assist migrants and refugees from all nationalities, Shakti also offer a safe house for women in violent situations, or situations in which they feel powerless. For individuals they offer group meetings; client group counselling; food support; transportation; day outings; safety for children; children's activities; medical help; pregnancy help; legal assistance; WINZ liaison. In a 3 month plan for clients they: resettle/rehouse; continue legal support during court hearings; arrange home visits; arrange for furniture/appliances/food support; education; and ongoing counselling. In addition to this they offer a helpline in Auckland and nationwide, again with 16 languages available.

The Pacific Island Women's Health Project aims to offer similar services for Pacific Island women. Tu Wahine, likewise offer services for Maori women and their whanau.

### ***Offenders***

With the understanding that offenders purposefully seek jobs, institutions, and other locations to be near children in order to sexually abuse them, research has been undertaken which investigates abuse from an offender's perspective<sup>99</sup> in order to gain insights about how to protect children. A study with a sample of adult sex offenders pointed to some implications for prevention work (Conte, Wolf, & Smith, 1989). Child sex offenders had similar ways of choosing children by their appearance as friendly, open, and vulnerable in some way. This included: previous abuse, children who had an unhappy home life, and isolated and quiet children. Offenders described their deliberate attempts to groom a child by befriending them, gradually desensitizing them to touch, and sexual behaviours. To coerce children, they relied on their adult physical presence and manipulation of children's emotions, sometimes inducing fear. Conte et al. posit that prevention efforts need to take into account the complexity that this presents and the fact that an adult offender outweighs children's cognitive and emotional sophistication. Teaching children that an offender may be of any relationship to the child is upheld as useful by Conte et al., but they caution that 'teaching children risk or warning signs may be virtually impossible as so many of the relationship risk factors are normal and often positive aspects (for example an adult paying attention to a child) of adult-child relationships'<sup>100</sup>. They point out that adults are responsible for protecting children from harm and, importantly, that children need to have adults in their lives that they can trust.

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<sup>99</sup> Conte, J.R. 'What Sexual Offenders tell us about Prevention Strategies' *Child Abuse and Neglect* Vol. 13 p 293-301.

<sup>100</sup> Ibid. p. 300

The Wanganui Computer Act prohibits the Police from disclosing information related to convictions. However, agencies can request potential employees to obtain a check of their criminal records. It is not mandatory in New Zealand to obtain police checks in employment that involves children. Police checks only disclose convictions and do not include allegations. It is difficult to secure a conviction for sexual abuse through the judicial system, even when a person has clearly offended.

From 2001, police checks are carried out on all Early Childhood Education candidates at the Auckland College of Education. As from 2002, police checks will be a requirement for the new intake of all students for Early Childhood Education, Primary and Secondary teaching. Teachers who apply for registration in New Zealand (after 2 years of teaching) have a Police check carried out as part of their registration process. Teachers with limited authority to teach can also apply for registration, though they need to be teaching for at least 12.5 hours per week to be eligible to apply. Teachers must renew their practicing certificate every 3 years, which presently does not include a police check.<sup>101</sup>

Ian Lambie et al. discuss the male victim-offender cycle in their paper 'Resiliency in the Victim-Offender Cycle in Male Sexual Abuse'<sup>102</sup> The study examines 'the factors that contribute to the victim-offender cycle, or conversely, resiliency'. It examines the 'moderating factors that may prevent a male victim of sexual abuse from entering the victim-offender cycle'<sup>103</sup>. Conclusions for prevention are made and include the need for a thorough and systematic assessment of all male victims of sexual abuse and the involvement of their family system in counselling. The study acknowledges that the majority of those abused do not go on to reoffend.

SAFE is an Auckland based organisation that targets offenders, offering programmes to convicted abusers and to people worried that they may offend. Their website ([safenetwork.org.nz](http://safenetwork.org.nz)) provides much information on useful resources for community based groups wanting to approach the problem of sexual violence from an offender perspective.

In 'Managing Sex Offenders in the Community: A SAFER WAY', Alison Thom, a past director of SAFE states:

[u]ntil recently our priority has been to tend to the pain of young victims. This has been entirely appropriate, but we now need to broaden the scope of our vision. We need to pursue preventive strategies more aggressively, and this means that we must learn how to manage those sex offenders who live in our communities. There are a number of changes and initiatives that can be introduced in New Zealand, to manage sex offenders and protect children from sexual abuse. Some can be effected immediately, while others require more consideration and planning. What these changes require of all of those who work in the interest of child protection and crime prevention, is a common

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<sup>101</sup> Anecdotally, teachers who have sexual abuse allegations laid against them by young people often resign their position at that school when the Board of Trustees has been involved. This may then not go to the registration board and the teacher is able to apply for positions at other schools. When an allegation has not been proven, or has not had the opportunity to be disproved, a reference check would then not point to an allegation of sexual abuse. There have been some high profile cases in recent years where these situations have happened.

<sup>102</sup> Lambie, I., Seymour, F., Lee, A., Adams, P. *Sexual Abuse: A Journal of Research and Treatment*. Vol. 14, No. 1. January, 2002.

<sup>103</sup> Ibid, pg 31.



understanding of the impact of sexual abuse. We must also be prepared to work in a concerted, co-operative way so that we maximise existing resources.<sup>104</sup>

Her list of suggestions includes: legislation, public education, specialist training for decision-makers, nomination of a lead agency responsible for ensuring the integrity and development of policies and procedures, collaboration in treatment responses, and improved supervision of sex offenders. Within this last category the matters of risk identification and housing needs are identified. Thom includes time frames for each of the identified goals.

STOP IT NOW! Is a 'Vermont-based childhood sexual abuse prevention program which works with advocacy organisations, public officials, clinicians, and other treatment providers to heighten public awareness about the issue of child abuse. The initiative focuses on media-based public education, such as Public Service Announcements, and state-wide direct outreach work. Its theme is to "take the burden of prevention off children's shoulders and put it where it belongs, with adults."<sup>105</sup> Adults who consider themselves to be at risk of offending can ring a number to get advice on their situation.

In Auckland, SAFE offers programmes relevant to various age groups and sexes. There is an acknowledgement by Safe that anyone can be an offender (male, female, young, old). SAFE works with each group of offenders to deal with:

- the lifestyle problems that precipitated the offending
- stopping deviant sexual fantasies and thought patterns
- developing victim empathy
- gaining impulse control
- helping to overcome other problematic behaviours
- preventing relapse
- recognising their own victimisation and trauma
- family difficulties related to offending
- communication and relationship problems

SAFE insists on a list of safety guidelines for their programme clients: 'These guidelines exist for the purpose of enhancing the safety of clients and their potential victims. The client shares his safety rules with his support people who are asked to monitor and reinforce their use throughout treatment.' Below is the list of general guidelines which clients are required to sign. Whenever appropriate, adults and children in the offender's life are to be advised of the safety rules.

- Whenever in the company of children an informed adult must be present.
- Not to be involved in toileting, bathing, dressing or undressing children.
- Not to go into children's bedrooms.
- Not to allow children in own bedroom.
- Bathroom, toilet and bedroom doors will all have locks.
- Not to be responsible for giving out pocket-money or rewards.
- Not to punish children, or to take primary responsibility for their discipline. (Can support a partner in this role when appropriate).

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<sup>104</sup> Thom, Alison. 'Managing Sex Offenders in the Community: A SAFER WAY'. p13. Nuffield Fellowship Paper Available online at [www.safenetwork.co.nz](http://www.safenetwork.co.nz).

<sup>105</sup> 'Drawing the Line' A National Rape and Sexual Assault Prevention Project published by The American College of Obstetricians and Gynecologists, Washington DC, 2000. p13

Additional Guidelines are drawn up according to each individual's current situation and offending pattern.

SAFE's programme for adult males 'aims to prevent re-offending and develop appropriate new behaviours using group, family and individual therapy'. Participants sign a 2 year 'contract' and progress through weekly evening sessions which focus on taking responsibility, victim empathy, relapse prevention, lifestyle management and mutual support. There is also a support group for partners as well as family sessions available. The programme for adult female offenders 'aims to prevent re-offending and deal with shame and guilt of past offending'. Individual counselling and group therapy is available.

The adolescent programme offered by SAFE is for those 13-17 years 'who have used force or coercion to behave in sexually inappropriate ways.' Clients and their families are contracted for 18 months to two years. There are four core therapy components comprising individual therapy, family therapy, wilderness therapy and group therapy.

The following information comes from the SAFE network website:<sup>106</sup>

All adolescents who enter the Programme receive pre and post treatment psychometric evaluation. Regular progress reports are provided to referral agencies as to client progress in therapy based on these tests and other measures. Therapists, clients and families review progress at 3-monthly intervals throughout the treatment programme.

In 1994, when the Programme was based at the Leslie Centre, it was evaluated by the Psychology Department at Auckland University. This study indicated a high level of participant satisfaction and a nil rate of re-offending in the sample population. In the interviews with the adolescents, their experience was overall a positive one (93% of participants believed the Programme was worthwhile and had had a significant impact on stopping future offending).

The recidivism rate for this sample was obtained by checking the CYFS records of these clients. They indicated that none of the clients had re-offended 2 years after participating in the Programme. We believe that our current Programme, which has undergone significant development since then, continues to provide effective therapy with excellent results in risk reduction.

The children's programme is for children aged 10-13 years who have likewise used force or coercion to behave in sexually inappropriate ways. Clients and their families are contracted for 12 months, and there are four core therapy components comprising individual therapy, group therapy, family therapy, and multi-family group work.

SAFE has no access to criminal records, to check on whether past clients have been further convicted of sexual crimes. However, negotiations are taking place with the Corrections Department for a study of re-conviction rates to be undertaken.'

Future SAFE Projects include:

- The development of a specialist foster home in conjunction with Barnardos.
- The establishment of a treatment programme for female offenders.

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<sup>106</sup> [www.safenetwork.co.nz](http://www.safenetwork.co.nz)

- A research project designed to gather demographic and other data on a national sample of adolescent sex offenders who have been treated in community-based programmes.

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## **Sexual Violence as a Social Phenomenon**

Detailed investigation of the societal causes of sexual violence was beyond the scope of this study. However, that sexual violence does have its roots in our social arrangements was clearly believed by the service providers involved in the questionnaire study and the community groups. Following this year of research, it is also a belief which has been confirmed and clarified for the researchers. Given the importance of the societal causes of sexual violence in the development of prevention strategies, we offer the following opinion for the purpose of maintaining transparency.

A fundamental cause or necessary condition for the occurrence of sexual violence is the social phenomenon of a person or a group of people taking power over others. While the researchers were not all in agreement as to a root cause of this - whether this be an inevitable outcome of capitalism or whether it reaches back further into other social arrangements of Western cultures - we agreed that relationships which involve a person or group having "power over" others leave people vulnerable to abuse of many kinds. This, along with the sexual objectification of women and the eroticisation of power, provides social conditions which facilitate the occurrence of sexual violence.

Women are vulnerable to sexual violence in part due the inequitable position they occupy in the economic and social arrangements of our society. For example, women bear the main burden of domestic work while at the same time, even though they make up a large percentage of the workforce, they are paid less and occupy inferior positions in the paid workforce. In spite of attempts by many movements, organisations and governments over the years, women still earn substantially less for performing the same jobs as men and consequently have less disposable income and accumulate less material wealth. At the same time, women are also socialised to do the emotional work of relationships, both as primary caregivers of children, and in their roles as daughters, wives and partners.

These factors influence the perpetration of sexual violence in a number of direct ways, including women's lack of access to the resources needed to leave relationships where they or their children are being violated, and beliefs that they have failed in their emotional work if they can't make a relationship work. More indirect contributions are the ways that the devaluing of women in society can lead both women and men to believe that women are less important than men and that, therefore, men's perceived needs are more important than women's. What happens to women is not considered to be as important.

Similar dynamics of devaluation also operate in relationships between other groups, such as between adults and children, and between people of different cultures or different religious affiliations. Devaluation of the "other" seems closely linked with taking positions of "power over" others. In many societies, such power is considered necessary for a society to function for the "greater good". However, ideally, this would go hand in hand with the development of restraints which would operate to keep such power judiciously used so that working for the "greater good" did not cause untenable denial of the needs of certain groups or individuals. Such restraints can exist at all levels of social organisation from the individual, as capacity for empathy and conscience; the community, as social ostracism or ridicule; through to the nation, as formal legal systems. It may be that loss of restraints against use of power is one of the difficulties societies face when cultures are fragmented due to colonisation or migration.

Although we may be able to imagine relationships between men and women where “power over the other” is not a premise of relationship, there are other relationships where such a premise may be more difficult to shift, for example, although we can try to minimise the use of parental power over children, it may always exist to some degree due to the limited capacity of children to take care of themselves in the world. This may be similar for those whose capacities vary in any way from the mainstream or usual level of capacity that the society is geared to deal with – older people, people who are ill, people with disabilities.

Accompanying the devaluation of women and children as “other” is the increasing sexualisation of the portrayal of women and children. Women are considered to have some value in society if they conform to images of dominant ideas of what is sexually desirable, so they are increasingly portrayed in this way whether they are models employed to sell cars, tennis players ostensibly in Auckland to compete in the ASB Women’s Tennis Tournament but treated as sexual shows, or women attempting to set injustices to right, such as recent billboard advertisements for television screening of the movie *Erin Brockovich* which relied on drawing attention to Julia Roberts’ breasts to draw viewers. Valuing women only for their sexual qualities gives permission for men to relate to women this way, to reduce all of women’s human qualities down to an objectified view of a woman as a sexual object which he can manipulate for the satisfaction of his desires. It is likely that these attitudes are fuelled by capitalist driven notions of the undeniability of desire and essential consumption. A somewhat extreme example of these attitudes of objectification and entitlement is the use of drugs to immobilise a woman for the purpose of sexual assault.

These patterns of devaluation and objectification which are used with women and children, can also be used on males. Whenever somebody is perceived to be “other” and to have less power, whether due to physical size, age, or social status, taking power for one’s own ends is believed to be legitimate. It is no coincidence that men who are seen as powerless or weak are described as girls. The eroticisation of power or “power over” can be seen as a theme through pornographic material and is evident in what offenders say during sexual assaults and in the ways that rape has long been practiced to signify victory in war.

Devaluation of the other may also contribute to the perpetuation of sexual violence through the effect of this on sexual offenders. As a society, we have not accepted that the causes of sexual offending are as clearly a part of our culture as the causes of any other behaviour. We find the crime repugnant and frightening in its recidivist nature, and thus make the offender “other”. This leaves those who are confused about feelings or thoughts of sexual offending in a very difficult position. To disclose to others would probably mean rejection rather than support. Denial would seem an easier option. Thus, an important foundation of prevention strategies is the inclusion of offender needs for moving away from this behaviour.

For maximum effectiveness in addressing sexual violence in the shortest time frame, prevention strategies need to address all levels of cause and vulnerability to sexual violence. We need to address the societal issues of devaluation of the “other”, the economic oppression of women, the sexual objectification of women and children and the eroticisation of power. At the same time, we need to reduce the vulnerabilities of individuals and social groups to both sexual offending and being sexually victimised. While work is in progress to eliminate causes, increasing restraints may effectively reduce the behaviour in the short-term. This is particularly the case, for example, with

offenders against young women where known offenders seem to hold no fear of consequence for the offence.

It was felt overwhelmingly by those contributing to this report that an attempt must be made to intervene at all levels of society whether at community, family, or individual level. To combat sexual violence on every level, ideological, material and practical struggles must be linked.

## **The Vision:**

### **Prevention Strategies for Auckland/Tamaki Makaurau**

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#### **Reporting the strategies**

This section of our report on sexual violence prevention is intended to be able to be understood without necessarily having read all of the material presented in previous sections. Therefore, some key information is repeated. Whilst this material bridges the gaps in terms of understanding this section it is recommended that referral to the body of the report is made in order to fully understand the discussion.

Part one of this section makes conclusions about broad prevention strategies, conclusions which can be applied to most prevention initiatives. Part two looks at specific prevention suggestions for various age groups, maintaining the children, young people and adults structure of earlier material in this report. Part three concerns specific interest groups in Auckland/Tamaki Makaurau, whilst part four deals with the community of organisations that play a part in sexual abuse prevention in Auckland/Tamaki Makaurau. Each section follows the pattern of brief discussion of a point followed by express recommendations.

A summary of recommendations can be found in Appendix C.

## 1. The wider issues: considerations for all prevention strategies

### 1.1 Concurrent prevention activities

Prevention strategies for sexual violence can be targeted at one of three levels: broad based public campaigns which appeal to society at large; audience targeted campaigns (directed at a particular group within society); and specific initiatives which focus on those individuals already affected personally by the issue of sexual violence. Research has shown that prevention initiatives work best when campaigns and programmes at all of these levels are employed *concurrently*. Therefore prevention initiatives must be well planned to coincide with one another to reinforce the messages pitched at each level. One rationale for this approach can be found in recent Ministry of Health research<sup>107</sup> which demonstrated that mass media campaigns *alone* did not significantly alter people's perceptions of the issue presented (especially in relation to social issues). Prevention strategies must be carefully considered and the focus of each initiative determined by the audience it is to be pitched at. For example: age will determine the way in which the content of initiatives is presented. Ideally research will be undertaken to gauge the impact of initiatives upon their intended audience.

***Recommendation:***

*1.1 That prevention initiatives be targeted at all three levels (society-wide, audience-specific, and individual-specific) and that they be carefully considered and directed to reinforce one another.*

### 1.2 A broad-based prevention campaign

It is clear that the issue of sexual victimisation is not 'public'. A broad based prevention campaign focusing on raising awareness to the problem, as well as the wider societal issues and causes of sexual victimisation, will be necessary. Key objectives of such a campaign would include:

- Clarifying definitions of 'abuse' with consent as the bottom line
- promoting self- respect and respect for women and children in society
- promoting the concept of relationships without "power over"
- encouraging critical thinking about our culture and in particular the use of power, devaluation of the other, sexism and sexualisation
- encouraging the notion of adult responsibility for the safety of children and young people – it is only when this is seen as a community-wide responsibility that sufficient checks and balances on the power of adults over children will develop.

***Recommendation:***

*1.2 That any initial campaign must focus in its broad initiatives on simple awareness raising messages.*

### 1.3 Culturally appropriate support

<sup>107</sup> National Plan 2001-2003. Project to counter the stigma and discrimination associated with mental illness. Ministry of Health, New Zealand, 2001.

Auckland/Tamaki Makaurau is a multicultural city. We can embrace those aspects of our various cultures that have the potential to be used against women's oppression. For prevention initiatives to be effective, support from within these many cultures will be necessary. Likewise, supportive grass-roots organisations for all the cultural communities in Auckland/Tamaki Makaurau should be an aim as survivors of sexual violence need to be able to access culturally appropriate services. Just as prevention programmes must be fastidious in their inclusiveness of everyone in Auckland/Tamaki Makaurau, a society-wide effort must be made to be inclusive of all cultures. This involves providing culturally appropriate health services for all.

**Recommendation:**

**1.3** *That culturally inclusive health, education and community services be made available for all members of the Auckland/Tamaki Makaurau community.*

**1.4 Development of policy and guidelines**

Part of providing appropriate services for all Aucklanders is instituting guidelines about sexual violence for all organisations that have some contact with the issue. Given that all organisations work with people in some way, this includes schools, workplaces, government agencies and community organisations, in fact, almost **all** organisations. In fact, sexual safety should be considered a human rights issue which organisations could therefore be legally required to address.<sup>108</sup>

Policy development has long been considered by experts to be crucial in preventing sexual violence. 'Safe not sorry: A handbook for selecting suitable people to work with children'<sup>109</sup> deals with the issue of policy development as it relates to the prevention of child abuse. Such a resource could be distributed and used widely. Staff selection policy within children's organisations also needs to be addressed.

It is notable, however, that research and advice regarding policy for the protection of adults is much harder to come by. However, one issue that has been researched in literature about sexual victimisation is the concept of second assault. The term is used to describe the ways in which 'survivors of sexual assault are frequently re-victimised by negative or indifferent attitudes and behaviours of social institutions to which they turn for help.'<sup>110</sup> This phenomenon has an impact on the reporting of sexual victimisation for both males and females. Community organisations who work with survivors can be involved in the development of police guidelines about how to respond in rape/sexual abuse/domestic violence scenarios.

It should be noted here that all organisations need to make a commitment to upholding any policy implemented and to attempt to keep the policy 'live' by continually reassessing the policies in place. In workplaces, an awareness that sexual victimisation, rather than purely sexual harassment happens is key. Policy often develops out of court cases against employers as employers are responsible for providing safe workplaces. Training with a focus on staff so that they are aware of what constitutes a safe workplace is desirable; they may then be empowered to challenge the status quo.

<sup>108</sup> There may be work underway to address this with a training programme being developed by the Human Rights Commission and the Engineers Union.

<sup>109</sup> Simcock, A. Illustrated by Casey, H. Institute for Child Protection Studies. Hamilton, New Zealand. 2000.

<sup>110</sup> Washington, Patricia A. 'Second Assault of Male Survivors of Sexual Violence.' *Journal of Interpersonal Violence*, Beverly Hills, US, July 1999. p 1.

**Recommendations:**

- 1.4a That compulsory policy development regarding sexual victimisation for all organisations be government mandated.*
- 1.4b That a guide such as 'Safe not sorry' is distributed and used widely to facilitate policy development and implementation amongst children's organisations.*
- 1.4c That a guide like 'Safe not sorry' be developed for organisations working with adults and that this is distributed and used widely to facilitate policy implementation.*
- 1.4d That, as part of the above, organisations make a commitment to reassess policies in place.*
- 1.4e That staff training about safe workplaces be made available to all employed people.*

**1.5 A public health issue**

Sexual violence is a public health issue. Therefore we consider it to be a governmental responsibility to make information about sexual victimisation readily available and accessible for all people. Libraries, community centres, supermarkets, markets, healthcare providers, community organisations and other societal groups could be provided with information to display and distribute that broadens awareness and helps to protect people from victimisation.

People who come into contact with the issue of sexual violence will be more open to receiving ideas which challenge its existence. A standard prevention booklet made available to offenders, victims, friends, families, anyone who comes into contact with the issue of sexual violence could assist in challenging the ideology that allows sexual victimisation to occur.

**Recommendations:**

- 1.5a That information about sexual victimisation be made readily available and be accessible for all people and that the government take responsibility for this as a public health duty.*
- 1.5b That a standard booklet about prevention and the causes of sexual victimisation be developed and provided freely to anyone who comes into contact with the issue.*

## **1.6 Early intervention as prevention**

Sexual abuse is often a chronic form of violence, therefore early, or any, intervention becomes preventive of further abuse. Intervention and harm reduction can thus be seen as just as important as prevention. Counselling, treatment and intervention in general should be viewed as a right for children, young people and adults, not an optional extra. Treatment should not be dependent on pending outcomes of court cases or on proving that abuse has occurred. Intervention means that a cycle of violence/abuse can be eradicated and that a process of healing can begin. Increased funding for the community groups that provide intervention is imperative.

### ***Recommendations:***

**1.6a** *That treatment be understood as a public health issue, and as such, a right for the population.*

**1.6b** *That because the bulk of these services are provided by community groups reliant on unpredictable funding, this funding needs to be increased and stabilised.*

## **1.7 Collection of statistics**

Reliable statistics about sexual violence in Auckland/Tamaki Makaurau are not available, therefore generating programmes to assist particularly vulnerable groups is, in part, guess work.

### ***Recommendation:***

**1.7** *That statistics be collected, collated and held by the government agencies such as CYFS, ACC and the NZ Police in order for community and other organisations to be able to effectively address the issue of sexual violence.*



## **2. Prevention of sexual violence against Children, Young People and Adults - Existing Programmes and Recommendations**

This section addresses what can be done to combat sexual violence within certain sections of the population. The broad categories of 'children', 'young people' and 'adults' are used, however, in tune with the rest of this report, a focus will be maintained on Auckland/Tamaki Makaurau communities such as immigrant, disabled, Maori and Pacific Island peoples with sections addressing these groups' particular concerns.

### **Prevention of sexual violence towards children**

A lot of the available prevention material focuses on protecting and educating children. As we have seen in the literature reviews and dialogues, there are concrete reasons for society's focus on children. Most notably, children are recognised as being powerless in certain situations in which their cognitive and emotional sophistication is outweighed by that of the adults around them. It is therefore viewed as crucial to provide children with education to enable them to have the greatest chance of avoiding abusive situations. Along with adults being children's best defence, children's dependence on adult guidance also renders children uniquely vulnerable to abuse. This double-edged sword is often ignored due to the complex and sensitive nature of the issue.

### **2.1 Current prevention programmes to prevent sexual violence towards children**

It is significant that the majority of the 'broader' concerns raised in prevention literature, through research, and by community groups are the concerns not fully addressed by prevention initiatives as they stand. This is in part due to the nature of the analysis of sexual violence in our society. Many regard the audience for the prevention of sexual violence against children to be children and their parents, professionals and teachers. Yet even if these key groups are reached, they do nothing towards combating sexual violence itself as a society-wide problem, though they may protect certain individuals from particular instances of sexual violence. An analysis of sexual violence as caused by the structures of our society leads to the conclusion that a significantly wider audience for, and much wider debate about the prevention of child sexual abuse is required in order to work towards eradicating it altogether.

#### ***Programmes in primary school and pre-school environments***

Currently there are some excellent programmes which contain many features already identified as positive, however more funding is required before saturation level will be reached in the Auckland area; it is clear from the figures available that many children do not have access to these programmes.<sup>111</sup>

Both 'We can Keep Safe' (a pre-school programme developed in conjunction with community groups and facilitated by a professional sexual abuse educator in conjunction with pre-school teachers) and 'Keeping Ourselves Safe' (a voluntary Health and Physical Education programme for 5-17 year olds developed by the Police and taught by school facilitators) offer children: a broad framework for response in unsafe situations as opposed to rote-learned responses; considerable repetition of material (though this is limited by funding and the availability of time within the school curriculum) a number of different presentation techniques; parental involvement; information about how to recognise unsafe behaviour in environments considered to be 'safe'; information about the privacy of their bodies, as well as stranger danger.

At preschool level 'We Can Keep Safe' deals with the concerns raised in prevention

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<sup>111</sup> See prevention literature review regarding available children's programmes.

literature and in our research questionnaires about prevention programmes for pre-school children: it successfully engages with children on their level by talking about safety and how to identify safe/unsafe situations rather than talking explicitly about sexual abuse; it teaches children information about the privacy of their bodies; it teaches about how situations can change from feeling good to feeling uncomfortable; encourages checking things out with other adults; it talks about safe people; and it contradicts any normalisation of unsafe touch which an offender might try to achieve.

Evaluations of 'We Can Keep Safe' have shown that its creative presentation including fun activities has led to children's successful retention of information. These programmes which focus on 'safety' messages rather than specifically talking about abuse provide the vocabulary many children require to discuss body issues with parents and caregivers. Notably children's self esteem is bolstered through participating in 'We Can Keep Safe'. With increased funding, this programme could be extended to cover more pre-school children with more sessions available in order to further reinforce the information presented.

Research has established that there are benefits in teachers as well as outside professionals presenting programmes at pre-school and primary school level. The most desirable combination may be for teachers, parents and professionals to work together to teach children about such safety issues. Both 'Keeping Ourselves Safe' and 'We Can Keep Safe', contain parental participation components. The literature suggests that 'Keeping Ourselves Safe' may benefit from including a training role for a professional from the child sexual abuse field, or a professionally trained child sexual abuse educator.

The literature available reinforces that evaluation of programmes is essential. 'We Can Keep Safe' and 'Keeping Ourselves Safe' both contain internal evaluation forms, and 'We Can Keep Safe' has been externally evaluated. However, all programmes should be monitored through external evaluations on a regular basis.

Programmes on sexual safety are not compulsory at either pre-school or primary school level. It seems unwise for educational facilities to be mandated to take responsibility for particular aspects of children's safety only to leave the remainder to chance. Sweeping sexual safety information under the carpet will not produce the knowledge that is required for children's ongoing safety throughout their lives.

**Recommendations:**

**2.1a** *That funding be increased for existing pre-school and primary school programmes taught by professionals in conjunction with teachers and containing parental participation components which incorporate as many of the desirable programme features as possible.*

**2.1b** *That a health and safety programme of this nature be compulsory within the school curriculum.*

*(continued over page)*

**Recommendations:**

**2.1c** *That existing programmes be reassessed every year with regard to current sexual abuse prevention research.*

**2.1d** *That current programmes are internally and externally evaluated regularly.*

## 2.2 Broadening of prevention initiatives

It becomes clear that broadening of prevention initiatives must be achieved on at least two levels: broadness of programmes, and broadness of audience. If sexual violence is to be understood, as we have noted above, as being at the 'bottom of the slippery slope' then the rest of the slippery slope must be examined. The societal structure that contributes to, and maintains the problem of sexual abuse must be targeted. One suggestion made by Freda Briggs, Paul Schewe and others, and one that we believe makes sense, is to broaden out sexual safety and sexual violence information into the school curriculum. This can begin at pre-school and primary school levels. Briggs suggests various ways of integrating safety information into art, science, language and literacy, society and the environment, technology and maths school lessons so that children retain a more thorough understanding of the subject matter. More broadly, and more importantly, children can learn to critically assess both the information they are being presented in the classroom and the society around them. Freda Briggs' Teaching Children How To Protect Themselves may be a useful model for further developing educational programmes in New Zealand.

### **Recommendations:**

- 2.2a** *That the issue of sexual violence against children be brought into the mainstream in such a way that requires people to question and challenge a society which condones it. There must be practical ways for people to involve themselves in changing society's structure.*
- 2.2b** *That Freda Brigg's suggestions of including child protection and personal safety information be incorporated into the school curriculum in New Zealand.*
- 2.2c** *That critical thinking about these and other issues be developed in the school setting and at home if possible from a very young age.*

## 2.3 Responsibility of Adults

Adults must be held as primarily responsible for the well-being of children in society. In fact, the extent to which parents/caregivers fail to be available for their children to talk to about these issues directly corresponds to the child's inherent vulnerabilities in childhood. An acknowledgement that raising children well is the concern of the whole community leads not only to prevention being effective, but to children's resiliency to the effects of abuse should it occur.

Nevertheless, there must be an understanding that the vast majority of parents, caregivers and whanau of children need improved conditions to allow them to exert this responsibility: at the very least they require, as fundamental rights, a reasonable income and easy access to good educational and health facilities that meet their needs.

Notwithstanding the need for improved conditions, a basic and effective initiative might be for people to be provided with child sexual safety and child-parent communication material when they become parents. Ideally community support would also be available, but this simple initiative would be a positive first step to adults developing the parenting skills necessary to assist in averting abuse.

In the interim, teaching children about responsible adults, how to identify one and how to become one, must be a priority. Parent/family programmes need to be supported and

family violence and sexual abuse need to be added to the agenda. This needs to be named/stated rather than swept under the carpet.

**Recommendations:**

**2.3a** *That broad based prevention initiatives focus on adult and community responsibility for children's safety.*

**2.3b** *That adults be provided with basic sexual safety and child-parent communication information when they become parents.*

**2.3c** *That children's programmes incorporate, but not explicitly focus on, an understanding of material circumstances and how these impact upon issues such as sexual abuse.*

## **2.4 Safe disclosure**

As noted earlier, the concepts presented in 'We Can Keep Safe' and 'Keeping Ourselves Safe' provide children with a vocabulary for disclosing abuse. The next important step is facilitating safe disclosure. Programmes must take in hand the need for children to be able to identify responsible/safe adults in order for safe and effective disclosure to occur rather than leaving this to the hands of fate. Teaching adults how to listen for and respond to disclosure is necessary so that they can facilitate this two way process. A wider concern is that communities must be able to provide safe adults for children to disclose to, bearing in mind that children and families have to carry on in the aftermath of legal processes, and generally after counselling and the majority of the official support systems have played their role. How can we address the fact that children must be supported and that, in the very act of disclosing their only support mechanisms may be shattered?

Disclosures are often fraught with difficulties for disabled children. Their disclosures may be disregarded for a number of reasons,<sup>112</sup> yet they will be more at risk of abuse, therefore special attention must be paid to enabling effective communication between disabled children and safe adults.

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<sup>112</sup> For example (from Briggs, Freda Teaching Children to Protect Themselves, p45.) the myths about disabled children and about sexual abuse can stop disclosures from being heard. Some of these myths are: that only attractive children are targeted and that children with disabilities are not attractive; that people with disabilities are and should be asexual; that children with disabilities are promiscuous and concoct stories of abuse.

**Recommendations:**

- 2.4a That the onus be placed on communities to provide safe settings for children to disclose in and that these supportive settings be maintained post-disclosure.*
- 2.4b That adults are taught how to best respond to disclosure.*
- 2.4c That programmes focus on who children can safely disclose to and how to identify safe adults.*
- 2.4d That effective communication skills are a particular focus for the disabled community and that adults be particularly aware of disabled children's vulnerabilities.*

**2.5 Culturally appropriate programmes and messages**

One difficulty with programmes like “We can keep safe” is that often their foundations are in Pakeha culture. As more than 3 out of 10 children in the region come from cultures other than this, it is important that culturally appropriate prevention programmes for children are developed. Some programmes have responded to this issue by language translation of existing programmes. However, given the reliance on concepts of children's self-determination and the need for any messages taught in such programmes to be reinforced at home, it seems important that programmes are developed out of the foundations and strengths of each culture.

**Recommendations:**

- 2.5a That there is support for the development of culturally appropriate prevention programmes for children and their parents*
- 2.5b That these programmes are widely available to enable families to choose which programme is more consistent with family culture and therefore able to be supported at home.*

**2.6 Programmes for parents**

To an extent, the programmes available for children include parental involvement. This involvement needs to be extended with the view to providing ongoing parenting skills which facilitate child attachment as well as serving to provide support and networks for parents whilst their children are growing up.

In terms of intervention, observation of quality of parent–child relationships during programmes with parental participation is one way of identifying potentially abusive situations and perhaps of preventing abusive situations from occurring. Running separate programmes for adults which coincide with children's programmes and contain similar information (tempered to an adult audience) is also recommended. Wider family and community involvement should be sought, however an initial programme for parents of children could be trialled. Education for parents could discuss the tactics of abusers – such as that they purposefully seek jobs, institutions, and other locations to be near children in order to sexually abuse them. Education for parents and other caregivers on possible motivations of ‘charming’ male friends should be included. The types of children

singled out by offenders for 'grooming' such as children who have experienced previous abuse, children who had an unhappy home life, and isolated and quiet children could also be discussed, along with discussing ways to avoid children becoming isolated, unhappy and therefore vulnerable.

Children of parents who have been abused are considerably more vulnerable to abuse at some stage in their lives. An Auckland Sexual Abuse Help Foundation staff member is currently researching the issue of women who have been sexually abused and who are currently or about to be parents themselves. The practical initiative of a support group for such women is an intended outcome. Such a support network would enable women to share knowledge about parenting in such a way that significantly lowers the risk of their children being abused. It would also create an environment in which women feel they belong rather than feeling isolated. This in itself would assist with decreasing the chances of cycles of abuse continuing.

***Recommendations:***

- 2.6a*** *That parental skills programmes which teach skills for fostering secure child attachment be available to the wider community.*
- 2.6b*** *That existing pre-school and primary school programmes incorporating parental involvement include parent-child interaction with the view to identifying unhappy and possibly abusive child-parent relationships.*
- 2.6c*** *That programmes for parents only are trialled and extended to the wider family and community.*
- 2.6d*** *That these programmes incorporate information about offender tactics.*
- 2.6e*** *That research into the challenges faced by mothers who have been sexually abused be supported, and that the practical outcomes suggested be developed for prevention purposes.*

**2.7 Sexual safety information at home**

This point introduces another crucial consideration: that sexual safety must be taught inside and outside of the home for it to have the desired impact. There is only so much that educational programmes within schools can do. If information is not reinforced in family/whanau settings (the predominant influence in children's lives) much of it will be discarded. Programmes taught in schools should encourage parents to teach personal safety skills at home and to reinforce these lessons by setting personal safety guidelines within the home, and within the homes of friends and relatives. A community of safety education, rather than a reliance upon school programmes, is required to make a difference in the community.

**Recommendations:**

**2.7a** *That school programmes encourage personal safety lessons within the home*

**2.7b** *That parents set safety guidelines for within the home and where possible within the homes of relatives and friends.*

**2.8 Disabled children** (see disabled people's section later in this report for details)

It is important that the teaching of prevention strategies includes disabled children, just as they must include both male and female examples. Briggs discusses the particular challenges of teaching children with disabilities in depth<sup>113</sup>. This is something that must be addressed rather than shied away from. Prevention programmes must challenge underlying cultural beliefs that devalue and dehumanize people with disabilities as these beliefs are seen as the key to their abuse.

**Recommendations:**

**2.8a** *That prevention programmes for children and adults utilise examples that are inclusive of disabled people.*

**2.8b** *That these programmes challenge the current stereotypes about disabled children.*

**2.9 Media and critical thinking**

Positive role models within the community and at home are essential for children and young adults. Just as important is the need for children and young adults to develop their critical thinking in order to question the structure of the world around them. Indymedia, the worldwide, democratic, not-for-profit network of internet news services and resources, is an example of a media organisation which could be amenable to the fight against sexual violence. A children and young people's Indymedia network could be controlled and run by children and oriented towards their needs in a way that mainstream commercial TV could never manage. Allowing young people to have control over their views and over their potential efforts to alter the conditions of their lives, in conjunction with progressive ideas provided by community organisations and educational prevention strategies, could lead to genuine social change. The importance of developing critical thinking and feeling within programmes so that children and young people can question society and question situations they find themselves in cannot be overstated. If prevention programmes were presented in terms of critical thinking and analysis of society, children would be able to understand that what they see around them might be what needs to be changed. Currently children are instructed about 'the way the world is' and how they ought to respond to it, however if these paradigms and theories fail to account for the phenomena they are exposed to in real life, children will discard such theories. If children are enabled to develop their own paradigms and learn to critically assess others, this involvement and this faculty will assist in making social change possible.

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<sup>113</sup> Ibid, See chapter 5, pgs 44-50

**Recommendations:**

**2.9a** *That young people be encouraged to debate their views in an autonomous way in conjunction with the positive messages provided by community organisations and through prevention initiatives.*

**2.9b** *That prevention programmes be presented in such a way that encourages independent, critical thinking, and societal analysis.*

**2.10 Internet safety**

The benefits of promoting positive media models is that children's experiences can be used to discuss internet safety and the often negative role played by the capitalist media. As the recent New Zealand Internet Safety Group survey shows,<sup>114</sup> children need internet chat room safety information from a very young age due to internet use becoming increasingly prevalent in Aotearoa/New Zealand. This information is being directed at adults, as well as children and young adults via the Internet Safety Group's safety kits, so that they become aware of the dangers of internet use. Within schools, user safety addressing all aspects of internet use could be covered, and, as computers are already part of the education curriculum for young people, this is a natural area of the curriculum that the issue of sexual safety can be extended to.

The dangers of physically meeting individuals encountered in cyberspace should be dealt with as part of the school curriculum. Again, Briggs' recent book *Teaching Children To Protect Themselves* mentions the various ways of approaching this topic within the school curriculum, and within the home. She suggests a 'safety agreement' be signed by parents, schools and children. In line with parents learning about internet safety, one possible approach to broadening public awareness of child sexual abuse is to expand upon already existing internet information resources, for example the AUT Building Tomorrow website.

**Recommendations:**

**2.10a** *That internet safety be incorporated into school and home sexual safety messages.*

**2.10b** *That further research be carried out about internet safety and use amongst young people.*

**2.10c** *That existing New Zealand internet resources about sexual abuse and sexual safety be utilised and expanded upon.*

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<sup>114</sup> See prevention literature review



## Prevention of Sexual Violence towards Young People

### Broad concerns

This is the age at which people learn via dating and other interactions their ways of relating to others on a personal level. These are the lessons that are carried over into adulthood and taught to the next generation. Teaching respect for partners as equals and teaching healthy ways of problem solving within relationships may be the most important thing that programmes can teach at this level whilst this transition from group socialising to one to one socialising occurs.

### 2.11 Current programmes

The prevention programmes available for young people in Auckland/Tamakau Makaurau generally take into consideration all of the things considered positive programme features in the prevention literature, bearing in mind the strong restrictions placed upon them by lack of time and resources. Auckland Rape Crisis present the P.A.S.S. Programme (Personal Action for Sexual Safety) which: teaches all young adults to question, analyse and interpret media messages, and is run with research about successful presentation in mind (that video presentations work, that smaller workshops with a variety of presenters are desirable and that school teachers should not teach sexual safety programmes). Considering the relevance of programmes to students' own experiences is comprehensively undertaken in the P.A.S.S. Programme. Discussion about causes of vulnerability to rape and sexual victimisation being societal rather than due to survivor attitude or behaviour is a key factor.

Peer focused training is also undertaken in the Auckland Sexual Health Service's Peer Sexuality Support Programme (PSSP). Initiated by the Auckland Regional Health Authority and now run in 24 schools in the Auckland region, the PSSP was developed on evidence that advice from peers is instrumental in influencing adolescent beliefs and activities. These programmes should, based on evidence from other countries, be taught in conjunction with educational initiatives taught by professionals from the sexual violence field.

The primary concern for these programmes is the very fact that funding is low (and becoming lower all the time). An example of this is the Auckland Rape Crisis run P.A.S.S. programme which, although very successful and positive in its messages, has had funding reduced. This situation must be overturned if young people are to be educated effectively. Full and external evaluation of programmes is key to demonstrating their effectiveness.

#### **Recommendations:**

**2.11a** *That funding be restored and enhanced for existing prevention programmes in the Auckland/Tamaki Makaurau area.*

**2.11b** *Periodic full evaluation of existing programmes should be carried out. Funding would be needed to do this.*

## 2.12 Suggestions to aid prevention programmes

Rewarding those schools that make an effort to eradicate sexual violence should be a considered incentive. Not all young adults are exposed to the information found in the prevention programmes reviewed. However, it should be acknowledged that not all young adults can be targeted via schools so consideration needs to be given to different ways of approaching young people not in school.

### **Recommendations:**

**2.12a** *That rewarding schools which make an effort to put sexual violence on the agenda and for spending valuable time on the issue may be necessary.*

**2.12b** *That alternative ways of educating young adults be considered (i.e. other than schools).*

## 2.13 Funding and increased programme content

The programmes presented focus on important issues such as teaching young adults about aspects of sexual victimisation such as incest and date rape. A suggestion is that whilst educational programmes tend to be focused on concrete aspects of these issues – how to avoid date rape scenarios, the best way to support friends who disclose, and so on – increased funding would mean that programmes were able to delve more deeply into the causes of sexual violence. Increased funding for school educational programmes could make room for thought about such things as: children and young adults being challenged to think about the nature of societies which reinforce the oppression of women and sexist ideology. In this way, the struggle against attitudes that encourage sexual assault might be connected with the material base of sexual violence.

**Example:** An educational unit included in prevention programmes about the media, its interests and its role in promoting sexist ideology could be useful in helping to develop the skills amongst young people to critique and analyse society. Another educational unit on Maori society prior to European contact could promote interesting debate about the characteristics of societies in which sexual abuse might *not* occur. Students could be asked to list the features of different Pacific societies prior to colonisation. Another educational unit could focus on the history of women's oppression and its causes in society. Questionnaires taken before and after each programme would help to reinforce the information and reinforce the fact that student's attitudes and opinions can change, and indeed, how their attitudes have shifted over the course of the programme. As Paul Schewe has noted, providing a scenario at the end of each unit whereby students have to utilise the knowledge they've just gained greatly helps to reinforce what is learnt.

### **Recommendations:**

**2.13a** *That funding be increased to expand the scope of sexual violence prevention programmes.*

**2.13b** *The causes of sexual violence must be addressed within prevention programmes.*

## 2.14 Disclosure and offender consequence

Young people are at risk in part because it is assumed that they will not disclose the sexual assault, and if they do, that they will not be believed – offenders seem to assume that there will be no consequence to them for sexually assaulting a young person. For this to change requires facilitating disclosure by young people and increasing the likelihood of consequences to the offender from those disclosures. Along with the programmes already in place, this might include: resourcing those to whom young people do disclose, through projects such as Auckland Sexual Abuse HELP Foundation's Peer Disclosure project; working with police to lessen distrust of disclosures made by young people; and development of alternative responses to offenders such as the option to attend an educational and rehabilitation programme instead of facing legal consequences. Such a programme could also be offered at a lower standard of proof.

### **Recommendations:**

**2.14a** *That young people are resourced to receive disclosures from their peers, such as the Peer Disclosure Project of Auckland Sexual Abuse HELP Foundation.*

**2.14b** *That an alternative response to alleged offenders be developed whereby they can be offered the option of attending an educational and rehabilitation programme.*

## 2.15 Drug rape

Drug rape has increased dramatically as a means of sexual violence, and as research is done, the dangers of drug rape should be incorporated more fully into the curriculum. Other measures needed to reduce the occurrence of drug rape such as development of legal responses and remedies, need to occur alongside education of young people.

### **Recommendation:**

**2.15** *That drug rape be more fully researched and incorporated into the sexual safety education curriculum.*

## 2.16 Parents and prevention

Again it seems that parents are not sufficiently involved in programmes available to young people at this level. Parents should also be educated to: be aware of changes in young people's behaviour; have knowledge of the effects of child sexual abuse; foster better family relationships so that, amongst other things, they are aware of the whereabouts of young people; listen when young people say that they don't want to spend time with certain people; be aware of who is asked to look after children; have the skills to recognise potential abusers.

### **Recommendation:**

**2.16** *That education for parents about potential risks as well as helpful responses to sexual assault be made available with a view to increasing awareness and decreasing reluctance of disclosure to parents (as young adults disclose primarily to peers).*

## 2.17 Offenders and prevention

We acknowledge that these suggestions about offending deal with complex and problematic issues and that they are listed primarily to encourage debate about the issue of early intervention with those who think they may offend, or who are already offending.

Identifying and offering service to possible offenders and actual offenders at an early level will avoid some incidents of sexual offending. For this reason, holistic programmes in schools which present material from both offender and survivor perspectives should be investigated and trialled. Although not easy to achieve, creating an open environment in which people can discuss their feelings (whether these feelings are politically correct or not) and in which people are encouraged to talk further on a one to one level about any worries they have, may be the key to early intervention with those who may otherwise go on to offend. Creating an efficient legal system which addresses educating and rehabilitating early offenders may both avert further offending and encourage survivor disclosure. In many respects, relationship based information about respect for partners and empathy for others already goes some way towards dealing with these issues. However, it is thought by many that stating offender issues more overtly in these learning environments may be beneficial. Likewise, encouraging debate amongst young adults about responsibility, informed decision, and sexual cues would also be useful. People who feel they may offend or who are having inappropriate or confusing thoughts about these issues could be encouraged to contact anonymous services for discussion and advice. Services such as Mensline and websites/email services could be expanded to take these things into consideration.

### ***Recommendations:***

**2.17a** *That further research be done about presenting programmes in schools which include an offender focus.*

**2.17b** *That legal alternatives are developed to enable early rehabilitation focussed responses to allegations of sexual offending.*

## 2.18 Communities and the development of prevention programmes

The development of comprehensive programmes is the responsibility of everyone in the community. Therefore, wider community involvement must become a priority to make this a reality. Utilising the existing community organisations for this purpose may, as in other countries, be the most effective strategy.

### ***Recommendation:***

**2.18a** *That research be undertaken to ascertain the ways in which communities can become more involved in the development of prevention programmes for youth.*

## 2.19 Broad public campaign

With the issue of targeting in mind, a broad public media campaign designed by students in conjunction with community groups and run in combination with a sexual violence awareness week could work to reinforce the messages of prevention programmes in schools for those in and outside of schooling. A week of activities including: mini courses; special units of study in mainstream classes including videos and screening of

movies that deal with sexual assault; youth theatre; support services discussed and made available at school for the week; t-shirts, badges; 'safety awareness evaluations' for students, and perhaps for the school; the creation of school policy on harassment and sexual assault by students and staff; peer trained students giving presentations to student population; resource kits for classroom use; school and students could present a public education workshop to which parents and whanau are invited at the end of the week; resource list of groups in Auckland that deal with sexual assault could be put together.<sup>115</sup>

**Recommendation:**

**2.19** *That a broad public awareness campaign designed by students and community groups be undertaken to capture the attention of those not in schooling and to reinforce the messages of prevention initiatives within schools.*

**2.20 Workplace education**

Young people's first workplace experiences can be abusive. Encouraging education and training about workplace relationships and harassment and abuse in the workplace may be very useful for young people experiencing their first job. Young people could be provided with guidelines about what to expect in workplace situations, and how to avoid situations where abuses of power can occur. It would be useful for the 'Leave Me Alone at Work' booklet produced by Youthlaw to be easily and immediately accessible to all young people. Education and information for employers about their responsibilities to provide a workplace free of sexual harassment or assault should be made available.

Education for young people about the risks involved in workplace relationships and resources on how to respond to this should also be provided to those beginning employment. The most effective way to target these groups may be via union structures which are independent of employer involvement. For this reason, encouraging unionisation amongst young people (traditionally young people tend to be non-unionised due to the short term, casual nature of work undertaken, and due to the variety of work undertaken) may be beneficial. Many young adults are victimised in their first experience of part time employment and increasingly jobs are undertaken at an early age rendering them even more vulnerable. One initiative that could be revisited or expanded upon is a youth union movement which could be responsible for educating students in schools from age 12/13-15/16 about what to expect in workplaces and what to be wary of. A basic booklet about what to expect in the workplace could be a useful tool. Promoting other workers organisations which exist to help workers and to provide advocacy such as the Working Women's Resource Centre would also be beneficial. 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'.

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<sup>115</sup> adapted from 'The Dating Violence Intervention Programme - Preventing Sexual Assault, Community based approaches' p37

**Recommendations:**

- 2.20a That the booklet “Leave me Alone at Work” be provided to all secondary school aged young people and that concise pamphlets summarising the main points of these documents be made widely available.*
- 2.20b That education about what to expect at your workplace be incorporated into existing prevention programmes, or new initiatives developed that talk specifically about sexual safety.*
- 2.20c That any workplace training that may take place also deals with sexual safety.*
- 2.20d That education about appropriate workplace behaviour for employers be provided to both employers and employees.*
- 2.20e That penalties be increased where these responsibilities are abandoned and abuses occur.*
- 2.20f That attempts be made to inform workers about the benefits of unions and workers organisations.*

**2.21 An 0800 number**

A frequent suggestion by many groups consulted was a 24 hour 0800 number for young adults to call if they ever felt unsure or worried about a situation involving sexual safety, relationships, disclosure and so forth. A collaborative inter-agency initiative which extends current telephone counselling services could lead to enquiries being passed on to the relevant group. This could be an extremely useful intervention as well as prevention initiative. As well as telephone counselling, resources could be attached to such an initiative so that, for example, when young women are faced with the options of either being offered a lift home by a stranger or being stranded, there is another alternative – calling a free number to ask for assistance in establishing safety.

**Recommendations:**

- 2.21a That funding be made available for an inter-agency 24 hour 0800 number to field enquiries from those in the Auckland/Tamaki Makaurau community concerned about sexual safety in any way.*
- 2.21b That resources be attached to such a phone line to enable the offering of practical assistance for those in potentially dangerous situations.*

**2.22 Websites for young adults**

Websites about sexual violence for young people is important given that the internet is a major source of information and influence for young people. While existing resources provide good information, the development of websites such as the 24hr, 7days a week anonymous advice website in the USA which deals with people’s questions about any aspect of sexual violence prevention and provides intervention information would be useful.

The upcoming development of a 'peer disclosure' website by Auckland Sexual Abuse Help Foundation has these concerns in mind in offering information and practical support for those friends who are told about abuse along with enabling email queries.

***Recommendation:***

**2.22** *That the 'peer disclosure' website initiative be provided with funding to be developed into a 24 hour, 7 days a week anonymous advice website.*

**2.23 Responsibilities of university/tertiary training institutions**

As teenagers move on from schooling to tertiary education and work, it becomes more difficult to target them with in-depth prevention programmes. Universities should acknowledge that students on their campuses have a right to sexual safety and do everything in their power to encourage safe practices by having some prevention strategies in place. These can range from providing funding to groups within the student population and in halls of residence to run prevention programmes, to more practical and simple initiatives such as providing good lighting on campus. There are many programmes available in the USA to base such initiatives around. Perhaps a pitch to the controlling bodies of universities (such as councils) would reiterate the importance of such initiatives and stimulate practical change.

***Recommendation:***

**2.23** *That universities and other tertiary education providers acknowledge their responsibility to provide safe campuses and fund safety education.*

## **Prevention of Sexual Violence towards Adults**

Other than public education campaigns, very little exists for the prevention of sexual violence for adults in the Auckland/Tamaki Makaurau community. Most organisations, understandably, focus on what can be done to help people who are or have been in sexually violent situations rather than focusing on prevention.

### **2.24 Programmes for adults – focus needed on partner violence**

Currently almost all sexual violence prevention strategies are aimed at children and teenagers, and the long-term impact of these programmes has not been conclusively demonstrated. Information aimed at adults tends to focus on rape and date rape scenarios whereas sexual violence for adults is more likely to occur and be ongoing within established relationships. Strategies adopted to avert date rape will not work against repeated assault by people who live with the victim. This must be acknowledged and addressed in any prevention strategy. The fact that Maori women are over represented in a sample of women victimised by their partners, needs further investigation if their needs in prevention activities are to be met.

Public information to combat intimate partner/domestic violence is increasingly widespread as it is acknowledged that those most at risk are those who are, or have been, involved in relationships with the person who offends against them. The awareness of sexual violence needs to 'piggy back' on already established and high profile issues to broaden awareness and provide information about where to go and what to do if adults are finding themselves being sexually violent or being sexually violated. Utilising the currently high profile issue of domestic/family violence to broaden awareness of sexual violence seems to make a lot of sense as some patterns of sexual violence between partners include physical violence and there are commonalities in the societal causes of both forms of violence.

There are many ways in which consciousness of sexual violence and education about sexual violence can be easily incorporated into adults' lives. People can be encouraged to become actively involved in community based efforts to prevent violence, by joining local community action groups and by helping to develop personal safety guidelines for organisations with which they are already involved.

Already underway are projects to provide education about the occurrence of partner violence and indicators of risk to enable health professionals to screen for violence. Such projects need to be supported, evaluated and to include information about forms of sexual violence which do not have a similar profile to physical violence. Counsellors and others involved in mental health services who see people who describe relationship problems, need to be alert to the effects of sexual violence and to feel comfortable about asking about it.

Healthy relationship skills are essential for preventing sexual violence towards adults. Easily available resources to develop healthy ways of relating and negotiating power could be helpful to people struggling with these issues.



**Recommendations:**

- 2.24a That consciousness raising initiatives about partner violence are still required and should be implemented at all prevention levels, in existing community groups, and within organisations/with individuals that have frequent contact with adults.*
- 2.24b That free resources be available for adults to assist in the development of healthy relationships.*
- 2.24c That health and mental health workers continue to be trained to recognise and ask about sexual violence.*
- 2.24d That the issue of domestic violence be extended to explicitly include sexual violence concerns.*

**2.25 Adult offender initiatives**

Campaigns directed towards adult offenders have been successful in other countries. Offering offenders avenues other than beginning or continuing to offend can be seen as positive prevention initiatives.

Assaults by stranger offenders, though less in numbers, can be extremely traumatising for survivors. There are many indicators that these offences are serial in nature, including repeat offences immediately upon release from prison. Our legal system needs to acknowledge the serial nature of sexual offences against adults and develop effective rehabilitation and offender management systems that address the problem.

**Recommendations:**

- 2.25a That the successful Canadian campaigns ‘Stop It Now’ and ‘Only Yes Means Yes’ (see literature review) be attempted in New Zealand.*
- 2.25b That rehabilitation programmes and offender management strategies for “strangers” who sexually offend against adults be made available.*

**2.26 Community programmes**

A number of prevention programmes are available at a community level in the USA. A similar focus on prevention could be developed in Auckland/Tamaki Makaurau communities to allow both programme implementation and ongoing investigation into the causes and circumstances of sexual violence.

**Recommendation:**

- 2.26 That community programmes based on successful USA models be developed by existing organisations to look into the causes of sexual violence.*

### **2.27 Minimum living income**

Tying access to necessary services to employment (through wages) makes it harder for women to escape from violent partners, as the choice is often between violence at home or uncertainty and poverty (and the continued threat of violence) after escaping. A social wage would certainly increase the likelihood of successful escape from a violent partner.

***Recommendation:***

***2.27*** *That the minimum living income be increased to enable women especially to access services and support and to make escaping from violent and sexually abusive situations possible.*

### **2.28 Intergenerational discussion**

Children and young people's thinking may develop at a pace not able to be matched by that of adults and elders in their whanau/community groups due to the lack of education and other restraints for adults. Efforts should be made to develop intergenerational debate/discussion to enable families and other adults to continue to support their young people. Making intergenerational links could lead to lasting change and, in the short-term, help to stop cycles of violence and abuse.

***Recommendation:***

***2.28*** *That efforts be made to encourage intergenerational discussion about sexual violence and sexual safety and that this be undertaken through existing channels of communication such as schools and community groups. (See community groups section for further details.)*

## Prevention of Sexual Violence Towards Older people

### 2.29 Increase of profile and availability of information

Very little sexual violence education or prevention initiatives exist within the community for older people. Offering older women the idea that they deserve safety from sexual violence just as much as younger people do is one of the major issues established from our research questionnaires and from the literature available. As one of the key issues for older people is defining abuse as abuse, as opposed to beliefs about the entitlement of others, encouraging communication about sexuality may contribute to changing currently abusive situations for some older people.

Helping to remove the shame attached to disclosure and empowering/educating women who do disclose could be part of the work of community groups. Education for those who work with older people so that sexual abuse is recognized for what it is should also be a priority. Age Concern require substantially greater resources to cope with situations of sexual abuse on top of the demands on their other services. Within care facilities, older people could participate in the development of safety guidelines that they are happy with. Information kits for medical practitioners and others who have frequent contact with older people may also be useful.

#### **Recommendations:**

**2.29a** *That sexual safety information should be provided for older people and distributed where they are most likely to come into contact with it.*

**2.29b** *That the profile of the reality of sexual abuse of older people be raised by offering information to publications such as Age Concern and Grey Power literature as well as mainstream publications.*

**2.29c** *That the concerns of older people be incorporated into any broad based prevention initiatives undertaken.*

### 3. Prevention for specific groups in Auckland

#### 3.1 Maori – from Tu Wahine Trust

**Recommendations:** (see **page 84** for full contribution)

- 3.1a** *Acceptance of the premise that Maori are most competent and best able to work with violence and abuse in the Maori community.*
- 3.1b** *When abuse has occurred, healing needs to attend to the whole person, Te Oranga, and healing at the levels of whanau, hapu and iwi.*
- 3.1c** *Delivery of education and support programmes (such as those presently run by Tu Wahine) across the board in Maori networks, in particular in kohanga reo, Kura Kaupapa and their whanau and through Marae, whanau hapu and Iwi.*
- 3.1d** *Educational presentations to pakeha agencies to encourage understanding Maori perspectives around healing working with whanau, along with challenging institutional racism and challenging non Maori to assist Maori whanau to get the most appropriate help.*
- 3.1e** *An appropriate level of resources to allow this issue to be effectively addressed.*

#### 3.2 Community of Pacific cultures – from Pacific Island Women’s Health Project

Sex and sexual abuse are difficult topics to talk about in Pacific communities in Auckland/Tamaki Makaurau. They may not even be talked about directly, but rather indirectly through the use of humour. Subtle meanings are difficult to convey when translation to and from English is required. So, communications about the issue need to rest with those who speak the language and the culture. Prevention programmes must remain in the hands of the Pacific communities.

The structure in Pacific communities with the most power is the Church. The Church is trusted by the congregations, so ministers may be some of the few people who have the power to seek solutions to the issue of sexual violence.

However, often members of the church and the community seem caught by cultural requirements to support both the family name and the reputation of the perpetrator when a disclosure of abuse is made. Attempts to resolve this problem include blaming the effects of alcohol and thus absolving personal responsibility and keeping his reputation intact or, blaming the girl or woman – people wonder what she did to cause it. Her reputation seems less important. Groups within Pacific communities who keep raising these “unspeakable” issues deserve the respect and support of others with an easier task.

Few instances of abuse are reported or disclosed. A child or woman risks rejection, shame and damage to her reputation if she discloses. Children who do disclose often do so to people outside the family or community as it is seen as unsafe to disclose within the family. It is important that groups such as Pacific Island Women’s Health Project,

who hold the job of working with sexual violence within Pacific communities, are known in their communities and referred to by palagi agencies.

As young people attend mainstream schools, different rates of acculturation are inevitable. Young people may attend sexual assault prevention programmes at school and be exposed to messages which do not reflect family reality. If parent-participation components are only available to English speaking parents, it falls on the shoulders of young people to force cross-generational debate about this which is unspeakable, or to stay silent.

Pacific cultures are surviving in this region divorced from their traditional context of structures and practices. This leaves them in a surprisingly similar place to all other cultures in Aotearoa/New Zealand at this time – needing to find ways to address the issues arising from men having power over women and the resulting devaluation of the experience of women and children.

***Recommendations:***

**3.2a** *All of the concerns raised in prevention material and community discussions focusing on Pacific Island peoples need to be addressed by and within that community.*

**3.2b** *Palagi organisations need to continue to walk the fine line of respecting cultural appropriateness, but also not turning away those who do not even feel safe enough to test whether there are some members of their culture who they can trust about these issues.*

### **3.3 Asian/Migrant communities**

As with Pacific communities, sex and sexual abuse are often not spoken of in migrant and Asian communities. When a topic is this delicate, then use of familiar language becomes crucial.

Perpetrators are often those close to the survivors. This is contributed to by multiple families sharing dwellings and the ways that women and children have little power in the family.

Women have little recourse in the face of abuse in any culture where protection of the family name is more important than the rights of individuals and where there is shame attached to the dissolution of marriage. Added to this is the vulnerability of women in a new society – they are vulnerable culturally, socially, financially and in terms of residency status. A lack of familiarity with language and “the system” reinforces this vulnerability.

The organisation Shakti is a good example of the kind of organisation needed in these circumstances. It provides education, support and refuge services for women by women of similar culture and language. However, lack of a counsellor approved for payment by ACC means that clients need to be referred out for work on this most delicate of topics.

More widespread education might be possible, if it was delivered in a mono-cultural fashion and segregated by age – young people will not speak of these taboo subjects in front of their elders. Schools may be the best place for delivery of education, but classes for youth would need to be complemented by language appropriate classes for parents so as not to exacerbate differences in acculturation across the generations.

Increasing awareness of protection available from institutional and legal barriers for new immigrant women, so to avoid their migration status contributing to their sexual victimisation, could be addressed by government and community agencies.

Once again, recognition from mainstream organisations that they cannot necessarily help someone from a different cultural background is required. There ought also to be acknowledgment that pressure to do things the mainstream way could lead to an explosion of the situation such that the survivor ends up without family or culturally based support.

***Recommendations:***

**3.3a** *Most of the concerns raised in the prevention strategy to do with Asian people and migrants, would be best addressed by and within these communities. This might include research into the viability of mono-cultural youth education programmes that have associated parent components.*

**3.3b** *Various organisations now work with large numbers of Asian people and migrants and may need to address issues in consultation with these communities e.g. educational institutions.*

**3.3c** *Other groups can assist with increasing publicly available information about legal protection with regard to immigration and canvassing for law change if necessary.*

**3.3d** *Good liaison between mainstream agencies and culturally appropriate agencies when mainstream agencies are required to provide services.*

### **3.4 Disabled People**

The key issue for disabled people is fostering societal understanding that while individuals may have impairments, that it is the social barriers - attitudinal, environmental and physical - that turn impairments into disabilities. The removal of social and institutional barriers would assist with communication and understanding in the area of sexual abuse and assault. For this reason a major goal would be to ensure that disabled people can communicate effectively and have ownership of their languages – for example, it has been suggested that signing for the deaf has already meant a decrease in sexual abuse within the deaf community. The ability to access information and knowledge is also very important so increased use of teletext to impart information could be useful for a prevention strategy for this group.

Education about the added vulnerabilities to sexual abuse for disabled people is important for those in policy making positions, care positions, families and general social services.

At a wider level, societal attitudes of entitlement and objectification of people with disabilities must change if abuse is to stop. Offenders rely on low self esteem amongst the disabled community to perpetrate their crimes.

An 0800 number for disabled people was suggested as a practical initiative with the idea that anyone could call to talk about relationship issues, or where general feelings of insecurity/uneasiness 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 and that this service should be staffed by those who understand difficulties particular to the disabled community.

Every organisation that works with disabled people should be encouraged to develop policy about sexual abuse and violence which makes clear its unacceptability. This policy ought to include issues about disclosure and who it is safe to talk to inside and outside of the organisation. Organisations such as schools should nominate people who can be sought out when problems arise. Having a contact point inside and outside of schools and organisations for this purpose will be useful as some people prefer anonymity whilst others may prefer not to have to talk to an outsider.

Finally, re-examining the way in which offender consequence is addressed (police believability, community willingness to sanction offender behaviour) is crucial for disabled people to feel that they can disclose, will be believed and something will be done about the situation.

***Recommendations:***

- 3.4a*** *That public campaigns for change in societal attitudes toward disabled people be initiated.*
- 3.4b*** *That communication initiatives be given attention within the disabled community. Mediums such as teletext have the potential for disseminating prevention material to the disabled community.*
- 3.4c*** *Education and policy should be in place for those that have frequent contact with disabled people. Workplaces, schools and homecare workers should be a particular focus.*
- 3.4d*** *That an 0800 number, email and other communication networks be established for members of the disabled community.*
- 3.4e*** *That offender consequence be addressed by police, community and organisations.*

### **3.5 Sex Workers**

Decriminalisation of sex work could help to prevent sexual violence through redressing the imbalances of power currently found in the industry. Employers traditionally hold substantial power over sex workers, and, at the very least sex workers require the same rights as other workers in Aotearoa/New Zealand society.

Decriminalisation could also bring a level of understanding of sex work not currently found in our society. It could lead to an understanding of sex work as a transaction for money rather than understanding getting stuck on the classification of the work as illegal. Increasing the working rights of sex workers would reduce exploitation and increase safety. Decriminalisation could open the way for improved relationships with police and increased access for sex workers to legal protection and support services.

Supporting the New Zealand Prostitutes Collective in achieving decriminalisation is the most important objective.

However, areas that are not addressed by decriminalisation include the need for education about drug rape and communication about risky clients. Funding for the NZPC to continue their work and further develop educational resources is important as this group is unique in the position of trust with sex workers.

***Recommendations:***

**3.5a** *That because public perceptions about sex work are bound up with current laws, and because law change would make sex work safer, law changes should be supported.*

**3.5b** *That NZPC is supported in their education and communication work with sex workers.*

### **3.6 Offenders**

#### *Changes to the environment*

Making sexual abuse a public issue is seen as a key to thwarting offenders. A public health campaign providing educational messages about sexual abuse and presenting it as inappropriate behaviour, could help to alter the environment in which sexual abuse occurs. The current hidden nature of abuse and wide public display of the sexualisation of women and children allow offenders to maintain the belief that they have not done anything wrong. Sexual abuse also relies on the keeping of secrets, so any messages which act against this could restrict opportunities for offending. In particular, educating adults who have contact with children so that they are well informed of patterns of offending and risk could also reduce offender access.

Close co-operation between organisations that work with victims and those that work with offenders would allow exchange of ideas and knowledge as well as the presentation of a consistent and united front to public and media.

#### *Early intervention*

Programmes for children who have been identified as sexually aggressive may be an effective early intervention. Widespread knowledge of these programmes would assist in referral of all children who could benefit from such a programme.

Recent research<sup>116</sup> means that we are better able to predict who might respond to being victimized themselves by becoming a sexual offender. Widespread knowledge of this among counsellors and others involved in the care of young people could allow early and appropriate intervention.

Further efforts at early intervention in patterns of offending need to be developed – these might involve more assertive targeting of young people who show signs of being sexually unsafe with others.

#### *Rehabilitation and offender management and support*

As sexual offending against both adults and children are high recidivist crimes, effective rehabilitation and offender management systems need to be as widely available as can be used.

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<sup>116</sup> Lambie, I. et al. 2002



In light of the low number of convictions for these crimes, alternative responses to allegations of sexual abuse may need to be developed, particularly where it could be seen as early in an “offending career”.

Providing resources to assist those at risk of offending to maintain a position of self-responsibility could be beneficial. For example, the provision of confidential phone line counselling available to both those engaged in programmes and those who are not.

**Recommendations:**

**3.6a** *Changes to the environment in which sexual offending occurs so that it is harder to do and harder to justify.*

**3.6b** *Close working relationships between those who work with offenders and those who work with offenders could support development of a common stand against sexual violence.*

**3.6c** *Interventions for those whose behaviour indicates that they are at risk of sexual offending.*

**3.6d** *Widely available rehabilitation and offender management.*

### **3.7 Sexual assault of males**

The ‘males as perpetrators and females as victims’ paradigm used in sexual victimisation prevention education programmes is seen as damaging in terms of relationships between men and women in society, and in terms of information for boys and men about the possibility of male victimisation. Holistic approaches which focus on relationship skills that are beneficial to both sexes and which do not demonise males are recommended. Positive images of equal relationships between adult men and women with slogans from a male point of view have been used in the USA.

Society’s attitudes towards men lead to a failure to acknowledge that men can be a victim of sexual violence and abuse too. Therefore rape awareness, myth debunking and sexuality education programmes for men should be made more common. A fact sheet about male sexual assault including definitions of rape; and books containing sexual assault information for guys have been initiatives in the USA which could be useful in Aotearoa/New Zealand. Challenging males to examine their own beliefs and society’s beliefs about abuse of males along with providing practical worksheets has also been attempted in programmes overseas.

Facilitating male disclosure, removing the shame attached to it, and supporting men in their process of healing is vastly important in a society such as Aotearoa/New Zealand where suicide is prevalent amongst young men, and where a history of sexual abuse may play a part in this. Education for a variety of agencies from police to helping agencies regarding the acceptance of disclosures may be useful. Encouraging communication and awareness around issues of sexuality and conditioning for men could do a lot towards the goal of debunking myths about male victimisation

Working to combat the demonizing as ‘potential rapists’ of all men in society and

educating people about the need for positive and active male role models is a step along the path to a society in which the oppression of women is eradicated.

**Recommendations:**

- 3.7a** *That education for children, young people and adults does not fall into the trap of viewing men as offenders and women as victims. A focus on positive relationship may be beneficial.*
- 3.7b** *Sexuality education programmes for men could be positive initiatives in Aotearoa/New Zealand.*
- 3.7c** *Facilitating male disclosure and developing the conditions necessary for the ending the shame attached to it may be key to providing a safe and healthy environment for men in Aotearoa/New Zealand.*
- 3.7d** *Suicide rates for young men are of grave concern to those within the sexual abuse therapeutic community as the links can easily be seen. Men need to be aware of services available to help them deal with sexuality and sexual violence issues.*

## 4. Community groups involved in this research

Many individuals and community groups have contributed much time and effort to this research process for little compensation. It is important to note that in their work at the coal-face of the effects of sexual violence, they work without reliable statistics, without support, without adequate funding, without relevant research and most of all, without precedent. Any dialogues they involve themselves in must be seen to have tangible outcomes – both in terms of purpose and in terms of prevention.

### 4.1 The capacity of service providers

Capacity building of service providers would assist with getting the issue of prevention of sexual violence into the mainstream. Prevention programmes or information does not yet reach all of the wider public or indeed all school aged people, who theoretically would be easier to reach as a captive audience. There is insufficient funding to build the capacity of existing programmes.

***Recommendation:***

**4.1** *Funding must be made available to enable prevention initiatives to reach a wider range of people and a larger number of people with the best programmes. This means more funding for community groups, as these groups have a unique insight and unique position in the community, to maintain and extend their programmes.*

### 4.2 Co-ordination

Community groups involved in this research agree that further government funding allowing for the establishment of a prevention co-ordination position would be beneficial. This position could be elected by grass roots community organisations and could:

- facilitate closer working relationships between the groups so that groups and their programmes can effectively work in conjunction with one another rather than around each other which is currently the case
- hold resources available to groups around the country interested in prevention
- Advocate for this issue with other prevention networks such as “Safer Cities” and ACC’s injury prevention co-ordinators.
- Form a link between community and government organisations interested in the prevention of sexual abuse and assault.

Although each is recognised as a specialist field in itself, further co-ordination between offender and survivor programmes could also occur, to enable the presentation of a united and holistic approach to sexual victimisation.

***Recommendation:***

**4.2** *That further government funding allowing for the establishment of a prevention co-ordination position would facilitate closer working relationships between the groups so that groups and their programmes can effectively work in conjunction with one another.*

Further surveys such as the one designed for this research project could, with participation from community groups, provide useful statistics and information so that the

groups involved can better understand prevention needs and continually reassess what is needed. However, any continued research would need to work within the time and resource constraints of community groups.

Further research to build on the information gathered here, could also be undertaken to understand the way in which Maori, Pacific Island, Asian, African people and people from other cultures in Aotearoa/New Zealand experience oppression and therefore abuse/victimisation.

Closer working relationships with tertiary education facilities might facilitate some of these research needs being picked up and worked with in conjunction with the community. See end of document for further research considerations.

**Recommendations:**

**4.3a** *That continued research co-operation may be useful but must work within the constraints of community groups. That further research should be undertaken to understand the way in which Maori, Pacific Island, Asian, African people and people from other cultures in Aotearoa/New Zealand will experience oppression and therefore abuse/victimisation.*

**4.3b** *That tertiary education facilities could work with community groups to further this research.*

**4.4 Annual conference**

Funding for an annual conference would allow those working on the front lines of prevention and treatment to effectively communicate with one another and lead to links developed during the process of this research being maintained. A conference could set aside time to discuss prevention as, on an everyday level, it becomes necessary to overlook prevention in favour of direct intervention and treatment.

**Recommendation:**

**4.4** *That funding for an annual conference be made available in order that those working on the front lines of the prevention and treatment of sexual victimisation can more effectively communicate, and so that research links be maintained. This would help to keep the issue of prevention on the agenda for organisations who are otherwise occupied with providing post-trauma and therapeutic services.*

**Final word**

In line with these recommendations, the effectiveness of prevention programmes can only be increased long term if these programmes are part of a wider and co-ordinated social campaign with consistent messages. The integration of public health programmes nationwide was a concern raised by community groups and one which could be facilitated by the measures suggested above.

## **Final comments & reflections**

The past twelve months of involvement with this project has been an amazing journey. In hindsight, our results seem logical and the research process self-evident. However, such a simple view would deny the complexity of both the experience of the process of working across communities and heading off to investigate a field which in some ways is known, but where, in other ways, knowledge is inferred, fragmentary, invisibilised and politically sidelined.

One of the challenges of this process was to produce a project and a document which is representative of Auckland/Tamaki Makaurau. Although the limited size of the project meant that this was never going to be truly possible, we wanted to at least be able to include the voices of those who work on the front lines with sexual violence. We thought that we could do this if we included sufficient consultation and flexibility in the data gathering process to allow accommodation of the comforts and needs of various groups. However, at times consultation has seemed sufficient, but at others we began to feel that we had left ourselves in the impossible role of “analysing” information offered to us by a range of people from different cultural groups. We toyed with ideas of different models, but none seemed appropriate within the time and money constraints of the project. Our ideal would have been to have a collaborative project from start to finish, where all community groups involved were included in the design of the project and the collection and analysis of information. However, apart from funding constraints, a key difficulty with this approach is that for such a project to work, all groups need to have similar and sufficient energy to participate. While Auckland Sexual Abuse HELP is at a point in our journey where we are making prevention a priority, not every group is at the same point. To work only with those groups who were at the same developmental stage as our own might well mean ending up with a document which speaks only for Pakeha - a travesty in terms of Te Tiriti and the realities of multi-cultural Auckland/Tamaki Makaurau. So, although we would look closely at our models for research practices and organisation were we to venture into a similar project in the future, we hope that we have been able to walk the tightrope of offering involvement in a project which has value to all groups who have participated, and using with integrity the power which groups have allowed us by sharing information.

In engaging with other groups and grappling with these issues, the project has certainly had community development as a ‘spin-off’. While we hope to see on-going effects of this in the ways that we work together doing our ‘usual work’, it has also led to discomfort with our responsibility for the disillusionment of others. When we were advised of the restructuring of ACC, the decision to scrap community led projects was devastating for us. However, we had also brought others with us on the journey with ACC. Many had come with reservations about research ever leading to concrete outcomes and suspicion of working with government departments. They had put aside these doubts through belief in the project and trust in us. For some, their disillusionment was as acute as our own. Given investments by community groups from limited resource pools of time, money and energy beyond that reimbursed by ACC, the decision to not continue the three year programme to completion, seems disrespectful of the community groups who have participated. This also seems contrary to the stated objectives of this government in the *Statement of Intentions for an Improved Community-Government Relationship* signed by the Hon Steve Maharey and the Rt Hon Helen Clark in December 2001 and distributed to community groups. The involvement of all Ministries in the development of these government intentions may have been appropriate in avoiding decisions of this nature.

One of the surprises to us in this project has been the level of traumatisation we have experienced from hearing more stories of sexual violence. Those of us who work in the field expected no further traumatisation, and those who were new had the usual inductions to expect some degree of traumatisation. However, the stories of sexual violence occurring in the area have been shocking. These stories are not fully evident in this document due to the need to maintain anonymity and the lack of value in spreading trauma through the community. However, the reality is that no matter how bad we think things are for Pakeha, when we listen to the stories of other cultures, the links between sexual violence and power are all too obvious. The stories we were told seem more traumatic because of the levels of disempowerment which are culturally and societally constituted. Issues which look relatively straightforward when looked at from a Pakeha perspective, when mixed with poverty, migration status and cultural sanction of the power of males over females, develop new levels of complexity and disempowerment.

In this document, we have presented various levels of 'results', information and informed opinion. Some of this will be well known and some new to the reader. In consolidating information from many different quarters, we have learnt some completely new things, confirmed some things we thought we knew and gained understanding at a deeper level about other things. However, what has become clear to us is that the occurrence of sexual violence is a predictable outcome of the ways that we live. This is, as has been said before, a 'rape supportive culture'. We need to work with some urgency towards whole community responsibility for this outcome, as sexual violence is occurring at epidemic proportions. *The Social Report* produced by the Ministry of Social Policy in 2001 uses occurrence of abuse as an indication of the quality of life in New Zealand and states that the Labour government is committed to improving social policy outcomes. We would suggest that to achieve prevention of sexual violence at the level of our culture(s), the problem needs to be seen in its totality as one which involves many sectors such as health, income, employment, justice and education. While we hope to see a government lead in the prevention of sexual violence, we have also come to more fully appreciate the necessary role of community groups in advocating for ideological change alongside our work in providing more direct interventions. One of the ways that this could be supported by government would be through the provision of adequate and stable funding.

Responsibility is a key theme of the changes we suggest which need to occur for all adults, both those who offend directly and those who could be said to offend indirectly through continuation of all of the conditions which support sexual violence - including economic and cultural arrangements which allow the abusive use of power over another. Adults need to take responsibility for 'doing power differently' in our relationships with other adults and young people and to accept responsibility for keeping children safe – we can teach children all we like about keeping boundaries and making disclosures, but without providing a safe environment in which to do this, we just place them at further risk. Likewise, our responses to offenders or potential offenders need to be such that they are able to be supported in taking responsibility for their behaviour, rather than just feeling alienated.

## **Appendix A:**

### **Child and Adult Research Questionnaires used**

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Auckland Sexual Abuse Help Foundation  
[sexualabusehelp@xtra.co.nz](mailto:sexualabusehelp@xtra.co.nz) ph. 623 1700

Child/Adolescent Injury Prevention Questionnaire  
Ages 0-17yrs

***Tena koutou katoa. Kia ora.***

***Thank you for giving your time and knowledge to this project.***

***We would like to reassure you that we do not require the personal details of your client.***

***Please attempt to answer all the questions in as much detail as possible. As we are asking for detailed information that may not be available to you we expect that you will not be able to answer all of the questions. If you do not know the answer please simply write 'don't know'.***

***There may be times when you have multiple answers to a single question. If your client has experienced a series of assaults/abuse perpetrated by different offenders, please fill in a separate questionnaire for each offender. Attach all questionnaires together. Where there is one offender but chronic abuse, please use one questionnaire. Feel free to use the notepaper at the end of the questionnaire.***

***If you have any queries or concerns about the questions please feel free to contact us.***

Child and Adolescent Questionnaire (0-17years)

Organisation: \_\_\_\_\_

Counsellor/Worker: \_\_\_\_\_

Client identifier: (not the client's name)  
(For your reference if follow up is needed) \_\_\_\_\_

**Section One**

Statistical information about your client.  
*Please circle or fill in the space provided.*

- 1.1 Is your client ... Male or Female
- 1.2 What is your client's current age? \_\_\_\_\_
- 1.3 What was your client's age at the time of the offence/s? \_\_\_\_\_
- 1.4 With which ethnic or cultural group(s) does your client identify? *You can list more than one.*  
\_\_\_\_\_
- 1.5 Please describe family religious affiliation, if any.  
\_\_\_\_\_
- 1.6 Is English used as this family's second language? Yes / No
- 1.7 If this family migrated to Aotearoa/New Zealand, how long have they lived here and in your opinion, how adjusted is the family to living here?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.8 Who lived in the same dwelling as your client at the time of the abuse?  
(Please tick the boxes that apply and circle the relationship. Please write the number if there is more than one relative of that description living in the dwelling)

- |                    |                          |            |      |        |          |        |
|--------------------|--------------------------|------------|------|--------|----------|--------|
| Father             | <input type="checkbox"/> | Biological | Step | Foster | Adoptive |        |
| Mother             | <input type="checkbox"/> | Biological | Step | Foster | Adoptive |        |
| Grandfather        | <input type="checkbox"/> | Biological | Step | Foster | Adoptive | no. __ |
| Grandmother        | <input type="checkbox"/> | Biological | Step | Foster | Adoptive | no. __ |
| Uncle              | <input type="checkbox"/> | Biological | Step | Foster | Adoptive | no. __ |
| Aunt               | <input type="checkbox"/> | Biological | Step | Foster | Adoptive | no. __ |
| Boy Cousin         | <input type="checkbox"/> | Biological | Step | Foster | Adoptive | no. __ |
| Girl Cousin        | <input type="checkbox"/> | Biological | Step | Foster | Adoptive | no. __ |
| Brother            | <input type="checkbox"/> | Biological | Step | Foster | Adoptive | no. __ |
| Sister             | <input type="checkbox"/> | Biological | Step | Foster | Adoptive | no. __ |
| Mother's boyfriend | <input type="checkbox"/> |            |      |        |          |        |

**Family member/s not listed**  **Please Specify:**

\_\_\_\_\_  
**Other known person/s not listed**  **Please Specify:** \_\_\_\_\_



Looking at the above question (1.8) please circle the main caregiver.

**1.9** Please describe your client's family make up at the time of disclosure.  
(e.g. two parent family, stepfamily, foster family)

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1.10 If the client was under 14 years of age, at the time of abuse, did the main caregiver look after the child when the child was not at school/preschool?

Yes / No

If no, who supervised the child? \_\_\_\_\_

1.11 If the client is over 14 years of age, was the main caregiver aware of the adolescent's whereabouts at the time of the abuse?

Yes / No / Don't know

1.12 To your knowledge, did your client's mother have a history of sexual abuse?

Yes / No / Don't know

1.13 To your knowledge, was there any intergenerational sexual abuse in your client's family?

Yes / No / Don't know

Comments:

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## Section Two

Statistical information about the offender/s.

*Please circle, tick the box or fill in the space provided.*

2.1 Was the offender/s ... Male or Female

2.2 What relation is the offender to your client?

*Please tick as many as apply.*

- **Family Members**

*Please circle the relationship*

- |                          |                          |                       |      |        |                 |
|--------------------------|--------------------------|-----------------------|------|--------|-----------------|
| Father                   | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive        |
| Mother                   | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive        |
| Grandfather              | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive        |
| Grandmother              | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive        |
| Uncle                    | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive        |
| Aunt                     | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive        |
| Boy Cousin               | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive        |
| Girl Cousin              | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive        |
| Brother                  | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive In-law |
| Sister                   | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive In-law |
| Mother's boyfriend       | <input type="checkbox"/> | live in               |      |        |                 |
| Mother's boyfriend       | <input type="checkbox"/> | Not live in           |      |        |                 |
| Family member not listed | <input type="checkbox"/> | Please Specify: _____ |      |        |                 |

- **Acquaintances**

- |                               |                          |                       |
|-------------------------------|--------------------------|-----------------------|
| Boyfriend                     | <input type="checkbox"/> |                       |
| Date – known a while          | <input type="checkbox"/> |                       |
| Date – met that night         | <input type="checkbox"/> |                       |
| Friend                        | <input type="checkbox"/> |                       |
| Family friend                 | <input type="checkbox"/> |                       |
| Friend of a friend            | <input type="checkbox"/> |                       |
| Other known person not listed | <input type="checkbox"/> | Please Specify: _____ |

- **Authority Figures**

- |  |                          |                       |
|--|--------------------------|-----------------------|
| Church Leader                                      | <input type="checkbox"/> |                       |
| Teacher  | <input type="checkbox"/> |                       |
| Coach  | <input type="checkbox"/> |                       |
| Doctor   | <input type="checkbox"/> |                       |
| Counsellor   | <input type="checkbox"/> |                       |
| Elder in community                                 | <input type="checkbox"/> |                       |
| Other person in a position of authority not listed | <input type="checkbox"/> | Please Specify: _____ |

- **Service People**

- |                                 |                          |                       |
|---------------------------------|--------------------------|-----------------------|
| Taxi Driver                     | <input type="checkbox"/> |                       |
| Other service person not listed | <input type="checkbox"/> | Please Specify: _____ |

- **Complete Stranger**

2.3 What was the offender's age/s at the time of the offence/s?  
If unsure please write an approximate age or unknown.

\_\_\_\_\_

2.4 Did anyone in the child's life know the offender had sexually offended?

Yes / No / Don't know

If yes, who Knew? \_\_\_\_\_

\_\_\_\_\_

2.5 How did the offender/s have access to your client?  
eg. living in the same house, at school, neighbourhood.

\_\_\_\_\_

\_\_\_\_\_

2.6 If the offender/s migrated to Aotearoa/New Zealand, how long have they lived here?

\_\_\_\_\_

2.7 Please add any further comments regarding the offender that you feel may be useful

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Section Three**

Details of the assault.

Please circle, tick the box or fill in the space provided. If you require more space for writing please note the number of the question and use the paper provided at the back of the questionnaire.

3.1 Was the abuse:

a one off incident? Yes / No

chronic? Yes / No

over what time period? \_\_\_\_\_

3.2 *Where did the abuse take place?*

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3.3 *What time of day did the abuse take place? \_\_\_\_\_.*

3.4 Please give a brief description of the incident/s of abuse. If your client suffered multiple assaults by the same offender please give some indication of frequency and over what time period.

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**3.5 *Where was the child/adolescent's main caregiver at the time the abuse/assault took place?***

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3.6 *Had alcohol or drugs been taken?*

➤ *By the survivor*    Yes / No / Don't know

➤ *By the offender*    Yes / No / Don't know

3.7 *Can you name the drug/s used?*

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3.8 *In addition to this incident, was there any other physical violence at the time of the abuse? Yes / No*

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3.9 *Was the abuse disclosed?            Yes / No*

*To whom? \_\_\_\_\_*

*How was the abuse disclosed? e.g. did your client tell someone, or was there behaviour indicative of abuse?*

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*Outcome of the disclosure?* \_\_\_\_\_

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3.10 *Was the abuse reported e.g. CYFS, Police, School? Yes / No*

*To whom?* \_\_\_\_\_

3.11 *Was the abuse investigated? Yes / No*

*Outcome of investigation* \_\_\_\_\_

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3.12 *In your opinion, had there been any grooming? Yes / No / Don't know*

*If so, for how long and what methods were used?*

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3.13 *Please discuss any other type of coercion used (if any)*

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3.14 Did your client sustain any physical injury as the result of the abuse?

Yes / No

If yes, please detail \_\_\_\_\_

Comments:

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### **Section Four**

*This section looks more generally at risk and vulnerability.*

Please circle, tick the box or fill in the space provided. If you require more space for writing please note the number of the question and use the paper provided at the back of the questionnaire.

4.1 Has your client been previously victimised? (draw lines to match abuse to age group. You may draw as many lines as required)

Childhood   Physically By whom \_\_\_\_\_  
Adolescence   Emotionally By whom \_\_\_\_\_  
 Sexually By whom \_\_\_\_\_

4.2 Were any of these incidents disclosed to anyone? Yes / No

To whom? \_\_\_\_\_

Outcome of disclosure \_\_\_\_\_

4.3 Was your client disabled or debilitated in any way at the time of the attack? (By this we mean not by the attack itself but rather by such things as having a disabling condition i.e. a broken leg, in a wheel chair, intellectual disability, mental illness, bad eyesight or hearing etc)

Yes / No go to question 4.6

If yes, in what way? \_\_\_\_\_

4.4 In your view did the disability have any role in the risk of abuse? Yes / No

If yes, in what way? \_\_\_\_\_

\_\_\_\_\_

- 4.5 Did your client have any awareness of risk due to their disability before the abuse? Yes / No

If yes, in what way? \_\_\_\_\_

\_\_\_\_\_

- 4.6 Were there any restraints on the survivor being able to keep herself / himself safe? ... Or to enlist the help of others to keep her/him safe, e.g. protecting someone else, friends gone, physical isolation, alcohol & drug use, threats made by the offender, cultural considerations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 4.7 Did your client take part in any sexual abuse/safety promotion programme/s prior to the abuse? Yes / No / Don't know

If yes, which programmes?  
e.g. school based Keeping Ourselves Safe?

\_\_\_\_\_

- 4.8 Did your client have an awareness of the risk of sexual abuse/assault in the situation that it occurred? Yes / No / Don't know

- 4.9 Why do you think the offender chose this child/adolescent?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4.10 *What, in your opinion, led to this assault? Consider: circumstances of the assault, characteristics of the offender, characteristics of the survivor and characteristics of the environment.*

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*Please circle above those factors you would see as most important in leading to this assault.*

4.11 *In your opinion, what could have prevented this abuse/assault?*

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4.12 If the abuse was chronic, which factors do you think led to the abuse not stopping? (tick all boxes that apply)

- Previous bad experience of disclosure
- The level of coercion
- Developmental considerations
- Acceptance of abuse within the family/institution
- Disbelief of disclosure
- Parental unavailability emotionally
- Parental unavailability physically

Other \_\_\_\_\_

Please comment:

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4.13 In your opinion, what have been the sustained psychological, emotional, and interpersonal consequences of the assault for your client?

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**Thank you for sharing your thoughts, reflections and knowledge.**

***We hope that this information will contribute to the development of effective strategies for preventing sexual abuse/assault.***

*Please feel free to add any further comments or observations.*

Note Paper

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**Tena koutou katoa. Kia ora.**

**Thank you for giving your time and knowledge to this project.**

**We would like to reassure you that we do not require the personal details of your client.**

**Please attempt to answer all the questions in as much detail as possible. As we are asking for detailed information that may not be available to you, we expect that you will not be able to answer all of the questions. If you do not know the answer please simply write 'don't know'.**

**There may be times when you have multiple answers to a single question. For example, your client may have experienced a series of assaults over many years. If your client has experienced a series of assaults/abuse from different offenders, please fill in a separate questionnaire for each offender. Attach all questionnaires together. Where there is one offender but chronic abuse please use one questionnaire. Feel free to use the notepaper provided or add your own notes to the end.**

**If you have any queries or concerns about the questions please feel free to contact us.**

**ANY ENQUIRES? PLEASE CALL: 623 1700 / sexualabusehelp@xtra.co.nz**

Adult Questionnaire

**Ages 18yr plus**

Organisation: \_\_\_\_\_

Counsellor/Worker: \_\_\_\_\_

Client identifier: (not the client's name)  
(For your reference if follow up is needed) \_\_\_\_\_

**Section One**

Statistical information about your client.  
*Please circle or fill in the space provided.*

- 1.1 Is your client ... Male or Female
- 1.2 What is your client's current age? \_\_\_\_\_
- 1.3 What was your client's age at the time of the offence/s? \_\_\_\_\_
- 1.4 Was your client ...      Single       ... at the time of the assault/s?  
   Married        
   Non live-in relationship        
   Defacto        
   Widowed
- 1.5 With which ethnic or cultural group(s) does your client identify?  
*You can list more than one.*
- \_\_\_\_\_
- 1.6 Is English used as your client's second language?      Yes / No
- 1.7 If your client migrated to Aotearoa/New Zealand, how long have they lived in NZ,  
and in your opinion, how adjusted is your client to living here?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Section Two**

Statistical information about the offender.  
*Please circle, tick the box or fill in the space provided.*

- 2.1 Is the offender ... Male or Female
- 2.3 What relation is the offender to your client?
- **Family Members**      *Please circle the relationship*  
Father            Biological      Step      Foster      Adoptive  
Mother            Biological      Step      Foster      Adoptive  
Grandfather            Biological      Step      Foster      Adoptive

*(Continued over)*

- |                          |                          |                       |      |        |          |
|--------------------------|--------------------------|-----------------------|------|--------|----------|
| Grandmother              | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive |
| Uncle                    | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive |
| Aunt                     | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive |
| Boy Cousin               | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive |
| Girl Cousin              | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive |
| Brother                  | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive |
| Sister                   | <input type="checkbox"/> | Biological            | Step | Foster | Adoptive |
| Mother's boyfriend       | <input type="checkbox"/> | live in               |      |        |          |
| Mother's boyfriend       | <input type="checkbox"/> | not live in           |      |        |          |
| Brother in law           | <input type="checkbox"/> |                       |      |        |          |
| Father in law            | <input type="checkbox"/> |                       |      |        |          |
| Husband                  | <input type="checkbox"/> |                       |      |        |          |
| Ex Husband               | <input type="checkbox"/> |                       |      |        |          |
| Defacto Partner          | <input type="checkbox"/> |                       |      |        |          |
| Ex Defacto Partner       | <input type="checkbox"/> |                       |      |        |          |
| Family member not listed | <input type="checkbox"/> | Please Specify: _____ |      |        |          |

• **Acquaintances**

- |                       |  |
|-----------------------|--|
| Boyfriend             | <input type="checkbox"/>                       |
| Ex Boyfriend          | <input type="checkbox"/>                       |
| Date – known a while  | <input type="checkbox"/>                       |
| Date – met that night | <input type="checkbox"/>                       |
| Friend                | <input type="checkbox"/>                       |
| Friend of a friend    | <input type="checkbox"/>                       |
| Other known person    | <input type="checkbox"/> Please Specify: _____ |

*Please turn over for further categories*

• **Authority Figures**

- |   |  |
|---|--|
| Church Leader                           | <input type="checkbox"/>                       |
| Teacher                                 | <input type="checkbox"/>                       |
| Coach                                   | <input type="checkbox"/>                       |
| Doctor                                  | <input type="checkbox"/>                       |
| Counsellor                              | <input type="checkbox"/>                       |
| Elder in community                      | <input type="checkbox"/>                       |
| Other person in a position of authority | <input type="checkbox"/> Please Specify: _____ |

• **Service People**

- |             |                          |                      |  |
|-------------|--------------------------|----------------------|--|
| Taxi Driver | <input type="checkbox"/> | Other service person | <input type="checkbox"/> Please Specify: _____ |
|-------------|--------------------------|----------------------|--|

• **Complete Stranger**

2.3 What was the offender's age at the time of the offence?  
If unsure please write an approximate age or unknown. \_\_\_\_\_

2.4 Had the offender any prior convictions for sexual abuse and assault?  
\_\_\_\_\_  
\_\_\_\_\_

2.5 Please add any further comments regarding the offender that you feel may be useful.

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**Section Three**

Details of the assault.

Please circle, tick the box or fill in the space provided. If you require more space for writing please note the number of the question and use the paper provided at the back of the questionnaire.

3.1 *Where did the assault/s take place?*

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3.2 *What was the time of day of the assault/s?* \_\_\_\_\_

3.3 Please give a brief description of the assault? If your client suffered multiple assaults by the same offender please give some indication of frequency and over what time period.

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*3.4 In your opinion had there been any grooming? Yes / No / Don't know*

*If so, for how long and what methods were used?*

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*3.5 Please discuss any other type of coercion used (if any)*

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3.6 *What do you believe triggered the assault? (More space over the page)*

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3.7 *Had alcohol or drugs been taken?*

➤ *By the survivor*    Yes / No

➤ *By the offender*    Yes / No

3.8 *What type of alcohol and how much did the survivor drink? N/A*

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3.9 *Can you name the drug/s used?    N/A*

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3.10 *Was the assault reported?    Yes / No*

*To whom? \_\_\_\_\_*

*What was the outcome of the investigation? \_\_\_\_\_*

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3.11 *If the assault occurred within the context of an ongoing relationship, were any of the below a dynamic in the relationship? Please comment*

- *Physical violence*                       *(pushing through to severe beatings)*
- *Emotional abuse*                       *(name calling through to threat to kill)*
- *Use of pornography*                       *(magazines, internet and movies)*

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**Section Four**

*This section looks more generally at risk and vulnerability. If you require more space for writing please note the number of the question and use the paper provided at the back of the questionnaire.*

4.1 *Has your client been previously victimised? (Please draw lines to match abuse to age. You may draw as many lines as required)*

- |                    |                          |                          |                    |
|--------------------|--------------------------|--------------------------|--------------------|
| <i>Physically</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <i>Childhood</i>   |
| <i>Emotionally</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Adolescence</i> |
| <i>Sexually</i>    | <input type="checkbox"/> | <input type="checkbox"/> | <i>Adulthood</i>   |

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4.2 *Were any of these previous incidents of victimisation disclosed to anyone?*  
Yes / No                      To whom? \_\_\_\_\_

*please comment*

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4.3 *Was your client disabled or debilitated in any way at the time of the attack? (By this we mean not by the attack itself but rather by such things as having a disabling condition i.e. a broken leg, in a wheel chair, intellectual disability, mental illness, bad eyesight or hearing etc)*  
Yes / No go to question 4.4

*If yes, in what way?* \_\_\_\_\_

*In your view did the disability have any role in the risk of assault?*

*Yes / No Please comment*

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4.4 *Did your client have any awareness of risk before the assault?*  
*Yes / No Please comment*

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4.5 *Why do you think the offender chose this person? (you may not have any ideas about this)*

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4.6 *What, in your opinion, led to this assault? Consider: circumstances of the assault, characteristics of the offender, characteristics of the survivor and characteristics of the environment.*

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Please circle above those factors you would see as most important in leading to this assault.

- 4.7 Were there any restraints on the survivor being able to keep herself / himself safe? ... Or to enlist the help of others to keep her/him safe, e.g. protecting someone else, friends gone, physical isolation, alcohol & drug use, threats made by the offender.

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**Section Five**

This section looks briefly at the consequence of the assault.

- 5.1 Did your client sustain any physical injuries as a result of the assault?  
Yes / No Please comment

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5.2 In your opinion, what have been the sustained psychological, emotional, and interpersonal consequences of the assault for your client?

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**Section Six**

*This section looks briefly at prevention.*

6.1 Did your client utilise any commonly known prevention strategies? i.e. physical self-defence, screaming, running, talking.

Yes / No

Please comment

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6.2 What, in your opinion, if anything, could have prevented this assault?

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Thank you for sharing your thoughts, reflections and knowledge.

*We hope that this information will contribute to the development of effective strategies for preventing sexual abuse/assault.*

*Please feel free to add any further comments or observations.*

Note Paper

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## **Appendix B: Prevention Programmes run in Auckland Schools: A Random Survey.**

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A survey was randomly sent to 18 Primary/Intermediate schools in the Tamaki Makaurau area. In our cover letter we explained our project and the current focus on prevention.

We asked the school to provide information on programmes that they run at the school which contribute towards sexual abuse prevention. We asked about parental involvement, the number of pupils reached, questions about effectiveness and restraints.

The response was low, but this was not unexpected, given the pressures of time and resourcing faced by school principals and staff.

The following table is a presentation of the response that we received. Attached is the list of schools who were sent the survey.

<b>School</b>	<b>Programme</b>	<b>Parent &amp; Staff Involvement</b>	<b>Numbers Reached / Duration</b>	<b>Effectiveness</b>	<b>Restraints</b>
<u>Stanley Bay</u>	Keeping Ourselves Safe. A personal safety programme to provide children with skills to cope with situations that might involve abuse. Programme supported by Police Education Officer.	Staff meeting and evening for parents included.	285 kids every second year.	Raises children's awareness.  Dependant on knowledge, delivery and sensitivity of the classroom teacher.	Time – there are a lot of other curriculum considerations too.
<u>Swanson School</u>	Social Skills Training Targets students who cannot make and sustain friends, or be safe in the playground. Students work in a group. Students ask to be in Social Skills group.	Parent classes are run using a less intensive version of "Triple P" (developed by Matt Sanders Queensland University).  Teachers work alongside the students with a targeted academic programme.	Group work of 12 students at a time. Over a 4 week period students tend to learn school based skills. Another 6 months for skills to be more generally applied.	This programme with parental support is almost a guaranteed success.	Resourcing is the biggest constraint – limits of school budget.

School	Programme	Parent & Staff Involvement	Numbers Reached / Duration	Effectiveness	Restraints
<u>Papakura South School</u>	<p>Keeping Ourselves Safe.</p> <p>To discuss with tamariki ideas about 'when they feel safe' and strategies for what to do when they don't.</p> <p>Empowering tamariki about their rights in protecting themselves.</p> <p>Saying 'No' to adults.</p> <p>Good/bad secrets. Telling.</p>	<p>Parents receive 2 pamphlets and KOS information meeting organised. Staff have 2 staff training meetings.</p> <ol style="list-style-type: none"> <li>1. On School Policy , what is abuse and about the programme</li> <li>2. How to teach the activities, videos.</li> </ol>	<p>Whole school. Co-ed full primary 190 pupils Ages 5-13 82% Maori Bi-annually</p> <p>Runs for 6 weeks.</p>	<p>Initial concerns from staff about using 'correct' body labels and about 'abuse'. After discussion staff feel more comfortable about their role.</p> <p>Staff expressed that a wide gap existed between those tamariki with knowledge and those without. Hard to know how many tamariki were supported in their whanau discussions at home.</p> <p>Most Tamariki participated well during the programme.</p>	<p>Unknown amount of interest and support from parents. There was a poor response to the parent consultation Information meetings planned (one in the afternoon and one in the evening). Few teachers reported oral or written feedback from parents.</p>

### School Comments Attached to Survey on Abuse Prevention

#### Swanson School

While the Social Skills Programme is not specifically targeted at sexual abuse, many of the kids are high risk, and sometimes survivors of sexual abuse. Being able to manage themselves alongside their peers, to problem solve and regulate their affect, builds their resilience to future trauma.

#### Papakura South School

The school has in place strategies and polices for the prevention of abuse. These include:

- Zero tolerance of physical and verbal abuse in the school.
- Positive programmes for tamariki during intervals, as well as in classrooms.
- Social skills discussions on strategies to use if being abused.

- The deliberate development of a school 'climate' that runs as a 'whanau' and the building of 'trust'.
- Time, commitment and consistency across the school.
- An awards assembly and awards generally, where tamariki and staff are recognised for their good deeds, responsibilities, sportsmanship etc. e.g. Year 7 & 8 who try hard at Manual Training at the local Intermediate School, are invited to a special morning tea with the staff in the staff room.
- We have committees that involve tamariki in decision making in the school. e.g. School Council, Health Promoting Schools.
- The tamariki are taught that the school is a safe haven from all community problems.
- Parents seem less stressed if their tamariki feel good about school and are doing well.

Having skilled staff who have 'mana' within the school community to act as liaison person between child/parent, parent/school, child/school.

## **Appendix C:**

### **Summary of Prevention Recommendations**

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#### **1. The wider issues: considerations for all prevention strategies**

- 1.1 That prevention initiatives be targeted at all three levels (society-wide, audience-specific, and individual-specific) and that they be carefully considered and directed to reinforce one another.*
- 1.2 That any initial campaign must focus in its broad initiatives on simple awareness raising messages.*
- 1.3 That culturally inclusive health, education and community services be made available for all members of the Auckland/Tamaki Makaurau community.*
- 1.4a That compulsory policy development regarding sexual victimisation for all organisations be government mandated.*
- 1.4b That a guide such as 'Safe not sorry' is distributed and used widely to facilitate policy development and implementation amongst children's organisations.*
- 1.4c That a guide like 'Safe not sorry' be developed for organisations working with adults and that this is distributed and used widely to facilitate policy implementation.*
- 1.4d That, as part of the above, organisations make a commitment to reassess policies in place.*
- 1.4e That staff training about safe workplaces be made available to all employed people.*
- 1.5a That information about sexual victimisation be made readily available and be accessible for all people and that the government take responsibility for this as a public health duty.*
- 1.5b That a standard booklet about prevention and the causes of sexual victimisation be developed and provided freely to anyone who comes into contact with the issue.*
- 1.6a That treatment be understood as a public health issue, and as such, a right for the population.*
- 1.6b That because the bulk of these services are provided by community groups reliant on unpredictable funding, this funding needs to be increased and stabilised.*
- 1.7 That statistics be collected, collated and held by the government agencies such as CYFS, ACC and the NZ Police in order for community and other organisations to be able to effectively address the issue of sexual violence.*



## **2. Prevention of sexual violence against children, young people and adults - existing programmes and recommendations**

### **Prevention of sexual violence towards children**

- 2.1a** *That funding be increased for existing pre-school and primary school programmes taught by professionals in conjunction with teachers and containing parental participation components which incorporate as many of the desirable programme features as possible.*
- 2.1b** *That a health and safety programme of this nature be compulsory within the school curriculum.*
- 2.1c** *That existing programmes be reassessed every year with regard to current sexual abuse prevention research.*
- 2.1d** *That current programmes are internally and externally evaluated regularly.*
- 2.2a** *That the issue of sexual violence against children be brought into the mainstream in such a way that requires people to question and challenge a society which condones it. There must be practical ways for people to involve themselves in changing society's structure.*
- 2.2b** *That Freda Brigg's suggestions of including child protection and personal safety information be incorporated into the school curriculum in New Zealand.*
- 2.2c** *That critical thinking about these and other issues be developed in the school setting and at home if possible from a very young age.*
- 2.3a** *That broad based prevention initiatives focus on adult and community responsibility for children's safety.*
- 2.3b** *That adults be provided with basic sexual safety and child-parent communication information when they become parents.*
- 2.3c** *That children's programmes incorporate, but not explicitly focus on, an understanding of material circumstances and how these impact upon issues such as sexual abuse.*
- 2.4a** *That the onus be placed on communities to provide safe settings for children to disclose in and that these supportive settings be maintained post-disclosure.*
- 2.4b** *That adults are taught how to best respond to disclosure.*
- 2.4c** *That programmes focus on who children can safely disclose to and how to identify safe adults.*
- 2.4d** *That effective communication skills are a particular focus for the disabled community and that adults be particularly aware of disabled children's vulnerabilities.*

- 2.5a** *That there is support for the development of culturally appropriate prevention programmes for children and their parents*
- 2.5b** *That these programmes are widely available to enable families to choose which programme is more consistent with family culture and therefore able to be supported at home.*
- 2.6a** *That parental skills programmes which teach skills for fostering secure child attachment be available to the wider community.*
- 2.6b** *That existing pre-school and primary school programmes incorporating parental involvement include parent-child interaction with the view to identifying unhappy and possibly abusive child-parent relationships.*
- 2.6c** *That programmes for parents only are trialled and extended to the wider family and community.*
- 2.6d** *That these programmes incorporate information about offender tactics.*
- 2.6e** *That research into the challenges faced by mothers who have been sexually abused be supported, and that the practical outcomes suggested be developed for prevention purposes.*
- 2.7a** *That school programmes encourage personal safety lessons within the home*
- 2.7b** *That parents set safety guidelines for within the home and where possible within the homes of relatives and friends.*
- 2.8a** *That prevention programmes for children and adults utilise examples that are inclusive of disabled people.*
- 2.8b** *That these programmes challenge the current stereotypes about disabled children.*
- 2.9a** *That young people be encouraged to debate their views in an autonomous way in conjunction with the positive messages provided by community organisations and through prevention initiatives.*
- 2.9b** *That prevention programmes be presented in such a way that encourages independent, critical thinking, and societal analysis.*
- 2.10a** *That internet safety be incorporated into school and home sexual safety messages.*
- 2.10b** *That further research be carried out about internet safety and use amongst young people.*
- 2.10c** *That existing New Zealand internet resources about sexual abuse and sexual safety be utilised and expanded upon.*

## **Prevention of sexual violence towards young people**

- 2.11a** *That funding be restored and enhanced for existing prevention programmes in the Auckland/Tamaki Makaurau area.*
- 2.11b** *Periodic full evaluation of existing programmes should be carried out. Funding would be needed to do this.*
- 2.12a** *That rewarding schools which make an effort to put sexual violence on the agenda and for spending valuable time on the issue may be necessary.*
- 2.12b** *That alternative ways of educating young adults be considered (i.e. other than schools).*
- 2.13a** *That funding be increased to expand the scope of sexual violence prevention programmes.*
- 2.13b** *The causes of sexual violence must be addressed within prevention programmes.*
- 2.14a** *That young people are resourced to receive disclosures from their peers, such as the Peer Disclosure Project of Auckland Sexual Abuse HELP Foundation.*
- 2.14b** *That an alternative response to alleged offenders be developed whereby they can be offered the option of attending an educational and rehabilitation programme.*
- 2.15** *That drug rape be more fully researched and incorporated into the sexual safety education curriculum.*
- 2.16** *That education for parents about potential risks as well as helpful responses to sexual assault be made available with a view to increasing awareness and decreasing reluctance of disclosure to parents (as young adults disclose primarily to peers).*
- 2.17a** *That further research be done about presenting programmes in schools which include an offender focus.*
- 2.17b** *That legal alternatives are developed to enable early rehabilitation focussed responses to allegations of sexual offending.*
- 2.18a** *That research be undertaken to ascertain the ways in which communities can become more involved in the development of prevention programmes for youth.*
- 2.19** *That a broad public awareness campaign designed by students and community groups be undertaken to capture the attention of those not in schooling and to reinforce the messages of prevention initiatives within schools.*
- 2.20a** *That the booklet “Leave me Alone at Work” be provided to all secondary school aged young people and that concise pamphlets summarising the main points of these documents be made widely available.*

- 2.20b** *That education about what to expect at your workplace be incorporated into existing prevention programmes, or new initiatives developed that talk specifically about sexual safety.*
- 2.20c** *That any workplace training that may take place also deals with sexual safety.*
- 2.20d** *That education about appropriate workplace behaviour for employers be provided to both employers and employees.*
- 2.20e** *That penalties be increased where these responsibilities are abandoned and abuses occur.*
- 2.20f** *That attempts be made to inform workers about the benefits of unions and workers organisations.*
- 2.21a** *That funding be made available for an inter-agency 24 hour 0800 number to field enquiries from those in the Auckland/Tamaki Makaurau community concerned about sexual safety in any way.*
- 2.21b** *That resources be attached to such a phone line to enable the offering of practical assistance for those in potentially dangerous situations.*
- 2.22** *That the 'peer disclosure' website initiative be provided with funding to be developed into a 24 hour, 7 days a week anonymous advice website.*
- 2.23** *That universities and other tertiary education providers acknowledge their responsibility to provide safe campuses and fund safety education.*

## **Prevention of sexual violence towards adults**

- 2.24a** *That consciousness raising initiatives about partner violence are still required and should be implemented at all prevention levels, in existing community groups, and within organisations/with individuals that have frequent contact with adults.*
- 2.24b** *That free resources be available for adults to assist in the development of healthy relationships.*
- 2.24c** *That health and mental health workers continue to be trained to recognise and ask about sexual violence.*
- 2.24d** *That the issue of domestic violence be extended to explicitly include sexual violence concerns.*
- 2.25a** *That the successful Canadian campaigns ‘Stop It Now’ and ‘Only Yes Means Yes’ (see literature review) be attempted in New Zealand.*
- 2.25b** *That rehabilitation programmes and offender management strategies for “strangers” who sexually offend against adults be made available.*
- 2.26** *That community programmes based on successful USA models be developed by existing organisations to look into the causes of sexual violence.*
- 2.27** *That the minimum living income be increased to enable women especially to access services and support and to make escaping from violent and sexually abusive situations possible.*
- 2.28** *That efforts be made to encourage intergenerational discussion about sexual violence and sexual safety and that this be undertaken through existing channels of communication such as schools and community groups. (See community groups section for further details.)*

## **Prevention of sexual violence towards older people**

- 2.29a** *That sexual safety information should be provided for older people and distributed where they are most likely to come into contact with it.*
- 2.29b** *That the profile of the reality of sexual abuse of older people be raised by offering information to publications such as Age Concern and Grey Power literature as well as mainstream publications.*
- 2.29c** *That the concerns of older people be incorporated into any broad based prevention initiatives undertaken.*

### **3. Prevention for specific groups in Auckland**

#### **Maori**

- 3.1a Acceptance of the premise that Maori are most competent and best able to work with violence and abuse in the Maori community.*
- 3.1b When abuse has occurred, healing needs to attend to the whole person, Te Oranga, and healing at the levels of whanau, hapu and iwi.*
- 3.1c Delivery of education and support programmes (such as those presently run by Tu Wahine) across the board in Maori networks, in particular in kohanga reo, Kura Kaupapa and their whanau and through Marae, whanau hapu and Iwi.*
- 3.1d Educational presentations to pakeha agencies to encourage understanding Maori perspectives around healing working with whanau, along with challenging institutional racism and challenging non Maori to assist Maori whanau to get the most appropriate help.*
- 3.1e An appropriate level of resources to allow this issue to be effectively addressed.*

#### **Community of Pacific cultures – from Pacific Island Women’s Health Project**

- 3.2a All of the concerns raised in prevention material and community discussions focusing on Pacific Island peoples need to be addressed by and within that community.*
- 3.2b Palagi organisations need to continue to walk the fine line of respecting cultural appropriateness, but also not turning away those who do not even feel safe enough to test whether there are some members of their culture who they can trust about these issues.*

#### **Asian/Migrant communities**

- 3.3a Most of the concerns raised in the prevention strategy to do with Asian people and migrants, would be best addressed by and within these communities. This might include research into the viability of mono-cultural youth education programmes that have associated parent components.*
- 3.3b Various organisations now work with large numbers of Asian people and migrants and may need to address issues in consultation with these communities e.g. educational institutions.*
- 3.3c Other groups can assist with increasing publicly available information about legal protection with regard to immigration and canvassing for law change if necessary.*
- 3.3d Good liaison between mainstream agencies and culturally appropriate agencies when mainstream agencies are required to provide services.*

## **Disabled People**

- 3.4a That public campaigns for change in societal attitudes toward disabled people be initiated.*
- 3.4b That communication initiatives be given attention within the disabled community. Mediums such as teletext have the potential for disseminating prevention material to the disabled community.*
- 3.4c Education and policy should be in place for those that have frequent contact with disabled people. Workplaces, schools and homecare workers should be a particular focus.*
- 3.4d That an 0800 number, email and other communication networks be established for members of the disabled community.*
- 3.4e That offender consequence be addressed by police, community and organisations.*

## **Sex Workers**

- 3.5a That because public perceptions about sex work are bound up with current laws, and because law change would make sex work safer, law changes should be supported.*
- 3.5b That NZPC is supported in their education and communication work with sex workers.*

## **Offenders**

- 3.6a Changes to the environment in which sexual offending occurs so that it is harder to do and harder to justify.*
- 3.6b Close working relationships between those who work with offenders and those who work with offenders could support development of a common stand against sexual violence.*
- 3.6c Interventions for those whose behaviour indicates that they are at risk of sexual offending.*
- 3.6d Widely available rehabilitation and offender management.*

## **Sexual assault of males**

- 3.7a That education for children, young people and adults does not fall into the trap of viewing men as offenders and women as victims. A focus on positive relationship may be beneficial.*
- 3.7b Sexuality education programmes for men could be positive initiatives in Aotearoa/New Zealand.*

**3.7c** *Facilitating male disclosure and developing the conditions necessary for the ending the shame attached to it may be key to providing a safe and healthy environment for men in Aotearoa/New Zealand.*

**3.7d** *Suicide rates for young men are of grave concern to those within the sexual abuse therapeutic community as the links can easily be seen. Men need to be aware of services available to help them deal with sexuality and sexual violence issues.*



#### **4. Community groups involved in this research**

- 4.1** *Funding must be made available to enable prevention initiatives to reach a wider range of people and a larger number of people with the best programmes. This means more funding for community groups, as these groups have a unique insight and unique position in the community, to maintain and extend their programmes.*
- 4.2** *That further government funding allowing for the establishment of a prevention co-ordination position would facilitate closer working relationships between the groups so that groups and their programmes can effectively work in conjunction with one another.*
- 4.3a** *That continued research co-operation may be useful but must work within the constraints of community groups. That further research should be undertaken to understand the way in which Maori, Pacific Island, Asian, African people and people from other cultures in Aotearoa/New Zealand will experience oppression and therefore abuse/victimisation.*
- 4.3b** *That tertiary education facilities could work with community groups to further this research.*
- 4.4** *That funding for an annual conference be made available in order that those working on the front lines of the prevention and treatment of sexual victimisation can more effectively communicate, and so that research links be maintained. This would help to keep the issue of prevention on the agenda for organisations who are otherwise occupied with providing post-trauma and therapeutic services.*

#### **Finally:**

In line with these recommendations, the effectiveness of prevention programmes can only be increased long term if these programmes are part of a wider and co-ordinated social campaign with consistent messages. The integration of public health programmes nationwide was a concern raised by community groups. The effectiveness of this should be researched and followed up on.

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## Web Resources

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### General resources

1. National Clearing House on Family Violence  
<http://www.hc-sc.gc.ca/hppb/familyviolence/>

*This is a huge Canadian resource that has strategy documents and reports, in the area of 'family violence' as it applies across the lifespan. It does not exclusively focus on sexual violence but has a wealth of material that does.*

2. Washington Coalition of Sexual Assault Programs  
<http://www.wcsap.org/>

*This is the home page for the Washington Coalition of Sexual Assault Programs. It includes a mission statement, philosophy and history of the group. Links take you through education to prevention with downloads of Community Development manuals, accreditation standards, creating social change initiatives, amongst other useful material, all with a focus on sexual violence.*

3. Assault Prevention Information Network  
[www.jump.net/~judith/APINintro.html](http://www.jump.net/~judith/APINintro.html)

*Aims to help people work towards taking charge of their lives and deriving a sense of their place in the world through their own experiences and judgements. This site hopes to provide the information individuals need in order to move towards achieving this: 'The issue of violence places us on the cusp of those opposing directions. We yearn to control our own lives, to decide for ourselves where our boundaries are, and who gets to cross them and how far. We feel helpless because we do not have the information we need to make effective decisions, so we wall ourselves up behind security gates, pass punitive (and not very useful) laws, hire more experts (police) and scapegoat anyone we've been told to be afraid of. We have spasms of frustration and anger at this situation, and in our desperation grasp at simplistic solutions that we would not settle for if we had more information.'*

4. National Center for Injury Prevention and Control  
<http://www.cdc.gov/ncipc/>

*This site gives information on family and intimate violence prevention projects and research underway or completed. It also provides useful and informative facts sheets (see especially the rape fact sheet) about different types of injuries. Includes information about community programmes developed and underway in the USA.*

5. Office for Victims of Crime Resource Center - National Victim Assistance Academy  
[www.ojp.usdoj.gov/ovc/assist/nvaa99/chap9.htm](http://www.ojp.usdoj.gov/ovc/assist/nvaa99/chap9.htm)

*This website in general engages with victim support issues. This particular chapter looks at rape and victim support, and includes many useful statistics plus solid information about the history of rape as a crime. Definitely worth a read for policy and legal professionals.*

6. International Prostitutes Collective  
<http://allwomencount.net/EWC%20Sex%20Workers/SexWorkIndex.htm>

*An excellent resource with many useful articles. Decriminalisation and the fight for it is documented in some detail here.*

## **Age-specific resources**

### 7. Kidsafe – A Sexual Abuse Prevention Program

**[www.kid-safe.org/sitemap.html](http://www.kid-safe.org/sitemap.html)**

*Kidsafe is a Canadian conceived program which aims to educate parents, teachers and caregivers to better enable them to protect children from abuse. The program is based on handbooks and workshops. There is a 5 part series that covers issues and indicators, Sam the Safety Dog (designed to teach children), safety for older children, disclosure and reporting and legal implications. Excerpts are available but full handbooks are available for purchase only.*

### 8. Canadian Child and Family Site

**<http://www.cfc-efc.ca/>**

*From their front page: 'Fifty Canadian non-profit organizations have come together under the banner of Child & Family Canada to provide quality, credible resources on children and families on an easy-to-navigate website. The managing partner of the consortium is the Canadian Child Care Federation (<http://www.cfc-efc.ca/cccf>).'*

### 9. Best Practices in Teen Dating Violence Prevention Efforts

**<http://www.uic.edu/depts/psch/idhs/TDV.htm>**

*Paul Schewe's very well researched unpublished manuscript about prevention programmes for teenagers: what works and what doesn't.*

### 10. Drawing the Line

**[www.acog/from\\_home/publications/drawingtheline/index.htm](http://www.acog/from_home/publications/drawingtheline/index.htm)**

*A guide to Developing Effective Sexual Assault Prevention Programs for Middle School Students. This site is a thoroughly explored and referenced examination of sexual assault dynamics and the related task of developing prevention programs targeting middle school aged students. The project was driven by the American College of Obstetricians and Gynaecologists. They have created a free download resource that is an extremely valuable document as an over view of issues related to prevention.*

## **Women-specific resources**

### 11. Women's Health Matters

**[http://www.womenshealthmatters.ca/facts/quick\\_show\\_d.cfm?number=182](http://www.womenshealthmatters.ca/facts/quick_show_d.cfm?number=182)**

*This 'helthbytes' section of the Women's Health Matters site includes information about changing the 'NO means NO' message to 'Only Yes means Yes'. It also provides links to other useful information.*

### 12. Defending Ourselves Against Violence

**[www.feminist.com/resources/ourbodies/viol\\_def.html](http://www.feminist.com/resources/ourbodies/viol_def.html)**

*From the Feminist.com site, this page provides information about self-defense: 'Self defense can increase the options and choices that we have in any given situation, including situations where we are at risk of violence. Self-defense itself is a choice that is made at a particular moment. Each woman will make the best choice that she can, based on her resources and knowledge at the time.'*

## **Offenders**

13. STOP IT NOW! – Because there is a way to stop child sexual abuse.

**[www.stopitnow.com](http://www.stopitnow.com)**

*This resource is a great illustration of a program targeting offenders. It is a comprehensive site with much useful information. It's mission is to call on all abusers and potential abusers to stop and seek help, to educate adults about the ways to stop sexual abuse, and to increase public awareness of the trauma of child sexual abuse. It offers practical ways of doing all these things.*

## **Males**

15. For Men Only: For Male Survivors of Sexual Assault

**<http://www.utexas.edu/student/cmhc/booklets/maleassault/menassault.html>**

The Counseling & Mental Health Center of Texas has put together a very good page of resources to combat myths about male assault and provide information and practical support for survivors.

14. Men Can Stop Rape

**[www.orgitecture.com/mcsr/](http://www.orgitecture.com/mcsr/)**

'Men Can Stop Rape empowers male youth and the institutions that serve them to work as allies with women in preventing rape and other forms of men's violence. Through awareness-to-action education and community organizing, we promote gender equity and build men's capacity to be strong without being violent.'

## **University Specific Sites**

15. Sexual assault prevention and intervention task force. 2001.

**<http://www.schryer.com/sexualassault/>**

See also the project.html extension for further information.

This webpage is the result of a student project for an Interpersonal Violence: Issues and Treatment course taught at Western Michigan University:

"Select a violence related issue which you can impact in your community. Primary prevention and awareness activities are especially important ways to impact a community. Perform a basic needs analysis, design, propose, and begin implementation of the project. Key agencies include the YWCA, teen shelters and residential treatment centers, domestic violence shelters, crisis hotlines, counseling agencies, schools, churches, and Family Independence Agency. A report including the goals, plan, and product of your project is due on the last day of class."

16. Sexual Harassment and Rape Prevention Project - University of New Hampshire

**<http://www.unh.edu/student-life/sharpp/sharpp.html>**

The mission of SHARPP (Sexual Harassment and Rape Prevention Program ) Peer Education is to provide public awareness, to affect change in social attitudes, and to inform the individuals and groups within the University of New Hampshire (UNH) campus community about issues of sexual and intimate partner violence, sexual harassment, rape culture, safety issues and SHARPP program services. Educational programs, which are developed and presented by SHARPP Peer Educators, are delivered to the UNH community to empower all of its members by increasing campus awareness and by

facilitating self-discovery. The knowledge, the resources, and the tools provided by the SHARPP Peer Educators establish a foundation for individuals and groups to challenge violent and oppressive attitudes and actions, which encourage and accept sexual violence and rape culture as the norm in our society.

17. Arizona Rape Prevention Education Project - University of Arizona  
<http://www.u.arizona.edu/~sexasslt/arpep/>

The Arizona Rape and Sexual Assault Surveillance Project is a contract through the University of Arizona, University of Arizona Prevention Center to collect sexual assault surveillance information from the programs in Arizona funded to provide rape prevention education and rape crisis hotline services in Arizona. The federal funds supporting this project are distributed nationally through the Centers for Disease Control and Prevention and administered locally by Diana Dexter, Program Manager, Rape Prevention Education Program of the Arizona Department of Health Services, Bureau for Prevention and Health Promotion, Office of Injury and Disability Prevention.

### ***New Zealand Sites***

18. AUT Building Tomorrow Website  
[http://www.aut.ac.nz/news\\_and\\_information/events/buildingtomorrow/mainmenu.shtml](http://www.aut.ac.nz/news_and_information/events/buildingtomorrow/mainmenu.shtml)

*This is an incredibly useful resource about the prevention of child sexual abuse and what people in the community can do.*

19. Health-E-Connections  
<http://www.healthconnections.co.nz/>

website giving information about how to find a health professional for your needs. Excellent page about funding and available options such as ACC funding, WINA funding, workplace schemes and family counselling sessions.

20. The Internet Safety Group  
[www.netsafe.org.nz](http://www.netsafe.org.nz)

*Deals with the core idea of 'making Internet safety something we teach every child from the youngest age, as we do road and water safety.' An excellent site with too much information to condense into one paragraph here. Go and visit it today!*

21. YouthLaw  
[www.youthlaw.co.nz](http://www.youthlaw.co.nz)

*An extremely useful resource for people under 25 who need to know anything about their rights and the law in New Zealand.*

22. Safe Network  
[www.safenetwork.co.nz](http://www.safenetwork.co.nz).

*The website of the organisation. Hopes to provide information for offenders and their families who are thinking of getting help.*

23. Auckland Rape Crisis Website  
<http://www.rapecrisis.org.nz/>

*The information on this excellent website ranges from a history of Auckland Rape Crisis and their aims for the future, to information specifically for survivors of rape and sexual abuse. A very useful resource encompassing all of Auckland Rape Crisis as an organisation, and their activities.*

24. Auckland Police Site – Safer Communities

**[www.aucklandcitypolice.govt.nz](http://www.aucklandcitypolice.govt.nz)**

*A crime prevention site that talks about safety in public places, being followed, public toilets. Includes a child protection page.*