

October 2009

Restoring soul

Effective interventions for adult victim/survivors of sexual violence




MINISTRY OF WOMEN'S AFFAIRS
MINITATANGA MŌ NGĀ WĀHINE

Author: Ministry of Women's Affairs

RESTORING SOUL

EFFECTIVE INTERVENTIONS FOR ADULT VICTIM/SURVIVORS OF SEXUAL VIOLENCE

The report provides an overview of the four research reports of the sexual violence research project 'Strong and Safe Communities – Effective Interventions for Adult Victim/Survivors of Sexual Violence':

- Responding to sexual violence: A review of literature on good practice (Mossman et al., 2009a)
- Responding to sexual violence: Attrition in the New Zealand criminal justice system (Triggs et al., 2009)
- Responding to sexual violence: Environmental scan of New Zealand agencies (Mossman et al., 2009b)
- Responding to sexual violence: Pathways to recovery (Kingi and Jordan, 2009).

Disclaimer

This report cites research that was commissioned by the Ministry of Women's Affairs. The views, opinions and conclusions expressed in the report are intended to inform and stimulate wider debate. They do not represent government policy.

Published in October 2009
by the Ministry of Women's Affairs | Minitatanga Mō Ngā Wāhine
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ISBN 978-0-478252-47-7

This document is available on the Ministry of Women's Affairs website:
www.mwa.govt.nz/news-and-pubs/publications

I felt like my soul had been stolen.

Survivor of sexual violence – the pathways study

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Acknowledgements

The Ministry of Women's Affairs is grateful for the support and contribution of its project partners, the Ministry of Justice and the New Zealand Police.

We are also grateful to the other members of the project steering group for their guidance – the Secretariat of the Taskforce for Action on Sexual Violence, the Accident Compensation Corporation, the Ministry of Health, Te Puni Kōkiri, the Ministry of Social Development and the Ministry of Pacific Island Affairs.

Our thanks go to the members of the project advisory group for their input on research processes, contractor selection, liaison with non-governmental organisations and review of draft reports. Members of the group came from the Ministry of Justice, New Zealand Police, the Secretariat of the Taskforce for Action on Sexual Violence, the Accident Compensation Corporation, Te Puni Kōkiri, the Ministry of Pacific Island Affairs, the Ministry of Social Development, Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST) and the National Collective of Rape Crisis.

We thank the Ministry of Justice, New Zealand Police, Secretariat of the Taskforce for Action on Sexual Violence, Ministry of Pacific Island Affairs and Accident Compensation Corporation for comments on drafts of this report.

We also wish to thank:

- researchers from the Crime and Justice Research Centre and Institute of Criminology, Victoria University of Wellington, for their professionalism and dedication
- the independent experts who reviewed the four research reports: Professor Rachel Jewkes, Professor Liz Kelly, Liz Olle and Professor Betsy Stanko
- the Secretariat of the Taskforce for Action on Sexual Violence, Te Puni Kōkiri, the Ministry of Social Development and TOAH-NNEST for access to stocktakes of tauiwi and Māori services for victim/survivors of sexual violence
- TOAH-NNEST and the National Collective of Independent Women's Refuges for helping to recruit participants
- representatives of Māori, Pacific, Ethnic communities and people with disabilities for their participation in workshops at the beginning of the project
- community stakeholders who sent us support and good wishes through emails, letters and phone calls
- participants in the environmental scan, who took time from their busy schedules to complete surveys.

Finally, we are deeply grateful to the survivors who had the strength and courage to talk about their experiences of recovering from sexual violence. Their stories are at the core of all we have learned during this project.

Executive summary

Introduction

Purpose and scope of the report

Restoring Soul: Effective Interventions for Adult Victim/Survivors of Sexual Violence is the overview report resulting from a two-year research project led by the Ministry of Women's Affairs in partnership with the Ministry of Justice and New Zealand Police.

The report integrates the findings and identifies major themes that emerged from four interrelated research streams. It considers the implications from a research perspective. The focus is on 'what works' for adult survivors of sexual violence.

In this report:

- an 'adult' is defined as a person aged 16 years or older at the time of the assault
- 'sexual violence' refers to rape and unlawful sexual connection
- 'victim/survivor' is used interchangeably with 'victim' and 'survivor'
- 'perpetrator' refers to an individual who engages in sexual violence; for cases that enter the criminal justice system we refer to the 'accused', 'suspect' or 'defendant'.

Objective and scope of the project

The objective of the project was to generate data that:

- identify ways of improving the safety and well-being of adult survivors of sexual violence
- provide a strong evidence base for policy and operational responses.

The research had a particular focus on groups with the highest prevalence of sexual victimisation: New Zealand European, Māori and young women.

Evidence base: four interrelated research streams

Four complementary research streams, using quantitative and qualitative methods, were developed to answer the key questions guiding the research.

Responding to sexual violence: Pathways to recovery (the pathways study – Kingi and Jordan, 2009) provides in-depth information on the types of supports and interventions that helped survivors move from crisis towards recovery. It involved face-to-face interviews with 58 survivors and 17 self-completed questionnaires. The study focused on their experiences with informal support systems (for example, family, whānau and friends), formal support systems (for example, counselling, medical services and victim services), and the criminal justice system. It did not examine the clinical effectiveness of therapeutic interventions.

Responding to sexual violence: Environmental scan of New Zealand agencies (the environmental scan – Mossman et al., 2009a) provides information on organisational and contextual factors that influenced system and agency responses to survivors. Tailored surveys were completed by 458 criminal justice personnel and community agencies that respond to survivors across New Zealand.

Responding to sexual violence: Attrition in the New Zealand criminal justice system (the attrition study – Triggs et al., 2009) is the first New Zealand study of its kind. It presents a statistical analysis of attrition and conviction rates, and factors associated with case outcomes, for 1,955 police files coded as sexual violation of an adult. It included all such offences recorded by the New Zealand Police from July 2005 to December 2007. In this research, 'attrition' refers to the proportion and types of cases that did not proceed through successive stages of the criminal justice system.

Responding to sexual violence: A review of literature on good practice (the literature review – Mossman et al., 2009a) looks at New Zealand and international literature dealing with the types of services and principles of service delivery that are recognised by experts in the field as good practice for medical, mental health, criminal justice, and community support systems that deal with adult survivors of sexual violence. It provides a basis for assessing the applicability of different practices for the New Zealand context. However, there was little literature on the clinical effectiveness of therapeutic interventions.

Report takes a systems approach to sexual violence

The report takes a systems approach to sexual violence. This approach shows the need to keep the big picture in mind. To reduce the incidence and impact of sexual violence, the overall system must both prevent and respond to sexual violence. To have the greatest impact, responses must be comprehensive, co-ordinated and span multiple spheres. The project focused on three systems that are most likely to respond to victim/survivors of sexual violence: informal support systems, the criminal justice system, and formal support systems, such as services to aid recovery.

Informal support systems

The pathways study confirmed that informal support systems are potentially an important source of immediate and ongoing help following sexual violence. Survivors often needed validation, support and help to decide what to do next. Some members of informal support systems were able to respond to the survivors' needs and helped them access formal help. Others were less equipped to deal with disclosures, even if they wanted to help. They often did not understand the nature and dynamics of sexual violence, or have information or knowledge to give survivors the help they needed. Some were themselves traumatised by exposure to survivors' distress.

Criminal justice system

The findings of the attrition study are consistent with other international studies that have shown similar points and patterns of attrition, and similar factors associated with attrition. Only a small proportion of cases recorded by the police result in a conviction: those involving people who are most likely to be victimised are least likely to proceed through the criminal justice process or to end in a conviction.

Formal support systems

Access to high quality and culturally appropriate services is essential for meeting survivors' crisis and longer-term needs and for promoting recovery. Results from the environmental scan drew attention to the limitations of existing services in meeting the needs of Pākehā survivors, as well as survivors from diverse social and cultural groups. In particular, service providers indicated that the following groups of survivors might experience the most difficulty in having their needs met: Ethnic communities; Pacific peoples; people with disabilities; Māori; men; and sex-workers.

Key findings and suggestions for the future

Repeat sexual victimisation

One group of survivors – those with a history of repeat sexual victimisation – is particularly vulnerable to sexual violence and has high and complex needs. The pathways study showed a history of repeat sexual victimisation, often beginning at a young age, was frequently associated with other forms of violent victimisation and the presence of other risk factors, such as disability or alcohol or other drug use. Many of these survivors had prior social or intimate relationships with their attackers. There would be value in determining how many survivors might be victims of repeat sexual victimisation. Crime victimisation surveys suggest that at least a quarter experience more than one incident.

Implications for the criminal justice system

Cases involving victims from these vulnerable groups, if reported to the police, are least likely to proceed through the criminal justice system and result in conviction.

Despite high attrition and low conviction rates, the criminal justice system remains an important avenue of redress for some victims. More information is needed about what motivates or enables survivors to report to police and what they hope to achieve from the criminal justice system. Related to that is the need to appreciate their understandings of 'justice' and how they can be helped to achieve it.

Implications for the formal support system

The research results highlighted the value survivors placed on expert interventions in promoting recovery, particularly counselling and specialist

sexual violence services. They also valued culturally appropriate and accessible services.

Early and ongoing intervention seems to play a substantial role in restoring survivors' well-being and promoting recovery. Early intervention could also, therefore, prevent repeat sexual victimisation, but little attention has been given internationally to designing and testing evidence-based programmes aimed at reducing repeat sexual victimisation.

The responses of a wide range of formal systems are crucial to ensuring the well-being of survivors. A range of services and settings could be critical points for intervening and responding to sexual violence, and potentially preventing repeat sexual victimisation. However, there is little information on whether survivors actually disclose the cause of their symptoms to health or social service providers, or whether health professionals are trained or experienced enough to discuss the possibility of sexual violation with them.

Informal support systems

Informal social networks are often the first potential point for ensuring early and appropriate interventions through formal support systems and the criminal justice system. Survivors who disclose to a friend, a family or whānau member, or someone else they know, cannot be guaranteed a supportive response. Rape myths and victim-blaming often underpin negative responses. People who want to help might not know how to respond, or where survivors could find help. Impacts such as division among social networks, or loved ones being traumatised through exposure to the survivor's distress, can add to survivors' suffering.

There are particular gaps in knowledge about outcomes for survivors who try, but are unable, to find appropriate help. We know that some survivors experience pressure from informal networks to keep silent or put up with a partner's sexual violence. We do not know enough about the long-term impact on these survivors or the flow-on effects to their families, whānau and the wider society.

Achievements of the project and suggestions for the future

This project has engaged with a wide range of individuals and agencies from across New Zealand. It has delivered new, comprehensive and robust evidence to inform policy and operational responses for improving the safety and well-being of adult victim/survivors of sexual violence.

The findings from the four research streams have provided clarity around some issues, and have brought other questions and issues to the fore. In some respects, the project has only scratched the surface of knowledge gaps, partly because sexual violence has been under-researched in New Zealand for some decades.

Reducing the incidence and impact of repeat and multiple forms of violence might go a long way to addressing both the incidence and costs of sexual

violence. Internationally little attention has been given to designing and testing interventions to prevent repeat sexual victimisation.

The research has gathered some information on Māori, Pacific and other diverse groups of survivors. As much as anything else, this information highlights what we do not know – but need to know – to build a sexual violence response system that could work for some of the most vulnerable people in our society.

The attrition study has provided baseline data for New Zealand and a methodology that can be replicated. Repeating the study at systematic intervals could be used to note changes in the numbers and types of cases recorded by police and systematic differences in cases that proceed or do not proceed through the criminal justice process, and to gauge trends in conviction rates.

1 Introduction

1.1 Purpose and scope of the report

This report presents key findings from the two-year project ‘Strong and Safe Communities – Effective Interventions for Adult Victim/Survivors of Sexual Violence’. The project was led by the Ministry of Women’s Affairs in partnership with the Ministry of Justice and New Zealand Police. Background information on the project is in Appendix A.

The report identifies major themes that emerged from four interrelated research streams that were designed to generate strong evidence-based findings on which to base policy development and interventions. It integrates findings related to these themes and considers the implications from a research perspective. It does not attempt to summarise or present all of the findings, nor does it consider the policy and operational implications of the research. The four research reports with full findings will be available to relevant agencies, and they will be able to determine how best to use the results.

Consistent with the project objectives, the major focus of this report is on ‘what works’ for adult victim/survivors of sexual violence. The four research reports contain additional information on barriers to help and recovery.

This chapter outlines the objective and scope of the project, including the key questions that guided the research. It describes the four research streams that provide the evidence base, the analytical framework used to integrate the data, and the structure of the remaining chapters.

1.2 Terminology

In this project, an ‘adult’ was defined as a person aged 16 years or older at the time of the assault. Some victim/survivors of adult sexual violence are also survivors of childhood sexual abuse, but this was beyond the project’s scope.¹

‘Sexual violence’ (or sexual assault) is a broad term that covers a continuum of behaviours. The project focused on sexual offences at the more serious end of the continuum. It adopted the definition of sexual violation in section 128 of the Crimes Act 1961, which covers rape and unlawful sexual connection.

The term ‘victim/survivor’ is used interchangeably with the terms ‘victim’ and ‘survivor’. This terminology reflects that not all people who are raped assume the victim label, with its negative connotations. At the same time, ‘survival is neither assured nor necessarily immediately apparent: some women may always deem it a ‘work in progress’ (Mossman et al., 2009b: 7).

In most of this report, we use the term ‘perpetrator’ to refer to an individual who commits sexual violence. When discussing findings for cases that entered the criminal justice system, we refer to ‘the accused’, ‘suspect’ or ‘defendant’.

1 Definitions of other key terms are in Appendix B.

1.3 Why sexual violence is an important issue for New Zealand

Sexual violence is a serious crime and an infringement of human rights. It is also a global public health problem that exacts enormous direct and indirect costs from victim/survivors, their social networks and the wider community.

Sexual violence is a widespread problem

Research and official statistics are known to underestimate the extent of sexual violence. Even so, 19 percent of women and 5 percent of men surveyed in the 2001 New Zealand National Survey of Crime Victims (Morris et al., 2003) said they had experienced sexual interference or assault at some time in their lives. Rates were higher still for young women and Māori women. Most sexual offences were committed by people known to the victims.

Sexual violence is a serious, but under-reported crime

Sexual violation is regarded by criminal justice agencies as second only in seriousness to murder (May et al., 2007). The most recent New Zealand estimate is that only 9 percent of sexual offences are brought to the attention of police (Mayhew and Reilly, 2007). This makes it the least likely crime to be reported. Under-reporting of this magnitude has broad implications for crime prevention and the criminal justice system, particularly as offenders are less likely to be held to account and may offend again.

Relatively few sexual offenders are held to account

Overseas research has shown that sexual offences that are reported to police have high rates of attrition (that is, a high proportion fail to proceed through successive stages of the criminal justice system) and low rates of conviction (Metropolitan Police Service, 2005). Some of this attrition is avoidable. Research has also pointed to systematic differences in the types of cases that are more likely to proceed to trial and result in a conviction and those that are less likely to achieve these outcomes. In particular, cases involving vulnerable victims are least likely to result in convictions (Metropolitan Police Service, 2007). As a result, the criminal justice system has been criticised for failing to prosecute sexual violence effectively (Kelly and Regan, 2001). Attrition and conviction rates for New Zealand were unknown before this project.

Survivors can experience criminal justice processes as ‘a second rape’

Victim/survivors who seek legal redress for sexual violence can be revictimised during the legal process. The community has become aware of the trauma of being involved in a rape trial through media reporting, and this knowledge can contribute to under-reporting and attrition (Konradi, 1996). Survivors' fear of disbelief and of having their character and credibility destroyed in court can be powerful disincentives to reporting to police or continuing through the criminal justice process.

Sexual violence burdens the economy and public resources

Sexual violence is one of the smallest categories of recorded crime, but at an estimated cost of \$1.2 billion per year, it is the most costly crime to the New Zealand economy (Roper and Thompson, 2004). It can have widespread and long-lasting effects on all domains of survivors' lives. Many seek help from family and friends to deal with the impact. Others contact professional services, such as doctors or specialist sexual violence services. Internationally, there are major gaps in knowledge about survivors' decisions to seek help, key intervention points, and the effectiveness of different interventions for promoting well-being and recovery.

1.4 Objective and scope of the project

This project is the first government-funded research of its kind since the 1980s. It was formulated to respond to gaps in knowledge about the issues outlined above. In particular, it was designed to provide an evidence base for policy development by justice and social sector agencies that respond to victims of sexual violence. The objective of the project was to generate New Zealand-based primary data that:

- identify ways of improving the safety and well-being of adult victim/survivors of sexual violence
- provide a strong evidence base for policy and operational responses.

The research had a particular focus on groups with the highest prevalence of sexual victimisation. These are predominantly women, particularly young, Māori and New Zealand European women. It also considered, where possible, the effects of sexual violence on survivors' families, whānau and wider networks.

Key research questions

A number of key questions guided the project.

- What are the key points and reasons why cases involving sexual violations against adults enter the criminal justice system?
- For cases that are recorded by police but do not proceed through the criminal justice system, what are the key points and reasons why they do not proceed?
- What is the basis for survivors' decisions to access non-criminal justice services, such as counselling or other support? What are their pathways to healing and recovery?
- What are the key points at which different types of intervention and support are most effective? What works to promote recovery and well-being?

Four complementary research streams were developed to answer these questions.

Evidence base: four interrelated research streams

Researchers from the Crime and Justice Research Centre at Victoria University of Wellington were contracted to carry out the four research streams.

Responding to Sexual Violence: Pathways to Recovery

In the aftermath of sexual violence, victim/survivors may seek help from different support systems. Informal support systems include friends, family, whānau and social networks. Formal support systems include government and non-government agencies from the police, social services and medical providers to counsellors, specialist sexual violence services and refuges. There has been relatively little research on the ways in which adult victim/survivors come to seek and receive help, or on what is most effective in promoting their longer-term recovery.

Responding to Sexual Violence: Pathways to Recovery (the pathways study – Kingi and Jordan, 2009) provides in-depth information on the types of supports and interventions that helped a group of survivors move from crisis towards recovery and well-being. The study focused on survivors' experiences with informal and formal support systems, including the criminal justice system. The study's two components were:

- in-depth, face-to-face interviews with 58 victim/survivors to explore their help-seeking and pathways to recovery
- 17 anonymous, self-completed surveys based on the interview schedules.

Participants in this study had to have:

- been 16 years or older when the assault occurred
- disclosed the assault to a formal support agency since 2000
- had the legal process completed in their case, if they reported the assault to police.

Appendix C outlines the socio-demographic profile of the participants.

Because the participants were selected with the preceding criteria in mind, the sample does not represent all adult survivors of sexual violence in New Zealand. Participation was voluntary, so the findings could reflect a self-selection bias: survivors who participated might have done so because their experiences differed in some way from those who did not take part. In addition, most participants were recruited through specialist sexual violence services or refuges. This introduced an additional layer of filtering, because service providers made decisions about which clients might be willing and able to take part in the research. All participants had disclosed to either an informal or formal support source. Dealing with people who had not disclosed their experience to anyone was beyond the scope of this research.

Responding to Sexual Violence: Environmental Scan of New Zealand Agencies

High-quality services are an integral component of efforts to meet the crisis and longer-term needs of victim/survivors of sexual violence, to minimise the harm experienced and to promote safety and well-being.

Responding to Sexual Violence: Environmental Scan of New Zealand Agencies (the environmental scan – Mossman et al., 2009a) provides information on organisational and contextual factors that influence systems and agency responses to victim/survivors. This is the first such scan to be conducted in New Zealand. The results help us to understand the variety of agencies that respond to victim/survivors, the types of services they provide, and any constraints to service provision. The environmental scan also surveyed criminal justice personnel on their views about factors that contribute to attrition of adult sexual violation cases.

The environmental scan comprised tailored surveys distributed to criminal justice and community agencies that respond to victim/survivors across New Zealand. Responses were received from 458 agencies and individuals (see Appendix D).

Participation in the study was voluntary and response rates varied across the agencies. The views of those who completed and returned the surveys might not be typical of everyone within a particular agency or sector. The participants might have been motivated to complete the survey by the strength and nature of their views, either positive or negative. Response rates for Māori service providers were low, partly because the postal survey method was not appropriate for Māori.

Responding to Sexual Violence: Attrition in the New Zealand Criminal Justice System

Responding to Sexual Violence: Attrition in the New Zealand Criminal Justice System (the attrition study – Triggs et al., 2009) is the first New Zealand research of its kind. The main aim of this study was to assess the proportion and types of adult sexual violation cases recorded by the New Zealand Police that did not proceed through successive stages of the criminal justice process. Understanding the rate of and reasons for attrition at each stage is a crucial first step towards minimising attrition, ensuring sex offenders are held accountable, and improving outcomes for victim/survivors and society.

The attrition report presents a statistical analysis of attrition and conviction rates, as well as factors associated with case outcomes, from a sample of 1,955 police files coded as sexual violation of an adult. The report included all such offences recorded by the New Zealand Police from July 2005 to December 2007, and is one of the largest samples of any attrition study. The study also described the characteristics of victim/survivors, suspects and offences in the sample.

Responding to Sexual Violence: A Review of Literature on Good Practice

Many systems are involved in effectively responding to the needs of victim/survivors of sexual violence. Formal systems include the medical, mental health and criminal justice systems, as well as other support systems, such as specialist sexual violence services and women's refuges, which are often community based.

Responding to Sexual Violence: A Review of Literature on Good Practice (the literature review – Mossman et al., 2009a) looked at New Zealand and international literature that identified the types of services and principles of service delivery that are recognised as good practice for each of these systems. It did not examine evidence of therapeutic or clinical effectiveness of interventions.

Much of the good practice identified in the literature review was based on overseas literature. The information provides a basis for assessing the applicability and feasibility of overseas practices before they are implemented in New Zealand.

Assessing the robustness and generalisability of the findings

The four research streams provide up-to-date and robust information for New Zealand. Some data are new and other data confirm previously unsupported assumptions. Some of the research streams have non-random samples and the results should not be generalised. However, this does *not* mean the results are not valid, reliable or robust. The quality, wider applicability and robustness of the findings can be judged on four criteria: triangulation, expert peer review, consistency with previous research, and proximal similarity.

Triangulation

Triangulation is the use of different methods and data sources to overcome the weaknesses or intrinsic biases that can arise from using a single method or data source. The research streams used a variety of quantitative and qualitative methods to generate data from different sources. The ability to cross-check findings from the research streams maximises the reliability and validity of the findings. In particular, the findings had a good degree of convergence, as shown by the emergence of strong themes across the four reports.

Expert peer review

The research reports were independently reviewed by international experts. Their input ensured the reports were technically sound, of a high quality, and consistent with or adding value to current knowledge. They focused on the content and merit of the reports, including the suitability of analytical approaches, the rigour of analytical thinking, and synthesis of material from different sources.

The project advisory group also reviewed the reports, paying particular attention to the accuracy and relevance of information specific to New Zealand.

Consistency with previous research

The findings from the research streams are consistent with similar international research. This adds to confidence in their validity and reliability. Where relevant, in this report we demonstrate this by contextualising the findings within selected overseas literature.

Proximal similarity

While the findings might not be generalisable to all victim/survivors of sexual violence or all service providers, they are likely to be applicable to other contexts that are similar to those in this research. By looking at different contexts, we can generalise the results to other people or places that are more like (that is, proximally similar to) our study. For example, the survivors in the pathways study are likely to be proximally similar to other survivors who seek help from formal agencies, particularly New Zealand European survivors who contact counsellors or 'mainstream' specialist sexual violence services. They might be proximally dissimilar to survivors who do not seek help for the impacts of sexual violence, or survivors who seek help from kaupapa or tikanga Māori services.

1.5 Systems approach to sexual violence

A key priority for the Ministry of Women's Affairs is ensuring that women are healthy, resilient and safe. Reducing the incidence and impact of sexual violence is critical in achieving this goal, but this is, undeniably, a complex and intractable problem that is not amenable to quick fixes.

We take the view that the safety and health of victim/survivors of sexual violence is best understood within the network of relationships that make up their social worlds. Survivors are integral parts of those networks, and the impacts of sexual violence can ripple out to affect many people. We used a systems approach (based on an ecological model) to think about how to achieve the goal of healthy and safe individuals, families, whānau and communities. As far as we are aware, this is the first time a systems approach has been used to think about sexual violence.

A systems approach considers sexual violence-related issues within their contexts or systems and demonstrates the need to keep the big picture in mind. A system is an interrelated collection of subsystems that work together to accomplish an overall goal. To reduce the incidence and impact of sexual violence, the overall system must both prevent and respond to sexual violence. To have the greatest impact, responses must be comprehensive, co-ordinated and span multiple spheres. Therefore, we need to understand the subsystems and associated factors that allow sexual violence to happen, how to respond effectively when it does occur, and what works to prevent it.

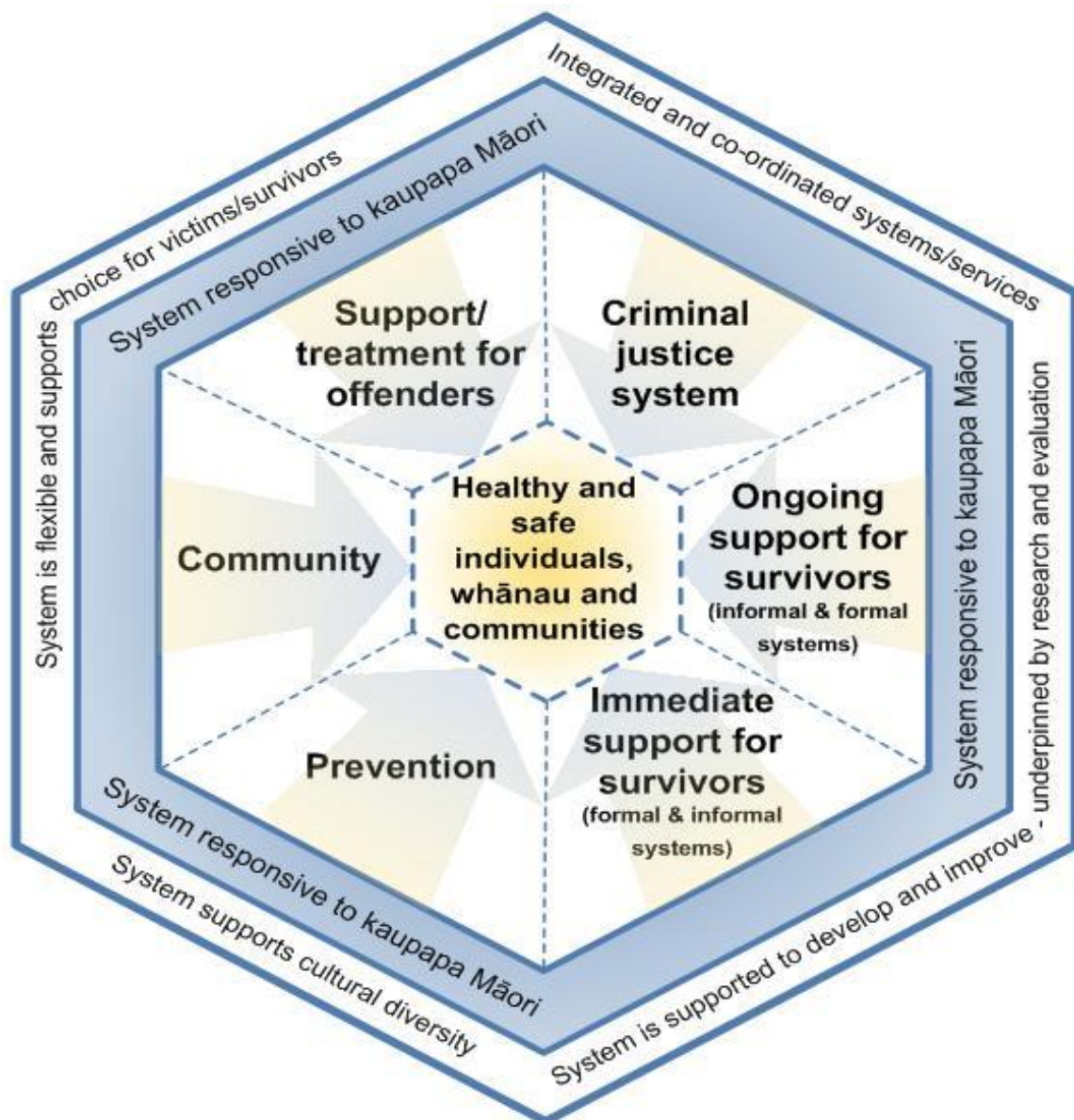
A systems approach to interventions for sexual violence helps avoid victim-blaming because it focuses on the systems or circumstances that affect survivors' access to help. These are often outside the influence of victims.

Figure 1 shows an idealised prevention and response system for sexual violence. The model was developed in consultation with our project partners. It demonstrates that the various subsystems – both formal and informal – are not discrete, but need to be integrated to achieve desired outcomes.

Underpinning the sexual violence prevention and response system is the need to be responsive to Māori. Māori are over-represented as both victims and perpetrators of interpersonal violence. Rates of sexual victimisation are highest

among Māori women and young women. Given that the median age of Māori is younger than that of the total population, this overlap in vulnerability factors is of concern, both for victim/survivors and for Māori in general, as the effects of sexual violence ripple out to whānau, friends and wider social networks. The systems approach provides a framework for considering equity issues that affect Māori survivors' access to appropriate response services. While the goal for Māori is the same as for other ethnic groups in New Zealand, it might be achieved in a different way. This might also be the case for other population groups, such as Pacific peoples, whose world views and preferences for dealing with interpersonal violence differ from the individualistic perspective of Western systems.

Figure 1: Sexual violence prevention and response system



The systems approach is also consistent with a strengths-based approach to sexual violence. A strengths-based approach recognises that sexual violence has far-reaching and irrevocable effects. Rather than focusing on deficits and problems, it begins from the premise that victim/survivors have strengths and

resources to draw on for their own empowerment. These strengths are both internal and environmental, and can be built up through engagement with external support systems. This project has provided information on the harms of sexual violence as well as the systemic, interpersonal and personal resources that helped or hindered survivors' recovery. In this report the combination of the systems and strengths-based approaches provides a lens for looking at what works to promote survival and well-being, so as to inform the development of successful strategies for both survivors and the agencies that respond to them.

Structure of the report

The systems approach has guided our analysis and presentation of the research findings in this report. The project focused on the three subsystems most likely to come into play after sexual violence has occurred:

- the criminal justice system
- formal systems, such as victim services or health services, which may provide immediate and/or ongoing support
- informal support systems, such as family, whānau, friends and other social support networks, which may also provide immediate and/or ongoing support.

We used the framework to conduct a thematic analysis of the research findings across the relevant systems. Several consistent findings or themes relating to these systems emerged from the four reports. They have been grouped together in six chapters.

Chapter 2 examines the nature and impact of sexual violence. It looks at the characteristics of victim/survivors and offences described in the pathways study and attrition study. Particular factors that are known to heighten the risk of sexual victimisation were evident in both samples.

Chapter 3 deals with disclosures of sexual violence by victim/survivors to informal support systems. It considers survivors' reasons for disclosing, other people's reactions to disclosures, and the impact of their responses on survivors.

Chapter 4 looks at aspects of the criminal justice system. It highlights points at which and reasons why victim/survivors report to police, as well as points at which and reasons why cases fail to proceed through the successive stages of the criminal justice process. This chapter provides new information on attrition and conviction rates for adult sexual violation cases in New Zealand.

Chapter 5 describes the basis for and pathways through which survivors accessed help from formal support systems, particularly specialist sexual violence services. It also discusses wider issues facing those services.

Chapter 6 outlines 'what works' to promote healing and recovery. It briefly considers key points at which different types of interventions are most effective. It also examines the concept of good practice in service delivery, including good principles of service delivery.

Chapter 7 draws together the overarching themes that emerged from the four research streams. It considers their implications for the sexual violence response system and concludes with a brief appraisal of the project's achievements and suggestions for the future.

1.6 What the project could and could not address

The timing of the project – concurrent with the Taskforce for Action on Sexual Violence and coming after a long period in which sexual violence had been under-researched – meant there were high expectations of what it would achieve. It was an ambitious project from the outset, not least because of its broad remit and limited time-frame. All things considered, it has delivered high-quality reports and compelling findings. One area where the constraints of the project are obvious is in its coverage of issues for Māori and other population groups.

From its inception, this project was premised on Western understandings of sexual violence and how research is done. Allowances were not made for the additional resources (people, time and money) required to implement kaupapa Māori research processes; to access groups that are only just beginning to talk about sexual violence, such as Pacific women; or to collect data on under-researched groups, such as people with disabilities or men.

Despite these constraints, we included the groups discussed above in any way possible, even if their numbers were small. At the beginning of the project, we held hui with diverse groups, to better understand their views on the topic and the likely obstacles we might encounter during the project. The researchers worked hard to recruit survivors from different population groups and present whatever information was available. Because the numbers of participants from diverse groups were often small, this report does not always include information about them. We refer interested readers to the four research reports.

Where possible, this report specifically addresses issues for Māori victim/survivors of sexual violence. However, the results generally showed little difference on the basis of ethnicity. We acknowledge that this is at least partly attributable to the research approach. At the same time, this could also indicate that survivors from diverse ethnic and social groups are likely to experience comparable impacts, although they might manifest and be interpreted in culturally-specific ways. In either event, when Māori views are presented, they should not be interpreted as representative of all Māori.

2 Nature and impacts of sexual violence

2.1 Introduction

Not all people are at equal risk of sexual violence. An effective response system must be premised on an understanding of who is most likely to be raped, the nature and dynamics of sexual violence, and its impact on survivors. The pathways and attrition studies provided information on these factors.

In this chapter, information from the pathways and attrition studies is given context within the wider international literature on the risks for and nature of sexual violence. This provides a basis for assessing what we can reliably infer from the data. In later sections of the chapter, we describe some of the impacts of sexual violence on survivors, and examine the implications for survivors when several vulnerability factors overlap.

2.2 Who is most likely to be raped?

While the samples in the pathways and attrition studies are not representative of all survivors of sexual violence, the findings mirror well-established data from previous New Zealand and international population-based surveys. They show that the risk for sexual violence varies according to a relatively predictable range of personal and socio-demographic factors such as gender, age and relationship to the perpetrator (Mayhew and Reilly, 2007; Morris et al., 2003; Mouzos and Makkai, 2004; Tjaden and Thoennes, 2006). The findings outlined in Table 1 are described more fully in Appendix E.

This is not necessarily a complete list of risk factors and research methods can obscure the extent of sexual violence in some groups. Surveys often show that rates of sexual violence against Pacific women are lower than rates for Māori and New Zealand European women. Researchers from New Zealand and the United States have suggested that this might reflect Pacific women's reluctance to define their experiences as sexual violence or to disclose to a researcher, rather than a real difference (Morris et al., 2003; Tjaden and Thoennes, 2000). This might also be the case for groups whose experiences are less likely to be captured in population surveys, due to language barriers, disability or residential situations that exclude them from survey samples.

Taken together, the findings show a confluence of vulnerability factors for at least some survivors in these samples.

- Most survivors had histories of repeat sexual victimisation, sometimes beginning in childhood. This included all Māori in the pathways study.
- Many had experienced other forms of violent victimisation, such as intimate partner violence or violence perpetrated by family and whānau.
- The incidence of repeat sexual violence was higher for those who experienced intimate partner violence than for those assaulted by a family or whānau member.

- The association between sexual violence and disability was clear, but we do not know how often disability preceded or was a consequence of sexual violence.

Table 1: Characteristics of survivors in the pathways and attrition studies

Characteristics	What we know from previous research	What the pathways ¹ and attrition studies ² found
Gender	Women have a disproportionately higher risk of sexual victimisation than men at all life stages.	Over 90 percent of survivors in both samples were women.
Age at time of offence	Aside from gender, age is the most robust predictor of sexual victimisation. Lifetime rates are highest for young women (aged under 24).	In both samples, around one-third of survivors were aged 16 to 20 when they were assaulted, with around two-thirds aged under 29.
Repeat sexual victimisation and multiple victimisation	Women who were sexually assaulted as children, adolescents or adults are more likely to be sexually assaulted as adults. Women who are sexually violated by intimate partners are at risk of repeat sexual victimisation as well as other forms of domestic violence.	In the pathways study, 85 percent of survivors had been sexually assaulted more than once. Over one-third had experienced childhood sexual abuse. Almost three-quarters of those sexually assaulted by a current or ex-partner or other family or whānau member said it had happened more than once. Many had experienced other forms of violence. In the attrition study, 43 percent of survivors had made previous allegations of violent victimisation to police. Just under a quarter of those (around 9 percent of the entire sample) related to sexual violence and 70 percent (around a third of the sample) to physical violence.
Ethnicity	Māori women are highly more likely to be sexually assaulted than non-Māori women.	Māori women comprised around one third of each sample and were over-represented relative to the general population.
Disability	People with disabilities have a heightened risk of sexual violence. Some disabilities (such as some psychiatric disorders) are a consequence of sexual violence.	In the pathways study, 31 percent of survivors self-identified as having a psychological or physical disability, often with co-morbid conditions. In the attrition study, 15 percent of survivors had a psychiatric, intellectual, physical, or other disability, as determined by a doctor. Almost a third of those who had made previous allegations of sexual violence had a psychiatric or intellectual disability.

1. Source: Kingi and Jordan. (2009).

2. Source: Triggs et al. (2009).

2.3 Common characteristics and dynamics of sexual offences

Previous research has also shown that the nature and dynamics of sexual offences often diverge from the stereotypical view of ‘real rape’ (that is, rape by a stranger, in a dark alley, involving physical force and resulting in injury). Table 2 summarises results from the current research alongside previous findings. The findings are outlined more fully in Appendix F.

The information in Tables 1 and 2 shows how sexual violence is facilitated by social patterns of interaction. All too often, it also reflects the split between the public and private domains.

Young women’s increased risk of sexual violence from strangers and men they have just met may be at least partially explained by the fact young women tend to socialise with men of a similar age. Young men are more likely to perpetrate sexual offences than older men are. In addition, young women’s routine activities are often oriented towards the public domain – they go out socially and to work, school or university. This potentially makes them targets for motivated offenders, including strangers and new acquaintances.

On the other hand, the sexual violation of older women (and children) is often facilitated by the privacy of the home and family. Increasing awareness of the repetitive nature of sexual offending by perpetrators with whom the victim has a relationship – and its co-existence with other forms of violence – has led some researchers to question the notion of the home as a safe haven (Bennett, Manderson and Astbury, 2000). Women and children in violent households might have shelter, but they do not have a place where they can feel psychologically or physically safe and secure.

I had finally decided to leave him before he killed me. And I knew that I would probably have to fight him in court for my kids. It was time for me to stand up and not just accept this as part of my life. (Kingi and Jordan, 2009: 51)

Table 2: Nature and dynamics of sexual offences

Factor	What we know from previous research	What the pathways ¹ and attrition studies ² found
Victim–offender relationship	Most perpetrators know their victims.	Over a third of perpetrators knew their victims socially or in some way other than intimate or family/whānau relationships. Current and ex-partners accounted for 25 percent of perpetrators in the attrition study and 45 percent in the pathways study. The latter figure is very high and is likely to reflect the self-selected nature of the sample.
Partner status	Younger women are less likely to be in relationships and more likely to be sexually assaulted by strangers and other known men. Older women are more likely to be in relationships and to be sexually assaulted by a partner or an ex-partner, often in relationships where other forms of violence occur.	In the attrition study, women aged 16 to 19 were more likely than any other age group to be sexually violated by a stranger, an acquaintance, or someone they had met within the previous 24 hours. Women aged 25 to 59 were more likely than women in other age groups to be sexually violated by a current or ex-partner, or someone else they knew.
Location of assault	Most sexual violence takes place in private settings, such as the victim’s or perpetrator’s home.	Two-thirds to three-quarters of offences occurred in private dwellings; less than a quarter occurred in public places.
Alcohol and other drug use	Sexual violence and the use of alcohol or other drugs are strongly associated. This includes use before the incident, as well as chronic misuse. This can be a consequence of sexual violence, as survivors’ self-medicate to deal with effects, but can increase vulnerability to repeat sexual victimisation.	Police files lacked information on alcohol and other drug use in a substantial number of cases. Where it was recorded, it indicated that survivors had been using alcohol or other drugs in about 39 percent of cases.
Physical violence, threat, weapon use and physical injury	Most sexual violence does not result in physical injury, because most perpetrators use threats or psychological tactics to coerce victims, rather than physical violence. Weapons are rarely used.	Police files lacked information on these factors in a substantial number of cases. Where it was recorded: <ul style="list-style-type: none">• threats were made in 16 percent of cases• weapons were used in 7 percent of cases• force was used in 52 percent of cases• survivors sustained physical injury in around 30 percent of cases, although it was relatively minor in around 60 percent of these cases. The last two statistics might reflect that more serious incidents tend to come to police attention.

1. Source: Kingi and Jordan (2009).

2. Source: Triggs et al. (2009).

2.4 Impacts of sexual violence

Almost all of the interviewees in the pathways study said that sexual violence had a major impact on some or all domains of their lives. The effects are not confined to survivors, but ripple out to family, whānau and friends. The following section summarises the major impacts on survivors as individuals. Impacts on others are dealt with in chapter 3.

Major impacts

Life overall

Many survivors said that sexual violence affected every aspect of their lives and well-being: they felt their lives had been ruined. For some, it led to a dependence on alcohol or other drugs as a way of managing the effects. Others said it left them vulnerable to later sexual and physical assault, including entering into relationships with men who abused them.

Mental and emotional health

The most frequently mentioned emotional impact was related to fear and anxiety levels. For some, this meant generalised feelings of fear and anxiety; for others it related to specific fears, such as fear of the perpetrator returning. Other impacts included depression; flashbacks to the sexual violence that impeded the survivor's ability to sustain intimate relationships; anger, dissociation and self-harming behaviours; and symptoms associated with post-traumatic stress disorder.

Intimacy and relationships

For some women, sexual violence led to a loss of trust in men. This affected their willingness to interact socially and eroded their ability to enter into and maintain relationships. Some survivors spoke about their subsequent confusion around sexuality and engagement in risky sexual behaviours. Feelings around loss of safety sometimes extended into a general discomfort about being touched by anyone, which affected everyday relationships and communication.

Behavioural impacts and flow-on effects

Sexual violence resulted in major behavioural changes for some survivors. This included disruptions to work and study patterns, such as loss of motivation or reduced concentration. A limited ability to work affected some survivors' financial status, to the point where they found themselves in 'dire financial circumstances'. Others used work as a distraction, becoming almost workaholic as a way of escaping their feelings.

Cognitive impacts

Sexual violence had a major impact on the way survivors thought about themselves. This included a loss of self-esteem and confidence, or an increase in self-doubt, self-blame and self-hatred.

Personal and social impacts

Changes in personality were common, particularly in relation to social interactions. Many survivors withdrew socially, becoming isolated and reclusive and unable to sustain a social life. Some spoke of the pain of being alone, as if no one understood or was there for them. Others tried to project an outer confidence, while simultaneously burying their feelings and closing up inside.

Physical impacts

Physical impacts included disruptions to sleep, such as insomnia and nightmares and physical ailments, such as migraines, auto-immune diseases, gynaecological and digestive problems, and eating problems.

Concept of 'shame' as it relates to Māori and other ethnic groups

Survivors from all ethnic groups are likely to experience comparable emotional, mental, behavioural and health impacts. English words are commonly used to describe these impacts, but while these terms might have roughly similar meanings to words from other languages, they often cannot convey the nuances of concepts as understood by people from other ethnic groups.

Shame and embarrassment are well-known impacts of sexual violence. In English, shame has psychological connotations. While it has some overlap with the Māori 'whakamā', the two concepts are quite distinct.

For Māori, experiencing whakamā is more than feeling a sense of shame or embarrassment; it reduces the individual's mana and impacts on an individual's sense of worth by affecting every aspect of her/his life. Whakamā affects victims'/survivors' health and well-being by negatively impacting on their tinana (physical dimension); hinengaro (mental and emotional dimension); wairua (spiritual dimension); and whānau (whakapapa or family dimension), which also includes their living circumstances. (Kingi and Jordan, 2009: 158-159)

Similarly, for women from other ethnic groups, shame may extend well beyond a feeling of personal embarrassment or debasement. In some Ethnic communities, women's honour is connected with the body. Speaking out about sexual violence can result in a loss of personal, family and even community honour (Lievore, 2005).

High and complex needs

In the environmental scan, service providers were asked to identify their core services, and to indicate whether survivors who contacted their agencies had any of 11 additional service needs. Table 3 indicates that some victim/survivors of sexual assault have high and complex health and social support needs.

Survey respondents identified service availability as a barrier to meeting the needs of victim/survivors, particularly in relation to immigration issues, language translation and accommodation.

Table 3: Service providers' perceptions of survivors' additional needs

Additional need	Percentage of service providers identifying this need (n=166)	
		%
Mental health issues		82
Family or domestic violence		80
Drug and alcohol counselling		77
Suicide and self-harm		76
Family law or other legal advice		68
Accommodation		65
Medical assistance		63
Cultural support		60
Needs related to disability		45
Language translation		36
Immigration issues		33

Source: Mossman et al. (2009b: 36).

There is a wider systemic issue here, as not all survivors have access to equitable levels of service. For example, the 2006/07 New Zealand Health Survey (Ministry of Health, 2008) showed there were large disparities in outcomes for Māori, Pacific, and people living in neighbourhoods of high socioeconomic deprivation, compared to those living in areas of low socioeconomic deprivation. For example, Māori women and women living in neighbourhoods of high deprivation were significantly more likely than the total population and men, respectively, to say they had not been able to see a general practitioner within 24 hours when they wanted to. This raises the question of how well formal services are able to respond to survivors' more specific needs if there is such inequity of access at these basic levels.

2.5 Overlapping vulnerability factors

Repeat sexual victimisation of concern

Repeat sexual victimisation is an area of considerable concern, particularly because it is often associated with other vulnerability factors. It could be a crucial factor in understanding which victim/survivors are likely to have high and complex medical, mental health, and social needs.

Taken together, these findings highlight a particular pattern of vulnerability that applies to at least some survivors. Out of this pattern, repeat victimisation emerges as a substantial issue for consideration.

Sexual assault has one of the highest revictimisation rates of any crimes. Women who have been sexually assaulted in childhood, adolescence or adulthood are at a much greater risk of being sexually assaulted as adults than women who have never been sexually assaulted. Research suggests several psychological processes

initiated by sexual victimisation can result in circumstances and behaviours that increase survivors' exposure and vulnerability to perpetrators (Davis et al., 2006).

Girls and women who have been sexually violated are more likely to engage in 'risky' behaviours such as alcohol or other drug use, which again heightens their vulnerability to sexual victimisation. Alcohol and other drug misuse is often co-morbid with psychiatric conditions that may precede or be a consequence of sexual violence.

It is also clear that at least some women are subject to multiple forms of violence within family and intimate relationships. As adults, these women might enter into relationships where sexual and physical violence is present. They might put up with the violence for a variety of reasons: because they regard it as a normal part of relationships; because they are unable to name what is happening to them; because sexual violence can have crippling effects on their self-esteem, confidence and will; or because the potential consequences of naming their partner as a perpetrator outweigh the benefits.

Women's ability to form and maintain relationships can be impaired as a result of sexual violence. This can extend to parenting skills. Children who grow up witnessing violence can experience negative emotional and behavioural impacts and some reproduce the intergenerational cycle of violence.

An excerpt from a case study in the pathways report shows how this pattern can evolve over a survivor's lifetime (see Box 1).

Box 1: Lani's story

Lani ... was in her early 40s at the ... interview and working full time. Lani was under 15 years of age when she was first abused 'an experience that 'set the pathway for my whole life'.

Lani ... kept returning ... to the first instances of abuse in her childhood. She thought there had probably been many instances of sexual assault since that time (often without and sometimes with her knowledge) as she had resorted to alcohol drugs and promiscuous behaviour in her efforts to erase the feelings of uncleanness originating from the initial experience. Lani had not reported any of the assaults to family members [or] to police because she wanted to protect the family and because 'I thought it was my fault' ...

Lani said she came to be the life of the party (the Mongrel Mob girl) but inside 'I was grieving'. She became well known both in New Zealand and Samoa for her notorious behaviour and the fact that her family could not get her to act appropriately. Lani had become vulnerable to anyone who wanted to do anything to her. Jobs came and went. Eventually she had married a man who she described as 'as mixed up as I was' and had two ... children. In her marriage Lani had found the line between physical and sexual violence to be a very fine one.

A number of incidents turned Lani's life around and eventually she disclosed the abuse ... When she had considered taking her own life she had been placed in a local hospital which had given her time to think about what she wanted to do with her life and for her children. Lani had been discharged with the requirement that she attend counselling. She had thought 'okay let's just go through the motions'. But she had found a counsellor who had sat and listened and become a friend. As they had talked Lani had realised that she had wanted to 'share her burden for a long time'.

Source: Excerpt from Kingi and Jordan (2009: 28-30).

2.6 Summary

These findings suggest that repeat sexual victimisation could be a crucial factor in understanding which survivors are likely to have high and complex medical, mental health and social needs that need to be addressed. The 2006 New Zealand Crime and Safety Survey found that a quarter of respondents who had been sexually victimised said it had happened twice. This is reflected in the incidence of sexual violence (or the number of incidents per 100 people): while 4 percent of women said they had been sexually victimised in the previous year, the incidence was over twice that, at 9 percent (Mayhew and Reilly, 2007). An Australian survey found that over half of all sexual offences in the previous year were accounted for by less than a third of respondents who were sexually victimised (Australian Bureau of Statistics, 1999).

These survivors could be carrying a large proportion of the burden of sexual violence. Their needs are amenable to intervention, if they have access to appropriate formal services with the capacity to meet those needs. Reducing the incidence and impact of repeat and multiple forms of violence might go a long way to addressing both the incidence and costs of sexual violence, provided we understand how to prevent repeat victimisation. While some services and treatments are available to help survivors recover from the impacts

of sexual violence, internationally little attention has been given to designing and testing interventions to prevent repeat sexual victimisation.

3 Informal support systems

3.1 Introduction

Informal support systems have a pivotal role in responding to disclosures of sexual violence and in survivors' ongoing recovery process. We use the term 'disclosure' to signify the first time a victim/survivor tells someone else – usually a friend or family or whānau member – about the sexual assault. Disclosure is about seeking support and is not necessarily a matter of simply speaking up. It is often a process that requires the survivor to work through complex issues, such as recognising the incident as wrong (Quadara, 2008). Disclosure is distinct from 'reporting' to police, although in some cases they might be the same.

Relatively few studies have undertaken in-depth analyses of who survivors first tell about the sexual violence, what they hope to achieve when they disclose to different support sources, and how different support systems influence subsequent decisions and actions.

This chapter draws on information from the pathways study to explore the role of informal support systems in responding to sexual violence. It looks at the importance of initial responses to disclosures, particularly the impact on survivors' later decisions and recovery. It also discusses the way that the impacts of sexual violence ripple out to affect family, whānau and friends. We had several questions in mind when we began thinking about informal support systems.

- How do informal support systems respond to disclosures of sexual violence? How well equipped are they to support survivors?
- How do their reactions affect victim/survivors? Do they encourage or hinder victim/survivors from seeking further help from appropriate formal sources?
- What are the impacts of sexual violence on informal support systems and how well equipped are they to deal with these impacts?
- What are the implications when the perpetrator is part of the survivor's family, whānau, or social network?

3.2 Disclosing sexual violence for the first time

Previous research has shown that many survivors seek help from family, whānau and friends to deal with the impacts of sexual violence. Some may also involve formal systems, such as the police, mental health agencies or social services. Because help-seeking strategies are not mutually exclusive, survivors who engage with formal support systems often continue to rely on informal support networks.

The importance of disclosures to informal support systems should not be underestimated, particularly as responses to these disclosures can have a profound effect on the victim/survivor's next steps. However, all too often friends

and family do not have easy access to information about sexual violence, what to do if someone discloses to them, or where to get help for the victim/survivor.

There is evidence that help-seeking is patterned by social factors such as gender, relationship to the perpetrator and ethnicity. For example, women are more likely than men to seek help from both informal support sources and formal agencies. Women who are raped by intimate partners might be less likely than survivors of stranger or acquaintance rapes to seek help from any source. Ethnic minority women might be more likely to withdraw socially and less likely to seek help from formal agencies (Lievore, 2005).

In the pathways study, over two-thirds of the participants said the first person they told about the sexual violence was a family or whānau member, or a close friend – usually female. Only a small number said they reported to the police or a victim service first. While most told someone about the assault either within 24 hours or within the week after it happened, a smaller group did not disclose the assault for more than a year after it happened. In these cases, perpetrators were mostly intimate partners, family or whānau.

Participants in the pathways study said it was very difficult to face others who might judge or blame them, but that it was important to get help as soon as possible after the incident. They also said that support from informal systems was crucial in helping them move forward and start their recovery process.

3.3 Survivors' reasons for disclosing sexual violence

Survivors in the pathways study often seemed to have instrumental reasons for disclosing – that is, they had a purpose and outcome in mind – although we cannot know whether their reasons were as clear-cut and conscious at the time as they seem in retrospect. Having said this, not all survivors had a clear objective at the point of disclosure.

The most frequent reason for disclosing was to get support of some kind. Survivors' retrospective comments show that they had varying understandings of what 'support' can mean. For example, most survivors said they told someone about the sexual violence so they could get advice or help to:

- decide what to do next
- leave a violent relationship
- apply for a protection order
- feel safe from the perpetrator
- tell others about the perpetrator
- get medical attention.

A male survivor disclosed because he was afraid his interest in internet pornography might indicate he was becoming a perpetrator. This suggests he needed help to understand and address his psychological and behavioural patterns.

For others, disclosure was a way of securing much-needed psychological and emotional support. Some needed help because they were not coping or were 'having a breakdown', sometimes to the point of contemplating or attempting suicide.

Disclosures can also be an important source of validation. Some survivors could not believe what had happened to them and were filled with self-doubt. They needed confirmation from an independent source that what had happened to them was sexual violence.

Many disclosures seemed to be unsolicited, as survivors made the first move to tell someone what had happened, but some seemed to involve less of a conscious decision. In some of these cases, someone else noticed that something was wrong and asked the survivor what had happened. For others, it was the first time they were able to identify what had happened as sexual violence. Previous research has found that many women are unable to name sexual violence, sometimes because they are unaware of their rights, because their perceptions of 'real rape' have been shaped by incorrect television portrayals, or because at the time they were simply unable to face the fact they had been sexually assaulted (Lievore, 2005).

Māori survivors

Māori survivors were more likely to disclose to friends than family. They were often seeking help for serious mental health issues, such as suicidal ideation or anxiety, treatment for medical injuries, or legal support. In general, the initial support was helpful.

For Māori, disclosing their experience of sexual violence, and coping with the process of disclosure, was identified as the hardest part of the recovery process. For most Māori survivors in this sample, the perpetrator was a partner, an ex-partner or a whānau member.² Most Māori survivors had been abused on more than one occasion, with a substantial proportion spontaneously telling the researchers that they were also victims of childhood sexual abuse. Almost half had been assaulted by more than one perpetrator in the incident they focused on during the research interview.

The survivor's relationship to the perpetrator was a major deterrent to reporting to the police. It also meant that disclosures often had negative impacts on whānau. In some cases, whānau and wider social networks were split apart after disclosure.

It blew up the whole family. It was awful. But it had to be done. (Kingi and Jordan, 2009: 139)

² Higher rates of sexual violence against Māori women can lead to the assumption it is solely perpetrated by Māori men. However, many Māori women have non-Māori partners. New Zealand has a high intermarriage rate between ethnic groups, with 47 per cent of Māori identifying as having multiple ethnicities (Statistics New Zealand, 2007). In the 1996 Women's Safety Survey, around a third of the Māori women who reported physical or sexual violence by a partner described their partners as non-Māori (Morris, 1997).

Other population groups

While the pathways study included survivors from diverse social and cultural groups, the numbers were too small to show any differences in reasons for and experiences of disclosing sexual violence. The literature review indicated that levels of disclosure are generally low among survivors from collectivist cultures (Mossman et al., 2009a). Survivors are often pressured into silence because of the disgrace and shame associated with rape, while new migrants can be socially isolated and unable to disclose because they do not have confidantes.

3.4 Responses of social networks to disclosures: impact on survivors

Survivors in the pathways study said that support from informal systems was one of the most important factors in their recovery process. Positive reactions to disclosure helped some to take the next steps towards recovery or to report the crime to police. Some said that naming the incident as sexual violence and telling others was empowering.

Bringing it out into the open is the best thing to happen. It has helped me to move on, taking that first step. (Kingi and Jordan, 2009: 147)

However, social networks were not always well equipped to respond to disclosures, nor were they necessarily supportive. Some were judgemental, did not believe the survivor, or blamed the survivor for the assault. This might occur for several reasons. Sexual violence often occurs during or after social occasions. Behaviour and events can be ambiguous, particularly when memory is clouded by alcohol. Added to this, widespread rape myths obscure understanding of the nature and dynamics of sexual violence. These include the belief that most rapists are strangers, that 'no' means 'yes', or that women are 'asking for it' if they dress or behave in certain ways.

Negative responses to disclosures could have severe impacts, including survivors feeling excluded and isolated, or withdrawing socially. This contributed to a sense of pain and feeling misunderstood. Some survivors found that the person in whom they confided did not understand what they were going through or was not interested in listening. Sometimes survivors were given bad advice, such as being put under pressure to stay in a relationship with a partner who raped them. Some felt 'hurt' by how other people perceived them and responded to them.

I knew that if anything happened to me I was on my own. I got no support from my family or church when I was 16. When my husband was raping me I knew that there would be no support for me and I just had to handle it on my own. (Kingi and Jordan, 2009: 143)

Anya's story (in Box 2) shows how informal support systems can be instrumental in helping survivors take further steps to seek help. It also shows how misperceptions about sexual violence can result in hostile reactions from social networks. Survivors can doubt themselves, and their silence can allow a perpetrator to offend again.

Box 2: Anya's story

Anya had experienced sexual assault as a teenager and was dealing with issues related to this through counselling ... This assault happened two years earlier ... There had been a birthday celebration at Anya's house and everyone had been drinking. Her memory of what had happened was hazy:

All of a sudden I felt really, really tired and went to sleep before everyone else. My friends were staying the night ... [the perpetrator] wasn't to stay the night. I went to bed and they said he had gone to the toilet ... and he'd come in my room and someone had found him and I don't know if he put something in my drink ... but I only have a segment of memory. Like a flash of something and I woke up with no pants on and stuff.

Anya told her friends what had happened ... and they advised her to go to the police. They accompanied her to the police station but she was unsure she was doing the right thing.

I was just worried, what if I was wrong? I know I was going to accuse someone of something; I was really worried about that because I thought he was such a lovely person and I thought he wouldn't do that. He used to be a guy that would carry your bags upstairs like the nicest person you could meet. I used to say to him, 'man you're a nice guy'.

Anya phoned her counsellor who came to support her and brought another support person from Rape Crisis ... Anya said she was glad she had gone to the police because she knew of two other women who had been sexually assaulted by this same person and had not reported to the police. However, this was not without negative consequences for her ...

So I was the only one that went to the police and I had people never talk to me again and I have been called names ...

Although Anya said that support from her friends enabled her to get through this experience, not all her friends supported her; some were overtly critical of her drinking habits, which they felt had been a contributing factor to the assault. She described the reactions of others who were not so understanding of the trauma she was going through:

They separated from me because they couldn't deal with it. If I needed to talk about it, they were over it ... If I turned up and I was having a bad day, 'Oh God, here she goes again', you know. So that was hard for them I guess.

Source: Excerpt from Kingi and Jordan. (2009: 33-37).

3.5 Impact of sexual violence on informal networks

The effects of sexual violence are wide-reaching. They are not confined to victim/survivors. People close to the survivor can become distressed through exposure to the survivor's trauma. This is known as secondary traumatisation (Morrison, Quadara and Boyd, 2007). The effects can also ripple out to wider circles, such as friends, sexual assault workers and the wider society. At this point, we look at the ways that sexual violence affects survivors' closest social networks.

Impact on partners and relationships

Women with male partners (who were not the perpetrators) often said that the sexual violence had a negative impact on their partners and on the relationship. Some men struggled to respond; others became angry and violent, scaring the survivor even more; some did not believe it had really happened. In several instances, the strain was too great and the relationship ended.

He had to look after me over the years. It stopped him from being himself. He was always trying to protect me. It had a huge impact on me. We are now separated. (Kingi and Jordan, 2009: 136)

Some relationships ended because the male partner was the perpetrator.

It helped me see clearly the type of guy he was. (Kingi and Jordan, 2009: 136)

On the day of the rape I ended the relationship. I didn't want to be touched. (Kingi and Jordan, 2009: 136)

Impact on children

Survivors who had children spoke about the different ways children had been affected. Children had:

- been witnesses to yelling and shouting in relationships where violence was present
- seen relationships end and mothers lose custody because they were unable to care for the children
- experienced their mother's reduced ability to be emotionally available
- seen their mother crying but did not know why – just that their mother was keeping a secret.

These effects played out in children's behaviour: some became angry and hate-filled, while others withdrew and became anxious and fearful. Although the numbers were small, there were indications that the sons of female survivors tended to react with hate and anger; threatening to kill the perpetrator, for example. Daughters were more likely to become anxious and fearful, to the point where women felt their daughters also needed support and counselling. At least one woman recognised the potential for her children to repeat the violence they had witnessed in their parent's relationship:

They know there was yelling and shouting. It shows in them – they're having counselling. My son is so angry – he became my ex-partner and my daughter became me – she's so withdrawn. (Kingi and Jordan, 2009: 136)

Impact on parents, other family or whānau, and friends

A consistent finding was that wider social networks – parents, other family or whānau, and friends – were divided in terms of belief and support.

Survivors said it was often difficult to decide whether to tell parents and other family and whānau about the sexual violence. Some opted not to tell their parents, either because they were afraid they would respond with anger, blame

or violence or because they wanted to shield their parents from the pain of knowing. While some parents responded lovingly, many did not know how to deal with the disclosure. Reactions from other family or whānau were similarly divided.

On the one hand, some disclosures were met with disbelief, blame and ostracism for bringing shame on the family. Some family members went into denial, or felt confused, threatened and sad. On the other hand, some siblings, aunts and grandmothers provided much-needed practical and emotional support. Other family members expressed anger that threatened to boil over into violent retaliation.

Dad was really, 'I'll go find him!' it was like 'No Dad, you're just going to make matters worse, just leave it up to the police'. He was very, very angry. (Kingi and Jordan, 2009: 139)

Some survivors chose to remain silent, rather than deal with this anger.

Some friends were supportive and continued doing 'normal things ... not mak[ing] a big issue of it' (Kingi and Jordan, 2009: 140). Some were not interested in discussing it, while others took sides. Although some participants said they received 'awesome' support from their social networks, others said that their disclosures split their social networks apart, and they felt criticised and ostracised. This often happened when the perpetrator was part of the same network, community, family or whānau.

Some were protective, and some called me a slut and said I deserved it. (Kingi and Jordan, 2009: 140)

I would have lost all my friends of my age. They thought I was doing the wrong thing ... I was very, very close friends with a family who, up until the court case, actually included me as part of the family and when the court case came round they just disowned me. (Kingi and Jordan, 2009: 140)

Survivors often struggled when their female friends turned against them or did not validate their experience. They also noted that some friends became more anxious and fearful, although their own disclosure sometimes prompted others to speak out, leading them to realise how widespread sexual violence is.

I didn't realise how many had been abused; it isn't talked about. Why is it so taboo? (Kingi and Jordan, 2009: 140)

Survivors indicated that the most helpful thing for other people was seeing them getting better. Others stated that their informal support system also benefited from receiving support from counsellors or information from police.

Impact on Māori survivors' informal support networks

The interviewees in the pathways study described similar effects on the informal support systems of Māori and non-Māori survivors. At a general level, and within the framework used for this project, this is a valid finding. However, we acknowledge that, for Māori, sexual violence has additional implications for

whānau and for whakapapa. Exploration of these issues requires a kaupapa approach that was not possible in this project.

3.6 Summary

Limitations of informal networks

Informal social networks often do not:

- understand the nature and dynamics of sexual violence
- have the tools and knowledge to provide survivors with the help and information they need
- have access to information that would help them refer survivors to formal agencies that could offer effective interventions.

This chapter has dealt with some of the reasons that victim/survivors disclose sexual violence to informal support systems, the impact this has on those systems, and the impact of other people's responses on survivors.

The pathways study confirmed that informal support systems are potentially an important source of immediate and ongoing help, because most survivors told a trusted friend or family or whānau member that they had been sexually violated. They often needed validation, support and help to decide what to do next. However, their responses could

be random and ad hoc.

Some members of informal support systems could respond to survivors' needs and helped them access formal help. Others were less equipped to deal with disclosures, even if they wanted to help. Some were traumatised by disclosures, which in turn compromised their ability to support the survivor as needed. Others were weighed down by their own anger, guilt or other feelings, so the survivor had to deal with having caused them pain, or try to dampen threats of retaliation.

The impacts of sexual violence, including rifts in social networks, ran particularly deep when the perpetrator was part of the survivor's family or social network. Disbelief, ostracism, isolation and victim-blaming were common. This was extremely difficult for survivors, especially because sexual violence often undermined their trust in others.

The findings also raise a question about how well we understand the nature, extent and implications of secondary traumatisation, and secondly, how well we are able to respond to it. As noted, sexual violence has been estimated as the most costly crime for the New Zealand economy. This primarily reflects the impact on victims (Roper and Thompson, 2004). It might well be impossible to calculate the tangible and intangible costs associated with damage that flows on to survivors' wider networks.

4 Criminal justice system

4.1 Introduction

Most victims of sexual violence do not report the crime to police. Even when they do, their personal goals are not always consistent with the objectives and purposes of the criminal justice system. Not all victims who report sexual violence to police want or need to see the perpetrator convicted or jailed.

In a criminal justice system with finite resources it is neither possible nor desirable to prosecute all recorded sexual crimes. Decisions about which cases should be prosecuted are made at different stages. Only a proportion of incidents recorded by police will proceed to trial, but indications are that some amount of attrition is avoidable.

This chapter addresses some of the central questions that guided the research. It looks at the key points at which cases involving sexual violations against adults enter the criminal justice system, as well as the key points at which they fail to proceed through successive stages. It also looks at reasons that contribute to high attrition and low conviction rates of sexual violation cases involving adult victim/survivors.

For consistency, we continue to refer to ‘victim/survivors’, rather than ‘complainants’ or ‘witnesses’ in this chapter. We refer to ‘the accused’, ‘suspect’ or ‘defendant’ when discussing findings from the attrition study that relate to cases that entered the criminal justice system.

What is attrition?

In this research, ‘attrition’ refers to the proportion and types of cases that do not proceed through successive stages of the criminal justice process. If we use a broader definition, it becomes clear that there are at least two points of attrition before cases enter the criminal justice system. The first of these, and by far the largest, involves victims’ decisions not to report sexual offences to the police. The most recent New Zealand estimate is that around 90 percent of sexual offences are not reported (Mayhew and Reilly, 2007).

There will also be some attrition during the police processing of the initial complaint, sometimes because victim/survivors decide not to proceed to a formal interview or because of police decisions not to continue. The scope of this research did not extend to estimating the magnitude of and reasons for attrition at this point.

4.2 Why and when do victim/survivors report to police?

Previous research has established several reasons why most victim/survivors do *not* report sexual violence to police, as well as barriers to reporting for different groups. While this is valuable information, fewer studies have asked what makes it possible for other survivors to report sexual violence. Understanding this is critical to endeavours to encourage reporting.

Victimisation surveys have shown that victim/survivors are more likely to report sexual violence to the police, if they perceive it as a serious crime. However, survivors' perceptions of what constitutes a 'serious crime' can be subjective and are not always in line with the views of criminal justice agencies. Surveys commonly find that respondents whose experiences fit the legal definition of sexual violation do not identify them as 'real' crimes.

One of the issues here is that survivors must be able to name their experience as sexual violence and recognise that it is a crime before they decide to report. 'Sexual violence' is a broad term that potentially covers a continuum of acts, from inappropriate behaviours to indecent assault to rape. Different forms of sexual violence can have different impacts, and different community and legal responses.³

Sexual violence often occurs under ambiguous circumstances, which can make it difficult for survivors to come to terms with what happened. Alcohol is often involved, and this can impair understandings and recollections of what happened. Historically, sexual violence perpetrated by strangers was more likely to be reported to police than sexual violence perpetrated by people known to the offender. Victim/survivors might be more likely to perceive these incidents as serious crimes because they more closely resemble the 'real rape' scenario, while women who are sexually violated by partners or other known acquaintances may be reluctant or unable to name their experience. Associated with this is the misunderstanding that sexual violation invariably involves physical force and always results in physical injury. This may make it more difficult for a victim to identify as sexual violence a situation in which she acquiesced to sex as a result of express or implied threats of the application of force, or fear that force might be used.⁴

An unusually high proportion of participants in the pathways study (50 percent) had reported an incident of sexual violence to police. Their main reasons for reporting were similar to reasons given in victimisation surveys internationally. Survivors reported because they:

- did not want the perpetrator to get away with it
- wanted to protect others
- were scared of repeat victimisation
- felt they should report
- wanted to expedite a protection order application
- felt it would help their recovery
- realised it was a crime
- wanted to inform police about the offence or the perpetrator.

3 This project focused on sexual offences at the more serious end of the continuum. It adopted the definition of sexual violation outlined in section 128 of the Crimes Act 1961, which includes rape and unlawful sexual connection.

4 Section 128A of the Crimes Act 1961 outlines some circumstances in which allowing sexual activity does not amount to consent.

Changed understandings of sexual violence over time

Findings from the attrition and pathways studies point to a shift in social understandings about sexual violence over time. In particular, there seems to be increased recognition that forced sex by partners and other men known to the victim is a crime.

Compared with a 1981 New Zealand study, the attrition study showed an increased proportion of sexual violation offences perpetrated by current or ex-partners (Triggs et al., 2009).⁵ This is consistent with findings from other countries, where recorded sexual offences by intimate and other known perpetrators have increased over time (Harris and Grace, 1999). This trend may partially reflect the abolition of spousal immunity from prosecution for sexual violence,⁶ as well as changed understandings of the nature of sexual violence.

Whose idea was it to report?

Most participants in the pathways study said it was their own idea to report to police. Friends, family and whānau were instrumental in helping a sizable number to decide to report.

Around two-thirds of those who reported to the police voiced concerns such as: fear of not being believed (n=7); previous negative experiences with, or lack of trust in police (n=6); and shame and embarrassment (n=3). New Zealand Europeans were most likely to express these concerns (13 out of 17), followed by Māori (four out of seven).

When was the incident reported?

The time taken to report the offence is critical for collecting forensic evidence.

- Eighty-five percent of incidents in the attrition study were recorded in the same month as the offence occurred.
- Two-thirds of survivors in the pathways study reported within a week.
- A small number of incidents, most involving family, whānau or an intimate partner, were not reported until several years or several decades afterwards.

5 Over two-thirds of the cases in the attrition study involved offenders who knew the victim/survivors. Sexual violation offences perpetrated by current or ex-partners comprised a quarter of the sample.

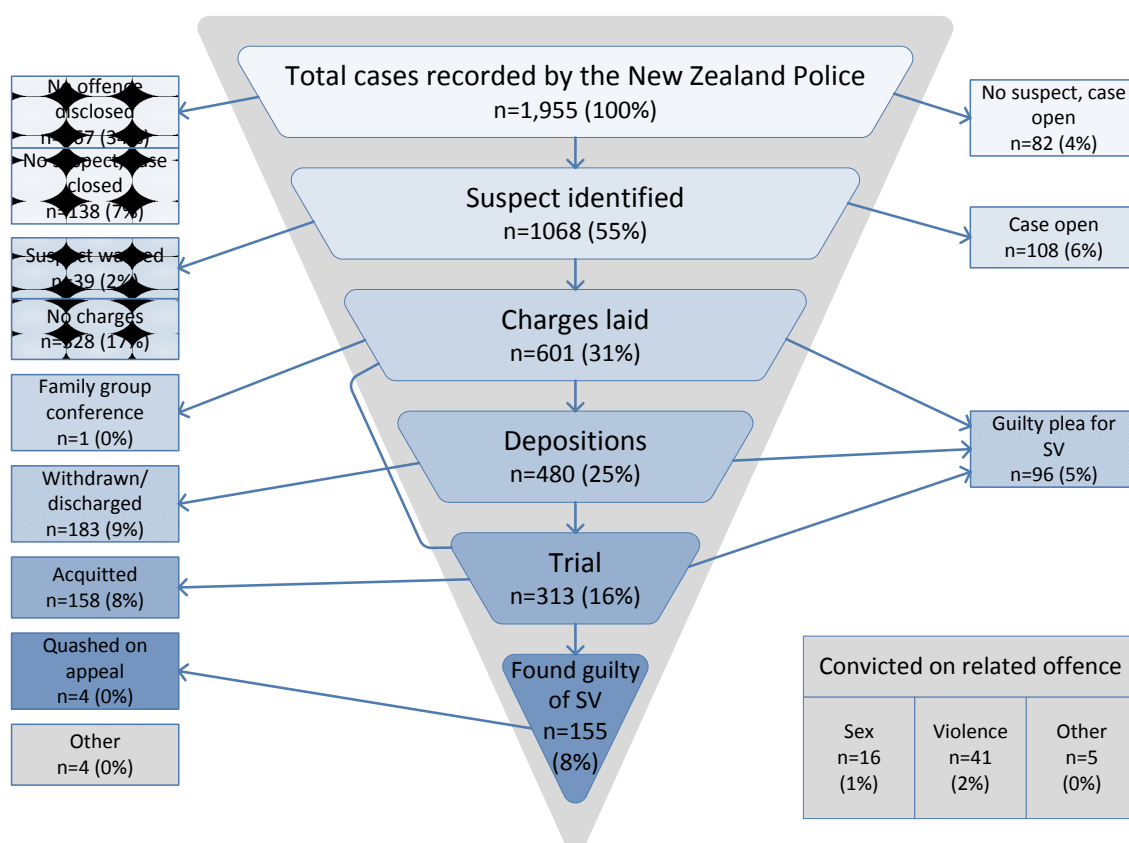
6 In New Zealand, spousal immunity from prosecution for sexual violation was abolished in 1985.

4.3 At what points and why does attrition occur?

There are several potential points of attrition for cases that enter the criminal justice system and different ways of calculating attrition and conviction rates. Most studies begin by using the entire sample of cases as the baseline, even though some incidents will subsequently be deemed not to be offences. This is an accepted way of calculating attrition and conviction rates, because cases cleared by the police as 'no offence disclosed' represent a valid point of attrition.⁷

The attrition triangle in Figure 2 presents the major points of and reasons for attrition found in this study. Both the points of and reasons for attrition are consistent with international research (Kelly, Lovett and Regan, 2005; Metropolitan Police Service, 2005).

Figure 2: Attrition and conviction rates of recorded sexual violation (SV) offences



Attrition during the police investigation phase

As noted, the largest point of attrition occurs before reporting. The attrition triangle shows that the next largest point is during the police investigation stage. This is to be expected, because only the strongest cases with reasonable prospects of conviction should go to court. The police must establish that there is evidence a crime was committed, the suspect committed the crime, and the

⁷ Similarly, it is valid to include acquittals as a point of attrition, as the objective of attrition studies is to show the main points at which cases do not proceed through the system, rather than make a judgement on the innocence or otherwise of those who are acquitted.

statutory elements of the offence are satisfied. Cases did not proceed past this stage when:

- there was no evidence an offence had occurred (for example, incidents did not meet the legal definition of sexual violation)
- a suspect could not be identified
- a suspect was identified but not charged, for reasons including the victim's wish not to proceed, inability to locate the suspect, and insufficient evidence.

Attrition during the court process: conviction rates

The study found high attrition of sexual violation cases recorded by the New Zealand Police. Conviction rates for the sample, calculated using different baselines, were as follows.

- Of the total 1,955 cases recorded by the New Zealand Police, 13 percent resulted in a conviction (8 percent found guilty; 5 percent pleaded guilty).
- Of the 1,288 cases remaining after 'no offence' cases were excluded, 20 percent resulted in a conviction.
- Of the 601 cases in which charges were laid, 42 percent resulted in a conviction.

Cases that went to trial had an equal chance of resulting in a guilty verdict or an acquittal. In a small proportion of cases, defendants who were not convicted of sexual violation were convicted for related offences, such as other sexual or violent crimes.

Cases that are less likely to proceed or result in conviction

Table 4 shows the complex association between victim, suspect, and case characteristics and criminal justice outcomes.

Table 4: Characteristics of cases associated with criminal justice outcomes

Factors associated with outcomes		Likelihood of proceeding	Outcome at trial, if prosecuted
Victim-offender relationship	Stranger (victim more likely to be young)	More often associated with 'false complaints' and 'no offence' Higher attrition due to unidentified suspects	More likely to result in conviction
	Family member	High prosecution rate	High conviction rate
	Current partner or boyfriend	High prosecution rate	Low conviction rate for sexual violation
	Other known person	High attrition rate	Low conviction rate
Victim characteristics	Young victims (16 to 19 years)	Higher rate of 'false complaints'	Higher rate of conviction
	Psychiatric condition or intellectual disability	Higher rate of 'false complaints'	Conviction more likely for victims with intellectual disability
	Refused medical examination, intoxicated, delayed reporting, psychiatric condition, previous allegations of sexual violence	Less likely to be prosecuted	
	Uncertain violation had occurred	More likely to be classed 'no offence'	
	Refused medical examination	Suspect identification less likely	
	Previous allegations of sexual victimisation	Higher rate of 'false complaints' Lower prosecution rate	
Suspect characteristics	Previous sex or violence convictions	More likely to be prosecuted	More likely to be convicted
Case characteristics	Rape	Less likely to proceed at almost every stage	
	Other sex offences	Higher prosecution rate	Higher conviction rate
	More than one offence	More likely to proceed through all stages	More likely to proceed through all stages
	Offence involved force, threat and injury	More likely to result in prosecution Less likely to be classified as 'no offence'	More likely to result in conviction
	Witness or forensic evidence	Suspect identification more likely	

Source: Triggs et al. (2009).

High-level findings relating to attrition are as follows.

- The most commonly recorded offences were less likely to result in convictions – that is, those involving acquaintances and intimate partners.
- Cases involving victim/survivors in vulnerable population groups were more likely to be classified as ‘false complaints’ – that is, those where the victims were young, had a disability, or had made previous allegations of sexual or physical violence.
- Cases that had characteristics known to be common in sexual violation offences were less likely to proceed or result in convictions – that is, those where the suspect knew the victim, was her partner (in the case of older women), where alcohol or other drugs were involved, and for victims in vulnerable population groups.
- By contrast, if prosecuted, cases that were less common (but more likely to resemble the stereotypical ‘real rape’) were more likely to result in a conviction – that is, those involving strangers, force or injury.

Victimisation and attrition

Taken together, the four high-level findings show that cases involving people who are *most* likely to be victimised are *least* likely to proceed through the criminal justice process and to result in a conviction.

These findings are consistent with a study conducted by the London Metropolitan Police Service (2007). It found that the majority of victims who reported rape had one of four vulnerabilities: they were aged under 18 years; they had mental health issues; they had ingested alcohol before the rape; or they had been or were in an intimate domestic relationship with their attacker. These vulnerabilities had a cumulative effect at each attrition point. They had the greatest impact on the attrition of cases involving the most vulnerable victims. While victims with no vulnerabilities were more likely to have better outcomes, attrition nevertheless remained a significant problem.

Cases involving current and ex-partners

In the current study, the prosecution rate for cases involving current partners and boyfriends was relatively high. This may indicate that police and others in the criminal justice system nowadays have a better understanding of the nature of sexual violence. However, the low conviction rate for these cases, together with the finding that half of the partners and boyfriends prosecuted were convicted for other violent crimes, points to the:

- ongoing difficulty of proving non-consent in word-against-word cases, particularly where there is a pre-existing sexual relationship
- relatively greater ease of obtaining convictions for physical or domestic violence, coupled with the view, expressed in the environmental scan, that if a conviction for sexual violence is not achievable, the offender should be held accountable for at least some aspects of the offence.

Some sex offenders are being convicted and possibly jailed because they are also domestic violence offenders. However, at only 3 percent of the total

sample, these convictions do not offset the fact that cases involving partners are over-represented in attrition statistics.

Reasons cases do not proceed

Victim withdrawal

‘Victim withdrawal’ from the criminal justice process is a contentious issue. Knowledge about the precise factors that contribute to this outcome is lacking. In particular, complex social and interpersonal dynamics are likely to underpin these ‘decisions’. This issue has been minimally explored, and indications are that decisions that appear to be ‘free choices’ can be strongly influenced by others (Frohmann, 1998; Lievore, 2005). In this project, it was not possible to determine whether or how often the investigation and trial process played a part in survivors’ wishes not to proceed.

‘Victim withdrawal’ is not an official police investigation outcome category, so was not explicitly included in the attrition study. However, the file notes indicated that victim/survivors did not want to proceed or would not co-operate with the investigation in at least 20 percent of cases. This was most likely during the police investigation stage and is consistent with the results from the pathways study. Victim/survivors did not want to proceed for four main reasons: the victim–offender relationship; pressure to withdraw; issues related to the criminal justice process; uncertainty around the offence.

The victim–offender relationship

In the attrition study, withdrawn or discharged cases were significantly more likely to involve ex-partners or boyfriends, and significantly less likely to involve strangers. This could happen because survivors:

- simply wanted the accused warned and the sexual violence to stop
- did not want their partner to be criminalised or sent to jail
- had forgiven or reconciled with the accused
- felt threatened or afraid of the consequences of proceeding.

Pressure to withdraw

The pathways study confirmed that some survivors came under pressure from family, whānau, friends, the perpetrator or even the public to withdraw the complaint. This was often when the perpetrator was a partner, family member or part of the same social network as the survivor.

On the other hand, mobilisation of formal and informal support systems might be an important factor in overcoming a survivor’s doubts about proceeding. Most of the pathways participants who considered withdrawing said they were encouraged to continue by family, whānau, friends, police and staff from specialist sexual violence services and refuges.

Issues related to the criminal justice process

Responses from the pathways study and environmental scan made it clear that the court process was almost unanimously regarded as a harrowing experience for victim/survivors and a deterrent to continuing. Particular issues for survivors involved:

- the length of time it took to go to trial and reach an outcome
- wanting to move on with their lives
- not wanting to relive the attack
- feeling unable to face the criminal justice process
- fear of the legal process and associated publicity
- having to face the offender in court
- cross-examination tactics, which were seen as intimidating and degrading.

Survivors in the pathways study who had been to court reported that they felt 'violated all over again' as a result of experiences that reproduced the disempowerment, humiliation and lack of control experienced during the original offence.

Most respondents in the environmental scan said they would recommend reporting sexual violence to the police. Substantially fewer said they would recommend going through the criminal justice system. This was largely associated with the potential for re-traumatisation in a system that was set up to ensure a fair trial for the accused, not to support the survivor.

Uncertainty around the offence

In some cases, victims have limited memory of the incident and can be uncertain whether a violation occurred. Alcohol is often involved and survivors might decide, after sobering up, that they do not want to continue, or might feel that they contributed to the assault.

Other factors

Other factors contributing to 'victim withdrawal' included:

- the survivor wanting police to know what happened, but not take further action
- the victim/survivor retracting the allegation
- a third person reporting the incident
- the police informing the survivor that the case had poor prospects of conviction.

Police and prosecutors' views on high attrition and low conviction rates

Police and Crown prosecutors who took part in the environmental scan were asked about specific factors that contribute to high attrition and low conviction rates in sexual violation cases. An over-riding theme was that it was particularly difficult in sexual violation cases to achieve the evidential threshold required to

convince jurors that the accused was guilty 'beyond reasonable doubt'. Factors contributing to this include:

- the nature of the evidence, particularly a lack of corroborating evidence, which resulted in poor prospects of conviction
- inconsistencies within the victim's statements or contradictory evidence from other sources, leading to inferences that the complaint was false
- concerns about victim credibility, often related to inconsistent evidence
- cross-examination tactics, especially the ability of the defence to discredit the victim/survivor's credibility by referring to her history, attacking minor inconsistencies in her statement, or making her sound unreliable
- the rights of the accused, particularly the right to remain silent and the inability of the prosecution to challenge him
- the jury's lack of understanding of the nature of sexual violation and of consent, particularly when the survivor knew the accused.

These issues are related. Most cases boil down to the word of the victim against that of the accused. Juries often look for corroborating evidence such as injuries, eyewitnesses or other forensic evidence, even though these are often

Influence of juries on low conviction rates

Police and Crown prosecutors have identified juries' misunderstandings about the nature and dynamics of sexual violence as a key factor contributing to low conviction rates for sexual violation.

not available and they are told they can convict on the victim's word. They do not seem to be aware that stranger attacks are the exception; nor do they have an adequate understanding of phenomena such as the 'freeze response' that prevents victims from fighting back and can protect them from physical injury. Some behaviours consistent with dealing with the trauma of sexual assault, such as taking drugs or suicidality, are used by the

defence counsel to destroy the survivor's credibility. This contributes to the perception that 'the complainant is more on trial than the accused' (Police officer in Mossman et al., 2009b: 104).

This lack of understanding of the nature, dynamics and impacts of sexual violence is compounded when juries have unrealistic expectations about the availability of evidence, based on television programmes. Both police and prosecutors referred to the 'CSI effect'⁸ and how the standard of proof seemed to have gone from 'beyond reasonable doubt' to 'beyond all doubt'.

[It's a h]igh threshold of proof considering there is unlikely to be independent witnesses. The 'CSI Effect', where juries seem to believe there will always be compelling forensic evidence, or admissions from the offender. Crown prosecutors need to be hammering this point with juries. CSI is not reality and the case must be proved beyond a reasonable doubt, not 'all doubt'. (Crown prosecutor in Mossman et al., 2009b: 102)

⁸ 'CSI' refers to a television series, *Crime Scene Investigation*.

4.4 Diverse cultural groups

The attrition study found that socio-demographic factors such as ethnicity, gender or sexuality were not associated with case outcomes. However, the numbers of cases involving different groups of victims were quite small and may not have had sufficient statistical power for an effect to be detected. In addition, different ethnic and cultural groups are likely to feel that the criminal justice system is not suitable for them.

Māori survivors and the criminal justice system

Just over a quarter of the cases in the attrition study involved Māori victim/survivors. While they were over-represented relative to the total population, this is likely to be a fraction of the real number of Māori women who are sexually assaulted. We were unable to find information on whether Māori are more or less likely than other population groups to report sexual violence to police. The 2006 New Zealand Crime and Safety Survey found no statistically significant differences in reporting between ethnic groups, once the seriousness of crime types was taken into account (Mayhew and Reilly, 2007). Group differences might be more apparent with a larger sample of offences.

Less than half of the Māori sample in the pathways study reported sexual offences to police. The main reason for reporting was to protect others. Most preferred to report to a Māori police officer.

Responses to the environmental scan survey suggested that there can be huge pressure on Māori not to report to police or to resolve these matters within the whānau or community. Reasons for this include the lack of Māori police in some areas and historical grievances between Māori and the Crown and, by extension, the criminal justice system. There was also a view that the criminal justice system is not suitable for Māori. Some felt that Māori were less likely to do well within the system because of its monoculturalism and lack of tikanga, because of institutional racism, or because Māori were less likely to be perceived as credible witnesses.

Survivors from Pacific and other ethnic groups

Pacific peoples made up 6 percent of victim/survivors in the attrition study. In the pathways study, Pacific survivors were the least likely ethnic group to report to police, followed by Māori. Respondents in the environmental scan believed Pacific survivors were likely to come under pressure from their families and churches not to report to police or go through the criminal justice system. Information from the pathways study appears to support this view.

Survivors from Asian, Indian and other ethnic groups made up 6 percent of the attrition sample. In 2007, the Ministry of Women's Affairs held workshops with representatives of Ethnic communities. These representatives said women would be deterred from reporting by the shameful nature of evidence-gathering and the lack of specialist police investigators. They also felt the justice system favoured New Zealand male citizens over migrant and refugee women, and that women might be deterred from seeking help because of the perception that the laws are inflexible (Ministry of Women's Affairs, 2007).

Participants in the environmental scan felt that jury perceptions of credibility were likely to work against Pacific peoples, people with disabilities, young people (especially when alcohol and other drugs were involved), men, sex workers, and gay, lesbian, bisexual, transgender and intersex victims.

4.5 Summary

Sexual violations against adults tended to be reported to police fairly soon after they occurred. Survivors' reasons for reporting often centred on wanting the perpetrator to be held accountable and protecting themselves and others from future sexual victimisation. Most attrition occurred at the police investigation stage and only a small proportion of those accused were convicted.

Cases involving victim/survivors who were most at risk of sexual violation were least likely to proceed through the criminal justice system and to result in a conviction. In particular, the criminal justice system seemed to work better for victims of stranger rape than for those who knew the accused, although the chances of conviction remained fairly low.

One explanation for this, offered in a London Metropolitan Police Service (2007) study on attrition, could be that victims' vulnerabilities – age, mental health, alcohol use and relationship to the offender – might influence the 'provability' of charges in complex ways and at various stages of the criminal justice process.

Survivors' credibility is often questioned

Perceptions of a survivor's credibility are affected by a variety of socio-demographic and personal factors. Intoxication can impair the survivor's recall of factual events, so can affect assessments of the relative credibility of the victim/survivor and the offender and decrease the prospects of conviction.

For example, they acted as 'hindrances' or 'obstacles' to the confidence the victim him/herself had in understanding what happened. A young victim, a victim who may have difficulty clearly recalling what happened, a victim torn by their personal histories with their attackers – the reasons were many and varied. (Metropolitan Police Service, 2007)

There is also room to consider the influence of non-legal factors on criminal justice processes and outcomes. These factors include common misunderstandings

about 'real rape' and 'real victims' that can influence the perceptions and reactions of different actors in the criminal process. These stereotypes can also affect perceptions of what makes a 'credible' witness.

Previous researchers have found that credibility is not an inherent feature of a victim/survivor, but is constructed through subjective and interactive processes (Stanko, 1982). There are various aspects to this, beyond defence counsel attacking survivors on the basis of their sexual history, character or behaviour (particularly in terms of deviation from moral and gender norms). In the jury's eyes, credibility can be affected by the survivor's age, intellectual ability, socio-economic status and ethnicity. Because a trial is an oral procedure, victims who have difficulty recalling what happened, have poor oral communication skills, are unable to understand and respond to questions, or

become confused may seem to be less credible than the offender (Lievore, 2004).

In relation to alcohol, questions about the reliability of the survivor's evidence represent a major legal obstacle to credibility. Intoxication can impair the survivor's recall of factual events. In cases where it is one person's word against another's, assessments of the relative credibility of the survivor and the accused are central to jury decisions. If the survivor's account does not satisfy the jury members beyond reasonable doubt, they cannot convict the accused, even if they do not believe he is telling the truth (Lievore, 2004). In no circumstance does this warrant the view that the survivor was responsible for the assault or that she was 'asking for it'.

5 Formal support systems

5.1 Introduction

Compared to victims of other crimes, survivors of sexual violence exhibit some of the most persistent and destructive effects of trauma. According to a leading expert on trauma and violence, this is directly related to the nature of sexual violence.

The purpose of the rapist is to terrorize, dominate, and humiliate his victim. Thus rape, by its nature, is intentionally designed to produce psychological terror. (Herman, 1992: 58)

While some women experience relatively short-term mental health impacts, others develop chronic mental health and physical symptoms. Short- and long-term effects include low self-esteem; post-traumatic stress disorder; suicide; injury; permanent disability; pregnancy complications; chronic pain syndromes; and injurious health behaviours, such as smoking, alcohol and other drug use, and sexual risk-taking (Mossman et al., 2009a). These effects are amenable to treatment, but many survivors might encounter barriers to accessing effective and appropriate services.

The core elements of trauma are disempowerment, destruction of the survivor's identity and loss of trust in and connection with others. Recovery, therefore is based on empowerment (or regaining control), rebuilding a new sense of self and establishing new connections. Other people can influence the outcome of the trauma. Supportive responses can mitigate the impact, while negative responses can compound the harm (Herman, 1992).

In chapter 3 we saw that informal support networks are an important source of support. However, they are rarely, if ever, able to give survivors the range of supports they need, as they might not understand the impacts of sexual violence, and they might also have difficulty dealing with their own reactions. Accordingly, some survivors access formal support systems, including counselling and other support services, as they try to deal with the impacts of sexual violence.

In this chapter, we draw on findings from the pathways study and the environmental scan to describe the basis for and pathways through which survivors accessed help from formal support systems. These issues were among the main focuses of the research. This chapter links to chapter 3, in that both chapters look at different aspects of survivors' help-seeking.

The pathways study tended to focus on survivors' pathways to support for emotional or mental health needs: specialist sexual violence services play an important role in meeting those needs. As a result, this chapter largely reflects this focus. It includes a discussion of issues raised as important by specialist sexual violence services: funding, workforce capacity and the implications of different world views for service delivery. Discussion of the last issue draws on two stocktakes conducted for the Taskforce for Action on Sexual Violence.

5.2 Context of service delivery in New Zealand

The formal support system encompasses services funded and delivered in both the government and non-government sectors. There is no overall or co-ordinated response among the different types of agencies that victim/survivors of sexual violence might contact. This also means we do not know exactly who provides what, or where services might be located.

The environmental scan canvassed agencies and services across New Zealand that adult victim/survivors are likely to contact, either immediately after a sexual assault or in the longer term. It was not an exhaustive survey and did not encompass agencies that survivors might contact for other reasons (for example, midwives or providers of child health services). Broadly, the services canvassed included:

- medical providers, such as general practitioners and family planning or other sexual health clinics
- mental health service providers, such as counselling agencies and self-employed counsellors
- victim services, such as specialist sexual violence services, women's refuges, and Victim Support, which offer very different types of services as a result of their different levels of specialist knowledge about sexual violence
- other community agencies, such as Māori community social service agencies, sex-worker organisations and stopping violence services.

Specialist sexual violence services

The environmental scan found that specialist sexual violence agencies, such as HELP or Rape Crisis, are the predominant providers of services to victim/survivors of sexual violence. They also provide dedicated services for sexual violence survivors, based on their knowledge of the dynamics and impacts of this particular form of violence against women (Mossman et al., 2009b).⁹ The services tend to encompass two broad categories of service responses.

Crisis support services provide emergency psychosocial support or practical and emotional assistance in the period immediately after sexual violence. These services might be provided by phone or face to face, and include support at police interviews and forensic medical examinations.

Support and recovery services provide ongoing and possibly long-term support, such as therapeutic and advocacy services for both recent and historical assaults. Crises can be triggered well beyond the immediate post-rape period and are likely to be dealt with by support and recovery services.

9 The National Collective of Independent Women's Refuges (Women's Refuge) also provides specialist 24-hour crisis intervention, support and advocacy for women who experience domestic violence. Many of these women will have been sexually victimised by their husbands or partners. However, there is evidence that they are often reluctant to recognise and disclose male partner rape to refuge workers (Heenan, 2004).

Specialist sexual violence support agencies provide both crisis support and recovery services, as well as sexual violence prevention programmes. Some work with only women, while others work with men and children. Many extend their services to survivors' families and whānau, although they are not always funded to do so (TOAH-NNEST – TC, 2009).

5.3 When, why and how do survivors contact formal support systems?

The time between the sexual assault and the survivor seeking treatment has implications for the types of services required. Some survivors seek help soon after the assault and need crisis intervention. Others do not seek help for some time, but might be in crisis when they do contact a formal agency. Regardless of when they first seek help, many will need support and therapeutic intervention, such as counselling, over a longer time period.

Most community agencies that responded to the environmental scan said they mainly worked with survivors of historical sexual assaults (for the research, this was defined as assaults occurring more than 12 months before help-seeking). This was particularly true for mental health service providers (91 percent) and specialist sexual violence services (75 percent). Recent sexual assaults were more frequent for Victim Support and women's refuges.

Other research has shown that many survivors seek help from multiple services, particularly if they have high and complex health and social needs. Most participants (81 percent) in the pathways study had contact with at least one formal agency. Depending on where they lived, they might have been able to contact a variety of agencies, with different levels of specialisation, to meet different needs.

Overall, survivors in the pathways study were more likely to access specialist sexual violence services than other services such as a refuge, generic counselling or mental health services, or culturally-based (Māori and Pacific) services. This might indicate that they were most likely to identify these services as a source of support that could meet their needs. Around a fifth had been to more than one agency, most often a refuge and a specialist sexual violence service. These findings reflect the fact most participants were recruited through victim services and many were victims of intimate partner sexual violence.

Reasons for contacting formal support systems

For some survivors, formal support services are central to their efforts to deal with the crisis of sexual violence and on their journey to recovery.

The widespread impacts of sexual violence on survivors and their informal networks, coupled with the inability of informal support systems to provide appropriate support, are some of the reasons that survivors contact formal agencies. To recap, survivors in the pathways study described the ways sexual violence had affected their lives, for example:

- a major impact on life overall
- feelings of whakamā

- mental and emotional health issues
- sex and intimacy issues
- behavioural impacts
- cognitive impacts
- personal and social impacts
- physical impacts
- trauma to partners, children, parents, other family, whānau and friends
- impacts on close personal relationships, including reduced emotional availability to children, marriage breakdowns, social ostracism, and divisions in social networks.

To a large extent, the link between sexual violence and its emotional and mental health impacts are more easily recognised than some of the physical effects. These can manifest considerably later and might not be obviously related to the sexual violence. This was reflected in the pathways study, where survivors' discussions about seeking help from formal systems focused primarily on emotional support and mental health. It could also reflect that many participants heard about the research through victim services.

Pathways to formal support systems

Survivors can take multiple pathways to accessing formal support services. In both the pathways study and environmental scan, self-referral was cited as the most common way for survivors to access any formal service provider. Table 5 shows results from the pathways study, in which survivors identified their own pathways to formal agencies

Table 5: How survivors contacted service providers (pathways study, n=47)

	Specialist sexual violence service (n=24)		Generic services (n=15)		Women's Refuge (n=3)		Culturally based services (n=5)	
	n	%	n	%	n	%	n	%
Self-referral	8	33	5	33	1	33	2	40
Police	6	25	0	0	0	0	0	0
Family or friend	4	17	3	20	2	67	0	0
Counsellor	3	13	0	0	0	0	0	0
Other	3	13	7	47	0	0	3	60

Note: Survivors in the pathways study identified different pathways to formal agencies. Generic services include counselling services, doctors, women's centres and support groups, men's support groups, mental health services and church services. Cultural services are Pacific and Māori counselling services.

Source: Kingi and Jordan (2009: 106).

Service providers who responded to the environmental scan were also asked about the most common referral mechanisms to their service providers (Table 6). Responses were broadly similar to the findings from the pathways study. The exceptions were Victim Support, where most referrals came from police; and Māori services, where referrals were least likely to come from police, and more likely to come from informal support networks and other services.

Table 6: Most common referral mechanisms (environmental scan, n=166)

Referral source	Specialist sexual violence service (n=24)	Women's Refuge (n=11)	Victim Support (n=39)	Mental health services (n=66)	Medical services (n=11)	Community agencies (n=13)	Māori services (n=13)
	%	%	%	%	%	%	%
Self-referral	54	55	10	64	91	85	85
Police	19	27	85	3	9	15	8
Other agency	12	0	5	35	9	31	38
Whānau, family, friend	15	9	0	17	9	38	38

Source: Mossman et al. (2009b: 40).

The high number of self-referrals indicates that some survivors are very aware of their needs, determined to have them met, and highly motivated to find the right source of support. It is important that the general public is aware of specialist services, given that almost half of those who contacted specialist sexual violence services were referred by other parties.

Around 40 percent of survivors in the pathways study said they encountered difficulties in arranging counselling. The barriers came down to three categories.

- Lack of information on:
 - services available
 - counselling options
- Availability, for example:
 - long waiting times
 - too few sessions
 - the lack of 24-hour services
 - the lack of culturally appropriate services.

- Practical barriers, for example:
 - finding transport to services
 - having to fill in forms
 - the cost of counselling
 - availability of childcare.

Information was the most common barrier, with most saying they would have benefited from more information about services available. Other important needs were the ability to access counselling as needed, and the need for accessible, culturally appropriate services.

These responses are consistent with information from the environmental scan. Service providers were asked to indicate which of seven information requests were commonly made by victim/survivors. The most frequent responses were for therapeutic interventions, particularly counselling (84 percent) and how to feel better (67 percent). Some service providers commented that survivors often need information about what services are available or on the definition of rape or unlawful sexual violation, particularly when the rapist was their partner, or they were sexually abused as children and did not realise that what was happening within their marriage was rape. Information on reporting to police, victims' rights and court processes was also frequently requested.

Overseas research indicates that a relatively small group of survivors (possibly around a quarter) seek help from sexual violence services (see review in Lievore, 2005). While this degree of underutilisation reflects many factors, it might also be associated with a lack of service visibility, accessibility and cultural appropriateness. Services might hesitate to allocate scarce resources to advertising and rely on other ways of coming to the attention of survivors or their informal support systems. Levels of funding and associated levels of experience of staff can affect waiting times, the availability of services when they are most needed, and availability of culturally appropriate services.

5.4 World views and service delivery

Different cultural and world views underpin service responses to sexual violence. We explore the implications of different world views, cultures and ethnicities for service delivery by drawing on the findings from two national stocktakes of non-Māori (tauwiwi) and kaupapa and tikanga Māori sexual violence response services. The stocktakes were conducted as part of the Taskforce for Action on Sexual Violence.¹⁰ The following discussion is necessarily brief, so cannot capture the rich information in the original reports.

10 The stocktake of tauwiwi, or non-Māori, services, including Pacific services, was commissioned by the Ministry of Social Development, and conducted by the Tauwiwi Caucus of Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST – TC, 2009). The stocktake of kaupapa and tikanga Māori services was commissioned by Te Puni Kōkiri and conducted by Ngā Kaitiaki Mauri o Te Ohaakii a Hine (Hamilton-Katene, 2009).

'Mainstream' services (non-Māori services)

The stocktake of non-Māori services reminds us that when services are designated as 'mainstream', they can be seen as the 'normal' way of doing things, because it is what the majority does. Their cultural and conceptual underpinnings often go unquestioned and unarticulated. This can be disadvantageous for services premised on co-existing world views, because it suggests that these views are in some way less legitimate than those underpinning 'mainstream' services (TOAH-NNEST – TC, 2009).

The early development of many 'mainstream' sexual violence services was underpinned by Western or European world views, particularly Western feminist ideology. Although some service provider groups have shifted away from a feminist position, many 'mainstream' sexual violence services continue to support some central principles, including:

- victim/survivor-centred practices (with recognition of the need for specialist help for survivors' families)
- a belief in the value of specialised responses to sexual violence
- the view that political advocacy is a part of service delivery
- a belief that sexual violence is caused by a combination of individual and social factors, and that healing must also reflect these factors
- a commitment to practices that oppose the power dynamics underpinning sexual violence (TOAH-NNEST – TC, 2009).

Within a Western world view, 'crisis' is defined in individualistic and psychological terms. The primary role of the crisis support worker is to 'minimise the psychological consequences of trauma by attending to the emotional and psychological needs of the complainant' (TOAH-NNEST – TC, 2009: 156). In terms of service delivery, this can involve:

- providing psycho-social support and therapeutic interventions for the immediate and longer-term psychological and life impacts on the survivor
- helping survivors access their own resources, or providing external resources when they are unable to access their own
- giving accurate information on legal and court procedures relating to sexual violence
- providing a variety of services for survivors and their families, such as emergency and ongoing counselling, social work and work in the community, and support during police interviews and in court (TOAH-NNEST – TC, 2009).

The research did not seek evidence of the clinical effectiveness of any interventions, but, for the most part, participants in the pathways study were satisfied with the services they received from specialist sexual violence services (most of which were 'mainstream' services). Overall, satisfaction with specialist agencies was higher than for generic agencies. However, there were indications that responses were not consistently supportive or appropriate. Some survivors were unable to get help when they needed it, or felt unsupported, disappointed or retraumatised by what they perceived as a lack of care and service. One

participant emphasised the need for support agencies not to add to the victimisation experience for those who are presenting with a history of trauma. Inconsistencies in service delivery could be related to a need for more experienced and qualified staff identified by many specialist services.

Kaupapa and tikanga Māori services

The stocktake of kaupapa and tikanga Māori services showed that these services usually developed 'through culturally specific frameworks informed by local communities' perceptions of service provision underpinned by a collective vision of well-ness' (Hamilton-Katene, 2009: 11).

The centrality of relationships to Māori cultural values means that sexual violation affects the mana or personal power of both the survivor and their whānau. The most effective services restore mana to the survivor and their whānau, in ways that are based on Māori cultural values, practices and beliefs. In addition, whānau often present to kaupapa and tikanga services with a spectrum of issues related to sexual violence, although the basis for presentation might initially be obscured.

For kaupapa and tikanga services, 'crisis' describes the level of help needed by the individual and their whānau. Primary crisis responses are delivered immediately following the initial contact. The concept of 'periodic crisis support' recognises that whānau members might need to re-access support to deal with crises that occur at any time in their lives. Crisis responses, then, need to address a wide range of issues, as well as the complexities associated with understanding cultural identity (Hamilton-Katene, 2009: 15).

Māori responses are premised on holistic models of health and service provision. Services that place the individual within the context of their whānau often need the involvement of external support to meet the needs of whānau members. This is often provided by volunteers who have expertise and strong community links. These individuals might provide advocacy and support for survivors who wish to report to police, but reporting to police is not part of a Māori service's approach unless it is specifically requested by the whānau member accessing the service. Approaches to healing are diverse and might involve the use of tools such as genograms¹¹ to work with whānau members (Hamilton-Katene, 2009).

At a basic level, this means kaupapa and tikanga services require different cultural competencies from 'mainstream' services and they can be configured and work quite differently. The stocktake found that these organisations encompass specialist services, as well as more broadly based Māori health services, bicultural organisations and independent service providers. While some specialist services provide dedicated sexual violence services, others specialise in domestic violence or mental health. Few of the services canvassed in the stocktake held contracts to provide services specifically for sexual

11 A genogram is a pictorial representation of whānau relationships. Genograms can be used to explore whakapapa and intergenerational patterns.

violence: they generally responded under the umbrella of contracts for other services, such as domestic violence (Hamilton-Katene, 2009).

5.5 Funding and workforce issues for specialist sexual violence services

In New Zealand, specialist sexual violence services may be fully or partially funded by government agencies, depending on each service's contractual arrangements. Services that are partially funded by government often seek additional money from sources such as philanthropic trusts and community funding bodies, as is common in the non-governmental organisation sector. Ongoing funding from these sources is not guaranteed, and some funding sources on which these services rely are contestable (TOAH-NNEST – TC, 2009).

Service providers that took part in the environmental scan were asked to indicate which factors, from a list, would help their agencies to provide better services to clients. They were also asked to identify the most important factor and given an opportunity to add additional factors. The results presented below appear to be consistent with the two national stocktakes.

The majority of specialist sexual violence services that took part in the environmental scan could be classified as 'mainstream'. Together with women's refuges, and more than any other category of service provider, specialist sexual violence services identified funding and related workforce issues as major needs.¹² They also identified the broadest range and generally highest level of needs related to service delivery. There were indications that current demand and service delivery levels were higher than resource levels: they said that services are under-funded, staff are under-paid, and a lot of work is done on a voluntary basis. These service providers regarded themselves as having better inter-agency connections and better access to rape-specific information than other service providers had.

The issues prioritised by more than half of the respondents from specialist sexual violence services and refuges are highlighted in Table 7. Because of the small number of respondents, the results should not be generalised.

12 The pattern of responses from the remaining services was less consistent. While a majority of respondents in other services identified one or two predominant service needs, there was a greater spread of views as to how service delivery could be improved. This was particularly the case for mental health and medical providers.

Table 7: Constraints on service delivery – specialist sexual violence services and Women’s Refuges

	Specialist sexual violence services (n=26)	Women’s Refuges (n=11)
	%	%
Funding	96	73
Access to training	54	73
Qualifications or experience of staff	62	45
Staffing levels	73	64
Inter-agency collaboration	42	45
Access to information	23	45
Facilities/equipment	58	18
Access to service	69	9

Source: Mossman et al. (2009b: 46).

Over two-thirds of specialist sexual violence services said there was a need for improved service access for victims, compared with around one-third or fewer respondents from other services. This reflected a concern, held by specialist services, about the relatively low level of community awareness of their services, as well as what they see as community misunderstandings about the nature of rape and barriers associated with the stigma of rape:

The services are there but there is an accessibility thing – they will hesitate to come to rape crisis, it’s that ‘R’ word. Also misinformation in community about rape is hard to combat. (Specialist sexual violence service, Mossman et al., 2009b: 46)

Barriers to access might also be associated with how funding is used, as organisations are more likely to allocate scarce resources to front-line services than to advertising, websites and other forms of public communication. This might contribute to a relatively low level of awareness about specialist sexual violence services among informal support systems. At the same time, it points to the importance of referral from other formal agencies.

Several pathways are needed for survivors to get to services that are easily accessible and transparent to all i.e. through doctors, Police, CAB [Citizens Advice Bureaux], Health, Education, etc. (Specialist sexual violence service, Mossman et al., 2009b: 46)

5.6 Workforce issues for Māori service providers

The environmental scan canvassed the views of 13 Māori services. They included specialist sexual violence services, refuges, and more broadly based services, such as community social service agencies. Māori service providers identified workforce issues as their primary need for improving service delivery.

- Ten of the 13 services said their service delivery would benefit from more qualified and experienced staff.
- Eight of the 13 services identified increased staffing levels as a way of improving service delivery.
- Eight of the 13 services identified the need for better inter-agency collaboration.
- Seven of the 13 services identified increased funding as a way of improving service delivery.

Given that Māori women are over-represented as victims of sexual violence, the findings raise questions, on the one hand, about services' capacity to respond to Māori women who prefer a kaupapa Māori service to a 'mainstream' service. Comments from Māori service providers indicated that not enough Māori counsellors were available and that staffing issues were particularly important because Māori services aim to treat the whole whānau. There was also a view that funding could be better targeted to meet Māori community needs. This included funding for home visits or travel to outlying areas where no services exist, and targeted funding for a wrap-around service for whānau.

Respondents also said that specialist counsellors were needed for different age

Gaps in counselling services

Overall, survey respondents from community and criminal justice agencies indicated that the greatest gaps in services were for those that meet survivors' emotional needs, particularly counselling and crisis support.

groups, although they were not necessarily referring to 'specialist' knowledge about sexual violence. For example, counselling older people can involve generational dynamics that require specialist cultural knowledge. One Māori counsellor commented that it might not be appropriate to counsel both the offender and the survivor if they are family members, and said that Māori counsellors are at risk of feeling overwhelmed by the volume and complexity of the work. This is exacerbated in rural

areas, where staff might have to cover wide geographical regions to see and support clients.

In [name of rural area] I'm the only Māori one. And if I knew that before I went there I probably wouldn't have gone ... Well there were times when I thought ... Geez, I'm 'it' and I'm 'it' and I'm 'it'. And there are times that I thought 'Well, I'm not going to be "it" forever'. (Mossman et al., 2009b: 47)

These issues, in conjunction with the holistic approach of Māori services, might account for the number of Māori service providers who said that better inter-agency collaboration would help them deliver better services. Improved

collaboration could help mitigate gaps in staff experience and levels. It would also be a more culturally appropriate form of support, given the collective vision that underpins these services and the often varied issues with which Māori survivors and their whānau present.

Experiences of Māori survivors

The pathways study generally showed that the experiences of Māori survivors mirrored those of the larger sample, although they hinted at some differences. The lack of involvement of kaupapa Māori services in recruiting participants, together with the Western framework of the research, means the findings are not representative of te ao Māori, or the way Māori live in the world today.

Most of the Māori participants (14 of 21) had contact with a formal support service: six of these had contact with multiple services before they found an appropriate counsellor or support person. Some wanted additional support, including religious counselling or help from whānau and friends, nurses, and social workers. Some felt that they would have benefited from more highly skilled health professionals. At least two survivors said their recovery process would have been easier if they had had access to a kaupapa Māori service or spiritual support from kaumātua.

One woman said she appreciated having a Māori counsellor because:

She won't let me hide. She makes me look at what I'm doing. I prefer a Māori counsellor – she won't let me 'bullshit'. We speak the same language and I feel comfortable with her. (Kingi and Jordan, 2009: 126)

Still, there were some Māori survivors who accessed 'mainstream' services – whether by choice or lack of other options – and found that they helped with recovery. Some preferred to see counsellors from different backgrounds because they were concerned about confidentiality in their home towns, because 'everybody talks' (Kingi and Jordan, 2009: 126). These survivors suggested that Māori should not automatically dismiss 'mainstream' services, but 'give this Pākehā counselling system a chance' (Kingi and Jordan, 2009: 153). A fundamental principle of counselling involves establishing and maintaining a rapport between the client and the counsellor, and cultural similarity is not the only way to establish rapport. One Māori survivor said this connection was established when her counsellor disclosed she was gay.

I knew she would have had to go through a lot of crap to come out of the closet, which would make her a less judgemental person. (Kingi and Jordan, 2009: 126)

Around a third of non-Māori service providers in the environmental scan said they had limitations in meeting the needs of Māori clients. The main limitations related to the lack of Māori counsellors, including male counsellors to work with male victims, lack of tikanga and lack of te reo Māori.

Given that not all Māori survivors want or have access to a kaupapa Māori service, a major issue for consideration is how to make 'mainstream' services more responsive to Māori.

5.7 Pacific services

Pacific service providers who contributed to the tauwi stocktake said they prefer to address violence in a holistic way, using practices and models that reflect ethnic-specific values. Compartmentalisation of different forms of violence and approaches to responding to violence is problematical from a Pacific perspective. Pacific people see violence, in all its forms, as a serious breach of human relationships. Acts of sexual violence are performed within broader behavioural, family and social contexts, and families are an integral part of supporting and working towards positive outcomes for survivors. The role of Pacific workers is to understand and assess both perpetrators and victims within the circumstances of their extended family and community (TOAH-NNEST – TC, 2009).

Pacific service providers identified Western models of practice as an important barrier to effective service provision, because culturally inappropriate processes can revictimise Pacific survivors and their families, rather than helping them through the trauma. Pacific providers said they use Western models because funding agreements are often linked to practice models. At present, there is little evidence on the effectiveness of ethnic-specific models, due to a lack of data and because the data do not fit the funders' models. There is also a paucity of funding for research to capture Pacific world views and concepts, translate them into theoretical models, and develop Pacific models of practice (TOAH-NNEST – TC, 2009).

The environmental scan suggested that there were major gaps in services responding to Pacific survivors. Almost half of the service providers said they had limitations in providing services for Pacific peoples. This was second only to gaps for Ethnic communities. Gaps in service provision were mostly associated with a lack of Pacific services and limitations of 'mainstream' services, such as a lack of knowledge of Pacific languages and cultures. Unavailability of Accident Compensation Corporation funding for counselling for sexual assaults that occurred outside of New Zealand was also mentioned.

Experiences of Pacific survivors

Only eight Pacific women took part in the pathways study. For some, finding a counsellor from the same ethnic group was important, so that they could feel accepted and understood.

Now I am with a Samoan counsellor. She understands me. I can relate to her. But mostly she just listens to me. It doesn't matter what I do or say, she listens and then the story comes out. This is when I started pouring out my anger and all my hurt inside. (Kingi and Jordan, 2009: 126)

Some were initially anxious about seeing a Palagi (non-Pacific) counsellor, but were relieved when the counsellor turned out to be understanding and helpful. Others said that they related more easily to people from other ethnicities. Some Pacific women said the professionalism of the service provider could be more important than ethnicity in some circumstances.

I would prefer more professional counselling services, even if by Europeans. The Pacific ones were quite substandard in my view. (Kingi and Jordan, 2009: 137)

5.8 Gaps in services for other population groups

The environmental scan highlights the general lack of specialised services for diverse population groups. Service providers were asked to rate how well they felt their service was able to provide services for different social and cultural groups. Their responses indicated that groups that might experience the most difficulty in having their needs met were:

- Ethnic communities (65 percent of agencies rated their service delivery as average or less)
- Pacific peoples (49 percent of agencies rated their service delivery as average or less)
- people with disabilities (47 percent of agencies rated their service delivery as average or less)
- Māori (30 percent of agencies rated their service delivery as average or less)
- men (29 percent of agencies rated their service delivery as average or less)
- sex-workers (24 percent of agencies rated their service delivery as average or less).

This does not necessarily mean that services are able to meet the needs of Pākehā women. Overall, the findings suggest this is not the case.

Ethnic communities

Responses to the service provider survey indicated that survivors from Ethnic communities are likely to experience the greatest difficulty in accessing appropriate services. Around two-thirds of service providers said they experienced limitations in meeting the needs of migrant and refugee survivors. This was mainly because of their lack of knowledge of the cultures and languages of these clients, lack of networks or links into these communities, and lack of culturally appropriate services to refer clients to.

Accident Compensation Corporation funding is not available for historical sexual violence that occurred before immigration. According to service providers, this is a significant issue for this group. For example, other research has shown that many refugees may have experienced sexual violence prior to migration (Lievore, 2005).

Given the lack of culturally-specific services and funding for pre-migration sexual violence, the issue becomes how to ensure that 'mainstream' specialist sexual violence services, as well as generic services that survivors might contact, are equipped to respond to these survivors.

People with disabilities

Almost half of the service providers said they had limitations in meeting the needs of survivors with disabilities, making this the third-highest group after Ethnic and Pacific survivors. These survivors face a range of barriers to accessing 'mainstream' services. Some of the areas identified include a lack of wheelchair access to buildings, information in Braille, access to sign language interpreters, and professional development for sexual violence staff who work with people with intellectual disabilities.

Male survivors

There is increasing recognition that male survivors of sexual violence need specialised assistance from male counsellors. Over a quarter of service providers said they experienced limitations in meeting the needs of male survivors. Some 'mainstream' specialist sexual violence services try to fill the gap by providing counselling for men, while other women-centred services provide information.

We are a feminist organisation, with a women-centre empowerment philosophy of valuing the need to have a 'woman and child only space'. This limits men being able to come to the centre; however, we have begun to offer [information] and support to men over the phone. We are not experts on the impact sexual violence has on men, and we are all women. We are not altering the 'women only' aspect of our service, but would love to see a specialist service for male survivors run by men. (Specialist sexual violence service, Mossman et al., 2009b: 45)

Young people

Poor inter-agency links and 'clumsy' referral processes were seen as barriers to effective service provision for younger survivors. Some services said they were not well trained to work with young clients and had difficulties bridging the generation gap. Counsellors may also have difficulty meeting the level of need of some young survivors.

I have concerns regarding young people who have no adult supervision in their lives and who are not connected to other services. With such clients, mobility, poverty, drug abuse, not showing for appointments and suicidality are big issues. (Mental health counsellor, Mossman et al., 2009b: 44)

5.9 Summary

In the aftermath of sexual violence, survivors may seek help from both informal support sources as well as a range of formal support systems, including different government-funded and non-government-funded service providers. The number of self-referrals to specialist sexual violence services indicated that these survivors were highly motivated to find help to deal with the impacts, and that specialist services are an important source of help. Still, almost half of the survivors who contacted a specialist sexual violence service did not know where to go: referrals from police, family, whānau and friends were central to these survivors' efforts to get help.

Access to high-quality and culturally appropriate services is essential to meet survivors' crisis and longer-term needs and to promote recovery, but results from the environmental scan drew attention to the limitations of existing services in meeting the needs of diverse social and cultural groups. Service providers indicated that groups that might experience the most difficulty in having their needs met were:

- Ethnic communities
- Pacific peoples
- people with disabilities
- Māori
- men.

Some survivors had to be persistent to get the help they needed. Contacting a formal service did not necessarily guarantee high-quality and consistent support. This finding is probably at least partially related to the context in which services operate. For some survivors, access to specialist sexual violence services was hindered by a lack of information and the unavailability of services when needed. These issues mirrored service providers' reports that their ability to meet survivors' needs was affected by funding and available workforce capacity and capability, including competencies required to meet the needs of diverse population groups. These barriers could be compounded by low levels of awareness or low levels of visibility of specialist services within the community.

Māori and Pacific participants in the pathways study varied in their views on whether only service providers from the same ethnic or cultural group as the survivor could provide effective support. While the numbers were small, and the research approach might have influenced who took part, we cannot assume that all survivors want or will benefit from an ethnic-specific response. Added to this is the small number of qualified, ethnic-specific counsellors in New Zealand. Aside from ethnicity, service providers' professionalism and skills can be crucial factors in the effectiveness of counselling. Qualified, experienced and culturally competent counsellors are best placed to help survivors in their recovery processes.

In an ideal world, survivors would be able to choose and access a range of high quality services that best meet their needs. This raises several issues. Firstly, it is unrealistic to expect that all survivors will be aware of and access specialist sexual violence services. Generalist services, therefore, have a role to play in referring survivors to appropriate help. These services could also play a bigger role in screening for sexual violence as an underlying factor for presentation and, potentially, having some specialist staff capacity that would enable them to support survivors until appointments could be arranged with specialist services. Ideally, 'mainstream' agencies would also find ways to ensure that they offered effective services for Māori, Pacific and other groups of survivors.

6 What works? Effective interventions for adult survivors of sexual violence

6.1 Introduction

The overarching objective of this project was to generate an empirical evidence base about ‘what works’ to promote the safety and well-being of adult survivors of sexual violence. This chapter brings together information from the pathways study, environmental scan and literature review to address this issue. It does not explore the clinical effectiveness of different types of interventions.

One of the major aims of the pathways study was to gain an understanding of the key points at which different types of intervention and support are most effective, and of factors that promote healing and recovery. The chapter begins by looking at survivors’ understanding of recovery and their assessments of the importance of formal, informal and criminal justice system responses to recovery.

Community service providers who took part in the environmental scan were also asked to identify interventions or other aspects of service provision that promote recovery. The chapter then summarises their views on ‘what works’.

The chapter considers survivors’ and service providers’ views on formal services within the context of findings from the literature review. The literature review provided an overview and critique of ‘good practice’ in relation to:

- types of services or therapeutic modalities that have been identified as assisting recovery
- principles of service delivery that are critical in achieving successful outcomes and can be utilised in different types of services.

The review primarily focused on literature specific to sexual violence.

This is followed by an assessment of survivors’ views on the importance of informal systems and the criminal justice system to recovery.

6.2 Understanding recovery

Recovery, as defined for this project, relates to a restoration of well-being across the physical, mental, emotional, spiritual and interpersonal spheres. From a Western viewpoint, recovery is seen as an individualistic process. For Māori, it encompasses a restoration of mana for survivors and their whānau. Similarly, for survivors from Pacific and other collectivist cultures, the task of recovery involves significant social networks. While the pathways study tended to focus on individual recovery, there were nevertheless strong indications that recovery is socially mediated.

Participants in the pathways study described recovery as a process, rather than an end-point, that can occur over a long period of time. Most survivors did not consider their recovery to be complete and identified a variety of processes that still needed to happen: dealing with the hurt and anger, and ‘get[ting] the

nightmares and flashbacks under control' (Kingi and Jordan., 2009: 151). Some wondered whether their healing would ever be complete.

The most serious emotional effects of sexual violence include feelings of powerlessness and a profound impact on a survivor's sense of self and identity.

I'm still struggling with believing that I am nothing more than an object ... a filthy piece of human flesh ... That's why I'm working on it. (Kingi and Jordan, 2009: 151)

No one approach to recovery

The interviews showed that there is no one-size-fits-all approach to recovery. Recovery is often associated with survivors' refusal to be labelled as victims.

Re-establishing a new identity and regaining a sense of autonomy to counter the 'personality-disintegrating' effects of the trauma is a major task of recovery (Brison, 2002).

The following quotation illustrates the importance to recovery of rejecting a victim-based sense of identity. It also points to the importance of rejecting self-blame, which might be easier for survivors who recognise

that they are not alone in their experience.

Don't think of yourself as a victim. It is just a crap thing that happened to me, and it happens to women all over the world. I was not going to be a victim! You just have to get through it and find the help that you need. (Kingi and Jordan, 2009: 177)

Key intervention points

Data from the literature review, survivors and service providers shows that key points of intervention for survivors of sexual violence and/or their whānau are both early and as needed over the longer term.

Tell someone straight away. That is really important – the longer you hold it in, the more damage it does. It causes physical illnesses too. Get into counselling and deal with it straight away. (Kingi and Jordan, 2009: 154)

Specialist sexual violence services endorse the importance of informed and appropriate early intervention, with the proviso that some interventions can cause further harm, hence the need for specialist knowledge (TOAH-NNEST – TC, 2009).

Some survivors sought help soon after the violence occurred. Others were unable to name what happened to them for months or decades later. While naming and disclosing sexual violence can be a positive and empowering experience, it can also trigger a crisis and a need for intervention at that point.

Recovery is not a linear process and survivors' needs are likely to change over time. This means crises can be triggered at different points, resulting in the need for 'primary crisis responses' and 'periodic crisis responses' for survivors and their whānau (Hamilton-Katene, 2009). A widespread range of interventions could be required at any point.

6.3 How formal support systems helped recovery

The findings from the pathways study show that recovery is socially mediated. Research participants were asked to rate, on a scale from 1 (not at all important) to 5 (very important), the role played by key people or agencies in their recovery. Table 8 shows the number and proportion of participants who rated particular types of support as important or very important. The majority placed most importance on counselling and specialist sexual violence services, followed by informal support systems. The criminal justice system tended to play a less important role in recovery.

Table 8: Survivors' ratings of systems that helped recovery

Source of support	Important or very important	
	n	%
Formal support systems		
Counselling or therapy (n=69)	59	86
Specialist sexual violence service (n=43)	37	86
Generic or community agency (n=34)	16	47
Informal support systems		
Self-help strategies (n=58)	46	79
Friends (n=63)	41	65
Family or whānau (n=56)	35	63
Partner (n=30)	17	57
Criminal justice system		
Trial (n=17)	9	53
Police (n=36)	14	39

Notes

- The numbers of respondents answering each question varied according to individual situations. Percentages are based on the numbers responding to each question.
- Five responses did not relate to formal systems per se, so are not included in this table.

Source: Kingi and Jordan. (2009).

How counsellors and specialist services contributed to recovery

Survivors highlighted the importance of psychological support from skilled professionals such as specialist sexual violence services and counsellors or other therapists.¹³ Some survivors highlighted the importance of engaging with multiple agencies, as they needed help with more pressing issues, such as food parcels or alcohol and other drug issues, before dealing with the impact of sexual violence.

It is important to note that the researchers were unable to ask detailed questions about the full spectrum of factors that might have contributed to

¹³ The pathways study did not provide information about the different types of counsellors or therapists this might cover.

recovery. For example, there was no information in the pathways study about the extent or usefulness of anti-depressants or other drugs commonly prescribed for depression, anxiety and so on. It is reasonable to assume that they were prescribed for at least some survivors who had counselling.

Survivors were asked what these formal agencies did that made a difference and how the services contributed to their well-being. The most frequent factors were as follows.

- **Emotional support.** This was provided through individual counselling or in a group context and was crucial when survivors needed help to move on or were suicidal.
- **Listening and letting survivors talk.** Survivors valued the opportunity to talk freely, without having to worry about the listener's reactions.
- **Validation and belief.** This was often associated with empathic and non-judgemental listening and addressing survivors' anxiety about whether what they were feeling and doing was 'normal'.
- **Teaching coping skills and strategies.** It was not always enough to be listened to. Survivors needed practical advice on how to cope with flashbacks and fear, and how to manage intimate relationships.
- **Providing information and explanations.** Survivors had a wide range of information needs, for example, about other services that might provide support, medical and health issues, and criminal justice processes.
- **Availability and reliability.** Sexual violence was often followed by a dramatic upheaval in survivors' lives. Reliable and regular support provided a sense of containment and safety. Access to 24-hour crisis lines was important, because 'the lowest and darkest times of the day seldom fall between 9am and 5pm' (Kingi and Jordan, 2009: 114).
- **Safety and trust.** The loss of safety and trust that follows sexual violence underlines the importance of support being offered in an environment of trust and safety and by counsellors or agency staff who survivors perceive as safe and trustworthy. This confidence in the support person might need to be built up over time.
- **Advocacy.** The disempowerment that ensues from sexual violence means that some victim/survivors rely on others to argue their case and protect their rights, particularly around legal processes.

It was also important for survivors to find the 'right' counsellor. This involved feeling a connection with the person, and being comfortable with their style and the techniques used. This did not always happen with the first counsellor, and there was a danger that survivors could then decide that counselling was not for them.

Counselling is really good as long as you get the right person. One counsellor was unhelpful – New Age strategies getting me to hold my arm up to fix my adrenal glands with movements. I was already going nuts – I didn't need that! (Kingi and Jordan, 2009: 118)

The researchers pointed out that ‘reasonably high levels of confidence and self-esteem are needed to embark on a “shopping trip” to find the right person, characteristics typically lacking in those who may have just been raped’ (Kingi and Jordan, 2009: 116).

Māori survivors

Support from kaupapa Māori services was highly valued by the small number of survivors who accessed these services (n=4). These counsellors provided cultural support and took the time needed to establish whanaungatanga (that is, relationships, kinship or whakapapa connections) and build a strong relationship. Some Māori survivors also benefited from Western therapeutic modalities.

Māori survivors encouraged other survivors to break the silence around sexual assault and to get help.

Find someone you trust; [a] friend or counsellor who won’t judge you. Go through the process of telling the police – speak up (even if you feel ashamed). Speak up and be heard. (Kingi and Jordan, 2009: 166)

‘Good practice’ in counselling and specialist sexual violence services

The literature review distinguished between two distinct applications of the term ‘good practice’. They were the:

- type of service delivery – this refers to particular types of services, programmes or therapeutic modalities that have been identified as effective
- principles of delivery – these principles are critical to achieving successful outcomes, but can apply to a variety of services.¹⁴

Survivors’ views on what helped recovery showed that they valued services that adhered to good principles of service delivery.

Service providers who responded to the environmental scan said that good quality services are central to ensuring that survivors’ emotional needs are met. They identified seven aspects of services that were working well in their community to promote survivors’ recovery and well-being. The aspects were:

- effective counselling
- effective crisis support
- follow-up support
- effective services for specific groups (Māori, Pacific people and young people)
- inter-agency collaboration
- police services, particularly specialised services
- education.

¹⁴ For example, the Accident Compensation Corporation practice guidelines outline broad principles and recommendations, such as the need for safe, client-focused and culturally appropriate services, for practitioners providing therapeutic services to survivors of sexual violence (ACC, 2008).

To a large extent, this information is also more relevant to the principles of service delivery than to service effectiveness.

It was beyond the scope of the pathways study and the environmental scan to collect information on specific types of therapies available in New Zealand or evaluate their effectiveness. The literature review addressed the issue of good practice in service delivery and highlighted gaps in knowledge, both in New Zealand and internationally.

The literature review indicated that there was a reasonable evidence base on good practice principles of service delivery internationally. However:

- relatively few New Zealand guidelines were identified
- aside from the Accident Compensation Corporation guidelines (ACC, 2008), no guidelines were specific to sexual violence
- no national guidelines were located for specialist sexual violence services, although there may have been in-house guidelines that were not available for the review
- no Māori or other ethnic-specific guidelines relating to sexual violence were located, although some generic mental health guidelines were available.

Effectiveness of mental health interventions

One of the main findings from the literature review was that counselling is beneficial at all stages of recovery, but crisis intervention in the stages immediately after the sexual assault is crucial to health and well-being. This finding supports the views of survivors and providers. However, particular types of interventions might be more effective than others. The main findings in relation to effective service delivery for mental health care are discussed next.

Post-crisis mental health care

There is evidence that around a quarter to a third of women who have been raped experience negative effects for several years. These effects include major depression, generalised anxiety, panic attacks, phobias and suicidal ideation. Post-traumatic stress disorder (PTSD) is common and is often co-morbid with depression and anxiety. Some co-morbid conditions might improve with the treatment of PTSD, but some might require specific treatment, as they can impede effective treatment of PTSD.

PTSD sufferers might first access help through primary or secondary health care services (that is, general practitioners and specialist medical services respectively). Survivors might also have a range of short- and long-term medical needs, such as eating disorders, that have mental health dimensions. As a result, continuity of care among primary, secondary and mental health services could be needed to ensure survivors' physical, psychological and social needs are met.

Different types of mental health interventions

There is a gap in knowledge about what types of counselling modalities are used in New Zealand and by whom. The review of overseas literature also

located few evaluations of the effectiveness of different types of mental health interventions for sexual violence specifically. Evidence on the effectiveness of major therapeutic approaches tended to be inconsistent, and not all forms of therapy have been evaluated.

Trauma-focused cognitive behavioural therapies, which aim to manage the memory of the trauma, were found to reduce sequelae such as anxiety, depression and PTSD at different post-rape stages.

Relational therapy, which integrates survivors' immediate social network into the treatment, has also been found to decrease symptoms of depression better than individual treatment does. However, there were similar decreases in PTSD and no significant differences in family functioning for survivors receiving relational therapy and those receiving individual treatment.

Indications are that feminist approaches, which integrate elements of cognitive behavioural therapies with group therapy to reduce fear, anxiety, self-blame, shame and guilt might be effective. There does not seem to have been any research into the effectiveness of integrative therapies.

Effectiveness of specialist sexual violence services

The literature review did not locate any evaluations of New Zealand specialist sexual violence services. Overseas researchers have noted that few studies have examined if and how specialist sexual violence services benefit victim/survivors, although evidence is consistent that victim/survivors rate the help received from these agencies more highly than that provided by other formal support systems.

The literature reviewed cited a study from the United States, which found significant differences between victim/survivors who were treated at a hospital where advocates from specialist sexual violence services worked, and those treated at a hospital where advocates did not work. The major findings were that the victim/survivors:

- were significantly more likely to have police reports taken
- were less likely to be treated negatively by police
- reported less distress after their contact with the legal system
- received more medical services
- reported significantly fewer negative interpersonal interactions with medical system personnel
- reported less distress from their medical contact experiences.

Some authors argue that a lack of research evidence on the effectiveness of specialist sexual violence services is not necessarily problematic, because a 'what works' approach tends to value the views of experts over those of service providers or the knowledge-based practice of service providers. Rape Crisis Network Europe, for example, has defined 'good practice' for specialist sexual violence services as any action that proved successful or achieved positive outcomes for users of their services (Rape Crisis Network Europe, 2003).

In the absence of national standards, or even an overview of services that are responding to adult victim/survivors of sexual violence across New Zealand, survivors' comments are our best source of evidence that these agencies are providing much-needed and valued services.

6.4 How informal support systems helped recovery

Overcoming the disempowerment of sexual violence is a key task of recovery. The survivors in this research seemed to have found multiple ways of doing this, as suggested by their endorsement of self-help strategies as an important part of recovery. Many survivors read self-help books or looked for material on the internet. Some self-help strategies, such as meditation, reading the Bible or exercising, played a role in restoring a sense of peace or strength.

However, it is clear that not all self-help strategies are adaptive or healthy. Self-medicating through alcohol or other drug use could result in further vulnerabilities and problems. Specialist services provide information on self-help options. Self-healing might be best promoted with support from both formal and informal networks.

In some respects, self-help strategies seem distinct from external support offered by formal and informal systems. However, strategies such as reading self-help books are ways of seeking social information that can help survivors understand what happened to them, decide how to respond, or think about what choices are available to help their recovery. Responses from informal support systems can fulfil similar functions. Responses fell into two main categories: emotional and practical support.

Important elements of emotional support included belief, acceptance and validation. This could take the form of reassuring survivors that they were good people and had a right to feel angry about what had happened, or helping them to make sense of the violence. Survivors valued support people who were prepared to listen in a non-judgemental way, allowing them to talk and 'offload' as needed. Given that some friends and family members withdrew from survivors, simply 'being there' for the survivor could be a powerful statement.

Practical support encompassed things such as others doing the supermarket shopping, offering the survivor a place to live, and an employer offering time off work.

Māori survivors

The pathways study highlighted the importance of connection to others as a central element of recovery for Māori survivors. Support from friends was the most helpful factor in their recovery, followed by counselling or psychological support.

My friends are my closest family. They were worried. They saw the change in me (withdrawn, insecure, detached and not willing to get involved with anyone). They were there for me. (Kingi and Jordan, 2009: 164)

Because offenders were often partners or whānau members, proximity to the perpetrator could also play a major role. Living near whānau and friends was important for healing, whereas living near the offender hindered recovery. Survivors who lived in rural communities thought it was easier to access local hauora (health) services, because counsellors are often known to the community and often provide home visits.

6.5 The criminal justice system and recovery

Survivors' responses about the importance of the criminal justice system for recovery are somewhat ambiguous, particularly when set against some of the qualitative analyses of their experiences with police and of going to court.

Views on the court process

Over half of those whose cases went to court rated the trial as important to their healing and recovery. Yet, when asked about the helpful and unhelpful aspects of the court process, survivors were more likely to say nothing stood out as particularly helpful, or to refer to preparation and support, rather than factors relating to court processes per se.

In terms of what was helpful about the court process, one survivor referred to giving evidence from behind a screen. Only one other referred to the outcome of the trial, which resulted in the offender's imprisonment, even though 11 of the 17 cases that went to trial resulted in a conviction. These two people seemed better able to articulate what was unhelpful, particularly in terms of their treatment by defence lawyers, giving evidence and having to see the offender.

The literature review identified various practices and procedural reforms that are seen as good practice, because they enable victim/survivors to give their best evidence in court while protecting their dignity and integrity and limiting secondary victimisation. However, there did not appear to be consensus around these practices, nor evaluations of their effectiveness. Some of the procedural reforms mirrored survivors' comments above. They related to:

- introducing screens in court so that victim/survivors did not have to see the attacker while they were giving evidence
- ensuring victims' right to have a support person present while giving evidence
- enabling victim/survivors to be cross-examined from outside the court room through the use of video or other equipment.

Views on police responses

There were similar ambiguities around survivors' views on the police. Survivors rated their engagement with the police as the least important factor contributing to healing and recovery. However, when they were asked if there was anything the police had done at any stage that was helpful, 24 out of 33 participants said 'yes' and 25 said they were satisfied or very satisfied with how they had been treated.

Survivors who had undergone a formal police interview identified a variety of helpful police responses. They said the police:

- were supportive, both at the time of reporting and throughout the criminal justice process
- believed them
- provided information
- listened non-judgementally
- were considerate
- were understanding and warm
- were kind and appropriate in the way they asked questions.

These factors are consistent with the principles of good service delivery noted earlier in this chapter. They are also consistent with the Adult Sexual Assault Investigation Policy, published by New Zealand Police (1998). The policy was under review at the time of this research. The policy acknowledged the destructive consequences of sexual violence and prioritised the safety of the victim. It was aimed at:

- ensuring early intervention and maximum protection
- aiding the victim's long-term recovery
- ensuring the victim's co-operation with the investigation through to completion.

The 'good practice' literature review that was commissioned for this project and the environmental scan identified other elements of good practice that the New Zealand Police is implementing, including appropriate environments for interviews, specialist police units, training in investigative interviewing; and training on sexual violence for officers from recruits to specialist investigators. It was beyond the scope of this project to evaluate the quality of training, the extent to which it is put into practice, or whether good practice principles are being applied consistently across the 12 police districts.

Perceptions of 'justice'

One way of interpreting these ambiguous findings is to think about survivors' motivations, expectations and personal circumstances when they report sexual violence to police, and how these might change over the time it takes for a case to go to trial. Questions about recovery in the context of the criminal justice system could be wide of the mark unless we understand what survivors hoped to achieve in the first place.

In the pathways study, none of the survivors said that they reported to police as a way of helping with recovery. Their main reasons for reporting were to ensure that the offender was held accountable and to protect others and themselves from the offender. At the point of reporting – often within hours or days of the assault – many were feeling ashamed, scared, dissociated and angry. Restoring a sense of personal safety was likely to be an immediate need. The thought of recovery, and what it might entail, might have taken some time

to surface. More survivors said they would advise others to report to police than not. The important thing was to 'surround yourself with people and have support and ask more questions' (Kingi and Jordan, 2009: 155).

As victim/survivors move through successive stages of the criminal justice process – with a concomitant investment of time, emotions and other resources – their motivations for going to court might become more entwined with the recovery process. In cases where offenders were found guilty, survivors who read out their victim impact statements in court said it was a healing and 'deeply empowering' experience that brought closure and 'a shift of the power balance' (Kingi and Jordan, 2009: 99).

The findings raise questions about whether and how victims' understandings of 'justice' intersect with the objectives of the criminal justice system. There have been moves in recent years towards a more victim-centred criminal justice system, but fundamentally the system is not intended to serve a therapeutic function. While the criminal justice system can be experienced as highly validating by some survivors, in its current form it might not be the best forum for those who hope it will contribute to healing.

Some of the reasons survivors in the pathways study gave for reporting to police are consistent with the deterrent and punitive functions of the criminal justice system. However, reporting an offence to ensure police know about an offender does not necessarily indicate a need to 'have one's day in court'. Such reasons for reporting are cause to question the notion that 'justice' for rape victims equates to a conviction at trial.

Little research has investigated sexual violence survivors' understandings of justice, or how their motivations and needs change over time. Research on domestic violence has suggested that at least some survivors are more interested in procedural justice than in substantive justice (Holder and Mayo, 2003). In other words, some victims will feel that justice has been done if they feel they have been treated fairly and that the trial was fair, regardless of whether the offender was convicted and punished.

Summary

When we looked across the informal, formal and criminal justice systems, it was clear that there were a small number of underlying factors that survivors valued and felt contributed to their recovery. These included responses such as emotional support, empathy and belief.

Participants in the pathways study indicated that ultimately, individuals have to determine what is best for them. One of the most important things that people in informal and formal support systems can do is to help survivors define and prioritise their own needs and work out their best pathways to recovery.

In the context of formal response systems and the criminal justice system, the factors that emerged from the pathways study are consistent with good practice principles of service delivery that were identified in the literature review (Mossman et al., 2009a: 122-123). These principles are outlined in Box 3.

Box 3: Good practice principles of service delivery

Victim-centred practices. Victim/survivor needs are paramount. Needs include safety, informed choice and consent, ongoing communication and information, and being treated with respect and empathy and in ways that are validating.

Specialisation. Services are delivered by appropriately trained, skilled, experienced and informed individuals and professionals who understand the unique impacts and complexities of sexual violence.

Culturally appropriate. Māori, Pacific and other cultural groups must have access to culturally appropriate and effective services. Specialist understanding is required to inform service delivery relevant to the needs of diverse groups of victim/survivors.

Multi-agency response. Integrated service provision across multiple agencies, systems and sectors, with high levels of co-operation and co-ordinated working relationships is needed.

Appropriate environment. Services should be physically accessible, affordable, and provided in a welcoming, non-judgemental and non-intimidating manner.

Support is available. Service providers must ensure victim/survivors have access to a support person at the earliest opportunity.

Accountability. There must be a commitment to ongoing evaluation of service delivery.

These principles raise particular issues around inter-agency collaboration. The criminal justice system and other formal agencies are underpinned by different ideologies and serve different functions. As noted, historically, criminal justice practices have not been victim-focused, nor are they intended to be therapeutic. It can seem that survivors' needs and objectives conflict with the needs of the criminal justice system and other formal agencies. The objectives of all parties are best served when victim/survivors are informed about what is happening and why. Attitudes and behaviours that help survivors feel they have control over decisions (for example, about what services to access) are likely to help rather than hinder the roles of all agencies concerned. Survivors who are taken seriously, kept informed, and treated respectfully and fairly are likely to perceive that they have received procedural justice. In the long term, this might be as important to recovery as any legal outcome.

7 Conclusion

7.1 Introduction

This report has summarised information from four research reports on factors related to:

- the key points at which and reasons why cases involving sexual violations against adults enter the criminal justice system
- for cases that are recorded by the police but do not proceed through the criminal justice system, the key points at which and reasons why they do not proceed
- the basis for survivors' decisions to access counselling and other support services, and their pathways to healing and recovery
- key intervention points and 'what works' to promote recovery and well-being.

Findings on each of these issues are summarised in the relevant chapters of this report. Rather than recapping those findings, this chapter draws out some of the key messages that emerged throughout this report and considers their implications for the sexual violence response system. It looks at some areas where there continue to be knowledge gaps, and concludes with a brief appraisal of the project's achievements and suggestions for the future.

7.2 Repeat sexual victimisation

The prevalence of repeat sexual victimisation emerged as an issue of critical importance in this research. The pathways study showed how a history of repeat sexual victimisation, often beginning at a young age, was frequently associated with other forms of violent victimisation, and with the presence of other factors that heightened the risk of sexual violence. Many of these survivors had prior social or intimate relationships with their attackers.

Needs of particularly vulnerable survivors

One of the key conclusions from the pathways and attrition studies is that there is a group of victim/survivors who are particularly vulnerable to sexual violence and who have high and complex health and social needs. These needs are amenable to intervention, but the research suggests that survivors are not guaranteed equitable access to services.

A variety of factors, which can exist singly or in combination, can increase survivors' risk of sexual victimisation. Some of these factors, such as disability, mental illness or alcohol misuse, may exist before the sexual violence and are risk factors in themselves. They can also be consequences of sexual victimisation, but it is not always possible to determine which came first.

We do not have statistics on how many survivors might be victims of repeat sexual victimisation, but there would be value in determining this. Crime victimisation surveys have found that at

least 19 percent of women and 5 percent of men in New Zealand have been victims of sexual violence in their lifetime (Morris et al., 2003). They also show that at least a quarter of those experience more than one incident of sexual violence. Women are significantly more likely to experience more incidents than men (Mayhew and Reilly, 2007). These surveys are known to underestimate the prevalence and incidence of sexual violence for various reasons, not least because victims might be reluctant to disclose sexual offences to interviewers, but also because survey methods often fail to capture populations at heightened risk of sexual violation.

Given the health burden likely to be borne by these victims, there is a case for giving them support for their diverse needs quickly and effectively, to restore them to health. The impacts of sexual violence are likely to span all domains of these survivors' lives: their emotional and physical well-being, their ability to contribute to the economy and society, and their capacity to form and maintain healthy and trusting relationships. If we assumed 25 percent as the *minimum* estimate of survivors who have experienced repeat sexual victimisation, providing comprehensive, accessible and appropriate support to that group alone is likely to result in a reduction in ongoing costs associated with poor, or no, intervention.

As identified in this research project, secondary traumatisation is also an issue that needs to be considered. The effects of sexual violence ripple out to affect those closest to survivors, their wider networks and, ultimately, all of us. This is reflected in women's fears for their personal safety and the effect of sexual violence on health and economic issues at the national level. Secondary traumatisation is an issue that has received little attention internationally.

7.3 Implications for the criminal justice system

Better understanding is needed about victim vulnerability

The research evidence points to the need for a better understanding about the vulnerability of victims who report sexual violation to police and how to support them to continue through the criminal justice process, despite their vulnerabilities.

Cases involving the most vulnerable victims, if reported to the police, are least likely to proceed through the criminal justice system and result in conviction.

There are several reasons for this. Some reasons are related to the legal difficulties of proving non-consent or that an offence occurred when memories are impaired by alcohol or other drugs. Other reasons are related to non-legal factors that permeate the beliefs and attitudes of the variety of actors involved in the criminal justice process. This can include scepticism and victim-blaming, misunderstandings of the

nature and dynamics of sexual violence, and biased assessments of victim credibility.

The research provides clear evidence that many victims who report sexual violence to police are more vulnerable, or less psychologically robust, than the population in general. This sits alongside the understanding that vulnerable victims who are sexually violated by intimate partners are also likely to be

subject to intimidation or other pressure from the assailant, their family or other social networks, as reflected in rates of attrition, and particularly ‘victim withdrawal’.

It is likely that some suspects in cases that do not proceed, or defendants who are found not guilty, are in fact guilty of the charges. As a result, some victims are likely to return to domestic or social situations where there is a possibility of repeat sexual victimisation, other forms of retaliation, or even an escalation in offending, including the possibility of domestic homicide.

In respect of ‘victim withdrawal’ it is understandable that survivors – who are directly affected by the publicity and outcomes of a trial as well as the impacts of sexual violence – will have strong views on whether a case proceeds or not. Forcing a reluctant victim to give evidence could be counter-productive: it has the potential to revictimise the survivor, and a reluctant witness could undermine the case. At the same time, survivors’ wishes not to proceed must be weighed against the public interest of proceeding with a trial, particularly in more serious cases and where there is a risk of repeat or escalated offending. Decisions not to proceed can result in public criticism of the effectiveness of the criminal justice system, especially given the perception that perpetrators who were guilty of the charges are free to offend again.

This research has shown that victims who are having doubts about continuing can be encouraged and supported to continue with the criminal justice process. There is room for more explicit discussion, training on and formalising of practices that could help overcome victims’ reluctance to proceed. Together with this, consideration needs to be given to ways in which victims’ safety and well-being can be supported if they choose not to proceed, or if they return to potentially risky situations. One way of addressing both issues could be through collaboration between services that victims are likely to contact, or are already in contact with. This would also require consideration of what this means for resourcing those services.

Despite high attrition and low conviction rates, the criminal justice system remains an important avenue of redress for some victims. Ongoing efforts to improve practices and processes across the various arms of the criminal justice system are crucial, both because it is in the public interest and because survivors’ awareness of the potential for disbelief and secondary victimisation can be a powerful deterrent to reporting.

While the current degree of under-reporting is cause for concern and the conviction rate is dismaying, it is not realistic to aim for 100 percent on either measure. There is room for a dialogue on what our goals might be in respect of reporting and conviction rates. This question might best be considered in relation to survivors’ motivations for reporting sexual violence to police. It is clear that that reporting sexual violence to police is not the primary concern of most survivors. There is still a need for fuller information on what motivates or enables victim/survivors to report to police (particularly compared with those who do not) and what they hope to achieve from the criminal justice system. Related to that is the need to understand survivors’ understandings of ‘justice’ and how they can be helped to achieve it. A better understanding of these

issues might help us to consider what other ways could be open to survivors to help them achieve their 'justice'-related goals.

Most survivors who had contact with the police were satisfied with the way they were treated. In all, the evidence indicates that the New Zealand Police has made moves towards implementing good practice through initiatives such as policies for and training on responding to victim/survivors of sexual violence. What we could not assess was the quality of the training, the take up of the messages, and the consistency with which policy has been implemented across the 12 police districts. Ongoing monitoring and evaluation would help the New Zealand Police to maintain high standards across the country.

The attrition study has provided baseline data for New Zealand, as well as a methodology that can be replicated. Repeating the study at systematic intervals could be used to monitor changes in the numbers and types of cases recorded by police and systematic differences in cases that proceed or do not proceed through the criminal justice process, and gauge trends in conviction rates. This information, combined with qualitative analyses of police cases, could also help gauge the effectiveness of training and implementation of police policy.

7.4 Implications for the formal support system

The research results were unequivocal on the value of expert professional interventions in promoting recovery. Survivors identified counselling and specialist sexual violence services as central to their recovery. They also valued culturally appropriate and accessible services. However, the findings overall raised questions about the current context of service provision. In particular, it seems that specialist sexual violence services across the board are experiencing difficulties in delivering consistent and skilled support to survivors and their family and whānau.

The findings showed that survivors rate early and ongoing intervention, particularly from specialist sexual violence services and counsellors, as a key factor in restoring well-being and promoting recovery. In relation to good practice, the literature review showed that there is more information on principles of good service delivery than there is on good types of services, programmes or interventions. It appears that specialist sexual violence services and counsellors are generally adhering to principles of good service delivery, although there have been few evaluations internationally and none locally. Survivors will not be well served within a systemic context marked by poor accessibility, a lack of cohesiveness, and no guidelines on the effectiveness of therapeutic interventions.

Early intervention could prevent repeat sexual victimisation, but internationally, little attention has been given to designing and testing interventions to prevent repeat sexual victimisation. We do not have any evidence as to whether current interventions have an explicit focus on, or even the unintended benefit of, preventing repeat sexual victimisation. Research is needed to develop and evaluate evidence-based programmes aimed at reducing repeat sexual victimisation.

Building a collaborative response system

Survivors of sexual violence should be referred to services that provide effective interventions for different needs. These services could also play a strong role in preventing repeat sexual victimisation. This would help build a collaborative response system that is aware of and informed about sexual violence.

In terms of clinical interventions, overseas literature indicates that trauma-focused cognitive behavioural therapy helps reduce psychological impacts such as post-traumatic stress disorder. To the best of our knowledge, there have been no evaluations of non-Western therapeutic modalities (Mossman et al., 2009a), nor do we know what types of therapies are being offered in New Zealand. This is an avenue for research that could help develop and implement appropriate and effective services for New Zealand.

The responses of a wide range of formal systems are crucial to ensuring the well-being of victim/survivors with histories of

repeat sexual victimisation, multiple forms of victimisation, and associated health conditions. Many will be more likely to access the medical and mental health system, social services and other community services, than specialist sexual violence services. They will be seeking help for matters as diverse as financial support, gambling, drug addiction, or their children's truancy. Any of these settings could be critical points for intervening and responding to sexual violence, and potentially preventing repeat sexual victimisation.

For example, there is ample evidence that survivors of sexual violence are likely to use a disproportionate share of health care services (Fanslow and Robinson, 2004). However, there is little information on whether survivors actually disclose the cause of their symptoms to health providers, or whether health professionals discuss the possibility of sexual violation with them. These services could provide crucial information to survivors and referrals to other agencies that could help meet their various needs.

Most of the participants in the pathways study had contacted a formal service of some type and all had disclosed to someone. Internationally, there has been little research on survivors who do *not* access formal support systems. It is not clear how these survivors' pathways to recovery and their outcomes compare with those of survivors' who seek and find help. The major unanswered question is how to put these survivors in touch with formal agencies that could help them. These people are important from a recovery perspective and a burden-of-disease perspective, because of the feedback they provide about failures in service provision and community liability following on from unmet service needs.

7.5 Informal support systems

The research evidence suggests that more attention needs to be paid to informal support systems, both in terms of their responses to sexual violence and because of secondary traumatisation. Informal social networks are often the first point of disclosure and, therefore, the first potential point for ensuring

Important roles for family, whānau and friends

Family, whānau and friends could help prevent sexual violence by intervening in risky situations. They could also be an important source of referrals to police or specialist sexual violence services, if they had greater access to relevant information.

early and appropriate interventions through formal support systems and, when warranted, the criminal justice system.

Survivors who find the courage to disclose to a friend, family or whānau member, or someone else they know cannot be guaranteed a supportive response. Rape myths and victim-blaming often underpin negative responses. People who want to help might not know how to respond. All too often they do not have the awareness and knowledge to be able to refer survivors to appropriate service providers. Impacts such

as secondary traumatising of loved ones or division among social networks can add to survivors' suffering.

In the case of rape myths and victim-blaming, we are dealing with widespread and entrenched attitudes that are not easily amenable to change. Increased reporting to police of sexual violence perpetrated by partners and other known offenders, as well as the number of participants in the pathways study who spoke out about partner rape, indicate that heightened awareness of the nature and prevalence of sexual violence is having an effect. Overall though, statistics from a range of studies show that the level of sexual violence remains high in New Zealand.

Sexual violence often occurs in social situations where victims are using alcohol or other drugs. Impaired memory as a result of alcohol or other drug use substantially reduces the likelihood that a sexual offence reported to police will progress to trial or result in a conviction. Beyond this, it raises the issue of safety. In many situations potential victims become intoxicated in the company of friends, family or others. In such situations, friends looking out for friends (or even people they do not know) could help to prevent sexual violence.

Efforts to promote awareness of and reduce tolerance for sexual violence might be more effective if they go hand in hand with initiatives to inform the wider community about what to do and where to go, to equip them to help the survivor (and themselves if they are experiencing secondary traumatising) through referrals to specialist services. Programmes are also being trialled in New Zealand to look at ways that bystanders can help ensure safety by intervening in potentially risky situations. Promoting the knowledge gained through these programmes could prevent sexual violence.

Other countries are increasingly adopting a public health approach to sexual violence, from primary prevention through to intervention. Public health-type messages might have the biggest impact when it comes to promoting community awareness of sexual violence and specialist response services. Given the prevalence of sexual violence, widespread awareness is important because any one of us could find ourselves in the situation of having to respond to a disclosure.

There are particular gaps in knowledge about outcomes for survivors who try, but are unable, to find appropriate help. We know that some survivors experience pressure from informal networks to keep silent or put up with a partner's sexual violence. What we do not know is how big a burden these survivors are carrying or the flow-on effects to their families, whānau and the wider society.

7.6 Implications of a systems approach

This report has shown that formal and informal support systems and the criminal justice system have a critical function in responding to victim/survivors of sexual violence. It has also shown that victims' ability to draw on and develop internal strengths, particularly through engagement with external supports, plays a crucial role in their survival and recovery.

A systems approach suggests that the overall system bears the responsibility for ensuring that the needs of victim/survivors are met. By helping survivors regain control and establish new connections, the system can contribute to recovery. Victims are not well served when the components of the system do not work together as well as they could. For example, this can result in survivors not having equitable access to services, as a result of shortfalls in workforce capacity. Findings from the pathways study, environmental scan and literature review indicate that the responsiveness and effectiveness of formal and informal support systems and the criminal justice system can be enhanced through collaboration and linkages within and across systems.

7.7 Achievements of the project and suggestions for the future

This project has engaged with a wide range of individuals and agencies from across New Zealand. It has delivered new, comprehensive and robust evidence to inform policy and operational responses for improving the safety and well-being of adult victim/survivors of sexual violence.

The project began as a partnership between the Ministry of Women's Affairs, Ministry of Justice and New Zealand Police, and has had input and support from other government and non-government agencies. Accordingly, it began with a strong focus on the criminal justice system, but also gathered information on other formal and informal support systems that respond to adult survivors of sexual violence.

The findings from the four research streams have provided clarity on some matters and have brought other questions and issues into the spotlight, particularly concerning informal and formal support systems. In some respects, the project has only scratched the surface of the knowledge gaps, partly because sexual violence has been under-researched in New Zealand for some time. This chapter has referred to areas where there continue to be information gaps. There are more.

One of the clear gaps is the lack of ethnic-specific and culturally specific research. We were fortunate to have some Māori input to the project (from both

research participants and advisors to the project). Still, we are aware that a kaupapa Māori approach would yield rich and nuanced information that would promote understanding of the specific ways in which sexual violence affects Māori women and their whānau, as well as ways to address sexual violation among Māori.

Similarly, our meetings with women from Pacific communities heightened our awareness of how difficult it can be for them to speak about sexual violence amongst themselves, let alone to researchers and officials. We understand that speaking up runs the risk that their communities are misrepresented or 'pathologised', when, in fact, sexual violence crosses all cultural, ethnic and class boundaries.

The research has gathered some information on other groups of survivors, but it is largely silent about the experiences of migrants and refugees, people with disabilities, men, sex-workers, gays, lesbians, bisexuals, transgender people and intersex people. As much as anything else, the information we have collected highlights what we do not know – but need to know – to build a sexual violence response system that could work for some of the most vulnerable people in our society.

In their own way, these silences speak loudly about the pressing need for, but also the sensitivity and complexity of, this type of research. It requires researchers with skill, insight and dedication to building relationships and trust with services and survivors. We hope that funding and time-frames for future sexual violence research make allowance for ethnic-specific and culturally specific work streams.

7.8 Final word

We are profoundly grateful to the female and male survivors of sexual violence who took part in this project. They have shown us that victim/survivors are resilient and courageous. While the effects of sexual violence are devastating, they are amenable to the right combination of formal interventions and support from informal social networks. With the right help, survivors can move along a path of restoring what was lost through sexual violence: their sense of safety and well-being, and the core part of themselves, their identity, their soul.

Appendices

Appendix A: Background to the project

In 2006, the Ministry of Women's Affairs identified major gaps in the New Zealand evidence base on the impact of and responses to sexual violence. These gaps centred broadly on victim/survivor decision-making and help-seeking, key intervention points for ensuring the safety and well-being of victim/survivors, and the provision of effective response services.

In the same year, the Ministry of Women's Affairs submitted a proposal to the Cross-Departmental Research Pool for a two-year research project: Strong and Safe Communities – Effective Interventions for Adult Victim/survivors of Sexual Violence. The proposal was developed in partnership with the Ministry of Justice and New Zealand Police. The Cross-Departmental Research Pool announced funding for the project in February 2007 and the project began in July 2007. Researchers from the Crime and Justice Research Centre, Victoria University of Wellington, were contracted to conduct the work. International experts reviewed the four research reports.

The Ministry of Women's Affairs led the project, and the Ministry of Justice and New Zealand Police provided support, advice, financial and in-kind contributions, including assistance with data collection. The Accident Compensation Corporation and Ministry of Health provided additional financial contributions.

Project governance was provided by an inter-agency steering group, comprising officials from the Ministry of Women's Affairs, the Ministry of Justice, the New Zealand Police, the Accident Compensation Corporation, the Ministry of Health, Te Puni Kōkiri, the Ministry of Social Development and the Ministry of Pacific Island Affairs.

An inter-sectoral advisory group promoted a cross-agency approach to the project, provided expert technical advice on the research approach, advised on how the victim services sector operates, and facilitated engagement between researchers and the victim services sector. It comprised officials from the Ministry of Justice, the New Zealand Police, the Accident Compensation Corporation, Te Puni Kōkiri, the Ministry of Social Development and the Ministry of Pacific Island Affairs. Non-governmental organisation members included one tauiwi and one Māori representative from each of Te Ohaakii a Hine – National Network Ending Sexual Violence Together and the National Collective of Rape Crisis Centres.

The Taskforce for Action on Sexual Violence was also established in July 2007. The taskforce provided a way for government, non-governmental organisations, and the judiciary to work together to address the social, health, and economic impacts of sexual violence; improve outcomes for adult victims; and hold offenders accountable. Planning for the Ministry of Women's Affairs research project pre-dated the Taskforce's establishment, but the project had critical links with the taskforce's work programme. The Ministry's Chief Executive was the

deputy chair of the Taskforce, and ministry officials supported the Taskforce Secretariat and led or contributed to several streams of the work programme.

Appendix B: Definitions of key terms

An **adult** was defined as a person aged 16 years or older at the time of the assault. Some victim/survivors of adult sexual violence are also survivors of childhood sexual abuse, but this group was beyond the project's scope.

Sexual violence (or sexual assault) is a broad term that covers a continuum of behaviours. The project focused on sexual offences at the more serious end of the continuum. It adopted the definition of sexual violation in section 128 of the Crimes Act 1961, which covers rape and unlawful sexual connection.

Safety refers to freedom from the risk of further sexual victimisation, physical or psychological injury, or secondary victimisation. Potential sources of further risk include other people, risky or self-harming behaviours, or engagement with justice, health, or other services.

Well-being refers to physical, psychological, and emotional welfare. Well-being can be promoted in many ways, including through the belief and support of others; knowledge of and access to therapeutic interventions that promote recovery; knowledge of and access to legal redress; the perception that justice has been done; knowledge about rights and choices; having one's needs met; and regaining a sense of control over one's body and life.

Safety and well-being are on a continuum. After an incident of sexual violence, the first priority is safety, or removing the victim from the risk of further harm. This is followed by the longer process of recovery or restoring well-being.

Recovery relates to a restoration of well-being across a range of domains, including the physical, mental, emotional, spiritual, and interpersonal spheres. Different sectors have different models of recovery. Recovery is a process, not an end, and people recover in different ways.

The term **victim/survivor** is used interchangeably with the terms 'victim' and 'survivor'. This terminology reflects that:

experiencing sexual violence is an act of victimisation and has to be acknowledged as such. However, being victimised does not mean those raped should have to assume the 'victim' label with all its negative connotations; conversely, survival is neither assured nor necessarily immediately apparent: some women may always deem it a 'work in progress'. (Mossman et al., 2009b: 4)

In most of this report, we use the term '**perpetrator**' to refer to an individual who commits sexual violence. When discussing findings for cases that entered the criminal justice system, we refer to 'the accused', 'suspect' or 'defendant'.

Appendix C: Socio-demographic characteristics of participants in pathways study

Table 9: Socio-demographic characteristics of participants in pathways study

Characteristics	Interviews (n=58)		Surveys (n=17)	
	n	%	n	%
Gender				
Female	52	90	17	100
Male	4	7	0	0
Transgender	2	3	0	0
Sexual orientation				
Heterosexual	49	84	14	82
Bisexual	3	5	1	6
Gay or lesbian	4	9	2	12
Age at time of assault				
<20	20	34	9	53
20–29	17	29	6	35
30–39	13	22	2	12
40–49	6	10	0	0
50–59	1	2	0	0
50–59	1	2	0	0
Age now				
<20	3	5	1	6
20–29	18	31	3	18
30–39	13	22	6	35
40–49	14	24	2	12
50–59	5	9	4	24
60 or over	0	0	1	6
Ethnicity				
New Zealand European	26	45	11	65
Māori	17	29	4	24
Pacific	8	14	2	12
Other	7	12	0	0
Place of birth				
New Zealand	49	85	15	88
Other	9	16	2	12
Disability or impairment				
Self-identified	19	33	4	24

Source: Kingi and Jordan (2009)

Appendix D: Number and service type of participants in the environmental scan

Table 10: Number and service type of participants in the environmental scan

Criminal justice agencies	Community agencies
206 New Zealand Police Criminal Investigation Branch detectives	27 specialist sexual violence services
46 Crown prosecutors	11 women's refuges
10 regional liaison doctors representing Doctors for Sexual Abuse Care	42 Victim Support offices
17 court victim advisors	66 mental health providers
	15 medical health providers
	18 'other' agencies that did not fit the previous categories but responded to victim/survivors (for example, sex-worker organisations and stopping violence organisations)

Source: Mossman et al. (2009b).

Appendix E: Factors that increase the risk of sexual violence

Table 11: Factors that increase the risk of sexual violence

Known risk factors	Pathways study	Attrition study
Gender	92 percent were women	95 percent were women
Age	At time of offence <ul style="list-style-type: none"> • 39 percent aged 16–20 years • 31 percent aged 21–29 years • 20 percent aged 30–39 years • 8 percent aged 40–49 years • 3 percent aged 50+ years 	At time of offence <ul style="list-style-type: none"> • 33 percent aged 16–20 years • 33 percent aged 21–29 years • 19 percent aged 30–39 years • 10 percent aged 40–49 years • 4 percent aged 50+ years
History of sexual violence	85 percent had been sexually assaulted more than once: <ul style="list-style-type: none"> • all Māori • 73 percent of New Zealand Europeans • four of the eight Pacific respondents • three of the four male participants • 39 percent experienced childhood sexual abuse 70 percent of those sexually assaulted by a current or ex-partner or other family or whānau said it had happened more than once. This included: <ul style="list-style-type: none"> • current partners – 69 percent • ex-partners – 80 percent • family or whānau – 60 percent 	43 percent had made previous allegations of violent victimisation to police: <ul style="list-style-type: none"> • 71 percent domestic violence (most likely with a current or ex-partner) • 21 percent sexual violence • 7 percent other violence Victims with a psychiatric disability or intellectual impairment accounted for 29 percent of victims who had made previous allegations of sexual violence
Ethnicity	49 percent New Zealand European 28 percent Maori 11 percent Pacific 12 percent Other	49 percent New Zealand European 30 percent Maori 12 percent Pacific 9 percent Other
Disability	31 percent identified as having a psychological or physical disability, often with co-morbid conditions	15 percent had a psychiatric, intellectual, physical or other disability, as determined by a doctor

Source: Kingi and Jordan (2009); Triggs et al. (2009).

Appendix F: Nature and dynamics of sexual violence

Table 12: Nature and dynamics of sexual violence

Characteristics of sexual offences	Pathways study	Attrition study			
Victim–offender relationship	37 percent other known 45 percent current or ex-partner 14 percent family or whānau <1 percent stranger 4 percent just met (within 24 hours)	37 percent Other known 25 percent Current or ex-partner 8 percent Family or whānau 16 percent Stranger 15 percent Just met (within 24 hours)			
Partner status		Age group	Most likely to be sexually violated by (top three categories)		
		16–19	Stranger	Just met	Acquaintance
		20–24	Just met	Current/ex-partner	Stranger
		25–29	Current/ex-partner	Other known	Just met
		30–39	Current/ex-partner	Other known	Stranger
		40–59	Current/ex-partner	Other known	Friend or stranger
		60+	Other known	Stranger	Friend or current/ex-partner
Location of assault	76 percent private home 18 percent public place	66 percent dwelling 22 percent public place			
Alcohol and other drugs		Police files lacked information on drug and alcohol use for a substantial number of cases. Where it was recorded, it indicated that survivors had been using drugs or alcohol in 75 percent of incidents or about 39 percent of all cases.			
Physical violence, threat, weapon use, physical injury		Police files lacked information on these factors for a substantial number of cases. Where it was recorded, it indicated that: <ul style="list-style-type: none"> • threats were made in 16 percent of cases • force was used in 52 percent of cases • weapons were used in 7 percent of cases • survivors sustained physical injury in around 30 percent of cases; it was relatively minor in around 60 percent of these. These rates might reflect the fact that more serious incidents tend to come to the attention of police. 			

Source: Kingi and Jordan (2009); Triggs et al. (2009).

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Print 978-0-478252-47-7

Digital 978-0-478355-00-0

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