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Responding to Sexual Violence: pathways to recovery.




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Responding to sexual violence: Pathways to recovery

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with

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Disclaimer

This report 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.

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Executive summary

1 Background

Researchers from the Crime and Justice Research Centre, Victoria University of Wellington, were contracted by the Ministry of Women's Affairs to undertake four work streams relating to effective interventions for adult victim/survivors of sexual violence. This report presents the findings of the pathways study, the overall aim of which was to explore help-seeking and pathways to assistance and recovery for adult victim/survivors of sexual violence from diverse population groups across New Zealand. The focus was on victim/survivors' experiences of engaging with formal and informal systems. For some, this included the criminal justice system.

The objectives of the pathways study were to identify:

- key points at which victim/survivors become involved with the criminal justice system and how they come to be involved
- key points at which victim/survivors exit the criminal justice system and how this comes about
- factors that promote victim/survivors continuing through the criminal justice process
- what victim/survivors found helpful and unhelpful about their interactions with the criminal justice system
- key points at which victim/survivors access other formal support systems and how they come to do so
- victim/survivors' views on what works to promote recovery, resilience and strength
- the impact of geographical location on pathways to assistance and recovery.

2 Methodology

A mixed methods approach was utilised, comprising interviews with 58 victim/survivors and surveys completed by 17 victim/survivors. This was not a representative sample of victim/survivors of sexual violence either individually or geographically, so the findings must be interpreted with caution.

Victim/survivors included in this study had disclosed a rape/sexual assault to police, a support agency or a professional any time from 2000. This year was selected in recognition of the potentially significant changes to practice that were introduced in the late 1990s. The most significant change within policing was the introduction of the New Zealand Police Adult Sexual Assault Investigation Policy in 1998.

3 Stories of sexual assault

The stories of seven women have been presented as case studies. These stories set the scene for the research findings. They were chosen to illustrate the diverse experiences of women and to provide examples of the various effects of sexual violence and the pathways women traversed to health and well-being.

4 The experience of sexual violence

Victim/survivors' experiences of sexual violence can be shaped by the environment in which these occur and whether or not they 'know' their offender. Chapter 4 describes the context of the assaults, who victim/survivors first disclosed to and their reasons for doing this at that particular time.

History of sexual assault

The majority of victim/survivors (n=64; 85 percent) who took part in this research indicated that they had been sexually assaulted, either as adults or children, more than once. This included all the Māori respondents (n=21), almost three-quarters of New Zealand European respondents (27 out of 37), and half the Pacific respondents (4 out of 8).

Although childhood sexual abuse and frequency of sexual assault were not specifically asked about, 39 percent of those who had experienced previous sexual violation revealed a history of childhood sexual abuse and that they had been sexually assaulted multiple times.

Only 11 out of 75 research participants were victim/survivors of a single incident of sexual violence as an adult.

The current assault

A significant proportion (76 percent) of the assaults took place in an environment familiar to victim/survivors: their home (64 percent), the perpetrator's home (7 percent), or the home of a friend or family/whānau member (4 percent).

Almost all respondents (n=69; 92 percent) knew or could identify the person or people who had sexually assaulted them.

The sexual assault of more than half of the victim/survivors (n=41; 59 percent) can be categorised as 'family violence' because of the nature of the victim/survivors' relationship with the perpetrator (i.e. a current partner or ex-partner or a family/whānau member).

Only 6 out of 75 victim/survivors could be categorised as experiencing 'stranger' assaults.

Disclosure

For more than two-thirds of research participants (68 percent), the first person they told about the sexual assault was a family/whānau member (n=20; 35 percent) or a close friend (n=19; 33 percent).

The next person victim/survivors were most likely to confide in was a counsellor (n=11; 19 percent). Only a small number (n=7; 12 percent) reported to the police first.

Two-thirds of victim/survivors said they told someone about the assault within the first 24 hours (n=19; 33 percent) or within a week (n=19; 33 percent) of the assault happening.

Fourteen out of the 15 victim/survivors who did not disclose the sexual abuse for years after it had happened had experienced sexual abuse previously. More than two-thirds of this group (9 out of 14) had been abused in childhood.

In comparison, 7 out of 8 interviewees for whom this had been their first experience of sexual assault disclosed the incident within the first 24 hours (n=5) or within the week (n=2).

The most common reason given for disclosure, reported by one-quarter of participants, was that they had wanted someone to know what had happened so that they could get support or advice or make sure that others knew about the perpetrator. The next most common reason (reported by 13 percent) was that they were not coping at the time or had had a 'breakdown'.

Family violence

More than two-thirds of the 33 interviewees (n=23; 70 percent) who had been assaulted by an ex-partner, a current partner or a family/whānau member reported that they had been sexually assaulted by this person before.

The incidence of repeat sexual assault was higher for those who had experienced intimate partner violence (17 out of 23) than for those who had been assaulted by a family/whānau member (6 out of 23).

For more than half of this group (56 percent), the reasons they decided to disclose this time were that they had ended the relationship (n=4) and so felt safe to disclose or they had decided they could not take any more of this treatment (n=9).

Support and assistance

Almost three-quarters of interviewees (41 out of 57) said that the person to whom they disclosed had done something they found really helpful. This included listening and believing (n=13; 31 percent), being supportive and understanding (n=13; 31 percent) and providing practical help (n=12; 29 percent).

Fewer participants (23 out of 57) said the person to whom they disclosed had done something they found unhelpful. These tended to be the opposite of what they found helpful, that is, being unsupportive, judgemental and disbelieving.

Victim/survivors wanted what they had disclosed to be kept private, unless they asked someone to inform others on their behalf. They did not want to be judged and they wanted to be told that what had happened to them *'was not okay'*.

5 Reporting sexual violence to the police

It is a well-established fact that few people who experience sexual violence report this to the police. In chapter 5 we explore the factors that victim/survivors consider when deciding whether to report to the police. We also describe the experiences, treatment and levels of satisfaction with the process of those who decided that they wanted to report to the police.

Making a decision

Thirty-six (out of 75) research participants reported what happened to them to the police. An identical number were less inclined to become involved in the criminal justice system.

In this study, Pacific participants were least likely to report to the police (1 out of 8), followed by Māori (9 out of 21); the group most likely to report was New Zealand European (19 out of 37). Neither of the two transgender participants reported to the police, although three out of the four male participants did.

Reasons for not reporting or reporting

The main reasons given for not reporting were that victim/survivors were afraid they would not be believed (49 percent), the effect on the family/whānau (46 percent), shame or whakamā (34 percent) and fear of the offender (34 percent). Twenty-nine percent said that the nature of their relationship with the perpetrator prevented them from reporting.

The most frequently mentioned reasons for reporting were not wanting perpetrators to get away with what they had done (41 percent) and not wanting others to be exposed to the risk of assault (38 percent), followed by being scared it would happen again (19 percent).

Reporting

The majority (66 percent) of participants reported to the police the same day or within a week of being assaulted. However, five respondents did not report the abuse to the police until several years afterwards.

Most victim/survivors first came in contact with male police officers (19 reported this). In four cases victim/survivors dealt with male and female officers, and in seven cases the police officers were women. Overall, victim/survivors expressed a preference for the initial contact, in particular the disclosure of details, to be with a female officer.

Those for whom this was their first experience of sexual assault were most likely to report the assault to the police. Regardless of their history, most victim/survivors (approximately two-thirds) had concerns about reporting to the police. Interviewees who were most likely to voice concerns were New Zealand European (13 out of 17) followed by Māori (4 out of 7).

Respondents' concerns relating to reporting to the police mirror those of the cohort who did not report to police. They were concerned that the police would not believe them (n=7), they had had previous negative experiences with the police (n=3), they did not wholly trust the police (n=3), and they were ashamed and/or embarrassed about what had happened to them (n=3).

Formal interview

Thirty-three research participants underwent a formal interview process (i.e. made a statement) with the police. This was usually undertaken at a police station by a detective and sometimes with uniformed officers in attendance.

As with the initial reporting experience, the majority of police detectives and officers who conducted formal interviews were men (19 out of 33 respondents reported this).

Approximately one-third of respondents (n=10; 30 percent) said they would have preferred to be interviewed by a female detective or officer. Eleven respondents specifically commented that they had dealt with the same police officer or officers to whom they had initially reported.

The majority of the 28 interviewees (n=23; 82 percent) who had undergone a formal interview said they felt able to talk freely to the police and tell them everything they wanted to. However, the process was exhausting.

Three of those who said they could not be completely open with the police talked about their own fear and prejudice in relation to the police, having to talk to a male officer, and thinking the police would not believe *'the sexual abuse stuff'*.

Obtaining evidence

Seven participants who had been sexually assaulted in their own homes commented on how the police's need to obtain evidence from the scene had affected them. Most were matter of fact about this.

Eleven victim/survivors said that the police had kept some of their property for evidence – this was mainly clothing and bedding. Five of the 11 said they were fine with this as it would *'help prove'* their case. However, the remainder said that this was a distressing and often painful experience.

Victim/survivors' experiences

Most respondents made positive comments about how they were treated by the police – police had been *'understanding'*, *'professional'*, *'warm'*, *'respectful'* and *'considerate'*. However, a minority of respondents (n=8) described the police as *'cold'*, *'insensitive'*, *'clinical'* or *'disbelieving'*, particularly at the reporting stage.

Respondents reported mostly negative feelings about reporting the sexual assault to the police and giving a formal interview. They said they were *'apprehensive'* (n=12; 36 percent) and *'dissociated'* (n=10; 28 percent) at the point of reporting, and only marginally less so at the interview stage.

When it came time to reveal the nature of the assault in more detail at the formal interview, more respondents (10 out of 33) reported feelings of shame/whakamā and embarrassment. Some respondents said they felt *'validated'*, *'secure'*, *'relieved'* (n=2) and *'alright with the process'* (n=2).

Most respondents had ideas on how the police reporting and formal interview processes could be improved – the themes were similar across the two stages. Areas that needed addressing included first contact with a female officer, more information at the initial reporting stage, privacy and a sterile, unfriendly environment at police stations, the judgemental non-supportive attitude of some police.

Support and assistance

About two-fifths of respondents said it was helpful when the police were supportive, made them feel believed, did not judge them and provided them with information about their options, police processes and the progress of their case. Conversely, it was unhelpful when these things did not happen. One-third of respondents said that dealing with police officers who were insensitive or clinical was also unhelpful.

For victim/survivors who had support across the police process, two constant sources of support came from family/whānau and specialist sexual violence agencies.

Specialist sexual violence agencies played more of a support role at the formal interview stage and more victim/survivors had the support of counsellors at the later stages of the police process.

Respondents found emotional and practical support from these sources helpful, although there could always be more. The form of practical support most often mentioned was transport to the police station and/or court.

Withdrawal from police processes

Six respondents, including one male respondent, said they had considered withdrawing from the police process once they had made a complaint and/or given a statement. Their reasons related to the length of time things took, being tired of waiting for an outcome, and the thought of having to go to court.

Nine said they had experienced pressure from others to withdraw from the process. This was usually when there had been a close relationship between the victim/survivor and the perpetrator. Pressure to withdraw often came from family/whānau members (n=4), friends (n=3), and the perpetrator (n=2).

Seventeen respondents said they had been encouraged and supported to continue with the police process. Sources of encouragement included combinations of: family and whānau, the police, partners, counsellors or psychologists, support groups, friends, and specialist sexual violence agencies.

Outcome of reporting to police

In 17 out of 37 cases reported to the police there was no formal outcome. In 9 of these cases this was the result of the police deciding not to lay charges, typically due to insufficient evidence. The majority of the victim/survivors in these cases expressed strong dissatisfaction at no action being taken against the perpetrator. This was the most significant point of exit from the criminal justice system.

In 19 (51 percent) cases (including 6 out of 11 cases of intimate partner violence) investigations were undertaken, formal charges were laid and the case proceeded through the criminal justice system. Two-thirds of these cases proceeded to trial and perpetrators pleaded guilty in the remaining one-third.

6 Forensic medical examination

When an incident of sexual assault is reported to the police, arrangements should be made for a medical examination to be conducted as soon as possible in order to obtain forensic evidence. In this study only a small number of victim/survivors (n=11) had a forensic medical examination.

Forensic medical examination

Most of those examined said they were told the reasons for the examination and had been consulted to some extent about the procedure.

In nine cases the doctor performing the examination was a woman. This was strongly appreciated by most respondents, including the only male respondent who had a forensic medical examination.

Victim/survivors' experiences

About half those who had a forensic medical examination experienced the doctor as warm and understanding, while one-third felt the doctor was cold and clinical.

When asked how they felt after the examination was over, most answered in negative terms, with three saying they had experienced the procedure as a re-violation similar to the initial rape/sexual assault.

Those who were examined appreciated the information provided by the doctor and the ways some doctors were comforting and validating, acknowledging how invasive the procedure was and displaying empathy. They found these responses helpful.

About half identified negative or unhelpful factors related to the procedure. These included feeling pressured to have the examination and the doctor exhibiting a cold and clinical attitude.

Overall, their comments reflect the importance of the forensic medical examination being conducted in ways that are sensitive and respectful, preferably by female doctors, while enabling victim/survivors to retain some control and dignity during such a difficult procedure.

7 Going to court

Few complaints of sexual violence result in formal charges being laid and even fewer proceed to trial. For those that go to trial the probability of a guilty verdict is statistically unlikely. Not all research participants who reported sexual assault to the police went on to be involved in the court process.

Court processes

The cases of 17 victim/survivors proceeded to court; all said they had been given information about court procedures beforehand, most often by the police or by a court victim adviser. About a third still felt they were unprepared for managing court processes.

The trial

Most met the prosecutor only on the day of the trial or the day before, although the majority found the prosecutor understanding, professional and pleasant. A minority felt the prosecutor was too cold and clinical.

All interviewees who gave evidence (11 out of 14) described the experience in negative terms, including *'traumatic'* and *'degrading'*. This was irrespective of whether the accused was found guilty at trial, which happened in over half the cases.

Withdrawal from the court process

Only three respondents said they had considered dropping out of the court process because of the length of time it took the case to come to trial. They had been exposed to pressure from perpetrators and family/whānau to drop charges.

Ten interviewees said they had been supported and encouraged to carry on with the court process. Support most often came from family/whānau, friends, the police and service or agency staff (specialist sexual violence agencies and Women's Refuge in particular).

Support and assistance

Most respondents had support during the court process and said they could choose their support person. They typically opted for a family member, followed by a friend or a specialist sexual violence agency worker.

What they found the hardest to manage was *'defence attorney bullying'*, as well as their proximity to the perpetrator and his supporters.

All of those who experienced court processes commented on the importance of having good support available, whether from family, friends or agencies. Some felt it was essential to have their support person visible and close by them.

Also rated highly was the need for all those going to court to be provided with detailed information about giving evidence, their rights in the system, and the chances of a conviction.

Victim impact statement and sentencing

Twelve out of the 14 interviewees whose case went to depositions/trial said they had made a victim impact statement to inform the sentencing process, if there was a guilty verdict. Most comments about this process were positive: victim/survivors found the process *'therapeutic'*, *'healing'* a *'relief'* and *'not too hard'*.

Six interviewees indicated that they had attended the sentencing of 'their' perpetrator at the end of the trial. All of them said their victim impact statement had been read out in court and that this was a healing or empowering experience.

Outcomes

In about half of the cases the accused was found guilty at trial (8 out of 17) and in another three cases the accused pled guilty before the case proceeded from depositions to trial. The remainder of the outcomes were less desirable for victim/survivors (e.g. not guilty verdicts).

8 Support systems

Many victim/survivors had made contact or been put in touch with a wide range of support agencies, including both generic counselling agencies and specialist sexual violence agencies. Chapter 8 considers their contact and experiences with these agencies, as well as their experiences with informal sources of support.

Formal support

The majority of those interviewed and surveyed had contact with at least one formal support agency, most often accessed by referral from a counsellor or police, or through self-referral; for example, some responded to advertisements in local papers.

One-third said they had experienced difficulty in accessing support services and felt more information was required about what services were available.

Some also felt it was difficult to access services when they were most needed and for the length of time required, and that more culturally appropriate services were needed.

The majority of those accessing formal agency support expressed satisfaction with the service provided, valuing in particular the emotional support provided. Practical support such as child-minding and transport was appreciated, while some commented on the high financial costs associated with accessing agency support and counselling.

Some found particular support workers or counsellors less helpful than others. Unhelpful responses included support workers who conveyed a sense of blame or judgement and failed to provide safety for the victim/survivor.

Many emphasised the importance of being able to access support from the most competent and appropriate provider for the individual, the 'right' person whether that was in terms of personality, therapeutic modality, gender, ethnicity, or sexual preference –whatever was deemed significant by that particular victim/survivor.

There was overwhelming recognition of the value and quality of support provided by specialist sexual violence agencies, a finding that in many ways underscores the obvious conclusion – namely, that the needs of those subjected to the trauma of sexual violence are best met by specialist trained and qualified personnel and agencies.

Geographical considerations

Victim/survivors' ability to access formal support systems was affected by where they lived.

Those who had moved from rural areas commented on the ease with which they could access services in larger metropolitan areas. This also enabled them to choose from a range of counsellors and service providers, increasing the possibility of being able to find the support that best met their own needs and preferences.

In areas where little choice was available, victim/survivors struggled to find the best support for themselves. Some faced safety and confidentiality issues that could compromise their abilities to disclose and access support.

Informal support

Two-thirds of all respondents had also sought informal support from friends, family/whānau and others.

The most helpful response respondents received was emotional support, with many saying they valued the general willingness of others to listen and be there for them.

Practical support was also valued by some, and included the provision of information, advice, and accommodation, or running errands.

The small number (n=14) who were disappointed with how those around them responded described finding it difficult, for example, when others told them how they 'should' be feeling. They also struggled if those around them took it upon themselves to disclose what had happened to other people without first obtaining the victim/survivor's permission.

As well as external sources of support, two-thirds of respondents used self-help strategies, most typically books and to a lesser extent internet-based material. Others referred to a variety of pursuits and activities they experienced as helpful, including exercise, meditation, and art therapy. Most of those who used self-help strategies found these beneficial in their recovery process, suggesting that such

measures need to be recognised as a useful complement to counselling and other more formal therapeutic practices.

9 Surviving sexual violence

A major aim of this study was to gain greater understanding of the impacts of sexual violence and what helped victim/survivors in their healing and recovery. Chapter 9 presents the interviewees' responses to questions about what they found helpful in the recovery process and how they assessed the influence of other people's and agencies' responses when they sought help.

Impacts

Victim/survivors described in detail how the rape/sexual assault affected them and those close to them. Their responses indicate a wide variety of impacts affecting every aspect of their lives.

The majority described how they felt their lives had been turned upside down by their experience of sexual assault, especially in relation to emotional and mental health and sex, trust, and intimacy.

Many felt the effects were long-lasting, affecting their relationships and work as well as their physical and mental health.

Healing and recovery

Eighty-four percent indicated that the recovery process was not complete. Many provided responses that indicated how profound the impact had been on their sense of self and identity.

The factor most strongly associated with recovery was access to counselling, in particular, finding the 'right' counsellor.

Family members and friends were sometimes supportive, but often lacked the understanding to provide what victim/survivors' needed.

Many victim/survivors were also helped by self-help strategies, which included literature, sport and recreational activities, alternative health remedies, and *'pampering'*.

Interestingly, the majority acknowledged how, somewhat paradoxically, some positive consequences did derive from their experience of sexual violence. The most commonly cited examples were increased levels of awareness, strength and resilience.

The overall impression was that healing and recovery was typically a long process and one that, ideally, was contributed to by a wide range of formal and informal sources of support, including self-help strategies.

A recurrent theme, articulated on a variety of levels, was that there was no one path to recovery – recovery could take various routes, and was often underpinned by a determination to reject a victim-based sense of identity.

Advice to other victim/survivors

The most common advice (23 out of 54) was for victim/survivors to obtain counselling and support in the aftermath of sexual assault, and to do all they could to get help.

Concern was also raised about the need for services tailored towards meeting the needs of specialist groups, such as for victim/survivors with disabilities or managing drug and alcohol-related issues.

Seventeen victim/survivors felt the most important thing was to tell someone what had happened. While this could be a counsellor, many felt that it could be friends or whānau members – the important thing was to find somebody the victim/survivor trusted who would listen in a non-judgemental manner.

In relation to accessing the criminal justice system, seven said they would advise others to report such an offence, citing the importance of not letting offenders get away with it as well as the benefits that could come from reporting.

Others (n=3), however, were adamant that it was better not to report. They considered it more important to get support than to expect positive benefits from involvement with the police and criminal justice system.

10 Experiences of Māori victim/survivors

Māori have been found to experience sexual violence at up to twice the rate of other women in New Zealand (Mayhew and Reilly, 2007). It is, therefore, essential to understand better the characteristics and needs of Māori victim/survivors.

The experiences of Māori victim/survivors did not differ greatly from those of others in the sample. Consequently, most of what they considered to be helpful is similar to that expressed by other victim/survivors in this study.

All Māori victim/survivors had experienced more than one incident of sexual violence, some in childhood.

More than half (10 out of 17) of Māori interviewed identified support from friends as most useful for recovery, followed by counselling and/or psychological support.

Māori who lived in rural communities commented that living in a rural Māori environment helped them to access services easily: it was easier to approach a local health service because counsellors or support workers are known to the community. Some appreciated the willingness of Māori counsellors to make home visits. However, lack of confidentiality could also be a concern in small rural communities.

The most difficult part of recovery for Māori victim/survivors was disclosing and working to build trust and self-esteem.

Many Māori victim/survivors said their inner strength, confidence and self-esteem had grown in the wake of the sexual violation experience.

The helpful advice most Māori victim/survivors offered to other victim/survivors was to disclose and to engage in counselling.

Although many expressed a preference for kaupapa Māori services, others encouraged Māori not to exclude 'Pākehā' services in their search for healing and recovery.

11 Summary of findings and conclusions

The aim of this study was to explore help-seeking and pathways to assistance and recovery for adult (i.e. aged 16 and over) victim/survivors of sexual violence from diverse population groups across New Zealand. The focus was on victim/survivors' experiences of engaging with formal and informal systems. For some, this included the criminal justice system.

Key areas of concern

A consistently high level of service provision was lacking. While many instances of good practice and commendable service were found, the research also uncovered multiple instances that suggested variable service delivery.

The links between adult sexual violence and other forms of violence are obvious in this study. Many of those interviewed disclosed instances of childhood sexual abuse, even though not specifically asked to do so. In addition, a high number of rapes/sexual assaults occurred in the context of intimate partner violence.

Findings from this study point to many victim/survivors having experienced multiple incidents of sexual violence. This suggests the existence of a highly vulnerable population in need of specialist services and positive interventions to mitigate risk.

The evidence from this study, considered in conjunction with the findings from earlier research, highlights the advantages to be obtained from implementing a specialised response. Wherever moves towards specialisation have been taken, there appear to be clear advantages for victim/survivors.

Future research

This study is significant for its own findings *and* at the same time is typical of most research in that it generates many questions for future research. Future research is needed:

- to obtain more details about why so many victim/survivors do not report or disclose to the police

- into sexual violence perpetrated in the context of intimate partner violence, considering in particular issues around disclosure, help-seeking, specific needs and issues
- using larger samples to gain more details about the experiences and needs of male victim/survivors, disabled victim/survivors, gay and lesbian victim/survivors, and victim/survivors in provincial and rural areas
- to develop a more in-depth understanding of the links between childhood sexual abuse and adult victimisation
- to develop a greater understanding of the relationship between alcohol and/or other drugs and sexual assault, and its significance for help-seeking experiences
- into teenage and dating violence – contexts, effects, help-seeking, healing and recovery
- that is founded on kaupapa Māori
- that is founded on Pacific methodologies
- into the implementation and evaluation of education programmes aimed at preventing sexual violence.

Final comment

This study reinforces much of what we already knew about the trauma of rape and how to respond to it. The findings suggest that although progress has been made in many areas, there is still a long way to go before we can be assured that all victim/survivors of rape/sexual assault in New Zealand, irrespective of gender, ethnicity, sexual preference, location or social background, are guaranteed to receive optimal levels of professional agency treatment. The findings also reinforce the importance of ensuring that high levels of support and counselling are available to assist in recovery from rape.

‘Recovery’ emerges neither as a position that can be reached at a particular point in time, nor as necessarily signalling a return to a prior state of well-being. Instead the responses point to a need to be able simultaneously to embrace recognition of the traumatising effects of sexual violence and how these may impact in deleterious ways, while also acknowledging how many victim/survivors emerge from this experience stronger and more self-aware. The passive connotations of the word ‘victim’ are challenged by the interviewees’ descriptions of how they actively sought and utilised a range of support systems, both formal and informal, to assist them in rebuilding their selves.

Part one: Introduction

1 Background

1.1 Introduction

Adult sexual violence is an area of high impact within New Zealand communities and internationally. The experience of rape/sexual assault has the potential to be devastating, with its effects being felt in every area of the victim/survivor's life (Ahrens and Campbell, 2000; Jordan, 2008; Olle, 2005; Resick, 1993). Those victimised often blame themselves for what happened, having internalised societal beliefs that work to hold the victim responsible while excusing the perpetrator's actions (Ahrens et al., 2007; Jordan, 2004).

In the 2006 New Zealand Crime and Safety Survey, the risk of sexual victimisation was found to be highest for young women aged 15–24. Risks were also high for female students and women living with flatmates. Māori¹ women and women who were sole parents each had a rate double the average for women overall (Mayhew and Reilly, 2007). However, the prevalence of sexual violence across different groups is hard to judge.

Few who are sexually assaulted report what happened to the police.² If a victim/survivor does report the offence, she or he enters a criminal justice system that can be experienced in diverse ways, ranging from highly validating and supportive through to perpetuating secondary victimisation (Herman, 2005; Jordan, 2004). Moreover, among those who do report, there can be substantial attrition (see Kelly et al., 2005; Lea et al., 2003; Gregory and Lees, 1999; Harris and Grace, 1999). We know that some victim/survivors seek help from other formal social support agencies, such as medical and mental health agencies, rape crisis centres, other victim support services, and religious communities (Astbury, 2006; Lievore, 2005). The role played by support and advocacy services can be critical in the recovery process (Campbell, 2006; Lievore, 2005; Lovett et al., 2004). A larger proportion of victim/survivors, however, rely on informal support from family, whānau and friends (Ahrens et al., 2007; Ahrens and Campbell, 2000). Some victim/survivors do not disclose their experiences at all (Astbury, 2006).

A gap in current knowledge is how adult victim/survivors of sexual violence come to seek and receive help (cf. Lievore, 2005; Littleton et al, 2006; Stenius and Veysey,

1 See the Glossary for definitions of all Māori words and phrases used in this report.

2 The 2006 New Zealand Crime and Safety Survey addressed this issue. Although the definition of 'sexual victimisation' was broader than the 'sexual violence' that was the focus of the Ministry of Women's Affairs' research, only 9% of the offences that survey respondents revealed in the survey were notified to the police (Mayhew and Reilly, 2007). Many other studies have also found low reporting rates (e.g. Gregory and Lees, 1999; Kelly, 2002).

2005). Another gap in understanding is how various factors shape recovery, including initial responses to disclosure of sexual violence, relationship to the offender; gender, ethnicity, and the availability and accessibility of formal and informal support (Fisher et al., 2003; Lievore, 2005; Ahrens et al., 2007; Ahrens and Campbell, 2000). A third gap in knowledge is whether the needs of victim/survivors change over time and how this is linked to involvement with support systems.

1.2 Project overview

As part of its work to improve women's well-being, the Ministry of Women's Affairs has led a research project on effective interventions for adult victim/survivors of sexual violence. The project has four interrelated work streams, comprising:

- this study of pathways from crisis to recovery, focusing on individuals who have experienced sexual violence as adults and their experiences with a variety of support sources (the pathways study)
- an environmental scan of agencies and key informants that respond to victim/survivors, focusing on systemic, organisational and other contextual factors that influence systems' and agencies' responses (Mossman et al., 2009b)
- a retrospective analysis of attrition of sexual violation incidents recorded by the New Zealand Police (Triggs et al., 2009)
- a literature review of good practice in service delivery for services that respond to adult victim/survivors of sexual violence (Mossman et al., 2009a).

The findings from these work streams will contribute to the Government's considerations for policy and practice responses for victim/survivors of adult sexual violence. The Ministry of Women's Affairs has led the research in partnership with the Ministry of Justice and New Zealand Police.

In May 2008, the Ministry of Women's Affairs contracted researchers from the Crime and Justice Research Centre, Victoria University of Wellington, to undertake all four work streams.

1.3 Structure of this report

Chapter 2 details the methods used in this research, ethical and safety issues, and the demographics and other characteristics of the sample. Chapter 3 contains the seven case studies that provide a context for the research findings. Chapter 4 describes victim/survivors' experiences of the sexual assault/rape incident. Chapter 5 considers the experiences of those who underwent a forensic medical examination. Chapter 6 describes the experiences of those who reported to the police. Chapter 7 describes victim/survivors' experience of the court and trial processes. Chapter 8 reviews victim/survivors' experiences of formal and informal support systems. Chapter 9 describes the impact of the sexual assault on the victim/survivors and what they found most helpful for their healing and recovery.

Chapter 10 details the experiences of Māori victim/survivors. Chapter 11 provides a concluding summary and discussion of the overall research findings.

This is followed by a glossary explaining Māori terms used in the report.

2 Methodology

2.1 Objectives

The pathways study was commissioned to explore help-seeking and pathways to assistance and recovery for adult (i.e. people aged 16 or over) victim/survivors of sexual violence from diverse population groups across New Zealand. The focus was on victim/survivors' experiences of engaging with formal and informal systems. For some, this included the criminal justice system.

The study's objectives were to identify:

- key points at which victim/survivors become involved with the criminal justice system and how they come to be involved
- key points at which victim/survivors exit the criminal justice system and how this comes about
- factors that promote victim/survivors continuing through the criminal justice process
- what victim/survivors found helpful and unhelpful about their interactions with the criminal justice system
- key points at which victim/survivors access other formal support systems and how they come to do so
- victim/survivors' views on what works to promote recovery, resilience and strength
- the impact of geographical location on pathways to assistance and recovery.

An additional aim was to focus on the experiences of New Zealand European (Pākehā), Māori and young women, since current information suggests the prevalence of sexual violence is highest among these groups.

This is not a representative sample of New Zealand victim/survivors of sexual assault; nor was it intended to be. To generate data relevant to the objectives of the study, we used a purposive sampling method, based on clearly defined inclusion criteria (see sections 2.4.1 and 2.6.2). While we can draw conclusions on the basis of the findings, particularly where they are consistent with previous international research, we cannot generalise them to the total population. We discuss this further in section 2.8.

2.2 Ethical issues

An application for ethical approval for the study was submitted to the Victoria University of Wellington's Human Ethics Committee. The application detailed procedures for informing those being asked to take part in interviews about the research, obtaining their consent, providing them with feedback at the end of the

study, and procedures for storing and maintaining the confidentiality of information. Ethics approval was granted in June 2008.

The provisions of the Privacy Act 1993 with respect to confidentiality and methods of obtaining, storing and destroying information were adhered to in this study.

2.2.1 Safety procedures

The researchers have had considerable experience in interviewing on sensitive topics, such as family violence, and have established procedures for contacting and interviewing victims and offenders. These procedures have been designed to ensure researcher and interviewee safety.

Protocols for interviewees included:

- telling them who would have access to their data
- 'protecting' and/or supporting them during the interview process
- informing them of the issues surrounding confidentiality: that they did not have to answer any questions they did not want to, and that no information would be included in the report that would enable them to be identified.³

Interviewees were also advised that confidentiality would be breached only if the interviewer received information that suggested the research participant or another person was at risk of harm.

In addition, the safety of interviewers was addressed by putting in place:

- debriefing procedures
- safety protocols that required researchers to take a cell phone with them when conducting fieldwork
- safety measures during the interview process, for example, requiring interviewers to always inform someone of their whereabouts.

2.2.3 Cultural safety

The Crime and Justice Research Centre recognises the importance of undertaking research in a culturally appropriate manner, so Māori and Pacific cultural protocols and processes guided this research.⁴ The aim was to treat all participants courteously and with respect, and to respond sensitively so as to neither offend those who are more culturally conservative nor embarrass those who are less so.

Our approach acknowledges and is sensitive to the needs of Māori and Pacific peoples as service providers and victim/survivors. Our research team included

3 Such protocols acknowledge the importance of respecting a participant's right to privacy and her/his right to refuse to answer questions or, indeed, to be interviewed at all (see, for example, Oppenheim, 1992).

4 For example, see Anae et al. (2002), Cunningham (2000) and Te Puni Kōkiri (1999).

highly respected and experienced Māori and Pacific researchers. These two team members also fulfilled a quality assurance role.

2.2.4 Effect of the research on those being studied

As researchers we are always aware of the effect the interview process might have on research participants, especially where questions involve personal or sensitive issues. Therefore, we put in place processes to mediate unintended outcomes. In previous research the Crime and Justice Research Centre carried out, participants generally reported that their involvement in the research was positive; it gave them an opportunity to reflect on their experiences and express their feelings, both positive and negative (for example, Maxwell et al., 2004, and Kingi and Poppelwell, 2005).

Steps were taken to ensure, as far as possible, that participants experienced no negative effects from participating in this research. Interview guidelines addressed issues such as researchers' reminding participants that they need not answer any particular question and how researchers should respond if a participant became distressed. The researcher usually contacted participants the day after the interview, particularly if they had become distressed, to ascertain whether they were alright and whether they had adequate support to deal with issues that might have arisen for them as a result of the interview. Participants could also have support people present during the interview.

2.3 Definitions

The following list defines the core concepts used throughout this report.

- **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.
- **Recovery** relates to a restoration of well-being across a range of domains, including physical, mental, emotional, spiritual and interpersonal domains. Different sectors have different models of recovery. Recovery is a process, not an end, and people recover in different ways.
- **Victim/survivor** 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., 2009a: p6)

2.4 Research design

The research design involved qualitative and quantitative methods. The two components of the research were as follows.

- Confidential, in-depth, face-to-face interviews were undertaken with adult victim/survivors of sexual assault to explore their help-seeking and pathways to recovery. This included their experiences of engaging with formal and informal systems.
- A self-completion, anonymous survey based on the interview schedule was distributed by service providers/agencies. The survey, as an additional method of data collection, boosted respondent numbers by allowing victim/survivors who did not want to be interviewed to take part in the research.

In this report the term 'participants' is used where the data include both interviewees and survey respondents. The term 'interviewees' is used where the data include only interviewees (i.e. the data exclude survey respondents).

2.4.1 Parameters of the research

The parameters of this research were set to include any victim of rape/sexual assault who had disclosed the incident to the police, a support agency or any other professional since 2000. The year 2000 was selected to:

- provide a sufficiently broad period to maximise the chances of reaching a target sample size of 50, while not extending so far back in time that memory and recall issues would become problematic
- cover the years following potentially significant changes to police procedures (e.g. the introduction of the New Zealand Police Adult Sexual Assault Investigation Policy 1998)
- obtain more recent accounts of reporting procedures and help-seeking experiences to compare with studies conducted in New Zealand during the 1980s (Young, 1983) and 1990s (Jordan, 1998).

2.5 Interview schedules and information sheets

Interview schedules, self-completion questionnaires and information sheets were based on those used by Associate Professor Jan Jordan in previous research with victim/survivors of sexual assault.⁵ These were adapted for this study in consultation with the project advisory group to meet the needs of this project. The Ministry of

5 See Jordan (2008, 1998).

Women's Affairs signed off the pathways study's research instruments in August 2008.

2.6 Fieldwork – recruitment and challenges

Fieldwork began in August 2008 and concluded in late December the same year. Identifying areas in which to undertake the research and recruiting participants posed challenges for the research team. A team of experienced senior researchers carried out all the fieldwork. In most cases, interviews with Māori and Pacific victim/survivors were carried out by a researcher of the same ethnicity. All interviews with male participants were carried out by the male member of the research team.

2.6.1 Fieldwork areas

The criteria for identifying the areas to be included in the pathways study were decided in collaboration with the Ministry of Women's Affairs. Six areas were chosen because they provided a reasonable urban-rural split, gave a better chance of recruiting Māori participants, and had a specialist sexual violence agency/service. The six areas were:

- Counties Manukau
- Greater Wellington
- the Waikato
- Taranaki
- Nelson
- Westport.

However, the fieldwork ultimately spread to include Auckland, Gisborne, Dunedin and Christchurch where networks or self-referrals enabled us to boost the sample.

2.6.2 Victim/survivor interviews

On 21 May 2008, the Ministry of Women's Affairs sent out an email informing people on their workshop/hui contact lists that the Crime and Justice Research Centre had been awarded the contracts for the sexual violence research. The Ministry invited any individual or organisation interested in taking part in the pathways study to communicate their interest to the Ministry, which would pass their details to the research team. This resulted in a small number of victim/survivor self-referrals.

In some areas, service providers/agencies asked for several pre-recruitment meetings with the researchers so they could satisfy themselves of the researchers' credentials and ability to undertake interviews with victim/survivors in an appropriate manner. The researchers were also asked what would happen to the research reports at the end of the project. The Crime and Justice Research Centre subsequently sought advice from the Ministry of Women's Affairs on this issue and passed on the information to service providers/agencies.

To be eligible to take part in the research, victim/survivors had to have:

- been 16 years or over when the assault took place
- disclosed the assault since 2000 to a support or advocacy agency or professional (e.g. a doctor, Rape Crisis, a women's refuge, a counsellor or therapist, Victim Support, or the police)⁶
- had the legal process for their case completed, if they had reported the assault to the police.

Some interviewees had experienced only one sexual assault, but others had experienced numerous assaults as adults (and sometimes as children); some had experienced a single perpetrator and others more than one. Therefore, it was important to identify the incident the interviewee wanted to talk about. If there had been more than one assault since the interviewee was aged 16, the criteria for selecting the incident was:

- the incident was reported since 2000, or
- if all incidents had been reported, the most recent incident, or
- the incident that met the criteria, stood out for the interviewee, and was the incident the interviewee wanted to discuss.

All interviews took place face to face and, if the interviewee agreed, were recorded. Interviewees came from a variety of sources, including specialist sexual violence agencies (e.g. Te Ohaakii a Hine – National Network Ending Sexual Violence Together),⁷ Accident Compensation Corporation (ACC)⁸ and other counsellors, Women's Refuge (a small number), the New Zealand Prostitutes Collective, and self-referral. In some cases researchers were provided with the contact details for interviewees and made initial contact by phone to arrange a face-to-face meeting at a time and a place suitable for the interviewee.⁹ In other cases the interview was arranged by the service provider/counsellor and was usually undertaken at their work premises. In these cases the counsellor or service support person would sometimes be present to support the interviewee.¹⁰ Informed consent was gained at the time of the interview, although most interviewees who were recruited through

6 This date was selected in recognition of the potentially significant changes to practice that were introduced in the late 1990s and to ensure the experiences canvassed had all occurred after the introduction of these measures. The most significant change within policing was the introduction of the New Zealand Police Adult Sexual Assault Investigation Policy in 1998, which sought to ensure greater consistency in police responses nationwide and took a more victim-centred approach to rape investigations than had been taken previously.

7 Te Ohaakii a Hine – National Network Ending Sexual Violence Together is a bicultural national network for agencies and individuals working in the sexual violence sector.

8 ACC counsellors are registered to carry out counselling for sexual abuse by the ACC's Sensitive Claims Unit. The registration process is stringent and requires counsellors to supply evidence of training and recent experience in the area of sexual abuse counselling.

9 The interview locations most often used were the participant's home (n=18; 31%), the participant's place of work (n=11; 19%) or at a service agency/provider.

10 One third (n=19) of interviewees chose to have someone present to support them during the interview.

agencies had seen the information sheet and had the research explained before they met the researcher.

All interviewees were given a koha of \$30 in appreciation of their participation. Service providers/agencies that recruited participants were given a koha of \$50 in acknowledgement of their support for the research and the time they willingly gave to assist the research team.

The three major challenges in recruiting a sample of adult victim/survivors of sexual assault were:

- gaining the confidence of service providers/agencies in a short period
- the number of victim/survivors engaged with these service providers who were willing to participate but were dealing with issues related to childhood sexual abuse only – the study focused on incidents that occurred when the victim/survivor was 16 years or over
- the shortage of victim/survivors who were at a stage in the counselling or healing process when the interview process would not re-traumatise them – this resulted in very small numbers interviewed in some areas (e.g. only one interviewee from Taranaki).

2.6.3 Māori victim/survivors

Māori interviewees were accessed through Māori counselling networks, Māori women's refuges, Māori health networks, Māori and non-Māori ACC counsellors, and whānau referral processes. Initially, recruitment was through telephone contact or kanohi ki te kanohi (face-to-face) engagement with health professionals.

A flyer for the Māori communications strategy was finalised in early August 2008, and the Ministry of Women's Affairs distributed it to the Māori networks the Ministry and Te Puni Kōkiri had identified.¹¹ However, the most appropriate and successful form of recruitment proved to be kanohi ki te kanohi meetings with Māori service providers, utilising a Māori framework of engagement (pōwhiri or mihi whakatau). This gave the researcher an opportunity to introduce the research project in depth. It also allowed adequate time to discuss the research project and participation criteria and answer questions. In most cases Māori refuges felt they could not refer women to the project. Sexual abuse is often the last form of family violence women feel safe to disclose – if they disclose it at all to refuge workers. As a result, they were often dealing with the physical violence and were not on the pathway to recovery from sexual violence.

Recruitment challenges reflected a lack of time to network appropriately with Māori communities in the designated areas. Networking with Māori communities and face-to-face meetings require adequate time to set up hui and to engage successfully with Māori communities.

11 Te Puni Kōkiri (the Ministry of Māori Development) is the Crown's principal adviser on Crown-Māori relationships.

The recruitment process was also compromised by a general lack of interest in the project's relevance from the perspective of kaupapa Māori service providers. One service provider indicated that it was involved in a kaupapa Māori project on sexual violation, so chose not to be involved in a research project using a Western framework, although it was supportive of the research kaupapa.

2.6.4 Pacific victim/survivors

Pacific interviewees were accessed through Pacific non-government organisations and counselling networks in Christchurch, Auckland, Porirua, Wellington and Auckland. Recruitment was done through telephone contact with email follow-up.

Pacific research guidelines were followed in all interviews (see Health Research Council, 2003). In all but one interview, a counsellor or friend was present for the entire interview, which undoubtedly helped the interviewees feel safe and ensured that post-interview support was available should the interviewee need it. Although the interview schedule was followed, the use of the talanoa (Samoan word for 'conversation') methodology gave interviewees the chance to focus on the issues of most concern to them. Around half of the interviews were carried out in Samoan and/or a mixture of Samoan and English. Interviews took place over a cup of tea at the interviewee's home, their office, a restaurant, and the premises of a non-government organisation and ranged from one to two hours in duration. Interviews were stressful at times as the women recounted their experiences and tears flowed. Although this was distressing, each interviewee welcomed the chance to recount their stories *'if this will help someone else'*.

Given anecdotal reports that Pacific women and girls are highly unlikely to report sexual violence-related incidents to the police or to anyone else, the prediction that it would be difficult to secure a Pacific sample proved correct. Numerous Pacific agencies and individuals were approached to secure a sample. Most did not have clients who met the sample criteria or had difficulty pulling out this kind of information from their files. Only one of those who met the criteria declined to be interviewed. While generalisations cannot be made, the majority of the Pacific interviewees had experienced sexual abuse at an early age by a family member that they considered had coloured their whole lives.

2.6.5 Male victim/survivors

It was challenging to identify and interview male victim/survivors. They were self-referred or recruited through men's support groups. The main issue limiting numbers was that childhood sexual abuse is more prevalent than adult sexual violence among men. Men who were victim/survivors of childhood sexual abuse only were not eligible to participate in the study. Male victim/survivors had the choice of being interviewed by a male or female interviewer.

2.6.6 Victim/survivor survey

A survey was sent out to anyone who requested one by phone and 10–20 surveys were left with each service provider or counsellor visited. We have no way of

knowing how widely these surveys were distributed, so it is not realistic to talk of response rates. Completed surveys were received from 18 respondents. One completed survey had to be excluded because the respondent was under the age of 16 when the assault occurred.

2.6.7 Case studies

The stories of seven women have been presented as case studies (see chapter 3). The case studies set the scene for the research findings. They were chosen to illustrate the diverse experiences of women and to provide examples of the various effects of sexual violence and the pathways women traversed to health and well-being.

The seven women gave permission for their stories to be told and were given the opportunity to read and comment on them before they were included in the report.

2.7 The sample

Perhaps not surprisingly the largest proportion of interviewees came from the greater Wellington area where the research team was based, and most interviews were carried out in the North Island. In contrast, more than two-thirds of completed surveys came from the South Island. Table 1 sets out the numbers of interviews undertaken in each area and the corresponding number of surveys received.

Table 1: Victim/survivors by area: survey (n=17) and interview (n=58) samples

Area	Survey (n=17)		Interview (n=58)	
	n	%	n	%
North Island				
Auckland	2	12	3	5
Counties/Manukau	0	0	7	12
Waikato	1	6	8	14
Gisborne	0	0	4	7
Taranaki	1	6	1	2
Wellington	2	12	18	31
South Island				
Nelson/Marlborough	2	12	6	10
Christchurch	2	12	5	8
West Coast	5	29	4	7
Otago	1	6	2	3
Southland	1	6	0	0

Because we relied on the goodwill of others (predominantly, service providers, other agencies and counsellors) to recruit participants, we were unable to target those groups the Ministry of Women’s Affairs identified as requiring special attention; that is, New Zealand European, Māori and young women. However, we did have dedicated recruitment strategies for Māori, Pacific and male victim/survivors. The characteristics of the total sample illustrate a degree of success in engaging New Zealand European, Māori and relatively young women in the research.

2.7.1 Characteristics

This section describes the characteristics of the 58 victim/survivors who were interviewed, including the subsamples of male (n=4) and transgender (n=2) interviewees¹². It then describes respondents to the self-completion survey (n=17).

Interview sample

The characteristics of the interview sample are set out in Table 2.

Table 2: Interview sample characteristics (n=58)

Characteristic	Time of assault		Time of interview	
	n	%	n	%
Gender				
Female	n/a	n/a	52	90
Male	n/a	n/a	4	7
Transgender	n/a	n/a	2	3
Sexual orientation ¹				
Heterosexual	n/a	n/a	49	84
Bisexual	n/a	n/a	3	5
Gay or lesbian	n/a	n/a	4	9
Age				
Under 20	20	34	3	5
20–29	17	29	18	31
30–39	13	22	13	22
40–49	6	10	14	24
50–59	1	2	5	9
60 and over	1	2	5	9

¹² Gender categories were self-identified.

Table 2: *continued*

Characteristic	Time of assault		Time of interview	
	n	%	n	%
Relationship status				
Single	26	45	27	47
Married, de facto, partnered	24	41	19	33
Divorced, separated, widowed	8	14	12	21
Living arrangements				
With child/children	15	26	16	28
With parents	11	19	5	9
With partner and child/children	9	16	7	12
Flatting	9	16	6	10
With partner	5	9	7	12
Alone	3	5	12	21
Other ²	6	10	5	9
Employment status ³				
Employed	20	35	31	53
Student	15	26	2	3
Beneficiary ⁴	13	22	21	36
Home duties	10	17	3	5
Ethnicity				
New Zealand European	n/a	n/a	26	45
Māori	n/a	n/a	17	29
Pacific	n/a	n/a	8	14
Other ⁵	n/a	n/a	7	12
Place of birth				
New Zealand	n/a	n/a	49	85
Other ⁶	n/a	n/a	9	16
Disability or impairment ⁷	n/a	n/a	19	33

Notes

- 1 Data on sexual orientation were missing for two interviewees.
- 2 'Other' included, for example, those living with whānau, with parents and child/children, or 'drifting' (i.e. of no fixed abode), with a former partner, or in residential drug and alcohol rehabilitation accommodation.
- 3 Data were missing on the employment status of one interviewee.
- 4 'Beneficiary' included those on the domestic purposes, unemployment, invalids and sickness benefits and those receiving accident compensation.
- 5 'Other' included those who identified as American, Croatian, Scottish, Fijian Indian, Indian and Native American.
- 6 The entire group had lived in New Zealand for more than five years, and two-thirds (n=6) for more than 10 years. Over half (n=5) had been born in the Pacific region (i.e. Samoa or Fiji). Information on place of birth was missing for one Pacific interviewee.
- 7 'Disability or impairment' related to disabilities or impairments the participant self-identified during the interview, which could have been acute or chronic in nature.

Most interviewees were women (n=52; 90 percent) and heterosexual (n=49; 84 percent).

The assault occurred when about one-third (34 percent) of the group were aged under 20, almost two-thirds (63 percent) were aged under 30, and less than a fifth (14 percent) were aged 40 or over. Correspondingly, the group at the time of the interview was slightly older, with only 5 percent aged under 20, 58 percent aged under 40, and 42 percent aged 40 or over.

The relationship status of interviewees had not changed markedly over time. Similar proportions were single at the time of the interview and the time of the assault (47 percent compared with 45 percent). At the time of the interview a smaller proportion was in a relationship than had been previously (33 percent compared with 41 percent), and correspondingly more described themselves as divorced, separated or widowed (21 percent compared with 14 percent).

With living arrangements, at the time of the interview compared with the time of the assault more of the group were likely to be living alone (21 percent compared with 5 percent) and fewer with their parents (9 percent compared with 19 percent) or flatting (10 percent compared with 16 percent). In part, this could be a result of getting older and being more independent. There was no marked difference in the numbers living with a partner and/or children.

At the time of the interview compared with the time of the assault, more were employed (53 percent compared with 35 percent), fewer were students (3 percent compared with 26 percent), and more were beneficiaries (36 percent compared with 22 percent). The increase in those on benefits could be due to being a single parent or having a debilitating illness or disability, whether either was a result of the assault is unknown.

Approximately half (45 percent) identified as New Zealand European and almost one-third (29 percent) as Māori. Fourteen percent identified as having a Pacific ethnicity, and 12 percent identified with 'other' ethnic groups. Most (85 percent) of those interviewed were born in New Zealand. Five out of the eight Pacific interviewees were not born in New Zealand.

One-third (33 percent) of interviewees indicated that they had a disability or impairment¹³. Disabilities reported were psychological and physical, and often co-existing. Disabilities or impairments that more than one interviewee reported included depression, anxiety and panic attacks, post-traumatic stress disorder, suicide ideation and self-harm, endometriosis, irritable bowel syndrome, and fibromyalgia and arthritis. Other disabilities reported included cerebral palsy, systemic lupus, chronic fatigue, hearing loss, agoraphobia, and dissociative identity disorder. Five interviewees expressed the belief that their disability was related to the sexual assault. However, others gave no indication of whether their disabilities or impairments were ongoing or recently diagnosed or whether they had been in existence at the time of the assault.

13 Disability was self-identified.

Male and transgender participants

The interview sample (n=58) included four male and two transgender victim/survivors. Three of the four men had been aged under 20 when the assault occurred, both transgender participants had been aged under 30, and the remaining male had been aged under 40.

The relationships of this group had changed over time. At the time of the assault three of the men and one transgender participant had been single. However, by the time of the interview this pattern had reversed – three men were in a relationship and one man and both transgender participants were single.

The living arrangements and employment status of the male and transgender participants were similar to those of the sample. One transgender participant was employed as a sex-worker.

One male and one transgender participant identified as Māori, the remainder identified as New Zealand European.

Three out of the four male interviewees indicated that they had a disability or impairment and two felt that it was related to the sexual assault. All three mentioned more than one disability, including alcohol and other drug addiction, post-traumatic stress disorder, emphysema, hearing loss, chronic fatigue, anxiety, and depression.

Survey sample

Table 3 describes the characteristics of the 17 people who responded to the self-completion survey. Their characteristics are similar to those of the interviewees.

Survey respondents were mainly female, heterosexual and young at the time of the sexual assault. Four women reported that they had a disability or an impairment, all of whom listed dual diagnoses including post-traumatic stress disorder, bipolar disorder, borderline personality disorder, depression, schizophrenia, and general health issues. The survey did not include questions about relationship status, living arrangements or employment.

Table 3: Survey sample characteristics (n=17)

Characteristics	n	%
Gender		
Female	17	100
Male	0	0
Sexual orientation		
Heterosexual	14	82
Bisexual	1	6
Gay or lesbian	2	12
Age time of assault		
Under 20	9	53
20–29	6	35
30–39	2	12
Age at time of survey		
Under 20	1	6
20–29	3	18
30–39	6	35
40–49	2	12
50–59	4	24
60 or over	1	6
Ethnicity		
New Zealand European	11	65
Māori	4	24
Other ¹	2	12
Place of birth		
New Zealand	15	88
Other	2	12
Disability or impairment	4	24

Note

1 'Other' included people who identified as Asian and English.

2.7.2 History of sexual assault

Eighty-five percent (n=64) of the participants indicated that they had been sexually assaulted as adults or children more than once. This included all 21 Māori respondents, 73 percent of New Zealand European respondents (27 out of 37) and 50 percent of the Pacific respondents (4 out of 8).

Although not specifically asked, 39 percent (n=25) of the victim/survivors who had been assaulted more than once revealed that they had a history of childhood sexual abuse and had been sexually assaulted multiple times. Three out of the four male respondents revealed a history of childhood sexual abuse, as did 13 women and one transgender respondent. Four out of the 8 Pacific respondents revealed childhood sexual abuse, as did around one-third of both Māori and New Zealand European respondents (7 out of 21 and 11 out of 37, respectively).

Other victim/survivors had also been assaulted multiple times but only as adults, usually within the context of violent intimate relationships. Only 11 out of 75 (15 percent) were victim/survivors of a single incident of sexual violence as an adult.

2.8 Data analysis

Interview schedules were structured and included a mixture of closed and open-ended questions, the answers of which were analysed qualitatively and quantitatively. Quantitative data were entered into a Microsoft Excel 2003 spreadsheet for checking and then imported into statistical analysis software, SPSS, for analysis. Frequencies were produced for numerical data, and qualitative data (e.g. the responses to open-ended questions) were coded around key themes. Quotations are used in this report to illustrate these themes.

The data presented in the tables are usually self-explanatory but some have been summarised in the body of the report. In general, throughout the report data have been presented as proportions or percentages – raw data have been reported where the numbers involved are very small and it is misleading to report percentages. However, to maintain consistency, percentages have been provided in all tables even where numbers are small.

Data from the interviews have been supplemented with data from survey responses where applicable. Thus, the base numbers may vary; for example, where a question was asked only during interviews, the number is 58, whereas if all participants (those interviewed and those surveyed) were asked the question, the number is 75. The survey was a truncated version of the interview schedule, so several interview questions were not included in the survey.

Data analysis was also complicated by the fact that numbers did not remain constant across categories (e.g. the number who reported to police) because respondents dropped in and out of categories depending on their circumstances (e.g. did not make a formal complaint, did not report the sexual violence, or their case did not result in charges being laid).

As numbers are small and some data were not reliable, we were unable to undertake in-depth or separate analyses of the different groups represented in the

sample, such as Pacific and male victim/survivors, or victim/survivors who reported a disability. Data are reported on different groups throughout the report only where there are distinct differences, and for Māori victim/survivors (discussed as a whole in chapter 8). This means some of the smaller groups tend to be less visible than others in the report.

2.9 Limitations of the research

Some caveats should be noted in relation to the findings from this research. Findings should be interpreted taking into account the non-representative nature of the sample, the small numbers interviewed and the following factors.

- Services for victim/survivors varied across the areas where the research was undertaken.
- We relied on agencies (i.e. specialist sexual violence agencies and Women's Refuge), individuals (e.g. ACC counsellors) and personal networks to recruit research participants. Therefore, the experiences of victim/survivors that we describe may not be typical of all those who have been sexually assaulted.
- Those who agreed to participate in the research might have been influenced by the degree and nature of their experiences – good or bad. Therefore, their experiences also may not be typical of all those who have been sexually assaulted.
- Only a small number of victim/survivors were interviewed in each area.

For the reasons described above, the extent to which the findings from this research can be generalised, geographically or to all victim/survivors of sexual assault, is limited.

Part two: Case studies

3 Stories of sexual assault

3.1 Introduction

This section includes seven case studies chosen to illustrate the experiences of women who are victim/survivors of sexual assault. They are not designed to represent the 'typical' experience of any particular group of victim/survivors of sexual assault but rather to portray the diversity of victim/survivors pathways from crisis to recovery.

Although there are similarities between some of the stories, all are unique. For example, Aroha, Toni and Lani's stories were chosen to describe the difficulties faced when the perpetrator is a family member. Toni story has been included because she accessed a culturally based, in her case kaupapa Māori, service. Victoria and Anya's stories are about the effects of childhood sexual abuse. Only three of the seven women whose case studies are included in this chapter reported the sexual abuse to the police and of these only two, Victoria and Anya, saw their cases go to court. These case studies illustrate how the pathways victim/survivors traverse to health and well-being are often fraught with difficulty but can ultimately result in personal growth and triumph over trauma and tragedy.

All of these women had an opportunity to read their stories and agreed to the stories being told in this report.

3.2 Aroha's story

3.2.1 Introduction

Aroha's story illustrates the difficulties a victim/survivor faces when the offender is also a whānau member. It highlights why the victim/survivor chose not to disclose her abuse to the police and how she instigated a whānau process of healing through disclosure and open discussion with the offender. Central to her sense of recovery is her experience of engaging in ACC counselling, which has supported a successful recovery process, not only for her but also for her whānau.

3.2.2 Background

Aroha identifies ethnically as Māori and lives with her two children. At the time of the interview she was in her 30s and described herself as heterosexual. She was in her 20s when she was first assaulted, and was single without any children. She was living with her whānau and worked full time.

3.2.3 The experience of sexual violence

The sexual assault took place in 1998 at a friend's house. A close male member of Aroha's whānau (the husband of a close relative) was identified as the offender. Two other sexual offences followed on separate occasions when the offender was under the influence of alcohol. Aroha chose not to disclose the assault to the police because the offender was a close family member, and she wished to protect his female partner (her close relative). Consequently, she was not involved in any police or court procedures and did not have a forensic medical examination. Aroha was afraid to disclose the sexual assault because it would *'crush [offender's partner and close female relative's] heart ... I tried to take it to my grave but I didn't quite make it'*.

Impact and coping strategies

Aroha used alcohol and other drugs to self-soothe, and she became involved in unhealthy relationships where domestic violence was present. She would drink and drive and developed promiscuous behaviour as a result of the sexual assaults.

What did I do? I allowed myself to be a victim for years ... not just of this abuse but of other abuses as well ... I was putting up with being beaten every week ... for years.

Drinking affected Aroha's ability to work because she was hung over for several hours each day. On reflection, Aroha stated the coping mechanisms were 'distracting' and 'destructive'.

Being in a low socioeconomic area ... there's a lot of like-minded people around; battered and struggling with their own issues, using the same coping strategies as I'm used to so it's an opportunity, [there's] ample opportunity [to self-soothe].

Disclosure and confronting the offender

Eight years after the sexual assault Aroha disclosed the assault to her partner as she 'trusted' and had 'confidence' in him. She was hoping to gain some relief from the trauma she was experiencing. Aroha also wanted to alert her partner to the offender, who had re-entered their lives and their intimate 'circle of friends and whānau'. She wanted to *'calm her partner's insecurities'* towards the offender. However, her partner was incapable of providing the support she needed and used the information about the sexual assaults as leverage against her ('a weapon'). She felt as though he reacted to the information in terms of how it affected him and was not able to consider how it affected her. She stated the disclosure *'fuelled the fire'* ('insecurities') in the relationship and the relationship ended.

Eventually, Aroha disclosed to the offender's partner (her close relative) but the disclosure was unhelpful as the whānau member felt *'confused'* and wondered *'what was expected of them?'* Aroha questioned her expectations around disclosure and realised she had wanted her relative to terminate the relationship with her partner/the offender, but this did not happen. When Aroha disclosed to her mother, her mother reacted by using the information as an excuse to forbid the offender to come into her home. Aroha reflected that this was not the reaction she wanted. She was looking for support, but these initial disclosures traumatised the whānau and they were unable to help her deal with the issue.

Eventually, Aroha made a decision to confront the perpetrator.

I finally had the courage to hit him up about it, sit down and talk to him, and he can't even remember; he can't believe his behaviour.

She felt that being able to process the historic abuse with the offender had resulted in a good outcome.

I shared all the stuff that I needed to [with the offender]. There needn't have been a confrontation and it wasn't. It was just a kōrero. He couldn't believe it and he's like really apologetic and stuff, you know, genuinely.

Confronting the offender and disclosing what had taken place was enormously beneficial in terms of Aroha's recovery. It also helped the offender and his partner to come to terms with what had happened and to address the problem. Aroha thought they were also helped by *'Me sorting it all out. I finally grew the balls you know, standing up for myself finally – being my own voice'*.

3.2.4 Surviving sexual violence

Ten years after the sexual assaults, Aroha was involved in a relationship that contained domestic violence; she was, *'in a very bad way, depressed and stuff'*. Her motivation to seek help was for her son who *'motivated [her] to be better'*. She continued to use alcohol and other drugs to self-soothe, but once she became hapū (pregnant) she could no longer sustain the usage.

Well [using alcohol and other drugs] lasted for years. But then it all stopped you see. I got hapū. I had my little man; I was breastfeeding [and] had all of that new stuff come up with my partner slinging [sexual assaults] back in my face and I didn't have those coping mechanisms anymore. So, hence, that downward spiral.

At that stage, Aroha contacted the police, who referred her to Victim Support. Victim Support referred Aroha to a Māori health service, but she felt the counsellor *'bombarded'* her with *'too much information'* and discontinued counselling after only four or five sessions. She stated she needed different tools to support her recovery. She was referred to a specialist sexual violence agency and began counselling with an ACC counsellor. Aroha was still receiving counselling when the interview took place. Attending regular counselling sessions had been possible because Aroha has a motor vehicle; otherwise, accessing counselling services would be *'impossible'*.

Reflecting on the types of things that counselling had helped with, Aroha stated the counsellor *'gave me immediate coping strategies to get me through [on] a day-to-day basis ... and medical advice ... I realised it was a journey, the entire process'*. Aroha describes herself as *'lucky'* because she found a counsellor she *'built a strong rapport with'*.

Aroha had also seen a general practitioner whom she found very understanding and supportive. She was prescribed antidepressants, which she continues to use with good results. However, she felt it was unfair to be charged for the service given the origin of her depression.

The hardest part of the recovery journey was disclosing what had happened to close whānau members. For example, Aroha said that *'saying it out loud'* to the partner of the offender was the hardest part of her recovery journey.

Key recovery tools

Disclosing and *'processing each bit of [trauma]'* and working through the impact in counselling was hugely important for Aroha, *'I don't hold that mamae [emotional pain] anymore'*. One of the things she learned from counselling that she finds helpful is to have fewer expectations of her whānau about disclosing her sexual abuse.

The secret is ... don't put your expectations too high ... Some people can only jump this high [indicates with her hand two feet off the ground] no matter how much you wish they would jump this high [indicates five feet off the ground]. They just can't [jump any higher], they can only jump that high [indicating two feet off the ground]. And it breaks your heart and it's so disappointing but that's just the way it is ... they're just not capable of doing it.

Positive outcomes

As a result of Aroha's strong whānau values (to protect her son) and her courage to seek help for the escalating issues (domestic violence, alcohol and other drug abuse) she was grappling with as a result of the sexual assaults, she was eventually able to access help from the police, a doctor and counselling services. As a result she achieved a sense of recovery and well-being. Through the valuable support she received through counselling she has developed confidence in herself and is alcohol and other drug free.

Aroha's courage to disclose to whānau, and in particular the offender, has restored whānau ora (health and well-being) and increased the chances of herself and her whānau being supported, unified and healthy. She stated that as a result of her disclosure and open discussion with the offender the relationships between herself and her whānau have grown stronger. *'You know, now they come and stay in my whare [house] and come and help me out in my whare and my son has a strong relationship with him as well.'*

Advice to other victim/survivors

Drawing from her own experiences Aroha stated that people have to be ready to talk and she advises that *'It's okay to talk about it'*. She would advise other victim/survivors to speak to a close friend, whānau member or an independent health professional about the sexual assault.

3.3 Toni's story

3.3.1 Introduction

Toni's story illustrates the impact of sexual violation and the support offered to the victim/survivor and her whānau by a kaupapa Māori service in a rural community. It also highlights how kaupapa Māori services can help to restore whānau ora.

3.3.2 Background

Toni is Māori and female. She has always lived in her rural community where she has whakapapa connections (ancestral descent lines) to local iwi (tribe) and hapū (sub-tribe). At the time of the interview she was 33 years old. She lives with her husband and children.

3.3.3 The experience of sexual violence

Toni was a 17-year-old student when she was sexually violated by a male relative. The sexual violence occurred when she stayed at her auntie's friend's house in a city. This was not the first time Toni had experienced sexual violation.

Toni did not involve the police because she was afraid she would not be believed. She also wanted to protect her whānau from being negatively affected and felt the experience was her fault. Reporting was complicated by the fact the offender was a relative. Toni was not involved in any police or court procedures and did not undergo a forensic examination by a medical examiner.

Impact and coping strategies

The impact of sexual violation had a huge impact on Toni and her whānau. Toni was unable to face what had happened to her, *'I just blocked it all out as if it never happened'*. However, this defence mechanism was one of the hardest things to overcome on her recovery journey.

At the time I thought [blocking it out] did [help] but I couldn't see the effects it was having on everyone else – my behaviour. I didn't ... realise I had a problem; gambling, the drugs, the alcohol, sleeping with every Tom, Dick and Harry. I thought it was normal ... the lying ... being married and like sleeping around. What happened to me?

Toni used gambling to self-soothe, but it soon created financial problems and it affected her relationship with her husband. Issues related to problem gambling soon led to domestic violence.

I just blocked it [sexual violence] out. [My husband] just knew that there was something wrong; not right with me. But I couldn't see it. I just blamed him ... He'd get very angry ... We had violence in our relationship ... because at the time I didn't know what the problem was. So how could I go and see someone and get help when I don't know what I'm getting help for?

Disclosure

Toni was referred to the local hauora (Māori health service) after she met a counsellor from a specialist sexual abuse agency. The counsellor and Toni had attended a hui on a marae to support people with gambling problems. The counsellor did not live in the same location as Toni but visited Toni at home.

I met her and she come into our home and [I] just got talking and it just came out ... After so many years it just fell out. I didn't go into depth or anything just that little bit of what happened.

After 15 years, Toni was finally able to disclose. The first and subsequent sessions with the specialist sexual abuse counsellor took place in her home. Disclosing was a critical step in her recovery journey, 'Because she [the counsellor] actually listened to me, didn't judge me, yeah ... [She] believed me. It's just someone listening'. This support enabled Toni to disclose what had happened to the rest of her whānau as well.

Toni's children were negatively affected by their parents' situation as they were exposed to domestic arguments. The disclosure of sexual violation also affected other people, especially Toni's father.

Well my Dad's a quiet man and like he loves the Lord but he couldn't even pray after it come out. He just sat there and he was just like gone, [my husband] was in a world of his own. I could see it in his face, the pain, the hurt.

The disclosure also brought about other disclosures from whānau members, which pointed to the cyclical nature of abuse within whānau:

[M]y Mum was there with one of her cousins and they said 'You know that happened to both of us when we were growing up' ... now I look back and I can see my Mum's behaviour [and] how she was when I was growing up. She was a very hard woman. And I think in [some] ways I was heading that way too.

3.3.4 Surviving sexual violence

Kaupapa Māori service support

Local kaupapa Māori health services provided Toni and her whānau with home counselling support. Counselling was critical to Toni's recovery.

Because once I got it out with [the counsellor] ... and the depth of it ... I felt strong enough to tell my parents ... Just [the kaupapa Māori services] being there really ... when I needed them. If something came up that I hadn't disclosed and [it] just automatically came to me when I was asleep or something I could always ring them ... Usually if I rang [the counsellor] she'd come and see me ... Just a friend, you know, counsellor, friend ... It was just good to unload, just keep unloading.

Positive outcomes

Toni stated that the critical aspect to recovery for her whānau was the counselling support the hauora provided for the whole whānau. She received home counselling

for 'well over a year and even now I still ring her'. Counselling also helped Toni to address domestic violence.

I don't think [my husband] expected something like that [the disclosure]. [He was] a bit shocked; it answered a lot of questions to my behaviour ... My husband and my relationship is awesome now. For the last two years, it's been violence free. [I] can count on one hand how many times I've argued in the past two years ... Yeah it's opened up communication, bringing [the experience of sexual violation] out. We can now communicate to each other; we can actually listen to each other. So yeah, a lot of positives have come out of it ...

Toni has also noticed an improvement in her ability to parent her children as a result of having support from hauora services.

I think I'm spending a lot more play time with my kids than I used to. Whatever they want to do, I'll get up off my butt and go and do it with them ... I was like a robot [before], 'Come and get this clean!' ... Everything had to ... be perfect! Now I don't care if there's a mess; before I used to stress out about it ... There's a lot more freedom.

One of the most important outcomes of counselling support was Toni developing increased confidence and self-esteem.

I'm starting to get a backbone. Well, I was the type of person that anyone would say 'Do this, do that – jump'. [I would say] 'How high?' I just did it ... just let everyone walk over me. But now since I've come out [about the sexual abuse] I'm growing a bit stronger where I can actually say 'No' now. Yeah. I'm not afraid to say 'No'. See, it's all good, you know, it doesn't hurt to say 'No' sometimes. Because it was wearing me out physically, mentally, jumping for everyone else [it was] never about my own family. Everyone else's [whānau], except my own.

As a result of having counselling support, Toni now reports feeling empowered to make positive life choices for herself and her whānau.

I just tell myself 'Yes it happened'. I use it as a stepping stone now to climb up above it ... I try not to dwell on it ... once I'm fully healed [I hope] that I will be able to help others, just being an ear for them. You know to share my experiences. How I got through.

Advice to other victim/survivors

When reflecting on what advice she had for other victim/survivors Toni said she would tell people that 'Blocking it out don't work!'. She suggests they should find someone who is 'a good listener' pointing out that it is important '[them] just being there when you're down ... Knowing someone's there; you can pick up the phone and know that someone's there. Someone will be there for you'. She also suggests it would be useful to provide informal forums where victim/survivors could meet to discuss common issues, 'It might help if you're in a group or something and you could just give your story [and] what you've been through'.

3.4 Lani's story

3.4.1 Introduction

Lani's story shows the difficulties Pacific victim/survivors face when the offender has been a family member and living in the family home. Neither family nor Pacific providers were part of Lani's healing process; instead, support was provided by a Palagi (European) counsellor and a Palagi church minister who were '*non-judgemental and simply listened*'. Lani had been subjected to sexual abuse by a close aiga (relative) in her childhood and this had made her highly vulnerable to later acts of physical and/or sexual assault.

3.4.2 Background

Lani is Samoan and lives with her two children. She was in her early 40s at the time of the interview and working full time. Lani was aged under 15 when she was first abused, an experience that '*set the pathway for my whole life*'.

3.4.3 The experience of sexual violence

The incident under discussion took place in the late 1990s, but Lani did not seem able to focus on that incident, returning instead 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 and other drugs and promiscuous behaviour in an effort to erase the feelings of uncleanness that originated from the initial experience. Lani had not reported any of the assaults to family members or the police because she had wanted to protect the family and because '*I thought it was my fault*'. As a result, she had not been involved in any police or court procedures and had not been examined forensically by a medical examiner. However, stamped in her mind was the night when her mother, sensing that something was not quite right in the household, had sat her down and asked, '*Is it true?*'. '*But all the time*', she said, '*Mum's eyes were pleading with me to say "No, everything is okay"*'. Lani said '*everything is fine*'. While her mother had been relieved, Lani became angry, and this anger was still evident.

Impact and coping strategies

Lani said she came to be the life of the party, the Mongrel Mob girl,¹⁴ but inside she '*was grieving*'. She became well known in New Zealand and Samoa for her notorious behaviour and the fact 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. She married a man, who she said was '*as mixed up as I was*', and had two children. In her marriage, Lani found the line between physical and sexual violence to be a very fine one.

14 The Mongrel Mob is a New Zealand gang formed in the late 1960s and early 1970s.

Key recovery tools

Several incidents turned Lani's life around and eventually she disclosed the violence. First, a police officer who was called to a gang fight Lani was involved in had looked at her and asked '*Lani, what are you doing here?*'. That made her think. Second, the local Samoan minister, a small man, had come to the gang house and faced the huge gang members and asked Lani to come home. Third, when Lani 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 was discharged with the requirement that she attend counselling. She had thought '*Okay let's just go through the motions*', but she found a counsellor who had sat and listened and become a friend. As they talked, Lani realised that she had wanted to '*Share her burden for a long time*'.

3.4.4 Surviving sexual violence

This small beginning opened Lani up to other acts of kindness. For example, she went to church, which she had not done for a long time, she was dressed quite roughly in party clothes from the night before. After the service the Palagi minister had greeted her, '*What's your name ... shall we have lunch?*'. Lani said she was '*so mucked up*' that she interpreted those words as '*So he wants a bit of me?*'. But she went and found both the minister and his wife waiting for her. They just talked ordinarily and bit by bit in the following weeks Lani had begun telling her story. There had been no judgement from the minister, he just listened and helped her unburden.

Confronting the offender

As she became stronger, Lani realised she needed to face the man who had abused her first. She went to his house with one of her cousins. This was very hard. When she walked in he looked at her and welcomed her as if nothing was wrong. She just said, '*I have come here for a reason. Remember me? I am that little girl at the top of the stairs*'. Lani's action subsequently led to great family heartbreak, with the police being informed and the offender imprisoned. For her, the saddest thing was finding that her silence had not protected others from this family member. She had not been the only one he had abused.

Positive outcomes

Lani became more open to her friends' efforts to support her and her children. For example, one friend rang to ask whether she had seen the advertisement in the paper for a social worker's job. Her friend's faith that she could do that job made her think, '*Is that how others see me?*'. This was especially poignant as her parents still thought of her as bad. Lani went for a job interview; secured the job and enrolled in and graduated from a training course. At the time of the interview, she was working at a family centre. Lani's survival involved small steps over time. At the family centre, she is now the listener and she '*tries to keep young girls especially safe*'. Police routinely drop in to the centre to see how things are going and ask her advice. Lani supports mothers to speak out and protect their children from abuse, especially by male family members.

For many of us Pacific people, it's people coming from home. I took it [the abuse] to save my other sisters and cousins. Here at the centre we get quite a few young girls whose mothers aren't reporting the males – not the fathers ...

Advice to other victim/survivors

Lani is still working at surviving, although she has a sense of closure after confronting her abuser. Her advice to others is '*That it can change ... it is possible. Be careful... but there is always a bridge to change*'.

3.5 Victoria's story

3.5.1 Introduction

Victoria's story illustrates how a history of sexual assault affected Victoria throughout her life. The sexual abuse began in childhood and continued into adulthood, when the perpetrator was a serial rapist.

3.5.2 Background

Victoria, a professional New Zealand European woman, has a lifelong history of abuse. She was single and in her 30s at the time of the interview and lived with her children. The eldest of five children, Victoria was brought up in a very religious family. Her father, a church elder, was physically abusive. As a child, Victoria was sexually abused by her friend's older brother. She did not tell her parents about the sexual abuse, because she believed they would blame her, and she was afraid of her father.

3.5.3 The experience of sexual abuse and involving the police

When Victoria was 16, she was raped in her bedroom by a stranger who broke into the house. At the time her parents were overseas and a couple from the church were caring for the children. She told them she had been raped, and they called in the church minister, who then called the police.

The minister told the police that I was a slut and that I probably got myself pregnant, and that I was not to be trusted. They took me back to the cells, I think it was a cell. There were three burly policemen standing around. I was in a chair at the middle of this, and they were just at me and at me to tell the truth. They didn't believe me. They, in fact, threatened to make my life a misery.

A few months later, the rapist returned. Victoria had moved to another bedroom but the rapist found her again.

Everyone kept asking me why I didn't scream. When he came back the second time, I tried to scream, but I made a choking sound, which is what woke Dad, and he came into the bedroom. Dad chased him out of the house, but he got away as he had pulled furniture in the way of Dad. Mum went to phone the

police, but I threw the phone down, I didn't want to go through all that again. So Dad held me down while Mum phoned them. The police were right there on our doorstep with tracker dogs because he had just raped another girl around the corner and the dogs had tracked him to our house.

This time the police believed Victoria; she was the first and fourth victim of a serial rapist who continued to rape young women in the city for many months.

It sounds horrible, but it was good that he did come back the second time, because I was validated. It was the first time they believed me.

3.5.4 Going to court

The rapist was eventually caught, and Victoria became crucial to the trial. She had to give evidence and found the whole process extremely traumatic.

It was very traumatic; it took me back to square one. That was horrific having to see him in front of me, and his mother screaming at the back of the court, calling me all the names under the sun until the judge cleared her from the court. And the fact that the defence lawyers twisted everything. And it was reported in the paper that I encouraged him to my bed. It was really awful.

The rapist was convicted and spent nine years in prison.

Victoria was not offered any form of counselling or support, and stated that she would have got over the experience more quickly if she had not interacted with the police or attended court.

I think it sounds bizarre, but the actual rape wasn't as bad because I'd been abused as a child and knew how to dissociate, so the rape wasn't as horrendous as all the treatment I got afterwards.

3.5.5 Surviving sexual violence

It was 10 years after the trial that Victoria first received counselling. She was married and carrying her first child when the rapist, who had been released from prison, began to make obscene phone calls to her home. The police issued him with a warning, but said there were no charges they could lay. Victoria saw a photo of the rapist in the paper doing roadwork, and not long after that she thought she recognised him working in a road gang in her street.

I had a brand new baby, and I was crawling around the floor of the house. I was too scared to go out and too scared to stay home. I sat in the wardrobe for about four days straight. So that is when I first got connected into counselling. It was ten years later and I was 26.

Victoria did not find the counselling useful and was unable to stay alone in the house at night. When her husband worked night shift she packed up her baby and went to stay with her in-laws. It was not until her second child was born that she contacted a specialist sexual violence agency.

I went to a support group for a while. But it was down a back alley, and up some external fire stairs. It scared the shit out of me, because it was night support group meetings.

A further ten years later, when Victoria was 36, she had a 'melt-down' and went to counselling with her husband.

But of course there was no diagnosis of [post-traumatic stress disorder], or what was going on with [my husband] and [me]. I always thought the way I was with him was because [of] what happened previously. But now I know different. He had no respect for me, no never means no to him. With him, 'no' means 'yes'. It was rape.

Throughout her life Victoria did not get the support she needed. When she was a child she did not disclose her abuse. When she was raped at the age of 16 the only support she got was from her then-boyfriend's mother.

I had incredible support from my boyfriend's mother and his family, and I think that was what kept me going. She has been my mainstay through life since then. And I have been there for her, too.

When she was being raped by her husband, Victoria did not talk about what was happening because she felt 'quite stupid and ashamed'. She had no support from her family, and continued in her marriage. Victoria and her husband split up in 2007. She said that she had been through so much she did not want to report to the police; she just wanted to move on with her life.

Key recovery tools

It was not until Victoria was completing a counselling course at a polytechnic, when she was in her 40s, that she got the support she needed.

It was when I started at tech that I got the therapy that I really needed. We were discussing [post-traumatic stress disorder] in a personal development class, and I said 'Isn't that normal, doesn't everybody do that?'

Victoria does not feel that her healing is complete, and thinks she may never be totally healed.

I don't think that anyone really does fully heal. It is so imprinted in you, it's like childrearing. You know when you have something of that magnitude happen to you. I've come a long way, but I think it is like learning in life – it is never done.

Positive outcomes

Victoria now works as a counsellor, and believes she has found her vocation. Her experiences have given her a lot more understanding and empathy for other people. However, her personal journey continues.

I think that throughout my life, I have had no knowledge and no power. Somebody said to me 'Victoria, you've got to reclaim your power'. I said 'I've never had it to begin with. How do you reclaim something you never had?' But it is learning to find it, and knowing that you are entitled to it.

Advice to other victim/survivors

Victoria's advice for others who have had similar experiences of sexual assault is to believe in themselves.

Believe in yourself and you will come through it. You know what is right and what is wrong. Rape victims need understanding, empathy and education – you need to find your own power and know that you are entitled to it.

3.6 Anya's story

3.6.1 Introduction

Anya's story illustrates how, despite a negative experience with the criminal justice system, there can still be positive outcomes for a victim/survivor on the road to healing and recovery: in this case a desire to become an advocate for other women experiencing sexual assault. The perpetrator was part of Anya's circle of acquaintances.

3.6.2 Background

Anya is a New Zealand European woman in her 30s who works full time. She is single and lives with her two children. Anya was sexually assaulted for the first time as a teenager, and was dealing with issues related to this through counselling, *'I'd worked through a lot of issues and come a long way and then [the assault] happened'*.

3.6.3 The experience of sexual violence

This assault happened two years before the interview, in 2006, when Anya was a student. There had been a birthday celebration at her 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, my girlfriends. [The perpetrator] wasn't to stay the night. And I went to bed and they said he had gone to the toilet and didn't know where he'd gone and he'd come in my room and someone had found him and I don't know if he put something in my drink, they never checked but I only have a segment of a memory. Like a flash of something and woke up with no pants on and stuff.

Anya told her friends what had happened the next morning and they advised her to go to the police. They accompanied her to the police station but she was unsure that 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'.

3.6.4 Involving the police

Anya remembered phoning her counsellor who came to support her and brought another support person from Rape Crisis. These two women supported her through the whole process involving the criminal justice system. Anya was a little hazy about what happened next and could not remember what happened first: the forensic examination at the hospital or reporting at the police station.

This process took all day and although Anya was disconcerted at having to deal with a male detective she subsequently described him as *'just so lovely'*. This same detective saw her case through to the end. Anya was satisfied with her treatment by the police and the Doctors for Sexual Abuse Care¹⁵ doctor, although the whole experience was traumatic.

I wanted to be sick. I just kept wanting to be sick, I wanted to vomit. I actually did vomit at the hospital. I was shaky ... everyone said I looked so terrible, so pale. It was such a horrible experience ... I just wished I hadn't had to go through the whole thing you know? But they were very nice, they were all very nice to me and I felt really supported.

Anya said she was glad she had gone to the police because she subsequently heard of two other women she knew who had been sexually assaulted by this same person and had not reported to the police. However, reporting 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 and I had to finish my degree and try and study and go through a court case.

3.6.5 Going to court

Anya's experience of going to court was less positive than the initial support she received from police and the forensic doctor. When the accused was on remand, Anya and her friends would attend court but were told to stay away.

Yes we were told to stay away, it looked like we had a morbid interest in the case and that, this really bugged me. That was the one thing that bugged me, to be told by the police I had a morbid interest in the case and that it's not helpful.

She found this confusing and contradictory as she had received at least two emails from the court victim adviser stating the date of the pre-depositions hearing and informing her that the complainant had a right to attend.

I assumed that is what every other woman would do – attend. However, it never happens as it is discouraged.

15 Doctors for Sexual Abuse Care is a New Zealand professional organisation of doctors from many disciplines. The organisation's focus is the education and support of medical practitioners to ensure the maintenance of internationally recognised standards of best practice in the medical and forensic management of sexual assault.

Anya was hoping the accused would plead guilty, so she would not have to be involved in a trial. She described the period before the trial as *'just waiting and it's awful'*. She commented that although she felt physically prepared to go to court she was very anxious because she knew the trial would be reported in the local paper. She was also constantly told not to expect a guilty plea.

Don't expect a guilty [plea or verdict] because statistically it's not going to happen. And I knew it wouldn't, deep down I knew it wouldn't but at the end of the day I knew it was the right thing to do.

The accused was found not guilty at trial, which angered Anya.

Angry, I felt so, so, so angry. You know but we got told and we went into this little room. We were crying and upset and everyone was crying and for one minute I looked around and I thought I'm so lucky, I have got all these people here that really care and the detective was there and he was nearly in tears. He was gutted and I just thought, I didn't want to see everyone sad. It was so horrible.

Her experience led her to feel that the court process might not be the right approach for everyone who has been raped.

Me personally now, if I knew someone that had been raped and they were going to court I would really say to them what are their reasons to do this basically. My reasons were because I wanted him to be accountable and I think I was strong enough to go through it. But I've seen people that it's broken and I would really, I don't know if I would encourage anyone to go through it. I really don't. I don't know.

3.6.6 Surviving sexual violence

Impact

After the assault Anya was prescribed antidepressants and sleeping pills. She had insomnia and could not face sleeping in the bed where the assault had taken place. However, she was able to replace her bed through insurance. She was continually scared that the perpetrator was going to come back, *'Not that he was violent, like I had no bruising or anything'*. The assault had both physical and psychological effects on her; her personality changed

I had diarrhoea constantly ... I had anxiety

My personality totally changed from meek and mild to I was angry all the time. I was angry at [everyone]. I was angry in class. I didn't take shit from anyone. I went from this person that just was easy going to just very, very outspoken and angry. I didn't trust; I was very sensitive and would take everything the wrong way.

At her lowest point she contemplated suicide, but called a friend for support.

I had a friend come and stay. I said 'Can you please come and stay'?. I didn't have the kids there and I woke up at 2 o'clock in the morning and I just thought my life is over ... I don't want to live ...

Anya states that the not guilty verdict was the hardest part of the recovery process for her. And it was this that guided her decision to become involved in working towards change for women who have been raped.

Anya was adamant that she would not let her experiences define her.

No. Oh it's, I think it's going to be ongoing. Like I feel like I'm really doing so well. Like I said me helping to help other people is what's helping me, yeah. I tried to do a group thing like I had a group meeting here with some women and it was all about rape and like people that have been sexually abused and how it made them feel and I can't deal with that. I could not sit around with a group of women and talk about how it's impacted. Like hearing how it impacted their life, I was like oh that's not going to impact my life like that. Just, I don't want it to.

Key recovery tools

Anya felt her recovery process was ongoing, but that she was doing well. Counselling and Rape Crisis support had played a big part in her recovery process, and being able to help other people was also helping her. Anya also talked about the importance of not judging yourself too harshly.

And I tell myself I've done well. I just think 'Anya you've done so well'. When I get down on myself I think, 'you've done so well'.

Although Anya said that support from her friends enabled her to get through this experience, not all her friends supported her. Some were critical of her drinking habits, which they felt had been a contributing factor to the assault.

They separated from me because they couldn't deal with it. If I needed to talk about it, they were over it. They were over it. If they 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.

Anya felt that deciding to tell her son and daughter about what had happened to her was one of the things that helped her positively and brought them closer.

I ended up telling [my daughter] because she was like, 'Why are you always crying? Why are you always angry mummy?'. And I had to tell them because my son said 'You need to tell us, [we know] something's wrong'. And I thought, I did need to tell them. And he said, 'Oh Mum, I'm so proud of you going to court!'. And it was the best thing telling them. But we're really close yeah.

Positive outcomes

Anya thought, despite the court outcome, lots of positive things had come out of the whole experience for her, although there were times when she had to try to remember that.

Oh. I'm so much more stronger as a person, yep. I've got more passion for things. I know what I want more. I just, I don't know, just so many. I like who I am more now.

Advice to other victim/survivors

Anya's advice to others was to not let the experience define their whole life.

It's hard because everyone's got different needs and different ways that they recover. I mean I would just like people to think; don't think it's going to define your whole life. There's one moment that is awful and it can go on for months, it can. But it is not all of who you are and just if you can look like four years down the track – I mean I'm still not four years down the track, I'm only two – and see that you've done the right thing and not to give up. And life does get better. It really does.

3.7 Amy's story

3.7.1 Introduction

Amy's story illustrates how predatory men target vulnerable women in ways that make it difficult, if not impossible, for their victims to access the criminal justice system and obtain appropriate levels of support. It also demonstrates the need for treatment and counselling services to be holistic in addressing not only the effects of rape per se, but also the context in which the rape occurred. In Anya's case, the perpetrator was a man who raped her the same night he met her in a bar.

3.7.2 Background

Amy identifies as a young, New Zealand European, heterosexual woman with a history of sexual violence. At the time of the interview she was living with her parents and young son, and was on a welfare benefit. Amy identifies as having a disability in the form of ongoing depression and alcohol and other drug addiction. She said she had experienced up to 20 sexual assaults since turning 16 years old, five of which she felt had left lasting impressions on her. The incident she spoke about in the interview was the most recent rape, which occurred in 2006.

3.7.3 The experience of sexual violence

Amy saw her history of sexual violence as closely related to her history of alcohol and other drug abuse. The multiple sexual assaults and rapes she had experienced over many years typically occurred after bouts of heavy drinking and/or drugging. She was moving on with her life and had been doing well when she went on a family holiday in a summer resort town. Her father and stepmother dropped her off at a local pub for the evening, where she was befriended by a bartender. The rest of that night is a blur until she woke in a hotel room minus her jeans. Her father had tracked her down, and she had no recollection of how she ended up there. Then Amy began receiving phone calls from the bartender.

He kind of stalked me and rang me up and I knew the circumstances were very dodgy so I pushed him for information. And I did have a flashback and my father was able to tell me where he found me, and the circumstances he found me in,

but it was too late. He didn't tell me in time. [The perpetrator] didn't ring me for a day or so, so the drug had been pushed out of my system.

3.7.4 Involving the police

Amy was terrified she might be pregnant and sneaked out to see a doctor. She said she was 'cracking up' by then, and the doctor advised her to go to the police. This prompted Amy to talk with her stepmother about what had happened, and together with her stepmother and her father she went to the police.

I had been doing pretty good up until that incident. I was doing alright, I hadn't been sexually abused or raped for some time and when it happened again he was a bartender in a position of power. I decided that it was time for me to take a stand and not let this sort of thing pass any more.

Amy was afraid the police might not believe her. At the time she was feeling anxious, stressed and 'very, very, very low' and found the officer very 'businesslike, just doing his job'. She says she would have preferred talking with a female officer rather than a male officer.

Somebody with a little bit more warmth, rather than cold hard facts and staring at you. Yeah. It kind of doesn't really help the situation.

At the police station Amy gave her statement while her father and stepmother were separated from her so they could each be interviewed. She said she was still feeling dazed but thinks the police asked if she wanted Victim Support to contact her. They said they would talk with the offender and get back to her.

More than a month passed before she heard anything further from the police, and throughout this time she had been fearful about what else the offender might do to her.

I just had this fear going because I knew [the police] were going to find him and I thought he was still following me and so it would have been nice to know whether they'd been contacting him just so that I'd feel a bit more on guard...I thought he might call me and harass me. I would have hung up but it would have still got to me.

She wishes the police had contacted her earlier given how difficult it felt waiting for updates and information. She also would have appreciated some validation and 'praise' for coming forward, although thought the police might leave the 'warmer' side of things to Victim Support. When she finally received the letter saying no charges were to be laid against the offender she was 'devastated'.

I felt like it was forgotten about. I wanted him to be locked up. I didn't want him to be able to hurt anyone again.

3.7.5 Understanding why the rape happened

Amy was certain she had been drug-raped. Although on numerous other occasions she had taken large quantities of alcohol and other drugs and been sexually

assaulted, this time felt different because she had consumed so little – this time someone else had drugged her for his own benefit.

I think he was drugging girls' drinks and taking advantage of females on holiday quite easily. He was abusing his position of power because he was buying the drinks. I bought my first one, he helped me buy my second one because I didn't have enough money and I came back from the toilet and my third drink was there and it wasn't long after that that ... He was putting a lot of attention on me too, making sure I had a chair at the bar, trying to keep me away from everybody else. Dangerous guy ... I was sure that he would repeat offend and I knew as the days went by that I was having a drug come down. I knew what that felt like, otherwise I might not have known easily. I'd have these blackouts, wake up and not be able to do anything about it.

3.7.6 Managing the impacts

Over the next few months Amy tried to manage her feelings while her 'family life was falling apart'. She was caring for her grandmother, who died during this time, then her grandfather had a heart attack and died too. It was while she was at her grandparents' that a phone call came from Victim Support.

It wasn't really a good time for me to talk to them. I just told them I was fine. I just brushed them off actually.

At the same time Amy said what she really wanted was for someone in her family to take notice of her and ask her how she was doing.

It would have been nice to have had, I don't know, someone looking out for me, someone asking me how I was. Trying to pull me out of my head where I was going which wasn't a good place to be at the time. So if someone had just asked me how I was coping – but nobody asked me how I was coping. I was pretty much just brushed off and the focus was on grandma ... If anyone had just asked me 'how are you coping with that' it would have been helpful.

She felt it would have been useful for her family as well as herself, if they had been able to access their own support and counselling or even have another survivor speak with them.

Maybe if someone who's been raped was able to talk to the people around and give them an idea of how it's affected me, how it made me feel and what they can do to help. To give them some understanding that they don't have. That would be good, then I wouldn't feel so lost and alone really, because no one understands.

After her grandparents died, Amy went to see the doctor, told him what had happened and was referred to an ACC counsellor. Amy described how the drug-rape incident affected her life and her young son's life.

It dredged up a lot of my past sexual abuse. It shattered my security because I had been doing quite good and I thought that the behaviour of my past was behind me. So to have it happen again when my life seemed to be on track, I fell down quickly after that. I think I had felt a bit of safety returning to my life

and then I felt it had gone ... I started drinking heavily and using marijuana to get to sleep. I forced myself to eat because I had to get up early for my two-year-old son and try and be a mum through the day when I still had a hangover. Yeah, my behaviour changed without me knowing it.

Amy felt so low that she was at risk of self-harm but said, although she did not really want to live, she would have never attempted suicide because of her son. She felt he became quite distressed after she was raped and was demanding that she comfort him more at a time when she found it difficult to do that. She also said the incident affected her father. He knew Amy used to drink and black out, and the night she was raped he kept calling her cell phone until it was answered – by the offender. The offender told him where he could find Amy, and he went and collected her – she was still unconscious. It was not until a couple of days later that he talked with her about it.

He basically gave me the heads up on how he found me and then the guy rang me, so Dad and me are not so good. To this day I still wish he'd just carried me, taken me straight to the hospital, because if he had they would have drug evidence. But he just thought I'd just dumped myself again.

Amy felt hurt that her father had not trusted her and thought she had 'done it to herself'. She said her own behaviour deteriorated as she turned back to alcohol to help her 'feel better for a little while'.

I stole alcohol from the supermarket. I knew it was wrong and eventually I told them but in my head I just decided I was going to do it, nothing was going to stop me.

She began a relationship with a man, but it did not last long.

It wasn't really the right time for me to try to see somebody. I was struggling with it, and crying after sex and getting edgy with being touched by him ... He was very supportive but then I got to this point where I couldn't handle it, we had to break up, I just couldn't be with him. I couldn't do it physically. It was just too much for me. I did care for him, I felt he really cared and then I shut him out. So it felt like he was a victim of me.

3.7.7 Surviving sexual violence

In reflecting over what made a difference and helped the most in her recovery, Amy said the hardest aspects had involved her battles with depression and her alcohol and other drug addiction. She referred to the anxiety she felt around men generally, and said that overall it came down to her 'struggling with life really, just getting a life has been the hardest'.

Key recovery tools

What had helped Amy most in managing the effects of the sexual abuse was having a good counsellor with whom she could talk things through and develop strategies for dealing with situations. This counsellor is someone whose support Amy values highly, and was present in the room while Amy was being interviewed for this study.

She helped me to change my mentality from feeling like a victim to feeling like a survivor. Just by listening, talking, helping me work things out in my head and explaining things to me. Helping me to come up with some strategies for my life, which is great.

Amy also said it was important to be supported in working through her thoughts and feelings.

To have someone to remind me that I have done good things and that I am strong and that even though sometimes I feel a failure and that I'm broken, to keep reminding me that I haven't always been. That there have been times in my life where I've done good things, so I don't get too lost in it.

At one point Amy took a break from seeing the counsellor for a few months, then returned to counselling. She said she stopped coming because she felt ashamed when she had not followed through on the advice given and had put herself in dangerous situations again. She knew she needed to change her behaviour around alcohol and other drugs to make herself safer. Very recently she started going to a drug/alcohol group for support.

I feel I won't be safe if I don't deal with my drug and alcohol problems and they're holding me back from achieving what I'd like to achieve in counselling.

Amy said she did not think her recovery process was complete, although she did feel she was 'getting there'.

I know that for me to recover I need to sort out my thoughts and feelings and I'm a bit scared I will keep having flashbacks or disconnecting.

Positive outcomes

Despite feeling she was still in recovery, Amy considered there had been some positive benefits in her life from this experience. It had led to her accessing good counselling support and prompted her to address her drug and alcohol addiction. She also felt that she was now learning more about what makes for a healthy intimate relationship and was proud of how she was bringing up her son to respect women.

The last ten years have been a struggle but I'm a survivor and I don't have the victim mentality any more. So I'd like them to know that. That's one of the things that I'd say to women is that it's tough but you can survive it. Even though sometimes I don't feel like it, I am a stronger person for it. Maybe I can help somebody else one day. I'm still here. A bit touch and go, but I'm still here.

Advice to other victim/survivors

When asked if there was any advice Amy would give to others who had faced similar experiences to her, she stressed the importance of finding other gentle and supportive females to provide support, both formally and informally.

Get help as soon as possible. That would have helped me. If I'd have got help sooner rather than spiralling further into depression. To know there's light at the end of the tunnel.

3.8 Melody's story

3.8.1 Introduction

Melody's story has been included as an example of a context in which victim/survivors may choose not to report a rape/sexual assault to the police. It also provides an example of how important it can be to reject the label 'victim' in the recovery process. Melody was raped by a stranger. He had approached her as a prospective client while she was working as a sex-worker away from her home environment.

3.8.2 Background

Melody is a young Māori transgender sex-worker who described herself as 'drifting' when the incident occurred in 2007. At the time of the interview she was living in a flat on her own, still working as a sex-worker but also engaged in outreach work within the sex industry. She said she had experienced at least three rapes/sexual assaults since turning 16.

3.8.3 The experience of sexual assault

Melody was away from home working on Karangahape Road (commonly known as K Road, a red light district) in Auckland, when she had been picked up by someone whom she believed to be a prospective client and had taken to a car park to 'do business'; instead he raped her.

Melody immediately walked back to meet her friend and tell her what had happened.

I had no idea what to do. I was trapped in Auckland, I had no money to get home and yep I needed some help.

She felt her friend supported her by giving her a place to stay, but what she really wanted was to be able to get out of Auckland and go home.

I suppose my expectations were a little bit high because she's a junkie so her real main priority is her drugs and she was the only friend that I actually had while I was up there ... I was completely broke and she pretty much always had money for her drugs. I wanted to go home and she wanted to get another hit. So yeah, that was that.

It was hard because she had no family in Auckland, or at least none whom she felt she could approach.

I even asked her, I told her that I needed to go home, I need to be with my family and she goes, 'I'm letting you stay here, you can stay here, go and make your own money so you can get home'. She loved me but she loved her drugs more.

3.8.4 Deciding not to involve the police

Three days later Melody caught the bus home. She decided not to report the attack because of the negative attitude police had towards sex-workers in Auckland at the time. Based on what she had heard and seen, sex-workers were not treated well.

They're fast tracking a lot of front-line police, especially for Auckland, and they're rookies and they really don't give a shit about, excuse the term, whores who work on the street. They just don't even care. I mean while I was up there, the week before this sexual assault happened, there were guys like driving around throwing bottles, and driving up on the footpaths trying to hit girls and run them over. We were on the phone to the police telling them to come and there's a police camera right there looking straight at us where all this is going on. The police didn't turn up until two nights later asking us, 'So what happened?', and it was like 'Bro, you're a bit late'. They've just got no idea and they don't give a shit up there ... It's especially bad for sex-workers because I feel the attitude from the police is 'You're a sex-worker, how can you get raped?'.

Melody did not have a medical examination after the assault – she said all she wanted to do was go back to her friend's place and have a shower, *'I felt disgusting and I just wanted to clean myself'*.

3.8.5 Impact of the rape

Melody said her history of sexual abuse had started very early in life, and in some ways she blamed herself for the rape happening because she felt she *'should have known'* and been able to tell the offender was dangerous.

She also felt that this incident helped her to become stronger in some ways, and prompted her to work in an educational role with young sex workers, teaching them how to look after themselves better on the streets. Reaching this stage mentally was the outcome of Melody's healing process.

Initially, I was fully blaming myself: 'What have I done? You dumb bitch. How could you let this happen to yourself/?', you know, what the hell and just feeling down and out and in the dumps and just feeling like shit, like there's nothing worth living for. Just really feeling sorry for myself and it got to a point where it really was getting quite pathetic, where I started loving being the victim.

What she loved about being the victim was all the attention she received from those around her. She had come home and told her mother what had happened and enjoyed having people feeling sorry for her initially, until things changed inside her.

I hated it. I ended up hating being the victim and I hated people just pitying me and feeling sorry for me and it's like, what's the fucking point? I'm just this sad person that everybody feels sorry for and that's all I'll ever be if I don't fucking stop it ... I'll just be the victim for the rest of my life unless I just snap myself out of it.

By now Melody felt she was *'draining'* some of her friends. She had also been prescribed medication to help manage her depression. She decided to stop taking

the medication and look at her behaviour. She realised that if she started acting sad she would start feeling sad and began to see how focused she was on the negative side of things.

3.8.6 Surviving sexual violence

Melody went to a counsellor but only once, saying she did not like her. Her biggest support came from a 'wonderful friend'.

She was fucking fabulous, I tell you. She was the only one, no matter how I felt, every time I saw her she always seemed to make me laugh. Every time. No matter how down and out I'd make myself or how depressed I was or what have you, she always seemed to make me laugh every time. She's fucking awesome. [She] made me feel quite positive about the world, because her life's not fucking perfect. Her life's quite shit, to be quite honest, but she always seems to be positive and happy and be able to smile. Even though she's having the worst day in the world, she can smile about it and she's taught me that.

What Melody realised from talking with some of her older friends was how many of them had experienced similar sexual assaults, and it drew them closer together sharing these with each other. This also helped her to see how 'a positive can come out of a negative'.

Key recovery tools

In reviewing how she responded to the various sexual assaults she experienced, Melody felt that the hardest part of the journey for her was stopping being a victim.

Trying to stop being the victim, because I was just so used to it ... Being a victim and loving it ... and then yeah, just after the last [rape], fuck that.

She described it being almost like an 'epiphany' when she decided not to stay in victim mode, but it was hard to give up all the attention from others. One way she made the shift was by spending more time on her own, in her own space. She described this as 'me time', something she initially felt scared about having since she grew up in a large family and was used to being surrounded with people.

If I had not gone through what I had gone through I would not be the person I am today, which is, I'd say, a really awesome person. Yep. I can't think of any other adjective but awesome.

She felt that taking this time for herself helped her to become more confident and secure, and said she was now less lost and depressed than she had been before the last rape:

For me, it's made me stronger. It's made me quite a happier person. From those situations I've become a much stronger, happier person and I've become myself really.

While Melody feels she has come a long way, she acknowledges that the recovery process is not complete.

I guess it's a continuing, ongoing, healing process. People always go through things in their lives and come to hurdles and that, get over them and what have you, and it goes on for their entire life. Like I'm only 23 and here I am talking like a 50 year old!

Positive outcomes

One positive outcome Melody talked about was how she feels this experience prompted her to become more 'straight up' as a person.

I used to be a real phoney bitch, like put on this real big fucking façade and you know, I was this person living a lie pretty much. And then yeah, I'd just had enough. Just be myself, you know. So, quite a few positive things to come out of, yeah, these situations ... I command a lot more respect now from people.

The rape served in some ways like a 'wake-up' call and one outcome has seen Melody moving more fully into a support and advocacy role with other transgender sex-workers. In some ways she feels quite 'motherly' towards them, acknowledging as she says this that they may be the closest she gets to having children. Doing outreach work with them is one way she feels positive – doing something useful and promoting their safety and well-being.

I want to do something that's actually worth saying I'm doing ... I'm always trying to like encourage the girls, you know, that there are other things outside of the street. There's more to this world than having sex with men for money ... It's like, come on girl, there's a lot more to this world. Yeah. I mean like my entire life I've always wanted to be – I want to be a pilot and I've always wanted to be a pilot. I just fell into sex work accidentally.

Advice to other victim/survivors

Melody struggled to offer advice to other victim/survivors of rape/sexual assault.

Everyone's different ... Like I can't give general advice, you know, I certainly can't be general with that subject or anything like that. To a transgender person I tell [them] 'me time' is always good. But if they've got family who support them, family always helps. Yeah, people that they trust and they can talk to; people who won't judge them and have love for them.

Part three: Research findings

4 Experience of sexual violence

4.1 Introduction

Victim/survivors' experiences of sexual violence can be shaped by the environment in which these experiences occur and whether they know their offender. This chapter describes where the assault took place, the relationship to the perpetrator(s), who victim/survivors first disclosed to, and their reasons for disclosing at that particular time.

4.2 The assault

Research participants (n=75) were not asked to describe the nature of the sexual violence they had experienced, but they were asked questions relating to their assault. Their responses are set out below.

4.2.1 Location

Table 4 shows that more than three-quarters of the assaults took place in an environment familiar to victim/survivors: their home; the perpetrator's home, or the home of a friend or family/whānau member. The possible reason for this becomes clearer when we discuss the relationship between the victim/survivor and offender. However, almost one-fifth of participants (including the six who said they did not know the offender) reported that they had been assaulted in a public place, including in cars, in a car park, in a park and on the street.

Table 4: Where the sexual assault occurred (n=74)¹

Place	n	% ²
Own home	47	64
Public place ³	13	18
Perpetrator's home	5	7
Family/whānau or friend's home	4	5
Bar, club, nightclub, hotel	2	3
Other ⁴	3	4

Notes

- 1 Data were missing for one respondent.
- 2 Percentages do not total 100 because of rounding.
- 3 'Public place' included three respondents who were assaulted in cars (including a taxi) and one who was assaulted at a school.
- 4 The 'other' category included a gang pad, an empty house and a stranger's house.

Most participants (89 percent) reported that they were assaulted by a single perpetrator, three were assaulted by two perpetrators, and three were assaulted by more than two perpetrators.¹⁶ All but two perpetrators were men.

4.2.2 Perpetrator

Almost all (n=69; 92 percent) participants knew or could identify the person or people who had sexually assaulted them; they knew them personally or as someone they had seen ‘around’.¹⁷ The nature of these relationships is set out in Table 5.

Table 5: Nature of relationship between victim/survivors (n=69) and known perpetrators

Relationship	n ¹	% ²
Ex-partner	17	25
Current partner	14	20
Family/whānau ³	10	14
Acquaintance	10	14
Friend ⁴	7	10
Family friend	5	7
Employer	2	3
Neighbour	2	3
Other ⁵	3	4

Notes

- 1 Numbers do not total 69 because one respondent described two perpetrators – one as an acquaintance and the other as a friend.
- 2 Percentages do not total 100 because of rounding.
- 3 The family/whānau mentioned included fathers/stepfathers, sister’s boyfriend, brothers and cousins.
- 4 ‘Friend’ included one respondent who was assaulted by three school friends who offered her a lift home when she was drunk. At the time her memory of the incident was hazy and she only found out who her assailants were about a year later.
- 5 ‘Other’ was made up of perpetrators in the community who were familiar to the victim/survivor and a perpetrator whom the victim/survivor had ‘met that night’ but who she could not remember meeting.

The sexual assault of more than half (n=41; 59 percent) of the victim/survivors in this study can be categorised as ‘family violence’ because of the nature of their relationship with the perpetrator (i.e. current or ex-partner, family/whānau). Only six out of 75 could be categorised as ‘stranger’ assaults, including one sex-worker who had been attacked by a client.

16 Two participants reported three perpetrators and another reported six. Māori victim/survivors were more likely to be in the group that reported more than one perpetrator (see chapter 10).

17 This was true for all ethnic groups.

The data in Table 5 allow us to hypothesise that it was common for victim/survivors in this sample to have been sexually assaulted by someone with whom they could expect to have a relationship of ‘trust’: the majority had had, or were, at the time of the assault, in a close relationship with the perpetrator.

4.3 Initial disclosure

Research participants were asked who the first person was they told about the sexual assault. Their responses are set out in Table 6.

Table 6: Who victim/survivor told first (n=74)

First person told	n ¹	% ²
Family/whānau ³	20	35
Friend	19	33
Counsellor ⁴	11	19
Police	7	12
Partner	4	7
Doctor/psychiatrist	4	7
Lawyer	3	5
Colleague	2	4
Women’s Refuge	2	4
Specialist sexual violence agency	2	4
Church leader	2	4
Other ⁵	5	9

Notes

- 1 One respondent did not tell anyone about the assault until the police found out independently and visited her house. Numbers do not total 74.
- 2 Percentages do not total 100 because multiple responses could be given.
- 3 ‘Family/whānau’ were usually female members of the family such as mothers, aunties, cousins, daughters or sisters.
- 4 Multiple responses usually included a counsellor and another such as a medical professional, friend or family member.
- 5 ‘Other’ included a teacher, passer-by, fellow guest at a hotel, and fellow support group member. Data were missing for one respondent.

For more than two-thirds (68 percent) of research participants, the first person they told about the sexual assault was a family/whānau member (n=20; 35 percent) or a close friend (n=19; 33 percent). The next person victim/survivors most often confided in was a counsellor (n=11; 19 percent). Only seven, including one male victim/survivor, said they reported to the police before they told anyone else.

4.3.1 Time between assault and disclosure

Equal numbers of interviewees (n=19 or 33 percent) said they told someone about the assault within the first 24 hours or within the week after it had happened. One respondent did not voluntarily tell anyone.

Table 7: Time between assault and disclosure (n=57)

Time-frame	n	% ¹
Less than 24 hours	19	33
1–7 days ²	19	33
8–14 days	1	2
1–6 months	3	5
1–5 years	4	7
6–10 years	5	9
More than 11 years ³	6	11

Notes

- 1 Percentages do not total 100 because of rounding.
- 2 Fourteen out of the 19 in this group disclosed 1–2 days (n=10) or 3–4 days (n=4) after the assault.
- 3 The time-frames in this category ranged from 15 years to 40 years.

As mentioned in chapter 2, approximately one-third of the 58 interviewees were aged under 20 when the assault occurred and almost two-thirds were aged under 30. Eleven out of 19 who were aged under 20 disclosed within 24 hours (n=7) or within a week (n=4) of the assault. Seven out of the remaining eight did not disclose to anyone until more than six years later.

Fifteen interviewees reported that they had not told anyone about the sexual assault(s) until more than 12 months after the incident(s). This was predominantly a young group at the time of the assault, all were aged under 30 and seven were aged under 20. They were mostly victim/survivors of ‘family violence’; two-thirds (n=10) had been assaulted by a partner (6 out of 15) or a family/whānau member (4 out of 15).

Pacific women were the only group where all disclosed the assault within 24 hours (4 out of 8) or within a week (4 out of 8). Conversely, only one of the male interviewees reported within 24 hours – the remaining three, all of whom were aged under 20 when assaulted, did not tell anyone about the assault until more than six years later.

Fourteen out of the 15 victim/survivors who did not disclose the sexual abuse for several years after it had happened had experienced sexual abuse previously. More than two-thirds of this group (9 out of 14) had been abused in childhood. In comparison, seven out of the eight interviewees for whom this had been their first experience of sexual assault disclosed the incident within the first 24 hours (n=5) or within the week (n=2).

4.3.2 Reasons for disclosure

Interviewees were asked why they decided to tell someone about the sexual assault at this time. Their responses are set out in Table 8.

Table 8: Reasons for disclosing at this time (n=56)

Reasons	n	% ¹
Wanted someone to know/needed to tell someone	14	25
Not coping/breakdown	7	13
Others noticed something was wrong	6	11
Couldn't believe what had happened	5	9
It was time to stop the cycle (violence/sexual abuse)	5	9
Fear of perpetrator	3	5
Needed medical attention	4	7
During counselling/support group session	3	5
Suicidal	3	5
Applying for protection order	3	5
Other ²	3	5

Notes

- 1 Percentages do not total 100 because of rounding.
- 2 The 'other' category included one respondent who for the first time was able to identify what had happened was sexual assault, another who disclosed to the police during a discussion about something else, and another who was afraid his interest with internet pornography might indicate he was becoming a perpetrator.

One-quarter said that they had wanted someone to know what had happened so they could get support or advice or to make sure others knew about the perpetrator. The next most common reason was that they were not coping at the time or had had a 'breakdown'. It was not unusual for an extreme situation, such as a breakdown, to precede disclosure of sexual assault. Similarly, contemplating or attempting suicide could result in a victim/survivor's disclosure. Eleven percent of victim/survivors said that someone close to them had noticed that something was wrong and had asked them what it was – this led to disclosure of the assault. Some said they disclosed because they could not believe what had happened; they felt self-doubt and wanted validation of their experience from an independent source.

Leaving a violent relationship and wanting to break the cycle of violence and abuse was often the catalyst that led to some disclosing the sexual violence.

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. Also, the abuse had started in Samoa where I had no support. We were now in New Zealand where I had my mother, brother and sisters, so now I had support.

These victim/survivors clearly now felt safe and supported, as did those who had disclosed during the therapeutic process (counselling or support groups).

Family violence

The 33 interviewees who had been assaulted by an ex-partner, current partner or family/whānau member were asked if they had been sexually assaulted by this person before – more than two-thirds (n=23; 70 percent) said ‘yes’. The numbers responding ‘yes’ for the different relationships are set out in Table 9.

Table 9: Repeat family violence assaults (n=33)

Perpetrator	Yes	
	n	%
Current partner (n=13)	9	69
Ex-partner (n=10)	8	80
Family/whānau (=10)	6	60

The incidence of repeat sexual assault was higher for those who had experienced intimate partner violence than for those who had been assaulted by a family/whānau member.

These 23 interviewees, who included one male, were then asked why they had decided to tell someone about the sexual violence this particular time. Four disclosed when they ended the relationship and so felt safe to disclose, and nine had decided that they could not take any more of this treatment.

I used to just handle it and I thought this needs to stop.

I really felt I could have died this time. A majority of the time he had me on the bed he had a knife up to me. He had lubed a bottle with oil ready to stick up inside me and smash so I couldn't sleep with anybody. He had come prepared with his own knife this time.

Five interviewees said they had disclosed this time because they had decided they needed help, two had disclosed when suicidal, and another two had disclosed to someone who asked them what was wrong. One woman, who also had experienced intimate partner violence, said, ‘I had been at a training workshop and for the first time identified that what had happened [to me] was sexual assault’. Her comment signals the critical importance of recognising, defining and naming sexual violence as a precursor to taking steps towards self-empowerment and well-being.

4.4 Support and assistance

The majority (n=65; 87 percent) of research participants agreed that the person they told first about the assault gave them the support that they needed at that time. The type of support most often mentioned was non-judgemental listening and belief, support and advice.

Interviewees were asked about helpful and unhelpful responses made by the person or people they disclosed to. It was not unusual for them to mention both types of responses. However, overall, victim/survivors found responses to their disclosure of sexual assault helpful, from informal and formal sources. See Table 10 for a breakdown of sources most often disclosed to¹⁸ and victim/survivors' assessments of responses.

Table 10: Helpful and unhelpful responses to disclosure of sexual assault

First person told	Helpful		Unhelpful	
	n	%	n	%
Informal				
Family/whānau (n=20)	15	75	7	35
Friend (n=19)	10	53	6	32
Counsellor (n=11)	7	64	5	46
Partner (n=4)	3	75	2	50
Colleague (n=2)	1	50	0	0
Formal				
Doctor/psychiatrist (n=4)	4	100	2	50
Police (n=7)	3	43	2	29
Lawyer (n=3)	3	100	2	67
Women's Refuge (n=2)	1	50	0	0
Specialist sexual violence agency (n=2)	1	50	0	0
Church leader (n=2)	1	50	0	0

4.4.1 Helpful responses

Almost three-quarters of interviewees (41 out of 57) said that the person they disclosed to had done something they found really helpful (see Table 11.) The responses they most valued were listening and believing and being supportive and understanding.

[They] listened to me. Did not force me to rush or go to the police. Told me my rights. Respected my culture and did not make assumptions about me. They also put me in touch with counselling, financial help, and who are the most respectful doctors.

Interviewees also valued practical help, and being helped in their interactions with the police by someone making the initial contact for them or accompanying them to report. Two respondents said that those they had first told had validated their

18 This is where more than one victim/survivor reported disclosing to the source.

experience by ‘naming or labelling’ what had happened to them as ‘sexual assault’ and/or ‘criminal’.

Table 11: What victim/survivors found helpful (n=41)

Response	n ¹	% ²
Listening and believing	13	31
Supporting and understanding	13	31
Practical help ³	12	29
Help with police (reporting or supporting)	7	17
Advice ⁴	3	7
Labelling assault as criminal (helped with self-doubt)	2	5
Other ⁵	4	10

Notes

- 1 One interviewee did not disclose to anyone. Numbers do not total 41 because participants often mentioned more than one thing they found really helpful.
- 2 Percentages do not total 100 because interviewees often mentioned more than one thing they found really helpful.
- 3 ‘Practical help’ included child minding, telling others so the victim/survivor did not have to, taking the victim/survivor to the doctor, giving the victim/survivor a place to stay, and helping the victim/survivor to get a protection order and to contact support services, such as Rape Crisis and Women’s Refuge.
- 4 ‘Advice’ was helping the victim/survivor decide what to do next.
- 5 ‘Other’ included hugs, being non-judgemental, and injecting humour into the situation.

Not surprisingly, the responses to the disclosures that interviewees most valued were listening and believing and being supportive and understanding.

[They] listened to me. Did not force me to rush or go to the police. Told me my rights. Respected my culture and did not make assumptions about me. They also put me in touch with counselling, financial help, and who are the most respectful doctors.

Practical help was also valued, as was being helped in their interactions with the police by someone either making the initial contact for them or accompanying them to report. Two respondents said that those they had first told had validated their experience by ‘naming or labelling’ what had happened to them as ‘sexual assault’ and/or ‘criminal’.

4.4.2 Unhelpful responses

Twenty-three interviewees said the person they had disclosed to had done something they found unhelpful (see Table 12).

Table 12: What victim/survivors found unhelpful (n=23)

Response	n ¹	% ²
Not supportive/understanding/interested	14	61
Bad advice	3	13
Judgemental/disbelieving	3	13
Telling others without permission	2	9
Other ³	3	13

Notes

- 1 Numbers do not total 23 because multiple responses could be given.
- 2 Percentages do not total 100 because multiple responses could be given.
- 3 'Other' included a lack of interim counselling services and no information on support services.

Not surprisingly, the things that victim/survivors found unhelpful were the opposite of those that they had found helpful (see Table 11). Those confided in were unsupportive, uninterested, or judgemental and disbelieving, and offered bad advice rather than helping the victim/survivor make her own decisions based on good advice.

Basically they listened, then the gist of their advice was to go back to him, 'He is a nice man; give him another chance'. I did not expect that from a professional counselling service. In fact, I thought to myself 'Is this the kind of rubbish they are selling other sexually abused women?'

My family said that I just had to keep on going with my marriage. I felt stupid and ashamed.

4.4.3 More helpful forms of support

Interviewees were asked what people could have said or done differently at this stage that might have helped or supported them more. Almost three-fifths (n=33; 59 percent) reported there was nothing more anyone could have said or done at that stage that would have helped. Those who thought they could have been better supported mainly talked about the issues that were mentioned previously. They reiterated the importance of being listened to and believed, and being encouraged and supported to report to police, to become involved with a service/counsellor, or to leave a violent relationship. They wanted what they had disclosed to be kept private, unless they asked someone to inform others on their behalf. They did not want to be judged, and they wanted to be told that what had happened to them 'was not okay'.

4.5 Summary

This chapter has given an overview of the rape/sexual assault incidents experienced by participants. Most incidents occurred in the victim/survivor's home, and were perpetrated by a person they knew well, typically a current or ex-partner, family member or acquaintance. Two-thirds disclosed the incident within a week of its occurring, most often to a family member or friend. Fifteen interviewees said that they had not told anyone about the sexual assault(s) until more than 12 months after the incident(s) – these were mostly victim/survivors of 'family violence'.

Victim/survivors disclosed primarily to obtain support and to let others know about the perpetrator. Most felt the person they first disclosed to gave them what they needed by listening and believing them, and providing help and understanding. The response victim/survivors found the most unhelpful was when those they told conveyed a lack of support, understanding or interest in what was disclosed.

5 Reporting sexual violence to the police

5.1 Introduction

As discussed in chapter 2, all victim/survivors in this study had disclosed a rape/sexual assault to police, a support agency or a professional any time from 2000. This date was selected in recognition of the potentially significant changes to practice that were introduced in the late 1990s in order to ensure the experiences canvassed had all occurred after the introduction of these measures. The most significant change within policing was the New Zealand Police Adult Sexual Assault Investigation Policy, which was introduced in 1998 and sought to ensure greater consistency in police responses nationwide and a more victim-centred approach to rape investigations.

It is a well-established fact that few people who experience sexual assault report their experience to the police. This is true internationally as well as in New Zealand. In this chapter we explore the factors that victim/survivors consider when deciding whether or not to report to the police. We also describe the experiences, treatment and levels of satisfaction with the process of those who decided that they wanted to report to the police.

5.2 Reporting to police

An early key decision facing victim/survivors of sexual violence is whether to report the violence to the police. Thirty-six of the 75 research participants said they had reported an incident of sexual violence to the police since 2000.¹⁹ An equal number did not report to the police.

5.2.1 Deciding whether to report

In this study, Pacific participants were least likely to report to the police (1 out of 8), followed by Māori (9 out of 21). New Zealand European participants were most likely to report (19 out of 37). Neither of the transgender participants reported to the police. Three out of the four male participants did report to the police.

Reasons for not reporting

Only seven interviewees who had not reported to the police said they had considered reporting. The 36 who did not report were then asked why they decided not to report the sexual assault to the police.²⁰ Their responses are in Table 13.

19 That is, 30 interviewees and 6 survey respondents.

20 This excludes three interviewees, two of whom were Māori, who were not asked these questions because they had reported the sexual violence to the police before 2000.

Table 13: Reasons for not reporting to the police (n=35)¹

Reasons	n ²	% ³
Afraid wouldn't be believed	17	49
Effect on family/whānau	16	46
Shame/whakamā	12	34
Fear of offender	12	34
Felt it was my fault	11	31
Relationship with offender(s)	10	29
Fear/distrust of legal system	9	26
Didn't think it was a crime	8	23
Previous experience with police	8	23
Threats	6	17
Discouraged by others	4	11
Other ⁴	4	11

Notes

- 1 Data were missing for one respondent.
- 2 Numbers do not total 35 because multiple responses could be given.
- 3 Percentages do not total 100 because multiple responses could be given.
- 4 'Other' included ethnic or cultural reasons, 'could not remember perpetrator's name', 'it would not have helped the healing process', and 'just wanted to forget it'.

Respondents often gave multiple responses, but the main reasons for not reporting were that victim/survivors were afraid that they would not be believed,²¹ the effect on the family/whānau,²² shame/whakamā²³ and fear of the offender.^{24,25} More than one-quarter also said that the nature of their relationship with the perpetrator prevented them from reporting. It is also interesting to note that the reason next most often mentioned for not reporting was the participant's fear that in some way they were responsible for the assault.²⁶ Perhaps these findings are not surprising considering the number in the sample whose assault involved 'family violence' incidents.

-
- 21 Pacific participants were the group most likely to report this (4 out of 7), followed by Māori (4 out of 9) and New Zealand European (8 out of 17) participants.
 - 22 Māori and Pacific participants were the groups most likely to report this (7 out of 9 and 3 out of 7, respectively), followed by New Zealand European participants (4 out of 17).
 - 23 Māori participants were the group most likely to report this (5 out of 9), followed by New Zealand European participants (4 out of 17).
 - 24 Māori participants were the group more likely to report this (4 out of 9), followed by New Zealand European participants (6 out of 17).
 - 25 See chapter 10 for a more detailed discussion of the concept of whakamā.
 - 26 Māori participants were the group most likely to report this (5 out of 9), followed by New Zealand European participants (4 out of 17).

Reasons for reporting

As previously mentioned, 36 research participants reported to the police.²⁷ However, when the incident was family violence-related, sometimes only the physical violence was reported.

It involved my children and I just reported the violence. I didn't think that they'd believe me if I told them about the sexual assault.

In another situation, the victim/survivor reported the sexual assault to the police to facilitate her application for a protection order through the Family Court. Although the police encouraged her to make a formal complaint, her lawyer advised her not to do this because it would blur the issues around the application for the protection order. The order was her priority, so she followed the lawyer's advice.

Respondents gave a variety of reasons for deciding to report to the police (see Table 14).

Table 14: Reasons for reporting (n=37)¹

Reason	n²	%
Didn't want offender to get away with it	15	41
To protect others	14	38
Scared of repeat	7	19
Felt I should	6	16
Expedite protection order application	2	5
Other ³	3	8

Notes

- 1 This includes the 36 who reported to the police and the one respondent who came to the police's notice when someone else reported.
- 2 Numbers do not total 37 because multiple responses could be given.
- 3 "Other" includes a respondent's partner stopping a police car coming down the street, the police telling the respondent they 'were going to lay charges no matter what [she did]' after a gang rape, and a possible drug rape when the respondent wanted 'forensics' to establish what had occurred.

Reasons most frequently mentioned were not wanting perpetrators to get away with what they had done and not wanting others to be exposed to the risk of assault.

I didn't report the rape until about three months later, when I made a second statement. I was numb and confused and I think I was still protecting [the perpetrator] initially.

Whose idea to report

When asked whose idea it was to report the sexual assault, 30 interviewees indicated that, for the most part, it was their idea.

²⁷ Three additional participants had reported to the police before 2000, so their data were not included in the analysis.

Table 15: Whose idea it was to report to police (n=30)

Idea to report	n	%
Own ¹	18	60
Friend	6	20
Family/whānau	4	13
Other ²	4	13

Notes

- 1 Two respondents said that it was their idea and that of a friend or family.
- 2 'Other' includes a passer-by, a current partner, a specialist sexual violence agency together with a doctor, and a computer shop owner.

More than three-quarters of interviewees who reported to the police (23 out of 30) said that they reported the assault themselves, although others might also have made enquiries on the victim/survivor's behalf. One commented '*I didn't realise that my daughter had already phoned the day before*'.

Three interviewees said a friend reported, and one said her current partner reported. Another said a family/whānau member reported. Others who reported the assault included a doctor who phoned first, people who gave help after the assault, a computer shop owner, and a lawyer.

Only one of the seven who did not make the report to the police was unhappy about it being reported, '*I felt that I would rather have kept it in-house*'. Other comments were more positive.

Don't know if I would have done it but I was in shock so rolled with it.

[I was] happy. Wasn't ready for it but never would have been. But pleased it was reported.

The last quotation was from a victim/survivor whose assault came to the attention of the police in an atypical manner. A computer belonging to the offender had been taken into a computer shop for repair and the shop owner had noticed some stored images indicating sexual abuse of several victim/survivors and contacted the police.

Time between assault and reporting

Interviewees were asked how long after the assault they reported to the police. Their responses are set out in Table 16.

Table 16: Time between assault and reporting (n=30)

Time-frame	n	% ¹
Less than 24 hours	9	30
1–7 days	12	40
1–5 months	3	10
6–11 months	1	3
1–5 years	1	3
6–10 years	2	7
11 years or more ²	2	7

Notes

- 1 Percentages do not total 100 because of rounding.
- 2 The group with more than 10 years between the assault and reporting comprised one interviewee who disclosed 39 years after the assault and one who disclosed 40 years after.

The majority who reported to the police did so on the same day or within a week of being assaulted. However, five interviewees did not report the abuse to the police until several to many years later.

It was about 39 years later – six to eight months after I'd had a 'melt down'.

As mentioned in the previous chapter, there were several participants in this research whose assault could be categorised as 'family violence'. This had the potential to affect, to some extent, reporting to police. In three out of five cases in which victim/survivors did not report to the police until several years after the assault, two perpetrators were family/whānau members and one was a current partner at the time of the assault.

5.2.2 Reporting process

The initial contact with police was usually made in person at the police station (18 out of 30) or approaching police in public (3 out of 30). In other cases, initial contact was made by telephone (9 out of 30); three of these calls were 111 emergency calls. Of those who made phone calls to the police or emergency systems, five were at home when the call was placed, three were at a hospital and one was in public.

Victim/survivors' first contact was with a detective (n=13) or a uniformed officer (n=13) or a combination of the two (n=4). In 19 cases, the police officers were men, and in four cases there were male and female officers. In seven cases, first contact was with female police officers.

I was happy that she was female. I talked to males later – they struggled to get details from me.

Six female interviewees²⁸ said they would have liked to have dealt with someone of a different gender: four had dealt with male officers, one had dealt with a female officer, and another one had dealt with a male and a female officer.

It's easier to talk to females, I found it hard to tell him stuff especially about how I had wet my jeans.

The majority of police officers were New Zealand European. In two cases they were Māori and in another two Asian; only one Pacific police officer was involved. Victim/survivors were predominantly satisfied with the ethnicity of the police officer with whom they had first contact. Two Māori and one New Zealand European interviewee, all of whom dealt with New Zealand European police officers, were not happy with the ethnicity of the police officers.

Almost two-thirds of interviewees (n=17; 58 percent) said the initial reporting of the assault had taken less than one hour, a further six said it had taken one to two hours. The remaining seven said it had taken longer than two hours, including two for whom the process lasted over four hours. In at least one case the initial and formal reporting process had taken place on the same day.

Participants were asked if they thought they had had enough information at the time to know more or less what would happen when they reported to the police – 19 out of 30 said 'no'.

I had no idea what would happen. But I had an expectation I would be treated decently. I did it out of panic.

I had no ideas what would happen and they weren't very helpful. They left immediately to go and find the [perpetrator].

Those who said that they knew what the process would entail did not elaborate to any great extent, although one said she 'thought' she knew what would happen and another remarked 'It's only common sense'.

Concerns about reporting

Even though they had decided to report to the police, approximately two-thirds of interviewees expressed having concerns about this process. Interviewees who were most likely to voice concerns were New Zealand European (13 out of 17) followed by Māori (4 out of 7).

Only 10 victim/survivors did not have a prior history of sexual assault. As shown in Table 17, they were most likely to report the assault to the police.

28 Three out of the six were New Zealand European, only one was Māori.

Table 17: Experience of previous sexual assault (child, n=25; adult, n=39; none, n=10) by reporting to police and concerns about this

Reporting	Previous sexual assault ¹					
	Including as child (n=25)		As adult (n=39)		None (n=10)	
	n	%	n	%	n	%
Reported to police	9/25	36	19/39	49	8/10	80
Concerned about reporting	5/9	56	10/19	53	4/8	50

Note

1 Data were missing for one interviewee.

There were few differences in whether victim/survivors had concerns about reporting to the police – more than half of each group reported this, although, perhaps not surprisingly, victim/survivors who had been sexually assaulted as children were slightly more likely to be apprehensive about reporting. The nature of the concerns interviewees expressed are set out in Table 18.

Table 18: Nature of concerns about reporting (n=19)

Concerns	n	%
Wouldn't believe me ¹	7	37
Previous experience	3	16
Lack of trust in police	3	16
Shame/embarrassment	3	16
Other ²	3	16

Notes

- 1 The 'wouldn't believe me' category included one interviewee for whom there were two perpetrators and one who reported her partner's physical violence but not sexual violence.
- 2 'Other' included interviewees who said they were unsure about what had happened, they did not want anyone to know, or they were in denial.

Interviewees' concerns relating to reporting to the police mirror those of the cohort who did not report. They were concerned that the police would not believe them, they had had previous negative experiences with the police, they did not trust the police, or they were ashamed and/or embarrassed about what had happened.

I think it was just a bit more scary telling them and knowing that I'd have to go to court, and whether they'd believe me or not. I think that was the biggest thing.

[It was] because of my experience with the police in 2001 when I had previously been raped. [Perpetrator] had spiked my drink, and my friends said that I had to go to the police. The police were atrocious and didn't believe me.

One Māori woman's views of the police that had led to her concerns had been influenced by the media.

[I'd] imagined it would be similar to TV. [I'd be] treated like a suspect – and I was not sure if they knew about sexual abuse and if they'd be sympathetic. I

don't entirely trust police – the Louise Nicholas²⁹ case didn't help anything. I've also heard statistics of how many police are involved in domestic violence. I felt the police were untrustworthy.

One male interviewee explained why he did not think he would be believed and how his sense of pride was at stake.

Being an ex-gang member and having trained in karate I didn't think they would believe me.

5.3 Formal interview

Thirty-three research participants underwent a formal interview process (i.e. made a statement) with the police. This process results in a more detailed record of the sexual violence, which plays an integral role in the identification, apprehension and successful conviction of a perpetrator. Formal interviews were usually undertaken at a police station,³⁰ by a detective or detectives, sometimes with uniformed officers in attendance.

5.3.1 Process

As with the initial reporting experience the majority of police detectives or police officers who conducted formal interviews were men (19 out of 33 interviewees reported this). Four interviewees said they were interviewed by a female detective and a further four said the interview had been carried out by two police officers – a man and a woman. Approximately one-third (n=10; 30 percent) said they would have preferred to be interviewed by someone of another gender – this usually indicated a preference for a female detective or police officer. Eleven interviewees specifically commented that they had dealt with the same police officer or officers to whom they had initially reported.

Formal interviews were mainly recorded by being handwritten (15 out of 33) or typed (6 out of 33). Only three victim/survivors had their statement audio recorded, and one was videoed. Only two thought they had been given a choice in this matter. The other six said they could not remember how their statement was recorded.

5.3.2 Time taken

More than two-thirds of those who made a formal statement (23 out of 33) remembered how long this process had taken. Not surprisingly, this had taken longer on average than the process of initial reporting; three-quarters said it had taken one to four hours to complete the interview. Two said it had taken less than

29 This was a high-profile case where one current and two former police officers were accused of historical rape. The case also informed the Commission of Inquiry into Police Conduct established in 2004 to consider how the police had handled allegations of sexual offending by serving and former officers.

30 One interviewee could not remember where the interview had taken place, and another was interviewed at a motel where the police had placed her.

one hour, and four said it had taken more than four hours. As mentioned in the previous section, at least one victim/survivor had gone through the entire process (initial reporting, forensic examination and formal interview) in one day.

I was fine with that time, yeah. It took the whole day – he came and picked me up from the hospital and took me to the [police] station.

5.3.3 Degree of openness with police

The majority of the 28 interviewees who had made a formal statement (n=23; 82 percent) said they felt able to talk freely to the police and tell them everything they wanted to. However, the process was exhausting.

I did, but there were bits that were difficult – he was an emotionless young looking Pākehā officer. I remember getting overwhelmed with embarrassment – it was exhausting.

Yeah but some of it was like personal and embarrassing and I did struggle a wee bit. Yeah because probably well he was a man you know and it was a small room as well and you're sort of like probably this close to him, yeah.

Three of those who said they could not be completely open with the police talked about their own fear and prejudice in relation to the police, having to talk to a male officer and thinking that the police would not believe *'the sexual abuse stuff'*.³¹

Twenty-three participants said they felt that by the time they had completed the formal interview process they had been given all the information they needed to know what would happen next.

Four participants said they had not been well informed at this stage.³²

I didn't have a clue.

[I] should have been told that there was a chance that the case wouldn't proceed as there was only a two-year age difference between the perpetrator and victim.

5.4 Obtaining evidence

Seven interviewees who were sexually assaulted in their own homes commented on how the police's need to obtain evidence from the scene had affected them. Most were matter of fact about it. Two said they could not remember, just that property had been taken for evidence.

I can't remember too much about that, but they took the knife and the clothes I was assaulted in. I had had a shower and changed my clothes.

31 Two interviewees did not elaborate.

32 Two interviewees responded 'don't know' to this question, and data were missing for the remaining four.

Another was more affected by the process.

When I got home I was told that I wasn't allowed to stay because it was a crime scene. It was such a shock walking into my house to find all my belongings packed into brown paper bags. I didn't know what it meant for the house to be a crime scene. There was that tape across the front, and police everywhere. I was totally shocked. They should have warned me about that.

Eleven said that the police had kept some of their property for evidence, mainly clothing and bedding. In other cases a knife was taken, a watch, a carpet and a glass one perpetrator had used.

They took my favourite skirt, pantyhose, underwear, sheet off my bed that had DNA on it.

They had bags and bags, my bedding, clothes, glass he drank from – I'm not sure, there was so much stuff they took.

Five of the 11 said that they were fine with this as it would 'help prove' their case. However, the remainder described their feelings as 'devastated', 'angry', 'hurt', 'lost', 'yuk' and said that this was a distressing and often painful experience.

I understood the need to take things for evidence, but I felt lost and hurt and angry – the evidence bags were awful. They left such a mess of my house – they didn't even clean up any of that black powder they left all over the two front windows.

Nine of the 11 said that the police had told them that their property was being taken for evidence because 'they couldn't prove it was [the perpetrator] without it'.³³ One interviewee said that although she had not been told at the time it was happening, she thought that 'at some point' she had been told why the police took her property.

Four said their property had been returned, usually after the trial. Two said it did not bother them; the other two said they destroyed the property as soon as they got it.

I received my clothes after the trial and burnt them one hour later. It was cathartic.

Three of the seven who had said they did not get their property back said they had told the police they did not want it.

They offered it, but I asked them to throw it away. I didn't want it.

They asked me if I wanted it back. That was worse than actually them taking it. But they have to and I said 'burn it' and he goes 'I thought you'd say that'. But then even thinking they're going to burn it, hoping they [do] burn it, it's all this stuff you know.

A further two said they did not know what had happened to their property, and in another two cases the police kept the property in case other evidence emerged or the perpetrator re-offended.

33 One added that the doctor also told her. Data were missing for one respondent.

It was kept by the police even though the case did not proceed. The police said that they suspected he had done it before and would do it again, so they needed to keep everything as evidence.

5.5 Ongoing contact with police

Twenty-seven of the 33 victim/survivors who took part in the formal interview process said they had had more contact with the police after this. One could not remember. More than half said that this contact had been initiated by the police; four said they had contacted the police first, and eight said it was a two-way interaction. All except two said they dealt with the same police officer throughout the process.

More than two-thirds (70 percent) said they felt the police had kept them 'fully' (n=16) or 'partly' (n=3) informed of the progress of their case.

5.6 Experience of police processes

Research participants were asked about their experience of police processes. This included how the police treated them and what they were feeling at the time.

5.6.1 Police treatment

Research participants were asked how they were treated by the police when they first reported and during the process of the formal interview (Table 19).

Table 19: Police treatment of victim/survivors at the reporting and formal interview stages of the police process (n=36; n=33)

Treatment	Stage			
	Reporting (n=36)		Formal interview (n=33)	
	n	%	n	%
Understanding	17	44	15	45
Professional	17	44	17	45
Warm	16	36	13	36
Respectful/considerate	6	17	9	27
Cold/insensitive/clinical	4	11	2	6
Disbelieving	2	6	0	0
Other ²	2	44	2	6

Notes

- Numbers do not total 36 and 33 because multiple responses could be given.
- 'Other' included 'aggressive' and 'trustworthy' at the reporting stage and 'supportive' at the interview stage.

Most victim/survivors made positive comments on how they were treated by the police; police had been ‘understanding’, ‘professional’, ‘warm’, ‘respectful’ and ‘considerate’. It was not unusual for respondents to describe them as ‘just lovely’.

He was lovely and helpful. He did make me feel good and helped to calm me down and said I was doing the right thing by coming in. So he was really helpful.

They were good when I gave my statement. They gave me the time to answer questions. Like they didn’t rush me to answer questions and they stopped if I wanted to stop and let me go outside, I was smoking at that time, so I could have a cigarette, yeah. So there was no pressure.

However, a minority described the police as ‘cold’, ‘insensitive’, ‘clinical’ and ‘disbelieving’, particularly at the reporting stage.

He told me it was my fault.

He didn’t even get out of his car.

5.6.2 Victim/survivors’ feelings

Interviewees were also asked how they had felt at different stages of the police process; their responses are set out in Table 20.

Table 20: Respondents’ feelings at the reporting and formal interview stages of the police process (n=36; n=33)

Feelings	Stage			
	Reporting (n=36)		Formal interview (n=33)	
	n	%	n	%
Scared/nervous	12	36	7	21
Spaced out/dissociated	10	28	7	21
Angry	6	17	7	21
Confused	6	17	3	9
Embarrassed/ashamed	6	17	10	30
Disbelieving	6	17	4	12
Loss of control	6	17	1	3
Determined	5	14	5	15
Positive	3	8	3	9
Emotional	3	8	4	12
Other ²	4	11	3	9

Notes

- 1 Numbers do not total 36 and 33 because multiple responses could be given.
- 2 At the reporting stage ‘other’ included uncared for, sick, distraught, and in shock. At the interview stage ‘other’ included pressured, sick, disgusted.

It is no surprise that respondents reported mostly negative feelings about reporting the sexual assault to the police and giving a formal interview. They were particularly apprehensive (n=12; 36 percent) and dissociated (n=10; 28 percent) at the point of reporting, and only marginally less so at the interview stage.

I was nervous because I knew the police have got so much more to worry about and I didn't want to bother them.

Conversely, when it was time to reveal the nature of the assault in more detail at the formal interview, more respondents reported feelings of whakamā or shame, embarrassment and self-blame.

When I reported all the clinical details of the situation I started to measure my level of blame.

I felt disgust about what happened when I was remembering. I focused on how I could have prevented being in that situation.

Another respondent said that she could just not find the words to explain what had happened to her.

It was difficult to be specific with words and getting words out to describe the abuse.'

A male respondent made a particularly poignant observation.

I felt like my soul had been stolen.

Positive feelings referred to by respondents included 'validated', 'secure', 'relieved' (n=2) and 'alright with the process' (n=2). One Pacific respondent whose complaint did not result in charges being laid, commented about the initial reporting process.

I guess I felt a little bit secure in the thought that what had happened was not a stupid drunk thing that I did. It took a big part in me believing that I was not to blame – it was validating for me.

5.7 Making reporting and formal interviews easier

Interviewees who had reported to the police and made a formal statement were asked what, if anything, could be done to make these processes easier for sexual assault complainants (see Table 21).

Table 21: Making police processes easier (n=30; n=25)

Changes	Stage			
	Reporting (n=30) ¹		Formal interview (n=25) ¹	
	n	%	n	%
More female officers	5	17	1	4
More friendly/less sterile environment	4	13	6	24
More information about processes	3	10	0	0
Specially trained staff	2	7	2	8
Less judgemental/more supportive	1	3	3	12
Support complainant/family	1	3	1	4
Less pressured time-frame for interviews	0	0	3	12
Less directive method of interviewing	1	3	1	4
Other ²	5	17	0	0

Notes

- 1 Data for eight interviewees were missing.
- 2 'Other' included matching the gender and ethnicity of complainant and police officer, having a more user friendly telephone system, being allowed to contact a counsellor before laying a complaint, and contacting specialist sexual violence agency at this stage.

The experiences of interviewees meant most had ideas on how police reporting and formal interview processes could be improved. The themes were similar across the two stages but to varying degrees. For example, interviewees felt it was important that their first contact with the police should be with a female officer.

If it had been a woman I probably would have said a lot more

Definitely need a female officer. Someone with warmth. I felt the male cop was very serious and had no warmth; he just went for the facts.

However, by the time of the formal interview the relationship they had with the police officer they had been dealing with (male or female) was the most important thing.

The provision of more information was important at the initial reporting stage (especially for male victim/survivors) and the availability of specifically trained staff at both stages.

They need more sexual survivors' advocates specialising in male survivors.

The environment at the police station was mentioned as being important, particularly the lack of privacy and comfort in police waiting areas and the sterile, unfriendly interview rooms.

It was a bit strange telling about it at a public counter in earshot of other people. There's no privacy.

There was a plastic box in the corner with kids' toys; but it was not comfortable – it was like a prison.

Four interviewees said they would have liked the police to be less judgemental and more supportive of them. One said the police she had dealt with needed 'an attitude change'. Another felt it would have been nice if police could have been a little more encouraging and offered a little bit of hope about the outcome. Instead she felt they assumed she would get any positive messages from Victim Support.

They need to attend to the physical environment – show some type of awareness that this is a difficult thing to talk about. Privacy and a safe physical environment are important. They need police officers that are genuine and warm and a better way of police asking questions. There needs to be an acknowledgment that this is a difficult thing to talk about.

Eleven interviewees said they could not think of anything that would make reporting to the police easier, they were not necessarily critical of the process, although one complained of the length of time things took to happen. Another who had worked as a sex-worker up until the age of 18 years commented:

I don't know because I'm so open about this sort of thing. It has become a normalised thing for me.

Only seven interviewees said they could not think of anything that would make undergoing the formal interview process easier – it was alright as it was and they 'couldn't think of anything' or 'It's just one of those things you've got to do'.

It was done just right. I was taken care of and looked after. We had breaks. They brought in food and drink. I could bring in special things to help me.

5.8 Outcome of reporting to the police

The outcome for those whose assault was reported to the police varied. In 17 out of 37 cases (46 percent) there was no formal outcome (i.e. arrest, charge or prosecution) (see Table 22). In 19 cases (51 percent, including 6 out of 11 cases of intimate partner violence) investigations were undertaken, formal charges were laid and the case proceeded through the criminal justice system. Two-thirds of these cases proceeded to trial and the perpetrators pled guilty in the remaining one-third.

Table 22: Outcome of reporting to the police (n=37)

Outcome	n ¹	%
Formal		
Case proceeded to trial	12	32
Suspect pled guilty ²	7	19
Other		
No charges laid ³	9	24
No complaint laid ⁴	5	14
Suspect not identified	3	8
Other ⁵	1	3

Notes

- 1 This number includes all those who reported plus one who did not report but the police found out about her assault in another way.
- 2 'Suspect pled guilty' usually happened at depositions, while awaiting trial or at trial.
- 3 'No charges laid' included cases where the suspect had been identified but there was not enough evidence to lay charges.
- 4 'No complaint laid' was a case where, after the initial reporting process, the victim/survivor did not lay a formal complaint or go ahead with a formal interview.
- 5 'Other' was a case not investigated by police.

Assaults reported by New Zealand European victim/survivors were more likely to result in formal outcomes than those reported by Māori or Pacific victim/survivors (59 percent compared with 33 percent and 0 percent respectively). This finding should be viewed with caution because it might be a function of the circumstances surrounding the sexual violence rather than because of ethnicity per se. For example, the perpetrator could not be identified in three cases, including the case of the only Pacific interviewee who reported, and no charges were laid in another three cases involving Māori.

In the 12 cases where there was no formal outcome (i.e. arrest, charge or prosecution), victim/survivors were asked how they felt about this – nine were dissatisfied with the outcome. They felt 'angry', 'cheated', 'disillusioned' and 'terrible', and were 'fuming' and 'gutted'. One respondent who had reported only her partner's physical violence because she was afraid the police would not believe her if she said he had also sexually assaulted her, had her fears vindicated.

[I felt] terrible. [The police] said I was being vindictive and they chose to accept his story.

Two of the three were more philosophical about the outcomes of their cases.

At the time I was fine – I didn't want to know. I felt safer not knowing who the perpetrators were.

It is what I expected; I knew I didn't have enough evidence.

5.8.1 Satisfaction with the police

All participants who had contact with the police were asked to rate retrospectively their level of satisfaction with the way the police had dealt with them.

More than two-thirds (68 percent) said they were 'satisfied' (n=9) or 'very satisfied' (n=16) with how they had been treated.³⁴ Only four indicated dissatisfaction.³⁵

Not surprisingly, in cases where a guilty plea was subsequently entered by the accused, victim/survivors rated initial interactions with the police highly (at 4 or 5). Apart from that there was no clear relationship between the outcome of reporting to the police and the victim/survivors' reported level of satisfaction. For example, they were just as likely to rate levels of satisfaction at 3 (neither satisfied nor dissatisfied) if there were no charges laid or if the case went to trial (n=3 for both).

5.9 Support and assistance

Victim/survivors who reported to the police were asked whether they had had support during all stages of this process, and if so, who had provided this. Those whose case did not proceed to prosecution were also asked if they had had support to help them deal with their feelings at that time (see Table 23, the column labelled 'Ongoing'). Their responses are set out in Table 23.

The sources of support were similar across all post-assault stages: family/whānau, friends and professional support. The support of family/whānau and specialist sexual violence agencies was a constant across the police process for participants who had this support, although specialist sexual violence agencies played more of a role at the formal interview stage. It is interesting, but not unexpected, to note that more victim/survivors had the support of counsellors at the latter stages of the police process. The indication that this source of support was ongoing points to victim/survivors seeking professional help to work through the affects of the abuse on their road to recovery.

34 They gave a rating of 4 or 5 on a scale from 1 (very dissatisfied) to 5 (very satisfied). One said she 'didn't know'.

35 Two gave a rating of 1 (very dissatisfied), and a further two gave a rating of 2 (dissatisfied).

Table 23: Sources of support during reporting, formal interview, and when case did not proceed (n=19; n=14; n=18)

Source of support ¹	Stage ²					
	Reporting (n=19)		Formal interview (n=14)		Ongoing (n=18)	
	n	%	n	%	n	%
Family/whānau	6	32	3	21	8	44
Friend	6	32	4	29	4	22
Specialist sexual violence agency	5	26	9	64	5	28
Partner	2	11	0	0	1	6
Counsellor	1	5	0	0	8	44
Other ³	2	11	1	7	3	17

Notes

- 1 Multiple sources of support referred to were commonly combinations of specialist sexual violence agencies/counsellors and/or families/friends.
- 2 Numbers vary for this question depending on the circumstances for each respondent and because multiple responses could be given.
- 3 'Other' included a passer-by, support group worker, generic community group, doctor, psychiatrist and psychologist.

All except one of those who had had support when reporting to the police or having a formal interview said it had been helpful. One stated, *'I'd have been lost without her'*. However, some found it difficult when the support person could not be in the interview room with them.

They weren't allowed in the room with me I felt like I wanted them with me because I just felt really scared because you know I couldn't believe it, I wanted my friends there. But in hindsight I can see why because they were all witnesses. Just knowing they were outside was comforting.

Another provided some insight into the difficulties faced by those who had experienced sexual assault at the hands of a family/whānau member. She stated her appreciation for her sister's support.

My sister waited for the police to arrest him and then came in. You feel like a burden because it's happened so many times before but they still come around to help.

One respondent who was put in touch with Victim Support felt the assistance was not directed at her needs, so was not helpful.

When the assault was first reported, the police called in a Victim Support person who came to my home. The woman kept talking about my kitten, and I just wanted to tell her to shut up. She wasn't helpful at all.

The types of support victim/survivors received and their views of support systems are described more fully below and in detail in chapter 8.

5.9.1 Practical and emotional support received

All participants in the survey and interviews were asked to comment on whatever practical and emotional support they received to help them manage police processes. Twenty-seven participants answered this question.

Three respondents said they received no support at all, while 24 said they had. Of the 24, 10 said they had received emotional and practical support, 10 emotional support only, and 4 practical support only.

In terms of who provided the support, a wide variety of sources was mentioned with many respondents referring to multiple sources. Most commonly cited were a counsellor (n=7), a specialist sexual violence agency (n=5), and family/whānau (n=5), followed by other formal agencies (n=4), friends (n=4), partners (n=2) and police (n=2). Other sources of support mentioned included a church pastor and an employer.

Having others accompany them and be there for them was important to many participants, with emotional support on this level being greatly appreciated.

I could feel the 'warm heart' from the police lady's face and what she was saying.'

The form of practical support most often mentioned was transport to the police station and/or court.

They went with me to the police, they went with me to the court – one woman opened up her house to me and I had only spoken to her on the phone once. I went to stay with her and it's actually my safety house now, no one knows where it is. It's out of town because I'm a country girl.

Another said she felt supported by an agency, her counsellor and a girlfriend.

My girlfriend, a really good friend who was involved in the case. It was her birthday party where it happened. She would come and stay at my house and she would like hang out with me and she was just, we were such good friends ... she picked me up and took me places.

5.9.2 Helpful police responses

Participants who had undergone a formal interview process were asked if there was anything that the police had done at any stage they found helpful. Almost three-quarters (24 out of 33) said 'yes'.

Approximately two-fifths of respondents said that the police that they had dealt with had been supportive, and around one-quarter commented that this support had been ongoing.

Just constantly, like he'd ring and see if I was okay.

After we came back from the hospital the discussion I had with the lady detective – she was warm and supportive.

Table 24: Helpful police responses (n=24)

Response	n ¹	%
Supportive	9	38
Believing	6	25
Ongoing support	6	25
Supplied information	4	17
Non-judgemental listening	3	13
Considerate	2	8
Understanding/warm	2	8
Kind and appropriate	2	8

Notes

1 Numbers do not total 24 because multiple responses could be given.

Respondents also appreciated when the police made them feel believed and did not judge them.

At that stage, yeah, he was really nice and he believed me.

They didn't judge me. I was quite young, and they were very neutral. When people in the [ethnic] community wanted to give me money to drop the charges, I felt I trusted him enough to call him back. The police worked with me to come up with a safety plan.

Respondents said it was helpful when they were provided with information about their options, police processes and the progress of their case.

Before I gave the statement, I got information about my options and that it was important to know it would be a painful process. People who are charged get lawyers whose job it is to break you, it's an awful process.

Two said they appreciated that the detectives they dealt with were kind and appropriate when asking difficult questions about the sexual assault.

I felt he was appropriate in how he asked the questions. I felt that apparently that doesn't always happen to a lot of women but I was lucky.

5.9.3 Unhelpful police responses

Those who had undergone a formal interview process were asked if there was anything the police had done at any stage that they had found unhelpful. More than half (18 out of 33) said there was.

Table 25: Unhelpful police responses (n=18)

Outcome	n ¹	%
Lack of information	6	33
Insensitive/clinical	6	33
Time-frames	3	17
Case didn't proceed	2	11
Judgemental	2	11

Notes

1 Numbers do not total 18 because multiple responses could be given.

One third of this group said they found it unhelpful when there was a lack of information about what would happen next, outcomes of depositions hearings and the progress of their case. One remembered how a lack of information and little encouragement had left her feeling hopeless.

Not keeping me in the loop. [Police] weren't particularly encouraging. They knew that they couldn't get a conviction and they weren't going to encourage me, but still a bit of hope would have been good.

An identical percentage said that dealing with police officers who were insensitive or clinical was also unhelpful.

One of the detectives told me what I should wear to the trial and what I shouldn't wear. That offended me. Yeah, told me no low cut tops, take my nose piercing out, wear flat shoes

One interviewee commented that an action taken by the detective dealing with her case felt disempowering at the time but had had a positive outcome.

At the time I felt that he was taking responsibility from me by setting up counselling. Now I see that it is what saved my life.

Interviewees were also apt to say they had found things unhelpful that the police had little or no control over, such as the length of time it takes for a case to proceed through the criminal justice system. However, two respondents said it was unhelpful when there were no charges laid. One considered this outcome due to the detective's lack of professional attitude.

They red flagged [the perpetrator], but didn't proceed with the case because of my mental disorder and my history as a prostitute. At the time I agreed, but later saw that he was just too lazy to do his job properly.

5.9.4 More helpful forms of support

Interviewees were asked what would have helped them cope better when negotiating the police process. They were asked what the police could have done differently and what forms of support might have helped them to cope better overall.

Police

When asked if there was anything they felt the police could have done differently that would have helped them to cope, 16 said 'yes' and 8 said 'no'.

Of those who said 'yes', the two main issues identified related to greater police communication and provision of information (n=5), and increased support (n=4).

Give me more information and keep me in the loop.

To let me know straight away when he was caught [she was not kept informed about how the investigation was going].

Another spoke of feeling as if the communication between the various agencies involved had broken down, resulting in her not receiving the support she needed.

A Māori victim/survivor wondered if she would have felt more supported by a Māori policewoman.

In reflection, maybe if there was a Māori qualified in this area she may have been more warm and open and less hōhā [bored]. It would have been someone I could have had more faith in.

Several thought that they would have been helped by an improved police attitude towards them. One simply said she thought the officer she saw needed an 'attitude change', while others referred to the need for greater warmth and sensitivity.

He could have been a little bit more sensitive, he was fairly clinical.

One woman described how she felt judged by the police when she went to court, even though she had received a letter from the court victim adviser saying she was welcome to attend court when the perpetrator was appearing.

The physical environment within which victim/survivors were interviewed also came in for some criticism.

The room that I did my statement in felt like a prison ... it just felt like a funny weird limbo space and it wasn't the most comfortable.

Other forms of support

All participants were asked what forms of support, if any, might have helped them to cope better. Of the 24 responses given to this question, 5 said they felt there was nothing that could have helped, and 9 thought they would have benefited from receiving more emotional support.

To have someone at the police station during or afterwards (statement taking) to support me.

Maybe to talk to someone else who'd been through it.

Someone to talk to – a listening ear. At the time I wasn't aware of the crisis line. It would have been good, because I couldn't talk to my friends because they were giving evidence. And I couldn't talk to my parents because of cultural things.

Another felt victim/survivors needed more in the form of advocacy services, and that this was an important role that was often overlooked.

Four talked specifically about the practical support they felt would have been useful: assistance with baby and child care, and the provision of a safe space. One considered self-defence courses should be more widely and readily available. A male victim/survivor needed someone to help him with financial matters.

I needed someone to talk to, someone to help me financially. But I got no help whatsoever. I asked WINZ [Work and Income New Zealand]³⁶ for an advance to purchase clothes for the trial but they wanted a more detailed report from the police. As a result I did not have Work and Income funds to purchase clothes as I did not want to disclose that level of personal information (i.e. the rape).

5.10 Withdrawal from police processes

Six interviewees, including one male, said that they had considered withdrawing from the police process once they'd made a complaint and/or given a statement. The reasons they gave were related to the length of time things took and being tired of waiting for an outcome and the thought of having to go to court.

I wanted to drop out all the way through. Just knowing I would have had to go to court it was a scary thought.

I had a fear of people knowing it was me he had done it to and I was scared of getting emotional in front of the jury.

However, withdrawing was not always a simple matter.

It took 10 months to get to trial and about half way I'd just had enough – enough waiting. And then I got to the end and I decided that I was going to stop, I was going to quit it all but the police said it was too late. Yep I'd be arrested or something if I didn't turn up to summons.

5.10.1 Pressure or encouragement to withdraw

Nine interviewees, including one man, said they had had pressure from others to withdraw from the process; three said they had considered withdrawing. This was often where there had been a close relationship between the victim/survivor and the perpetrator, such as a family member or partner, or both the perpetrator and victim/survivor had been part of the same circle of friends. Interviewees said the pressure often came from several sources: family/whānau members (n=4), friends (n=3), and the perpetrator (n=2). In one case there was pressure from the police and

36 Work and Income New Zealand is the government agency responsible for welfare benefits.

a victim/survivor's lawyer not to proceed with the complaint, but she carried on with the process. Where the case had a high profile in the media or the community, there was sometimes pressure from community members for the victim/survivor to withdraw their complaint.

One victim/survivor of ongoing abuse from a family member talked about the time between depositions and waiting for the trial. The perpetrator subsequently pled guilty before trial.

There was pressure from my family, extended family, and general public. [The perpetrator] broke my name suppression so the general public actually knew about it and I went down to the court a couple of times because I needed to put some demons to rest and I got pressured from the public about how cruel I'd been. How cruel I was being to this poor gentle old man and how he's such a respected and amazing man, he's a true gentleman in all sense of the words, rah, rah, rah. It just made me more defiant if nothing else. It was pressure that made me more defiant to show them that this is another side to this man that they know nothing about and that I'm sick of for 25 years having my credibility and integrity questioned. My integrity and my credibility is all I have. I'm not about to have it assassinated. I'm surprised I didn't tell them to 'fuck off' actually.

5.10.2 Encouragement and support to continue

Seventeen victim/survivors said that they had been encouraged and supported to continue with the police process. Sources of encouragement included combinations of: family/whānau, the police, partners, counsellors and psychologists, support groups, friends, and specialist sexual violence agencies.

I was completely supported by my boss, friends, counsellor, police. I hadn't told my family.

My family said I was doing the right thing. They just said that they were real proud of me for actually standing up for myself and going through it and not pulling out.

The dynamics are complex when the perpetrator is a family/whānau member.

I was encouraged to make my own decisions – my friends encouraged me. Unfortunately none of them were my own age all of my friends of my own age at that stage fled. It was split between Mum and Dad. Dad wanted to see the guy rot in jail – it was [relationship of perpetrator]. Mum was just absolutely torn. One of my brothers wanted to see him rot in jail and the other wanted to see me rot in jail.

Interviewees said the police had explained the prosecution process to them but that what they had been told did not affect their decision about proceeding with the legal process. Their reasons for continuing related to wanting to make the perpetrator accountable (n=10) and not wanting the abuse to happen to anyone else (n=4). Other respondents wanted to take back control of their lives (n=5), and one had an

element of 'revenge'. One said she carried on because she had faith in the fairness of the justice system.

It was because he did what he did and that I believed in the system I suppose and that there would be a fair trial and outcome.

5.11 Summary

Approximately half of all participants in this study reported the rape/sexual assault to the police. Those who did typically said their reasons for reporting related to not wanting the offender to get away with it and wanting to protect others. Those who did not report to the police were most often influenced in this decision by a fear of not being believed and anxiety about the effects of reporting on their family/whānau.

The majority of those who reported did so the same day or within a week of being assaulted. Most were dealt with by male officers for reporting and statement-taking, a factor some female complainants found difficult and affected their disclosure. Victim/survivors' experiences with the police were mostly positive, only a minority felt the police were disbelieving or cold/insensitive towards them. Some felt the environment within which they were interviewed lacked comfort. Some respondents said what they valued the most from the police was being supported and believed, and being kept informed, others felt these were the areas where their needs were not met. Consequently, they said they needed more emotional support as they went through police processes and to be kept more fully informed.

6 Forensic medical examination

6.1 Introduction

When an incident of sexual assault is reported to the police, arrangements should be made for a medical examination to be conducted as soon as possible in order to obtain forensic evidence. Ideally, such an examination should be conducted before the complainant washes or showers, but there is a window of 72 hours.

A medical examination is also important if the complainant has injuries requiring treatment and to take precautionary steps regarding the possibilities of pregnancy or sexually transmitted infections.

6.2 Those who did not have a medical examination

Of the 29 interviewees who reported the rape to the police,³⁷ 11, including one male victim/survivor, underwent a forensic medical examination. The 18 interviewees who did not have a forensic medical examination were asked if they understood why this procedure had not occurred. One-third said they were told it was because they had waited too long before reporting the rape.

Apparently it was because it was four days later.

It was like four weeks or, four and a half weeks so I didn't have to do that but I did go and get blood tests done and swabs or whatever just to check because he had been sticking it into all sorts of things from when we'd broken up as such.

Of the remainder, two said it was because they had already showered and/or washed their clothes, while three said no charges were laid.

The remainder of this section outlines the experiences of the 11 victim/survivors who underwent a forensic medical examination.

6.3 Forensic examination

All 11 victim/survivors who underwent a forensic medical examination said they had the reason explained to them, mostly by the police, although their understandings varied.

Kind of. The police said they needed medical advice for the judge.

Although testing costs a lot of money and sometimes can take a long time it's used in court and only 2 percent of court cases are successful.

37 This number excludes the respondent mentioned in the previous chapter who did not voluntarily report the assault .

They wanted to make sure I had been raped.

One woman said she had expected to have a forensic medical examination and prepared herself for this eventuality.

I knew that I'd probably have to do that anyway. Because I watch a lot of TV. I love programmes like that yeah so I didn't wash my clothes and everything.

And I didn't have a shower or anything.

Another described how it was possible an explanation had been given but in the circumstances it could be difficult to comprehend.

I wasn't listening, I was quite numb so I can't remember.

Seven of the 11 said they felt they had been consulted about having the medical examination.

Yeah they knew, they asked me and then I said yeah, I'm really happy to do that. Just to make sure, get more proof and they suggested it would be a really good idea. So I thought definitely go for it then.

One commented, 'They collected my own DNA, and that made me feel like I was the criminal. One said she had not been consulted but offered no comment, and three said they could not remember being asked.

6.3.1 Waiting for the examination

Six of the 11 victim/survivors said they waited less than an hour for the examination to be arranged, and only one had to wait more than four hours.

I was very happy about the time-frame. There was also a sense of relief that it happened so quickly.

Those who had to wait for the examination to be arranged were divided about how they felt about the delay and how it was managed. Several said they felt fine about it.

Pretty good. I went and got coffee, and was offered food. We talked and chatted.

It didn't worry me; I just wanted to get it done. I knew I was doing the right thing so I had the patience to get it done properly.

One spoke of her distress at having to wait in an area where she felt vulnerable.

They put me in a side room and I was a nursing student so I felt really exposed because it's a small place and I just felt everyone's going to know and even though there's confidentiality it doesn't happen you know. People knew but they were all very nice and I had my own doctor that happened to be the [Doctors for Sexual Abuse Care]³⁸ doctor so she came in, she did it. I was so lucky.

38 See footnote 15.

Three were on their own while waiting for the examination, with the majority having at least one support person accompanying them – family/whānau, a friend, the police or someone from a specialist sexual violence agency.

Two respondents had more than one source of support: one had a friend and a specialist sexual violence agency support person, the other had a family member and a specialist sexual violence agency support person accompanying them.

Gender of doctor

In terms of the gender of the doctor who performed the forensic medical examination, nine said the doctor was female, and this was appreciated by most, including the only man who had a forensic medical examination. The two female victim/survivors examined by a male doctor expressed opposing views on this matter.

They did ask me but then said I'd have to wait and so I said no, just get it done now. It didn't worry me. I was a bit funny about it but I knew he wasn't going to do anything to hurt me.

The other said she would have preferred the doctor to have been female and not Indian.

He was Indian. That's another reason I didn't want it done.

6.3.2 Who was present

In terms of who was present during the medical examination, four said it was only themselves, the doctor and the nurse. Three had friends there, and two said the police were present, although the comments from most suggested they were adjacent but not able to see the procedure itself.

My friend, my nursing friend, was behind the curtain. The detective was there for part of it behind the curtain and then he left and went to my house with Rape Crisis so I don't know how long he was there. I don't think it was long – and he couldn't see anything.

Two respondents said they had family members present (in one case a mother, in another a sister), and one referred to an agency support worker being present. One woman also mentioned that her baby son, who was about three months old, was present during her examination.

6.3.3 Location

Different venues were used for conducting the medical examination. Five interviewees said they were examined in a medical centre or doctor's surgery, four were examined in a hospital, and one underwent the examination at the police station. The remaining interviewee said she appreciated being taken to a specialist sexual violence facility.

It was like a little counselling house just so no one really knew what the place was. So I was quite comfortable and like they made me a cup of tea and it did feel like being at home. It was quite nice.

6.3.4 How the victim/survivor was treated

Most of those who underwent the medical examination used positive terms to describe how the doctor treated them, with about half saying they were warm and understanding (see Table 26).

Table 26: Doctor's treatment of victim/survivor (n=11)

Response	n ¹	%
Warm	6	55
Understanding	5	45
Professional	3	27
Cold	3	27
Other ²	5	45

Notes

1 Numbers do not total 11 because multiple responses could be given.

2 'Other' was made up of three positive comments, one negative and one neutral.

Three interviewees felt the doctor's manner was cold and clinical and they struggled to manage this attitude.

I found the doctor's approach difficult to deal with, it could have been very traumatic but then I'm a 'tough nut'. I knew it wasn't her fault. She did her job but it would have been easier if the doctor had been warmer.

The majority of those who added 'other' comments emphasised positive aspects associated with the doctor's manner and attitude towards them.

She was lovely. She was just as shocked as I was.

He was very gentle, he was really nice, made me feel really comfortable and he said if I didn't want anything to do, like if I didn't want him to do anything I could just tell him no which was good. He told me, he explained all the tests and that.

One interviewee noted how the doctor validated her experience.

It was the ultimate confirmation for me that it was an offence – she articulated the process of damage in a psychological sense so I just understood it. Not like the police asking me what I wanted to have done. Amazing, she was amazing, she was part of my whole healing.

Another felt that the procedure was by its very nature unpleasant and that the doctor's manner could do little to ameliorate this.

Her personality was really nice but when it came to the exam I felt uncomfortable that I had to strip off and stand there, you know, that was really uncomfortable.

One woman was grateful that her own doctor happened to be on duty and conducted the examination.

I was so lucky that I got my own [doctor], who was incredible. Kept saying, 'I am so sorry this happened to you, I am so sorry'.

Clearly, it is important not to approach the examination simply as an evidence-gathering exercise but to treat the victim/survivor as a whole person, with individual needs. Overall, the comments highlighted the importance of doctors striving to assist the victim/survivor to maintain dignity and some semblance of control during what is a potentially humiliating and disempowering experience.

6.3.5 Victim/survivors' feelings

The 11 victim/survivors who underwent a forensic examination were asked how they felt at the time of the examination and then how they felt after it had been completed.

Time of the examination

Interviewees were asked to describe how they were feeling at the time of the examination. Their responses are summarised in Table 27.

Table 27: Victim/survivors' feelings at the time of exam (n=11)

Feelings	n ¹	% ²
Embarrassed	3	27
Angry	2	18
Spaced out/dissociated	2	18
Scared	1	9
Disbelieving	1	9
Loss of control	1	9
Other ³	8	73

Notes

- 1 Numbers do not total 11 because multiple responses could be given.
- 2 Percentages do not total 100 because participants often mentioned more than one thing they found really helpful.
- 3 'Other' was made up of six negative and two positive responses.

The responses reflect the myriad of emotions victim/survivors can experience in the aftermath of sexual assault, as well as providing insights into how these feelings can potentially be magnified by their experiences during the medical examination. A frightening aspect for some victim/survivors is that the examination may be the first time they have had to confront the reality of their sexual victimisation.

[The doctor] was so nice and but she said when she did the examination she said yeah it looks like there's semen there and so of course I was like, well I was just vomiting and vomiting because it just, because I thought 'oh my god he has done that' you know. But then I still thought 'no he hasn't, he wouldn't have

I'm wrong, I'm wrong'. That's what I kept thinking. 'I'm wrong it will just, the DNA will come back nothing; nothing will come back', because I still thought I was wrong.

Three-quarters of those who added 'other' comments referred to negative feelings that were evoked during the examination procedure.

The doctor didn't take the time to make me feel at ease for the examination. I started doubting it, that I was doing the right thing.

One respondent tried to convey how dissociated she felt.

I was pretty run down. I was just yeah run down and still upset and less angry. A bit more spacey. Oh yeah I was just sort of in my own little world pretty much.

Another referred explicitly to feelings of re-violation.

I felt violated again to be honest – it was absolutely awful. Just because the whole thing and what they're looking for and you've got to get all your body checked out to see if there's any bruising or trauma.

The way one respondent spoke suggested she felt she had lost control of what was happening.

I wanted to get it over and done with. I was a little bit upset. I didn't want it to be done. I was talked into it and felt obligated to help others.

The male victim/survivor echoed these sentiments, saying the examination left him feeling '*Shit, worthless, I felt like I wasn't a man anymore*'. His experience became more arduous when, because of a history of intravenous drug use, the blood tests he had resulted in his vein collapsing and he felt as if he was going through '*detox*' again over the next few days.

Afterwards

When asked how the medical examination left them feeling afterwards, one respondent could not remember, two said they felt positive, and eight described negative feelings.

I felt better because I knew I could go home and have a shower and get freshened up a bit which made me feel a bit nicer.

Even more disappointed because they found nothing.

Partly disbelieved, like it wasn't enough (because my clothes were not ripped or dirty). I felt like I wasn't good enough to follow through on.

Complainants also felt '*lost*', '*alone*' and '*humiliated*', with three stating that they experienced the medical examination as a re-violation similar to the initial rape experience.

It was as hard as the rape was.

6.4 Generic medical care

All of the 11 victim/survivors who had a forensic medical examination also received additional medical care afterwards, as well as five who sought medical care but did not have a forensic examination.

I went to family planning to get tested for HIV and Hep C. He [the perpetrator] was a junkie. My cousin told my mum and she went with me – it was her idea.

Most of those who sought medical help said it was their own idea to do so, although occasionally others encouraged them. One young woman described sneaking out of the house to see a doctor the day before she went to the police. She had hoped to get the morning after pill and be checked for sexually transmitted infections and was disappointed when told she was too late.

I got nothing I wanted from seeing the doctor.

Most of those who went to the doctor of their own volition were seeking tests for sexually transmitted infections, including HIV, but three wanted the morning after pill and several also wanted psychiatric help or medication.

6.5 Support and assistance

The 11 victim/survivors who had a medical examination were asked if there was anything they found particularly helpful or unhelpful at the time.

6.5.1 Helpful responses

Seven interviewees said they had found some things particularly helpful, including several who said they valued the information the doctor provided during the examination.

Explaining things to me simply and just being so sensitive about what not to talk about and that. Some things had to be talked about that made me really raw – like how much everything would cost. She explained the forensic thing simply without me feeling guilt.

One woman described how it was only during an additional medical check that she obtained the information she wanted.

I wanted answers about HIV risks etc. The female doctor was very unhelpful. I had to ask more than once about HIV risks and options. The male doctor I found was very informative about this.

Some commented how important it was to feel comforted at this time, a feeling that could be evoked by the environment as well as by the doctor's manner.

The [Doctors for Sexual Abuse Care]³⁹ doctor talking to me, seeing how I was. Her tone of voice was comforting, she was very calm, everyone was calm, and that really helped.

Other aspects respondents mentioned reflected the importance of empathy and validation for victim/survivors as they struggle in the aftermath of rape. One woman praised the doctor who examined her.

She was empathetic and down to earth. She kept saying, 'I am so sorry this has happened to you'.

Another felt validated when the doctor was clearly pleased at how the victim/survivor had consciously tried to preserve forensic evidence.

I know he said it was helpful for me not having a shower and washing my clothes because they could still do all under the fingernails and all that and he was quite happy about that which made me feel quite good as well. That I'd actually done something right.

6.5.2 Unhelpful responses

Respondents were also asked if there was anything in particular they found really unhelpful during the medical examination. Five of the 11 identified negative factors, including feeling pressured into having the examination and encountering a cold and clinical attitude in the doctor. One respondent spoke of the loneliness experienced while waiting for the examination, while the male victim/survivor was disappointed at the lack of understanding regarding the impacts of blood tests on himself as a former intravenous drug user. The process of drawing blood 'triggered' flashbacks and he relived a previous 'detox' experience in the following days.

6.6 Summary

Most of the 11 victim/survivors who were sent for a forensic medical examination felt they had the reasons explained to them and had been consulted to some extent about this procedure. All but two were examined by a female doctor, with many grateful to have a woman conducting such a sensitive procedure. One of those examined by a male accepted this, but the other said she found it difficult. Two-thirds experienced the doctor as warm and understanding, but the remainder felt the doctor was cold and clinical. When asked how they felt after the examination was over, most answered in negative terms: three said they had experienced the procedure like a re-violation. What those examined found helpful was the information the doctor provided and the ways some doctors were comforting and validating in their attitude. Overall, their comments reflect the importance of the forensic medical examination being conducted sensitively and respectfully, preferably by female doctors and enabling victim/survivors to retain some control and dignity during such a difficult procedure.

39 See footnote 15.

7 Going to court

7.1 Introduction

Few complaints of sexual violence result in formal charges being laid and even fewer proceed to trial. For those that go to trial the probability of a guilty verdict is also statistically unlikely. As discussed in chapter 4, not all victim/survivors participating in this research who reported their sexual assault to the police went on to be involved in the court process. This chapter discusses the experiences of the minority who did.

7.2 Court processes

Seventeen research participants were involved in court processes (14 interviewees and 3 survey respondents).⁴⁰ Eleven of the 14 interviewees (79 percent) said they had been told what charges had been laid before the process began.⁴¹

7.2.1 Explaining procedures

All of the 17 who were involved in court processes said someone had explained court procedures to them. Victim/survivors were most often informed of court protocols and procedures by police and/or court victim advisers (Table 28).

Table 28: Who explained court procedures (n=17)

Outcome	n	%
Police	7	41
Court victim adviser	4	24
Specialist sexual violence agency	1	6
Prosecutor	1	6
Other ¹	4	24

Note

- 1 'Other' was made up of four respondents who said this information came from multiple sources: the police and court victim adviser; generic victim support service and police; and police, specialist sexual violence agency and court victim adviser (n=2).

One respondent said, '*everyone gave me a bit of advice*'. What usually happened was the complainant was taken through the courtroom, told who would be in the room and where they would be sitting, and given an idea about what they should and should not say. They were also told how the case would proceed through depositions to trial and sometimes provided with advice on how to deal with the

40 The majority of this group were New Zealand European (n=9), followed by Māori (n=3) and those of 'other' ethnicities (n=5). The group included two male respondents.

41 Three could not remember whether they had been told, and one said he had not been told.

defence attorney. One respondent who had been briefed by the Crown prosecutor said she had been confused by the negotiations carried out around a reduced sentence for the perpetrator if he entered a guilty plea.

We went through my statement and he told me what questions they might ask. What actually happened at trial was different to what I was told would happen. I didn't understand the negotiation process where he got less time for pleading guilty. The [prosecutor] had told me he would get eight years but because he pled guilty, he only got three years ...

Those who were interviewed were asked if they understood all the procedures after having these explained to them – 8 out of 14 said 'yes'. Three responded 'partly'.

Yeah most of them; I got a bit confused with just like some of the questions, the way that they worded the questions, it was like they were trying to trick me with answers. [The defence lawyer] was horrible.

For two respondents their confusion was more in relation to the outcome of the trial (e.g. plea bargaining) rather than the procedures themselves. A common feeling was that the whole experience was overwhelming.

I just couldn't take it all in.

More often than not, research participants said that they felt well prepared for going to court – 11 out of 17 reported this, although they often commented that they were as prepared 'as [they] could be'.

We went through my statement and [the detective] gave me practice questions to answer. I also did this with my counsellor. Also in the week before court I wrote out a list of what could be asked, and wrote my answers. It was a way of me keeping in control and it was very important for me not to fall apart in front of [the perpetrator].

Despite saying she felt well prepared at the time, one respondent was now angry about her experience.

At the time I would have said yes but now, no. I feel like I was treated just like a number, yeah like a number, I don't know. It wasn't like the most enjoyable day of my life and I don't feel like I was treated well, I was just another number. And even the defence lawyer, which is I suppose understandable, but I feel like I was treated like just a piece of shit basically.

The six who said they did not feel well prepared referred to the nature of the event and not enough time for preparation.

I was very, very anxious about it. I felt like physically prepared but mentally I was very worried about it. I was scared you know because I knew it was all going to be in the papers again.

Well, it was all rushed because I was told it was going to be in a month's time and then all of a sudden it was in three days' time because it got brought forward because one trial was cancelled.

I think that's quite an irrelevant question to be honest. I don't think you ever feel well prepared to go to court.

7.3 Trial

This section describes the experiences of those who went to court, including meeting the Crown prosecutor, giving evidence and being cross-examined, and facing the accused in court. It also looks at what was helpful or unhelpful about the court process.

7.3.1 Meeting the Crown prosecutor

The cases of 14 interviewees proceeded through to the accused having to appear in court (i.e. depositions and trial). These interviewees were asked when they first met, and how they were treated by, the Crown prosecutor.

Most met the prosecutor briefly on the day of the trial or the day before. Only two mentioned they had had contact with the prosecutor more than once before the day the trial began.

Table 29: Meeting Crown prosecutor (n=13)

When met	n ¹	%
Day of the trial	5	38
2–4 weeks before the trial	4	31
Day before trial	2	15
Other ²	2	15

Notes

- 1 One respondent could not remember when she had first met the Crown prosecutor.
- 2 One respondent met the Crown prosecutor on the day the perpetrator was offered a 'deal' for pleading guilty and one met the prosecutor four days (including a weekend) before the trial.

Although they had usually only met 'their' Crown prosecutor shortly before or on the day of the trial, most respondents were pleased with the way they were treated. Prosecutors were described as being understanding, professional, pleasant, warm and respectful (Table 30).

Table 30: Prosecutor's treatment of victim/survivor (n=14)

Treatment	n ¹	%
Understanding	4	29
Professional	4	29
Pleasant	4	29
Just another 'case'	3	21
Warm	2	14
Respectful	2	14
Cold	2	14
Other ¹	1	7

Notes

- 1 Numbers do not total 14 because multiple responses could be given.
- 2 One respondent said she 'didn't really know him'.

A small number were dissatisfied with how they had been treated. One of the criticisms of prosecutors made by three interviewees was the clinical way in which they were treated.

I just felt like he treated me like oh not even really a person. Just somebody that had like a case kind of thing. Like a job. Mm. And I found him to be quite negative as well because he did say again don't expect a conviction because [area] has low conviction rates ... There was no positive encouragement.

Like I was just another client or whatever ... just another number.

7.3.2 Giving evidence

Eight of the 14 interviewees whose case went to depositions or trial said they had been given preparation for giving evidence in court.⁴² This task was mainly undertaken by the police detective involved with the case and rarely by the Crown prosecutor or court victim adviser.

⁴² Data for one respondent were missing, another could not remember whether she had been prepared for giving evidence, a further two said 'no'. The cases of two did not result in a trial because the accused entered guilty pleas.

Table 31: Preparation for giving evidence (n=8)

Professional	n	%
Police	7	88
Prosecutor	2	25
Counsellor	2	25
Specialist sexual violence agency	1	13
Court victim adviser	1	13

Note

1 Numbers do not total eight because multiple responses could be given.

Eleven interviewees gave evidence in court – only one did this behind a screen. Two said they had been given a choice about the mode of giving evidence – both had been offered a screen but in one case the trial went ahead in a closed courtroom so the screen was not needed.

All 14 research participants who had given evidence in court⁴³ were asked how this had affected them – all responses were negative: ‘embarrassing’, ‘exhausting’, ‘degrading’, ‘nerve wracking’ and ‘traumatic’.

It was horrible. I was exhausted; like every part of my body that night was so sore. And it was embarrassing and kind of degrading and disgusting and I felt kind of like I was the one on trial because you know the things they ask you and the things they imply and you’re in a room full of people, 90 percent of whom I don’t know talking about intimate sexual stuff. Ninety percent of them are men, you know – most of them were men.

7.3.3 Cross-examination

Participants were asked what it was like being cross-examined on their evidence. Most referred to the accusatory, intimidating nature of the experience.

The lawyer was a fucking arsehole!

It undid a lot of the work I did in counselling on understanding the truth of what happened. It reinforced a lot of the offenders’ messages and rationales when I was a child. I almost became a child again.

Oh I hated it. He just made, kept making me feel like I was a bad person, that I was doing things wrong and saying ‘you were intoxicated weren’t you’ and I was like ‘no I had two drinks and I was not intoxicated’.

One participants said that her confusion arising from the cross-examination contributed to a section 347 dismissal by the judge.⁴⁴

43 The 14 research participants were 11 interviewees and 3 survey respondents.

44 Under section 347 of the Crimes Act 1961, the judge may in her/his discretion, at any stage of any trial, before or after the verdict, direct that the accused be discharged.

It was horrible. The detective said he'd never seen anyone being cross-examined as long as I'd been. I was on from about ten till four. And he had gone on and on and on and on the second time, 'Did you invite him in or did he just turn up?'. I said 'I don't remember.' He said, 'You invited him in or you phoned him'. and I said, 'Oh I don't know probably, I don't remember'. That was me committing perjury because I changed my story.

A further participant observed that, although it was an unpleasant process, the cross-examination had not been as bad as she had expected.

His lawyer used intimidation tactics of slamming down books. But it wasn't as bad as I had anticipated because I was so well prepared. He didn't ask any questions that I hadn't prepared for. I knew that he was trying to intimidate me.

Two respondents thought it was 'Okay but tough', but said they had expected it to be like that.⁴⁵

When interviewees were asked for their opinion of the defence lawyer, perhaps not surprisingly, there were only two positive comments. One respondent said they realised, 'he was only doing his job' and the other remarked 'he was very good'. All other comments can be summed up by, 'I felt like I was on trial', which reflects their views in general of the cross-examination process.

7.3.4 Facing the accused

Eleven out of the 14⁴⁶ whose case proceeded to trial said they had been told beforehand that they would see the accused in court. They were asked how they felt about this. Seven out of 11 felt a range of feelings, it was 'hard' (n=2), they were 'scared', 'terrified' and 'nervous' (n=4) and 'pissed off' (n=2). Two were 'not bothered' and a further two were glad the accused had to face up to them and what he had done.

I didn't take the screen because I wanted him not to have anything to hide behind. The hardest thing was having to see him, but I only looked at him once.

One participants found that strategies she had been given to cope with seeing the accused in court did not work so well in reality.

I was really scared and nervous and didn't want to look at him. And I'd been told that the defence quite often use the trick of standing in front, so when you look at them to talk to them you can't help but see [the accused]. So I was told at that stage that I didn't have to look at anybody, I could look at the wall, I could look at the jury, I could look at the judge, I could look at the floor if I wanted to. So I tried not to look at the defence lawyer and then I got growled at for not looking at him. [I] got yelled at – he said 'Stop shaking your head and look at me'. I'd already been told by [the victim adviser] that I could look at the wall I

45 The response of one respondent was ambiguous.

46 Only one said 'no', data for the others were missing.

could look wherever I frigging wanted to. So I made sure that I mainly looked at the judge or the jury.

7.3.5 Outcome of the case

The 17 research participants who had been involved in the court process were asked about the outcome of their case. There were no discernable differences in outcome by ethnicity or gender (see Table 32).

Table 32: Outcome of case (n=17)

Outcome	n	%
Found guilty at trial	8	47
Found not guilty at trial	5	29
Pled guilty before trial	3	18
Section 347 dismissal ¹	1	6

Notes

1 The judge dismissed the case.

In about half the cases the accused was found guilty at trial, and in another three cases the accused pled guilty before the case proceeded from depositions to trial. The remainder of the outcomes were less desirable for victim/survivors.

Victim/survivors' views were positive when there was an outcome of 'guilty' (either at trial or a change of plea) – they were *'over the moon'*. However, understandably, victim/survivors felt let down and angry when the outcome was not a positive one.

[I felt] ripped off. They told me it was very likely he would get convicted, sort of got my hopes up, yeah.

I was fucking gutted; devastated. I had prepared – you know that's a possibility of not guilty – but to have it just done like that, it was over, done, and he got to walk free ...

I was fucken pissed off. I felt very let down, betrayed and angry, a sense of disbelief that he was found not guilty. I felt discouraged, hopeless, wanted to give up. I sank into depression for several months.

Interviewees were asked how they felt about the trial judge; their responses were mixed. Five out of the 11 said the judge's input was minimal and that the judge had not made much of an impression on them. An equal number made positive remarks about the judge such as *'really nice'* and *'considerate'*. The only negative comment was made by the victim/survivor whose case the judge dismissed; she said the judge's actions made her feel *'violated all over again'*.

Victim impact statement

The purpose of a victim impact statement is to allow information concerning the effect of the offending on the victim to be conveyed to the sentencing judge. This statement details in the victim/survivor's words any physical injuries, property loss

and other effects (particularly psychological effects) suffered. The statement is either read by the judge before the sentencing, or, with leave of the judge, may be read in open court by the victim and in the presence of the offender before sentence is imposed.

Twelve out of the 14 interviewees whose case went to depositions or trial said they had made a victim impact statement to inform the sentencing process if there was a guilty verdict. Most comments about this process were positive, victim/survivors found the process *'therapeutic'*, *'healing'*, a *'relief'* and *'not too hard'*. There was only one negative reaction on the effect of making the statement.

I stopped eating for a while and I wasn't sleeping properly, got really depressed, yeah really, really depressed.

Only one interviewee stated that she had not been able to say exactly what she wanted to when making her victim impact statement, and another two said there were things they did not remember at the time. A further two said they could not remember, but 7 out of 12 said they had felt able to talk openly during this process, although it was an emotional experience.

Restorative justice processes

Although there is a continuing debate around the suitability of the use of restorative justice processes with sexual violence cases, it has been known to happen both in New Zealand and overseas.⁴⁷ We asked interviewees who had been to court whether they had been given the option of participating in a restorative justice meeting with the accused and, if so, at what stage of the process (e.g. before or after sentencing). One male victim/survivor said the Parole Board had notified him that the offender was prepared to be involved in a post-sentence restorative justice meeting – he decided not to take part.

I talked to the counsellor about it and felt that nothing would be achieved.

A female interviewee said she had asked for the restorative justice process to take place as part of the offender's sentence. The offender, a family/whānau member, refused to take part.

I asked for one as part of the sentence but he refused. I wanted to go through that, not so much for me; I wanted to give his kids and his family closure. Yep it was going to be part of the sentence that I asked for. But he'd rather pay me money (paid \$18,000 reparation) than do that, which I thought was hilarious.

This interviewee felt that participating in a restorative justice process could have brought extended family members together and provided some closure in a situation where the family had been divided in their responses to the abuse, with some taking the side of the offender and others the side of the victim/survivor.

⁴⁷ For example, see Kingi et al. (2008) and Koss (2006).

7.4 Sentencing

Six interviewees indicated that they had attended the sentencing of their perpetrator at the end of the trial. All of them said their victim impact statement had been read out in court and that this was a healing or empowering experience. Four read it out themselves and the other two were read out by the judge. One respondent who had been sexually victimised by a family/whānau member from the time she was a small child through to being a young woman said that reading out her victim impact statement was an incredible experience.

I shouldn't have looked at my [perpetrator] at one stage I lost my place. It was empowering. It was deeply empowering. There were public there as well but I needed to, I needed [the perpetrator] to hear the effect that it had had on me and I needed him to hear that I wasn't going to see him as my [family member] again. I had the court reporter come up to me afterwards and she was in tears and the prosecutor was in tears and the policemen were in tears, they were all blown away by that statement. They said they never ever heard anything so powerful which floored me.

All except one⁴⁸ of the accused were sentenced to terms of imprisonment ranging from 4 to 18 years.⁴⁹ Respondents said they were satisfied with the outcome of their case.

I had input into this. It was what I wanted.

Great, but a little sorry for him. I was relieved that I had got justice and it had all been worth it.

Surprised. Pretty pleased. Twelve years non-parole. [And he was] to be deported to [a Pacific Island].

Being at the sentencing provided closure for those who attended.

[It was] good to bring that part of it to a closure, to meet other complainants. A shift of the power balance. I saw him as an inadequate feeble man.

I got to give him the 'evils' and it felt good.

All interviewees whose perpetrator received a prison sentence said they had been made aware of the victim notification process,⁵⁰ although it did not always work as expected.

48 This accused had pled guilty, and under a plea bargain name suppression was lifted and he had to pay the complainant \$18,000 in reparation. Because of his advanced age no one wanted him to go to prison, and the complainant had just wanted him to admit to the abuse.

49 These were 4 years (reduced to 3 years because of the perpetrator's advanced age and ill health), 7 years, 11.5 years, 10 years (with a 5-year non-parole period), and 18 years (with a 12-year non-parole period).

50 Under the Victims' Rights Act 2002, victims of serious crime (including sexual violation) can apply to the police to be registered with the victims' notification service. This service provides victims with detailed information about the case and the progress the offender has made through the criminal justice system, including prison escapes, and potential parole and release dates.

I signed up for the victims' notification process, but when he was released I wasn't notified. I found out from the community.

7.5 Support and assistance

Victim/survivors who were interviewed were asked if anyone had accompanied them to court; 12 out of 13 said 'yes'.⁵¹ The victim/survivor who did not have support said this had been his choice. All except one of the others said they had chosen who went to court with them. However, in one case the preferred support person was not available because the court date was brought forward; the court victim adviser supported this victim/survivor.

We can see from Table 33 that support for complainants at court was predominantly supplied by family/whānau members or friends, followed by specialist sexual violence agency support, counsellors and other victim services. All agreed this support was helpful.

Just knowing that she was there and every now and then she would grab my hand or I'd grab her hand and just knowing that she was there, or she'd just put her hand on my leg or something just a little touch knowing that she was there and she was supportive.

Table 33: Support at court (n=12)

Source of support	n ¹	%
Family/whānau	5	42
Friend	4	33
Specialist sexual violence agency	3	25
Partner	2	17
Counsellor	2	17
Other ²	3	25

Notes

- 1 Numbers do not total 12 because multiple responses could be given.
- 2 'Other' was made up of Women's Refuge (n=2) and a court victim adviser.

7.5.1 Helpful part of court process

Interviewees were asked what the most helpful and supportive part of the court process had been. Five out of the 12 said '*nothing stood out*'.⁵² Four said being able to have support throughout the process, two said being well prepared for what would happen, and one said being able to give evidence behind a screen was helpful. Another also mentioned that the outcome – a term of imprisonment for the accused – had been the most helpful part for her.

51 One interviewee said she could not remember.

52 Data were missing for two interviewees.

7.5.2 Unhelpful part of court process

The same 12 were asked what the most unhelpful and least supportive part of the court process had been. All had some comment to make.

Table 34: Unhelpful/least supportive part of process (n=12)

Issue	n ¹	%
Treatment by defence lawyer	3	25
The perpetrator	3	25
Giving evidence	2	17
Everything	2	17
Support people	2	17
Lack of information	2	17

Note

1 Numbers do not total 12 because multiple responses could be given.

Three interviewees (25 percent) referred to their treatment by the defence lawyer as unhelpful. Three interviewees also commented on issues relating to the accused – that is, having to see and pass closely by the perpetrator in the courtroom and the presence of perpetrator’s support people, usually friends and family/whānau members.

I think having his friends and family in the courtroom at the time. And like outside the courtroom they were saying bad things about me and kind of putting me down and saying that I was a liar. I think that would have been the hardest thing about being in court.

Two interviewees said they found not having their support person beside them while they gave evidence was unhelpful – the support people sat behind them out of sight when they were in the witness box. Two others had issues with giving evidence – speaking slowly made one lose track of her thoughts and not knowing what sort of questions would be asked made the other anxious. Another mentioned the lack of information in general, and a further two said ‘*everything*’ about the process was unhelpful and unsupportive.

7.5.3 Improvements to court processes

The 17 research participants who had been involved to some extent in court processes were asked what they thought the most important information was to give a sexual assault complainant going to court. Their responses are set out in Table 35.

Table 35: Most important information for complainants (n=16)

Information	n ¹	%
Giving evidence	11	69
Sources of support	9	56
Likelihood of conviction	9	56
Complainants' rights	8	50
Other ²	1	6

Notes

- 1 The numbers do not total 16 because multiple responses could be given. One participant who responded 'don't know' to this question has been excluded.
- 2 'Other' included information on court options, such as being able to have a closed courtroom.

Research participants agreed that it was most important to give complainants detailed information about giving evidence, followed by information on all sources of support they could access and, equally, information on whether the accused was likely to be found guilty. They also thought that complainants should be given comprehensive information on their rights within the criminal justice system.

Research participants were also asked what they thought could be done to improve the court process for sexual assault complainants. They suggested:

- meeting crown prosecutor earlier
- having more female staff
- having a closed court
- having legal advice available for the victim/survivor
- using screens when complainants give evidence
- having judge-only trials
- giving court victim advisers more specialist training
- having support available throughout for complainants, especially when giving evidence
- removing the accused from the court when the complainant is giving evidence and being cross-examined.

Participants also thought defence lawyers should have to be more respectful, complainants should be given ample time to read documents, and victim/survivors should not be tried.

Victims should not be put on trial. Abusers should have to prove that they didn't rape or sexually abuse victims.

One victim/survivor felt disappointed about the lack of support in the court system. She felt there was 'massive misinformation' regarding when and where her case would be heard: both the dates and towns changed without her being kept properly informed.

The victim adviser – they've got to be more clued up. They were fucking useless; excuse my language but they were ... Their ability to relate to victims was minimal. And at times quite condescending, which is really bad because I tend to speak back in the same tone.

7.6 In retrospect

The 14 who were interviewed were asked if they had considered dropping out of the court process at any stage – only three said 'yes'.⁵³ Their reasons related to the length of time it took the case to come to trial. Two out of the three said there had been pressure from outside sources for them to withdraw from the court process. In one case, this pressure came from the perpetrator, in the other, which involved a perpetrator who was a family/whānau member, members of the family were pressuring the victim/survivor to drop the charges. A further victim/survivor, who had not considered giving up the court process, experienced pressure from within her circle of friends not to carry on.

Ten interviewees said they had been supported and encouraged to carry on with the court process.⁵⁴ Support most often came from family/whānau, friends, the police, and agency/services staff (in particular, specialist sexual violence agencies⁵⁵ and Women's Refuge). When asked what it was that made them decide to carry on with the court process, interviewees predominantly said they '*wanted [perpetrator] to be made accountable*', '*wanted justice because what had happened was wrong*', and '*did not want this to happen to anyone else*'.

7.6.1 Media attention

Five interviewees said their case (i.e. the trial) was reported in the media; when asked how this had affected them, their responses were mixed. One said, '*I would have liked to have been told beforehand*'; another found it '*therapeutic*' as he was not identified, and a third said, '*It felt victorious, it really validated me*'. However, two found this experience traumatic.

I felt furious and violated. It was in the local paper and everyone up here knew it was me. My friends texted me. I didn't expect that to happen and I was very upset.

7.7 Summary

All of those whose cases went to trial said they had been given information beforehand explaining court procedures, most often by the police or a court victim adviser. About a third, nevertheless, still felt unprepared for the trial. Most met the

53 This group comprised two women who identified as New Zealand European and another who identified as an 'other' ethnicity.

54 Data for two were missing.

55 That is, Rape Crisis and HELP.

Crown prosecutor on the day of, or the day before, the trial, and the majority found the prosecutor understanding, professional and pleasant. A minority expressed dissatisfaction with the prosecutor when they felt the latter's approach was too cold and clinical.

Only two interviewees were offered the opportunity to give evidence from behind a screen. One took advantage of this offer and the other did not need to when the case went ahead in a closed court. All of those who gave evidence described the experience in negative terms such as '*traumatic*' and '*degrading*'. This was irrespective of whether the accused was found guilty at trial, which he was in over half the cases. In terms of supporting them through the trial, most had support and said they were able to choose their support person, most typically opting for a family member, followed by a friend or a specialist sexual violence agency worker. What they found hardest to manage was **their negative treatment by defence lawyers**, as well as proximity to the perpetrator and his supporters. Some felt it would have helped to have more support throughout the process and to have their support person more visible and accessible while they were giving evidence.

8 Support systems

8.1 Introduction

Research participants were asked about their contact with support agencies and to elaborate on their experiences with these agencies. Many participants had made contact, or been put in touch, with a wide range of support agencies. These agencies included generic counselling agencies and specialist sexual violence agencies. This chapter gives an overview of victim/survivors' contact and experiences with these agencies. It also considers victim/survivors' experiences with accessing and using informal sources of support and how helpful they rated these sources as being.

8.2 Formal systems

Sixty-one (81 percent) of participants said that they had had contact with a community agency or service. This group was asked which agencies they had had contact with and how this contact had come about. The agencies involved are set out in Table 36, according to the primary agency contacted.

Table 36: Service or agency contacted (n=61)

Agency	n	%
Specialist sexual violence agency	36	59
Generic ¹	14	23
Women's Refuge ²	6	10
Culturally based ³	5	8

Notes

- 1 The 'generic' category includes generic counselling (including Accident Compensation Corporation counselling), women's centres and support groups, men's support groups, mental health services and church services.
- 2 The 'Women's Refuge' category' includes one respondent who sought support from a Māori Women's Refuge.
- 3 'Culturally based' agencies were Pacific and Māori counselling services.

Thirteen participants reported that they had been to more than one agency or service. The combination most often referred to was Women's Refuge and a specialist sexual violence agency, with six respondents reporting seeing both. Others typically saw a combination of generic agencies, including Samaritans and Victim Support. One participant had contacted a specialist sexual violence agency, but was told the agency did not deal with historical offences.

8.2.1 Accessing formal agency support

How victim/survivors came to access a formal agency varied. Although no consistent information was obtained on this, what emerges are indicators of multiple pathways.

Table 37 relates to the total sample of research participants. The 58 who were interviewed were also asked how they came to access the particular agency or agencies they did. Of those interviewed, 47 (81 percent) had been in contact with at least one support agency. Table 37 shows how they came to access the primary agency they contacted.

Table 37: How the service or agency was contacted (n=47)

Referral source	Service or agency ²							
	Specialist sexual violence (n=24)		Generic (n=15)		Women's Refuge (n=3)		Cultural (n=5)	
	n	%	n	%	n	%	n	%
Self-referred	8	33	5	33	1	33	2	40
Police	6	25	0	0	0	0	0	0
Family friend	4	17	3	20	2	67	0	0
Counsellor ¹	3	13	0	0	0	0	0	0
Other ²	3	13	7	47	0	0	3	60

Notes

1 'Counsellor' included a school counsellor.

2 'Other' included mental health services, generic agencies, and individual professionals (e.g. a doctor and lawyer).

Table 37 suggests that specialist sexual violence agencies have the highest profile, because a range of individuals and groups within the community identify them as a source of support. Six interviewees said the police facilitated their contact with a specialist agency. This eventuated from their reporting the sexual assault to the police, who, in accordance with the New Zealand Police Adult Sexual Assault Investigation Policy, offered to arrange counselling or support for them. Eight victim/survivors said they self-referred to a specialist sexual violence agency, which for some meant following up advertisements seen in local papers. One interviewee said it took two approaches to obtain a response from the agency she contacted:

The first time, before I made the statement, I contacted [the specialist sexual violence agency] and asked for counselling. They had a waiting list and they never phoned me back. I felt really let down. The second time the police made an appointment with the counsellor for me – this was also with [a specialist sexual violence agency], and was a life saver.

Self-referral emerged overall as one of the key ways by which victim/survivors came to access any form of support from an agency/service, suggesting many were highly

motivated to seek and obtain support on the recovery journey. The experiences of some suggested they needed a certain tenacity to access what would work for them. For example, a Māori victim/survivor recounted her difficulties in locating a therapist she could trust, after she lost confidence in the one she had been seeing.

The way that my therapist dealt with it [the rape] was basically the final straw and I just couldn't take it any longer and I fired her. And so I was on the hunt for a new therapist and so being the smart chick that I am ... I thought I'd ring people who might know a therapist.

She experienced further disappointments in obtaining consistent and ongoing support.

For some victim/survivors, family and friends were instrumental in helping them to access support. In three cases the victim/survivor's mother arranged for contact with a community-based agency and set up the appointment. In a further three cases the victim/survivor's partner initiated contact with a support agency. This included a situation where a male victim/survivor's wife was a counsellor and played a major role in his accessing support from the appropriate agency.

In at least four situations the victim/survivor said their initial contact with the agency had arisen in other contexts, and they ended up disclosing the sexual assault in the course of other conversations or counselling sessions:

It probably just slipped out as I was talking to women at [a non-government organisation] meeting.

When my mother died I actually went to [a counselling service] for grief counselling. I didn't go because of the sexual incident.

The responses of the victim/survivors reveal a wide range of avenues leading to their being in contact with community agencies and services. As well as those routes identified above, people who made or encouraged the referral included the victim/survivor's pastor, employer, psychologist, lawyer, doctor, and home support worker, as well as referrals made through the District Health Board and arising from a marae-based gambling hui.

8.2.2 Possible difficulties in accessing support agencies

All 61 participants who had contact with support agencies were also asked whether they had had difficulty in accessing or using these services; about two-fifths (n=24; 41 percent) said they had experienced some difficulty.⁵⁶ They were then asked what would have made using services easier; their responses are set out in Table 38.

Most victim/survivors wanted information, with approximately half of those who responded feeling they would have benefited from more information about the services available. The ability to access counselling services when needed was also identified as an issue, along with the need for culturally appropriate services to be accessible. One respondent stressed the need for culturally specific services to be

⁵⁶ Data were missing for two respondents.

as professional in service delivery as ‘mainstream’ services, after considering this to not have been her experience. Comments were also made about the costs associated with receiving support and counselling, with some considering practical assistance was needed with aspects such as transport to services.

Table 38: What would make using support services/agencies easier (n=24)

Areas of need	n ¹	% ²
Information		
On services available	11	46
On counselling options	5	21
Availability		
Shorter waiting times	7	29
Increased number of sessions	6	25
Counselling services (e.g. 24-hour services)	8	33
Continuity of counsellor	5	21
Someone to talk to ³	2	8
Culturally appropriate agencies/services	5	21
Assistance		
Transport to services	7	29
Filling in forms	3	13
Cost of counselling	3	13
Childcare	2	8
Other ⁴	3	13

Notes

- 1 Numbers do not total 24 because multiple responses could be given.
- 2 Percentages do not total 100 because multiple responses could be given.
- 3 Two said they would like someone empathetic with whom they could just ‘chat’.
- 4 ‘Other’ included those who wanted translation services (n=1), dealing with historical cases (n=1), and protection (n=1). Data were missing for two respondents.

8.2.3 Accessing other sources of support

All research participants were asked to comment on the extent to which they might have used other sources of support. Ten referred to seeking support through church, religious and spiritual associations. Those who considered spiritual support important highlighted the role their faith played and their relationship with a pastor or church leader.

A shamanic workshop in Auckland (six years ongoing involvement) gave me an inner strength to deal with issues.

I found a kaumātua who came and blessed the house. That felt like a really important healing thing to do. I had to organise that myself.

I was at my church – apart from my church I pretty much isolated myself.

Seven participants said they sought help from health and medical services.

I went to my doctor for depression and told him about the rape and he suggested ACC counselling.

Smaller numbers turned to social workers and social work organisations for assistance, particularly with practical support for their immediate needs, such as food parcels. Another emphasised the need for support to manage the alcohol and other drug issues she felt had increased her vulnerability to being raped.

I feel I won't be safe if I don't deal with my drug and alcohol problems and they're holding me back from achieving what I'd like to.

One participant emphasised the importance for her to keep on accessing support from wherever it was available.

Healing is not negotiable. The other alternative is suicide. You have to try to heal or die.

8.2.4 Experiences of support and assistance

The remainder of this chapter presents participants' views on how they experienced support from specialist, generic and culturally based support agencies, including Women's Refuge (given the number whose rapes occurred in the context of partner or family/whānau violence).

Levels of satisfaction with agency support

All those who contacted an agency (n=61) were asked to rate their level of satisfaction with the services they received on a scale from 1 (very dissatisfied) to 5 (very satisfied). Table 39 sets out their responses by the type of service or agency they contacted.

Table 39: Levels of satisfaction by type of service/agency (n=61)

Type of agency/service	Rating ¹		
	1 or 2	3	4 or 5
Specialist sexual violence ²	5	1	29
Generic ³	3	2	10
Culturally based ⁴	0	2	3
Women's refuge ⁵	3	1	6

Notes

- 1 The rating scale was from 1 (very dissatisfied) to 5 (very satisfied). Numbers vary for this question because multiple responses could be given. However, the base number is 61 (i.e. all those interviewed and surveyed who contacted a support agency/service).
- 2 Data for one respondent were missing.
- 3 'Generic' agencies/services were made up of generic counselling (including Accident Compensation Corporation counselling), women's centres and support groups, men's support groups, mental health services and church services.
- 4 'Culturally based' agencies/services were Pacific and Māori counselling services.
- 5 'Women's refuge' included one respondent who sought support from Māori women's refuge. Data for one respondent were missing.

More than three-quarters (n=48; 79 percent) rated their experience positively, giving the agencies a rating of 4 or 5 ('satisfied' or 'very satisfied'). Six were neither satisfied nor dissatisfied with support agencies, and 11 (18 percent) said they felt dissatisfied or very dissatisfied with their experience. Four respondents provided mixed responses, having had both positive and negative experiences. These results suggest high overall levels of satisfaction.

In relation to support agencies, interviewees were asked several questions to elicit their perspectives on what they found helpful and unhelpful in their experiences with support agencies. Their responses are discussed in the sections following.

Helpful responses

A major aim of this study was to obtain an understanding of the sorts of things that make a difference and contribute to the well-being of victim/survivors. Those who were interviewed were asked if the agency they had contacted had done anything that really helped them. Table 40 presents their responses by the type of service or agency they contacted.

Table 40: Support from service/agency helpful (n=48)

Agency	Yes	No
Specialist sexual violence	24	2
Generic	11	3
Culturally based ¹	5	0
Women's refuge	3	0

Note

- 1 This includes one 'partly' affirmative response.

By far the majority of those who had contact with a service or agency said that something the agency did was helpful (n=43; 90 percent). They then went on to describe what they found helpful (Table 41).

Table 41: Helpful responses from formal agencies (n=43)

Response	n ¹	%
Emotional support	23	53
Listening and letting talk	13	30
Validation and belief	8	19
Teaching coping skills and strategies	5	12
Providing information and explanations	5	12
Availability and reliability	4	9
Safety and trust	3	7
Advocacy	3	7

Note

1 Numbers do not total 43 because multiple responses could be given.

The most frequently mentioned helpful response from formal agencies was emotional support. Participants appreciated the opportunity to talk and share their story with someone who would listen, while others stressed the importance of receiving validation and being believed. Some felt that participating in groups was helpful because it provided an opportunity to hear how 'normal' their fears and responses were. Others felt that talking on its own was not enough and they valued being taught specific skills for coping and managing the effects of rape/sexual assault. Also important to some was the knowledge that support was available when they needed it, and that the environment was one of safety and trust. A few said they valued agencies' advocacy role.

These responses were mentioned repeatedly during the interview and survey, and are explored more fully below with examples to underline their significance.

Emotional support

The importance of receiving emotional support emerged many times as a critical factor in helping many victim/survivors to manage and move on with their lives. Comments made by some indicated how shattered they felt and how hugely they relied on support agency workers when they were struggling and occasionally suicidal.

They're an absolute life-saver – dedicated and passionate.

I tried to kill myself and help came pretty quickly after that.

The counsellor saved my life. Even if I won Lotto [the lottery] it wouldn't be enough to thank the counsellor.

A male survivor said his main regret was that his wife had been unable to access the same levels of support as he had received from a specialist agency.

It has been extremely hard on my wife. We are now separated after 36 years of marriage. It would have been good if she was supported, even though support was offered. In hindsight, the same outlet for my wife would have been beneficial.

Another male survivor also spoke highly of the emotional support received from a specialist agency.

Yes. Definitely. This has been my saviour. I am still in counselling sessions.

In referring to how supported she felt, one woman described a specialist sexual violence agency counsellor as 'awesome'. She maintained, 'I'd still be a head case if it wasn't for [the counsellor]'.

Some emphasised the importance of not having an experience of victimisation define their identity. They did not deny or minimise the impacts of the sexual violence on their lives, but they were also aware that this was an experience that meant they had to rebuild their sense of self. Accordingly, some victim/survivors emphasised how important it was to be emotionally supported in integrating what had happened into their lives and moving on.

The counsellor didn't dwell on the rape – she showed me how to move on and dealt with other issues in my life, like [domestic violence] and building myself up. She made me realise that I had abilities, and that I could be a counsellor or social worker.

Sometimes participating in groups with other victim/survivors helped.

Having the group to go to was really good. The content was good and it was good to be with a bunch of people experiencing other things.

Being supported in a group context can be an easier, more affordable option than one-to-one counselling, but not all who mentioned having participated in groups found them safe and supportive. Some group participants felt judged by other members of the group. A male victim/survivor referred to the anxieties that could be fostered in heterosexual men when placed in groups with gay men – because gay men are regarded as possible sexual predators. One woman said she regretted turning down the opportunity to participate because at the time she did not want to do anything that reminded her of her victimisation.

They offered me the option of taking part in a weekly self-empowerment group for women and I didn't go – I wished they had been more directive and at least got me to attend one. I said, 'I'm not a victim! Leave me alone!'. I wish they had been firmer, given me encouragement or maybe have an incentive for you to attend group.

Listening and letting talk

Many victim/survivors spoke of how much they valued the opportunity to talk freely and at length about what had happened and to have the support worker really listen to them. One young Pacific woman, for example, said valued the 'quality time' she got from the agency.

Talking, listening, 'quality time'. All I wanted really, like from my mother, is some quality time. For her to sit and listen to me. She's always too busy at church.

A Māori respondent praised the way in which the counsellor at a kaupapa Māori agency allowed her to tell her story.

She listened, eight hours listening. It was the first [time] I knew I could do this. She stayed with me for eight hours, let me release everything that's inside. I felt like she was going to explode.

What many victim/survivors stressed was how helpful they found being able to talk about what had happened freely, while not having to worry about the reactions of the listener. This is connected to the strong need many spoke of in terms of receiving validation and belief, addressed next.

Validation and belief

Listening was not always enough, with many victim/survivors commenting on the importance of how the listener responded. What many victim/survivors said they needed was validation from the listener. For some this was clearly associated with their anxiety regarding whether what they were feeling or doing was 'normal'.

Counselling – understanding that the feelings I was having was normal for what I had been through.

Some comments suggested that the support person had to have their own personal experience of surviving sexual assault to be able to validate the victim/survivor.

Being listened to and understood, by someone who has been there.

Often conveyed with validation was the sense that the victim/survivor was believed.

I was believed. There was no suggestion that I was making it up.

Several participants specified how important it was not to encounter any sense of judgement from the support worker. The feeling that others were reacting from positions of disbelief or judgement served to silence victim/survivors, whereas empathic and validating listening encouraged them to share.

She was good. She listened and did not judge me. She believed me. Someone was listening.

We developed a fast bond. She never judges. She gives good advice and it's easy to talk to her. She's the only person I have deeply told my story.

Teaching coping skills and strategies

While many victim/survivors appreciated being listened to, some expressed disappointment when support agency workers and counsellors seemed to feel that listening to the victim/survivor talk was all they needed to do. They often felt they needed to be taught how to manage the impacts of the rape/sexual assault (e.g. dealing with flashbacks, coping with the fear, and managing intimate relationships). One woman said the first counsellor she saw was 'useless' in that she just wanted the victim/survivor to tell her all about what had happened rather

than provide her with the coping techniques she went there to obtain. Another praised the practical advice given by a support agency counsellor.

I built a strong rapport with her. The methods she used worked. I got immediate coping strategies to get me through on a day to day basis, and medical help.

Providing information and explanation

Some victim/survivors felt a keen need for information. Some wanted information about criminal justice system processes, medical and health issues. Knowing what was 'normal' in the aftermath of sexual assault was also identified as important. Another important gap in information involved knowing where to get the help they needed. When respondents were asked, for example, whether they had accessed other sources of support, 22 said 'no'. Their comments indicated a lack of knowledge about the supports available and a lack of confidence in approaching or accessing services.

One victim/survivor suggested it would have been helpful for an information sheet to be provided, or some means of informing her and others, about what services and benefits she could access.

Availability and reliability

Some of those interviewed stressed how it was important that the support they received was reliable and regular.

They were fantastic. I would recommend them to anyone – not that I hope I would ever have to. I find it really helpful seeing the counsellor at weekly, consistent and regular appointments. It gives me structure. And I am able to talk to [the counsellor] about stuff that I wouldn't talk to my family about.

The comment above also indicates the importance that can be attached to having a structure to help to provide a sense of safety and containment when a person's life has undergone such an upheaval.

Victim/survivors also appreciated the fact some agencies provided a 24-hour crisis line that they could access whenever they needed support: as some implied, the lowest and darkest times of the day seldom fall between 9 am and 5 pm. One woman said she was reassured when she was told a 24-hour number existed.

Just knowing that I could ring them at any time if I wanted to ask questions or wanted to talk. I had a card, an 0800 number [a free calling number] that I could ring at any stage that I wanted. That was quite helpful. I never used it but it was nice to know that it was there.

The comment above suggests that the value of a 24-hour number's existence may greatly exceed its measurable 'use' hours.

Victim/survivors said it was important that services returned calls and followed through on any actions. Continuity of support was also important.

When I first phoned, and they didn't get back to me, I felt let down. The second time I found the most wonderful counsellor.

I changed counsellors half-way through and the new counsellor was very supportive, making daily phone calls and texting me out of hours.

Safety and trust

The loss of trust and safety victim/survivors experience because of rape reinforces the need for support to be offered in an environment of trust and safety. It was important for victim/survivors to have confidence that the support agency worker or counsellor was a safe person and strong enough to hold the victim/survivor's vulnerability. Some victim/survivors suggested that trust and safety needed to be built up over time, and this affected their ability to disclose.

She made an appointment with me and then we started yakking and she got to know me. Little bits at a time. It took months.

This woman spoke of how unsafe she had felt initially, and how long it took before she felt she could disclose, and how she knew she would struggle to share her story with anyone else.

I just stuck to [this counsellor] because she was safe. I didn't want to go blah blah blah to anybody else – they would think I'm sick.

Advocacy

The traumatising nature of rape/sexual assault means that in the immediate aftermath of the attack, victim/survivors may need other people to act as their advocates. It is in this context that, for example, the availability of a support person to accompany the victim/survivor during the forensic medical examination and initial police interviewing was particularly significant. Support workers could ensure victim/survivors' basic rights were adhered to and their welfare needs met.

Longer term, the disempowering effects of rape meant some victim/survivors felt they needed to rely on others to argue their case and protect their rights. Examples they gave included help with securing protection orders, support in court and support in dealing with the police.

It would have been fantastic if someone could have taken action – supporting me to engage other services – I needed advocacy from a professional – I had no clout. [Child, Youth and Family]⁵⁷ asked me personal questions in a public waiting room.

Finding the 'right' counsellor

An additional factor identified was the importance of finding the 'right' person to provide support and counselling, with one person saying she 'tried' three before feeling a connection. There was a danger that not linking up with someone 'right' for a particular victim/survivor in the early stages could result in them deciding it was counselling per se that was not right for them. Reasonably high levels of confidence

57 Child, Youth and Family is the government agency that has legal powers to intervene to protect and help children who are being abused or neglected or who have behavioural problems.

and self-esteem are needed to embark on a '*shopping trip*' to find the right person, characteristics typically lacking in those who have just been raped.

Part of feeling a connection with a counsellor involved feeling comfortable with the styles and techniques the counsellor used. Discomfort in this regard could rupture the victim/survivor's connection and faith in the process, as evident when interviewees described their huge discomfort at being expected to go along with practices that seemed more '*alternative*' than they felt comfortable with. (For examples, see the section 'Not providing what the victim/survivor wanted'.)

Unhelpful responses

Further information about what was helpful was obtained by asking victim/survivors to comment on things they found unhelpful in terms of support agency responses. More than one-third (n=17; 35 percent) said something was unhelpful. Table 42 presents their responses by the type of service or agency they contacted.

Table 42: Service/agency response unhelpful (n=48)

Agency	Yes	No
Specialist sexual violence agency	8	18
Generic	7	7
Culturally based	2	3
Women's refuge	0	3

Naturally, some of what participants found unhelpful was the opposite of the helpful responses outlined above; for example, it was helpful to be believed and validated and unhelpful to be disbelieved and judged. Table 43 sets out participants' responses.

Table 43: Unhelpful responses from formal agencies (n=17)

Response	n ¹	%
Feeling judged or blamed	5	49
Not feeling safe	4	28
Not providing what v/s wanted	4	17
Not competent or qualified	3	11
Too difficult to access (cost/location)	2	11

Note

1 Numbers do not total 17 because multiple responses could be given.

Most often mentioned was the feeling that those with whom the victim/survivors were interacting were judging or blaming them for the rape/sexual assault (n=5). Others said that not feeling safe affected them (n=4), or they had difficulties getting what they wanted or needed from the support agency or counsellor (n=4). There were also concerns that workers and counsellors were not sufficiently qualified to

provide the level of service or intervention required (n=3), and that services could be physically difficult to access (n=2).

As with the 'helpful' responses, these issues were also mentioned at other times during the interview and survey, and the collated responses on each factor are presented below.

Feeling judged and blamed

Feeling blamed and unsupported by agency workers and counsellors posed difficulties for the small numbers of victim/survivors who experienced this response.

Their attitude. They made it seem like it was my fault that he was brutal and assaulted me physically and sexually.

I was told by [the specialist sexual violence agency] that they couldn't help me because it [the abuse] was historical. I was pissed off about that because I needed help.

Feeling judged or blamed for what had happened prompted some victim/survivors to see a different counsellor or agency, and could affect both their ability to disclose and to receive help.

The first groups were always judging, judging, judging. I don't need or want anyone to judge me.

A male survivor similarly felt judged by those he saw.

Too many opinions and judgements i.e. 'shave your moustache'.

A transgender respondent commented that while having the group to go to was good, it was difficult having to manage 'a lot of homophobic stuff' that made it hard to feel accepted. This experience reinforces the importance of recognising that the environment within which a victim/survivor discloses consists of so much more than simply the words that might be uttered – it is vital that a non-verbal sense of acceptance and empathy is conveyed. It also demonstrates the potential for blame and judgement to be forthcoming from other victim/survivors, reflecting the wider societal context of victim-blaming and prevalent rape myths.

Not feeling safe

The extreme levels of fear and vulnerability that typically follow a rape/sexual assault generate a strong need in the victim/survivor to feel safe. This can be associated with feeling they are not on their own and can rely, at least temporarily, on protection from others. Some said that their contact or contacts with a service or agency did not leave them feeling safe, and they felt let down in the process.

The safety team: well, they're a joke, aren't they? I'm still waiting for them to ring me back!

Well, they [the service] put me in a safe house. They took me there, dropped me off and I didn't see them for five days ... They didn't contact me or anything.

At times the physical environment itself could contribute to a feeling of loss of safety. One woman commented about how vulnerable she felt waiting to see someone.

The waiting room was full of men. I was the only woman there. It was really uncomfortable.

Another victim/survivor had specifically asked if she could avoid encountering a family member who worked at the agency she was attending, but a communication breakdown meant she 'rocked on up' just as her aunty started her shift, so then had to explain why she was there.

Not providing what the victim/survivor wanted

Some participants were concerned that the agency/service they saw was not willing or able to provide them with what they needed at the time. One Pacific woman, for example, felt pressured to return to her husband and give him another chance, while a Māori respondent found the agency counsellor she saw unhelpful and too controlled by 'a tight time line'.

Another victim/survivor felt the agency she dealt with was not competent to provide the support she needed.

If they admitted to me that they were not capable of counselling complex cases of rape, that would have been more empowering for me, instead of pretending they knew what they were doing when they didn't.

Some felt the agency could have done more to encourage them to accept the help available, implying that it could sometimes be difficult to know how to act in one's own best interests. Some comments suggested that while being able to tell their story was important, this might not be sufficient to assist in the healing and recovery process.

It was good to articulate what had happened to me but they didn't give me the tools for dealing with it when I left.

I only went to one session, which lasted 30 minutes. I told her my story and was then told to go back another time. I didn't feel like she provided me with any help.

Several victim/survivors commented that they experienced particular approaches and interventions as inappropriate, yet felt they had to accept help in the form and packaging a particular counsellor offered.

They used counselling strategies that weren't good i.e. 'take a look in the mirror'. They gave me too much information. I went a few times but it didn't feel safe.

Just like making me, like asking me if I wanted to sing songs in Māori and stuff and all that. Even though I'm part Māori it's just not my thing and yeah she was a bit different I guess, yeah. She wasn't Māori but she was studying it though.

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!

Interestingly, another woman seemed to react against the implication that victim/survivors of rape needed to be seen and treated as 'victims'. Her response

acknowledged that what others could provide might be limited, while also identifying a specific area where assistance might be beneficial.

I don't know what else she could do. It's something I will have with me for the rest of my life. It's important to be able to stand on your own two feet. The thing that stopped me talking about it was that I had to move on and pick up the pieces of my life. I refuse to take on a victim mentality. I need to try to re-establish what I'm like with men now – when I'm involved sexually I get flashbacks and don't know how to deal with it within the context of mutual consent – maybe I need her to give me strategies to cope.

Not reliable

The vulnerability felt by rape victim/survivors can enhance their need for services to be highly professional and reliable in their availability. Given how hard it can be for victim/survivors to make the initial contact, some struggled when no response or an inappropriate response was forthcoming.

Initially, they just needed to get back to me. I had called them needing help and they let me down.

Victim/survivors also expressed concern when the agency worker or counsellor seemed uncaring and not committed to their well-being.

I was paying [the counsellor] \$135 an hour and she was more concerned about her \$135 an hour ... I've never had a follow-up phone call from her to find out why I never showed up for my last appointment.

I'd become a quivering mess and [the counsellor] would say, 'That's our 50 minutes over'. One day she dropped me off at the mental health unit at the hospital and my car was still [at work].

Not competent or qualified

A further issue identified occasionally arose from the victim/survivor's perception that the support worker or counsellor dealing with them was not sufficiently qualified to provide what was needed.

I went there with the expectation she could help me. I felt there was something wrong with me and I wanted the counsellor to help me to fix it. She never said anything that I didn't already know. I wanted someone who would 'get me'.

I started having counselling with them, but it was hopeless – they were way out of their depth – they didn't know what they were doing I didn't feel safe with them and the first thing in working with rape victims is that they feel safe. They didn't know what they were doing and my psychiatrist had to step in and stop me going there.

Some interviewees (n=11) were critical of the agency or agencies with which they had contact. The agency most commonly singled out was a generic, nationwide agency that does not provide specific training around sexual violence.

[Generic agency] – we won't even go there! I spoke to this woman and I mean like for fuck's sake. Talk about this woman [being] ill equipped. Obviously she'd

just gone through her training and everything. She couldn't even find me a number for somebody and she, yeah, she just really couldn't grasp what was going on. Oh she was trying to give me the number of some agency that would be able to help me and it wasn't even a number, like it was for the Citizen's Advice Bureau or something and it was like I thought I'm really going crazy talking to this woman!

One interviewee added that the contact she had with this generic agency had been too minimal for her to fully comment, but she wondered whether it would have been better to have a specialist agency worker contact her.

Related to this concern was a sense that some agency workers might lack relevant age and experience, for older victim/survivors in particular. For example, an older Māori woman commented of a support worker, '*She has never walked an inch in my shoes*', while another older woman who felt she was being dealt with by someone too young and inexperienced thought the latter could have referred her to someone more appropriate.

Too difficult to access (cost or location)

A small number commented that they felt there was a lack of support or recognition of the practical needs of victim/survivors in relation to the costs associated with accessing support.

I want a house or room of my own. I cannot stay with my family any more. I need independence. I will never get better living at home.

Agencies don't get that you can't afford to go and see them all the time (transport etc).

Others commented that access to free rather than subsidised counselling would have been helpful.

One victim/survivor's comments suggested that while, at the time of crisis, a support worker may not make a big impact, what they provide can become useful and necessary later.

I didn't really notice the [specialist sexual violence agency] support person. I don't think she talked to me, but I could have been in my own world. She talked to the [Doctors for Sexual Abuse Care]⁵⁸ doctor. When I left she gave me a pamphlet that I kept.

Later, when ready to do so, this victim/survivor was able to use the pamphlet for information and to access counselling support. Another added her concern that at the time it may have been difficult to accept the help offered.

I needed encouragement to grieve more – there's a need to properly heal. I may not have been able to take the help at the time though.

58 See footnote 15.

8.2.5 Overview

The experiences victim/survivors had with formal support agencies serve to reinforce the vitally important role such agencies can play in providing care, information and ongoing support. They also indicate that simply contacting an agency, even a specialist sexual violence agency, does not guarantee that a victim/survivor will receive high-quality and consistent support. While overall satisfaction with specialist agencies was generally higher than that for generic agencies, some victim/survivors felt disappointed and even retraumatised by the lack of service and care they felt they received. One woman, for example, in referring to the extensive contact she had with a specialist sexual violence agency, said, *'The common experience is one of disappointment and not feeling met'*.

In elaborating further, she observed that it is even more important for support agencies not to add to the victimisation experience of those who are sexually assaulted as adults and have a history of other abused or neglect in their lives.

They really need to try not to fuck up with people who are presenting with a history of trauma, not just a one-off event.

What was also emphasised, however, was that even if an agency might disappoint, individuals within an agency can still make a difference and be appreciated for it.

She was just so nice ... completely turned my world upside down...her tone of voice, she was so unhurried. She was interested, she was warm. I wouldn't know her if I walked past her in the street but I have [the specialist sexual violence agency's manager's name] in my heart, because she was nice to me.

8.3 Informal sources of support

So far most of this chapter has focused on the role played by support agencies and counsellors in the victim/survivor's recovery. Participants were also asked to about the extent to which they may have been helped by informal forms of support. Over two-thirds (51 out of 75) said they had received support from somewhere other than a formal service.

8.3.1 Helpful responses

The role of friends was mentioned by approximately half of the 51 (n=24), with comments suggesting that friends could provide emotional and practical support.

I found out who my real friends were. Hanging out with me when I was really depressed. They made me clean up my house, brought me food, helped me get a place to stay. My family was not so involved.

I had my best friend in Auckland, she came down [to my city] after it happened. She provided emotional support, not my family. I got emotional support from my friend and counselling from the counsellor.

My friends and my workmates: a) They listen b) They give their views if I ask for it c) They believe what I say. They know I am a good person. Their belief helped build my strength and resolve to leave him [the abuser].

Fifteen victim/survivors identified family/whānau members as a major source of support. Comments suggested that particular members within this group provided good support.

Definitely my Mum. She's always been the biggest support person for me, and like now it's probably my partner. He knows everything that's happened and he sits down and talks to me about it sometimes if I get upset and he will sit there and listen.

My aunty – she's given me excellent support. Just being there. Not judging. Not saying anything. My family [when it all came out] have been a bit perplexed; unsure what to do.

In terms of the kinds of support appreciated, most (n=34) said they found emotional support helpful. It was important in helping some to understand their own reactions and make sense of what had happened to them. The release of being able to talk about it was also greatly appreciated. One woman, for example, said of her friend, 'She was an ear for me to vent to, someone to talk to and offload to'.

A young woman still at school said she appreciated the support received from a school guidance counsellor, 'She brought me lunch and supported me when I was upset. Social support makes a big difference'.

When asked to elaborate on forms of support that they found really helpful, 39 interviewees (67 percent) described at least one other form of support that they valued. Not surprisingly, these reflected the factors and themes identified in the discussion of formal agency support. The most frequently mentioned was having someone who would listen and was willing to let the victim/survivor talk.

I found for a while that I was talking to anyone that would listen. I must have been quite a boring person in the first days!

Eight respondents described how important it was for them to have someone who would simply 'be there for them'. Several specified how it was not even important that they say or do anything in particular, just being there was often enough.

Being there as a friend. He'd come round, help me get out of bed [when I was depressed]; Carried on treating me as a friend regardless of the bleak times. He also had a high knowledge of the sexual abuse area.

Five identified validation and acceptance by others as vital, together with the sense that no one was sitting in judgement over them or blaming them for 'getting themselves raped'.

Being there and accepting how I felt. No judgement. Assuring me I had a right to feel angry. Accepting me and listening.

They recognised that it was rape and it was wrong. Just because I was married to him didn't make it OK.

Four identified practical forms of support that they valued, such as a daughter going to the supermarket, a family offering the victim/survivor a place to live, and an employer offering time off work.

Other comments made about what was helpful included assistance two women received from medication. A further two said they were appreciative when carers and family/whānau managed not to respond by over-protecting them and let them go out and do what they wanted to do with their friends.

8.3.2 Unhelpful responses

Fourteen interviewees identified things they found particularly unhelpful. This information helps to clarify how the behaviour and responses of others affect victim/survivors. Several said they struggled when those around them told them how they 'should' be feeling. They also felt judged when friends and family acted as if they '*should be over it*' by now. For example, one woman said it was not helpful when her sisters told her to '*Get a grip and get over it*', while a male victim/survivor felt negatively judged by a friend commenting, '*Aren't you over it yet?*'.

A further issue identified by three interviewees concerned their distress when others disclosed what had happened to them without their permission. The loss of trust and control they felt could be huge, as it was for one woman when someone in her workplace chose to tell others.

They told the whole office and called staff who were away to tell them. Their disclosing to the office what happened to me was bizarre. I left my place of employment because I couldn't face people knowing.

When asked what more could have been done to support them, most (n=30) said '*nothing*'.

No, I think it's a journey you have to go through on your own.

8.4 Self-help strategies

Much of this section has focused on external sources of support, but interviewees were also asked if they had used any self-help strategies to assist their recovery. Two-thirds (n=39) said they had, ten of whom referred to reading self-help books while four specified looking for material on the internet.

I read extensively – books, papers, websites, trying to understand what was happening in my life, trying to make sense of the fact that this person I had loved and respected had turned into almost a psycho at times. I learnt to take every day as it comes.

I read a lot of Louise L Hay. I love my books. I had to do it secretly.

I read books, looked on the internet – any kind of information about emotions, feelings etc.

One additional interviewee spoke of how reading generally helped her, in her case crime books such as those written by Patricia Cornwell. Similarly, one woman said that spending time online generally was soothing for her.

I go online a lot. Not to counselling sites at all, but just being online or surfing the net brings me a sense of peace. I forget.

Interestingly, one interviewee who said she did not use self-help strategies described how she deliberately chose not to read such material. It was one way in which she tried to contain the effects of the rape.

I didn't look at other sites etc. I wanted to get on with life. I avoided that kind of thing. I kept it for the sessions with my counsellor.

A further two mentioned specifically the help they received from the Bible, and how it helped to restore the spirit. One remarked, 'It's all self-help to get through this'.

Seven spoke of the positive role exercise played in their recovery. One spoke of becoming an endurance athlete and how that helped her regain a sense of strength, while others commented in ways that suggested they found even normal, regular exercise helped with managing their feelings.

I found that I started walking a lot more. Like if I have a lot on my mind, I just go for a big long walk along the beach and that's what would help me out. I'd put my headphones in and off I'd go.

Six interviewees referred to resorting to alcohol or other drugs, which some saw as helpful and others less so.

I was self-soothing using drugs and alcohol which lasted for years until I got pregnant and was breast feeding.

There was a sense that alcohol and other drug use could feel helpful in the short-term, at least, as a means of numbing the pain and providing some form of escape. However, if not replaced by more positive self-help strategies, reliance on alcohol and other drugs could become increasingly problematic and ultimately destructive.

Others spoke of the help they received from meditation (n=4) and from accessing alternative health remedies, such as flower remedies. A further four found art and art therapy useful, and two mentioned how therapeutic they found engagement with their pets (a dog and a horse) during this time.

My dog. He died and left a huge gap in my life I think that's what prompted me to go to counselling.

Other positive activities included gardening and listening to music.

Two respondents, both Māori women, answered this question by referring to the way they chose to lock themselves away or move away in order to heal.

I stayed away from men for one year. I had to learn to love myself properly. Others had to earn my trust. I had to get over that sense of betrayal. Getting away from my home town helped, because it embodied everything that had happened. I needed that break. I needed to learn to treasure myself.

I locked myself away, I needed to do some deep soul searching. I went through websites looking for stories from sexual abuse victims. I read about suicide attempts and depression stories. I went walking. I put energy into my kids – got distracted with my children. I was also drinking/smoking.

Another interviewee said she did not use self-help strategies because ‘*I blocked it out as though it never happened*’.

8.4.1 Helpfulness of self-help strategies

In terms of evaluating how helpful the self-help strategies were, over 90 percent of those who used them said they found them really helpful (n=33).

I find books helpful – they inform me. I find it difficult to express my feelings and what I’m trying to say. A book will help me put what I feel into words. I identify with the experiences of others.

Reading self-help books, not specifically about sexual abuse, helped – I was wondering if I was going mad and was searching for what was wrong with me. I finally realised it wasn’t my fault.

Art therapy helps me to understand how I’m feeling.

Several also referred to the importance of caring for themselves and being self-nurturing.

It was mainly me doing nice things for myself. Like when I feel really down I will book in and go and have a massage even when I can’t afford it.

When asked if they found any of the self-help strategies used unhelpful, most (70 percent) said there was nothing unhelpful in their experience. Eleven of those interviewed said some strategies worked well, but others were less useful. Some of those who used alcohol and other drugs to excess, for instance, said they came to appreciate that this strategy was not serving them well. Similar comments were made by one woman who said she used food to soothe until she developed diabetes. Several commented about how many self-help books were available but how not all seemed helpful.

Some books were quite long winded. They need to be short, sharp and give instant practical tips, things to take your mind off things.

8.5 Issues of culture and ethnicity

As regards issues of culture and ethnicity, the interviewees varied in their views regarding the extent to which only members of the same cultural group could provide support. This could be in relation to both formal and informal sources of support. One Pacific woman, for example, said she found friends of other ethnicities more supportive and helpful.

I couldn’t do anything with people from my own culture.

Finding a culturally appropriate counsellor was important for to help some feel accepted and understood. One Māori woman described how much she appreciated having a Māori counsellor.

Awesome. 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. She lets me speak my mind. She's helped me to sort out my feelings and think.

This was true also for some Pacific interviewees.

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.

A woman who identified as both New Zealand European and Pacific spoke of her anxiety regarding how a Palagi (European) counsellor would treat her.

The whole process was awesome – she was understanding. As a PI [Pacific Island woman], I was worried about that a little bit but she was amazing.

Comments were also made by Māori and Pacific interviewees, however, indicating that some felt they had positive experiences of services provided by New Zealand Europeans, with some considering these could be preferable at times. The reasons provided suggested that for some respondents their perceptions regarding the professionalism of the service were more important than ethnic/cultural matching.

I would prefer more professional counselling services, even if by Europeans. The Pacific ones were quite substandard in my view.

Others suggested that they felt issues of cultural similarity were not the only way counsellors could put them at their ease and establish rapport. For one Māori respondent a sense of connection was established when the new counsellor she saw disclosed being 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.

Even though the interviewee was not gay, she was acknowledging other arenas in which similarities could be experienced that could provide a basis for empathic understanding of the other.

The overall sense conveyed was that while some of those interviewed felt there were clear advantages and preferences to being counselled or supported by those from similar cultural backgrounds, others did not consider this to be the priority and were open to receiving help from other quarters. Some preferred seeing counsellors from different backgrounds because they were worried about confidentiality issues.

I was lucky to find a Pākehā one. There was no way I was going to any Māori agency down there ... everybody talks.

8.6 Summary

The majority of research participants had contact with at least one formal support agency, most often accessed by referral from a counsellor or self-referral. A third had experienced some difficulty in accessing support services and felt more information was required about what services were available. Some also felt it was difficult to access services when they were needed, and for the length of time required, and that more culturally appropriate services were needed.

The majority of those accessing formal agency support expressed satisfaction with the service provided, valuing emotional support in particular. Some found particular workers or counsellors less helpful than others, with unhelpful responses including conveying a sense of blame or judgement or failing to provide safety. Having agency workers not follow up on promises made was also experienced negatively, and concern was expressed by some that support services lacked the awareness and training to provide support when victim/survivors were presenting following a background of abuse and neglect and/or in the context of ongoing violence.

Two-thirds of all participants had also sought informal support from friends, family/whānau and others. As with formal support, the most helpful response was emotional support, and a general willingness on the part of others to listen and be there for them. Practical support was also valued by some. Victim/survivors who were disappointed with how those around them responded found it difficult when others told them how they *'should'* be feeling and if they told others what had happened without the victim/survivor's permission. As well as external sources of support, two-thirds used self-help strategies, most typically books and, albeit to a lesser extent, internet-based material, and most found these strategies helpful.

9 Surviving sexual violence

9.1 Introduction

A major aim of this study was to gain a greater understanding of the effect of sexual violence and what helped victim/survivors in their healing and recovery. This chapter presents the interviewees' responses to questions about what they found helpful in the recovery process and how they assessed the influence of other people's and agencies' responses when they sought help.

The first part of this chapter summarises the responses to questions about how interviewees considered the sexual assault had affected them and their relationships with others. In considering their responses, it is important to remember that each person was asked to describe how they were affected rather than select answers from a list of possible effects. The approach adopted allows the interviewees' assessments of what they identified as the key impacts to emerge. It also means the responses given are likely to underestimate the prevalence of each impact, because some interviewees chose to describe multiple impacts while others stressed particular impacts.

9.2 Impact of the sexual assault

9.2.1 Overall impact

In outlining the overall impact of the sexual assault, virtually all of those interviewed (56 out of 58) described serious ways in which the assault had affected their lives. The responses of the 56 who described being affected by the sexual assault are summarised in seven broad categories in Table 44.

Table 44: Impact of sexual assault (interview sample; n=56)

Impact	n ¹	%
Major effect on life overall	40	71
Mental and emotional health	34	61
Sex and intimacy	25	45
Behavioural	22	39
Cognitive	20	36
Personal and social	17	30
Physical	14	25

Note

1 One responded 'don't know' and another said it had not had a major effect.

Major effect on life overall

The 40 who described the impact of the assault as major, indicated it had affected every aspect of their life and well-being. Many described this in terms suggesting they felt their lives had been ruined by the assault.

Everything was shattered ... Everything – it just brought everything to a head, historic stuff.

A huge impact. I don't trust many people, I don't trust men. I don't trust at all. My reaction is to say it's ruined my life.

My life's a mess, yeah. Yep I sleep on the couch, I have quit my job. I have anxiety attacks all the time.

I felt like I lost myself. I didn't know who I was. My heart had been replaced by coal.

Some also referred to how the rape precipitated a dependence on alcohol and/or other drugs as a means of managing the effect.

It was the straw that broke the camel's back for me. I got into alcohol and drugs and lost my ability to turn up to work. I got into horrific relationships with men who didn't hear me. I lost the case of my daughter who moved back to live with her father. It felt like I had no closure.

The childhood attacks framed my whole life and my views of life. I was expelled from school and started taking alcohol and drugs and hooked up with the Mongrel Mob.⁵⁹ I was angry and not proud of myself. I had no self-esteem.

Seven of those interviewed referred explicitly to how the sexual assault left them vulnerable to later sexual and physical assaults. Some women described seeing connections with the kinds of men they were later attracted to, linking this to years spent in abusive relationships. This kind of linking, discussed also in the section on family violence, is more likely to be evident when the earlier assaults were not responded to positively or in validating ways.

When I was 16 I was the first victim of the Mangere serial rapist, and no one believed me. The minister of the church told the police I was a little slut and not to believe anything I said. It wasn't until he tried to rape me a second time and my father woke up and chased him out of the house that anyone believed me. When I went through court I was unsupported and it was worse than the actual rape. Being unbelievably and unsupported by my family had a terrible impact on me, and affected my response to repeated rapes by my husband later.

Most respondents to this question referred to specific areas of their lives that were affected by the rape/sexual assault, the most commonly reported of which are presented in the sections following.

59 The Mongrel Mob is a New Zealand gang formed in the late 1960s and early 1970s.

Impacts on mental and emotional health

Thirty-four interviewees described how the sexual assault had had significant impacts on their mental and emotional health. The most frequently mentioned impact was fear and anxiety (n=21), often a generalised fear and anxiety that affected their daily lives.

It has a big impact on me. Even after the court case was all done I wasn't able to sleep in the dark – I needed to know and to always be ready – always watchful. I couldn't be left in the house by myself.

Others also mentioned specific fears, such as fearing the perpetrator's return.

I'm scared for my personal safety, I freak out at noises; I fear him coming back.

I worry about things: that he will turn up or his family members will turn up. This is not a family of respectable people. So I have fear of the family and repercussions. There is a chance that [perpetrator] could pop up at any time.

The next most commonly reported (n=9) mental and emotional health impact was depression.

I'm mentally up and down. I go through stages – I have for 25 years. There was a terrible stage in my mid-20s and then in my early 30s where I had a mental breakdown. It's lessening over time and I know when one's coming. It's like it's always there but 90 percent of the time I can cope when I'm down.

Eight referred to experiencing flashbacks and being triggered into recalling previous experiences of sexual assault victimisation. These intruded into victim/survivors' capacity to sustain intimate relationships and could re-awaken an overall sense of fear and vulnerability.

Also mentioned by five interviewees were such impacts as high levels of anger, dissociation, and symptoms associated with post-traumatic stress disorder.

I used to have, about the only way I can word it is, I used to have a 'fuck off' attitude, as in shoulders back, head up, big wall around me saying 'don't screw with me'. 'Don't screw with me – you'll come off second best.' I've frequently been described as a grizzly bear.

Lots of anger. Losing it with every little thing. I get mad because things aren't going to plan.

Two interviewees also specified turning to self-harming behaviours in the aftermath of the sexual assault, and one developed agoraphobia, so found it difficult to go out, take public transport, even to get counselling help.

Sex, trust and intimacy issues

Twenty-five interviewees referred to how their abilities to sustain intimate and sexual relationships had been affected by the rape/sexual assault; of these, 18 referred to a loss of trust in men overall.

My ability to trust men has gone. There would be only about three men in my life that I trust and one is my father, one of them's a [colleague] and one of them is my friend's husband. And that's it.

Not trusting men had clear effects on interviewees' willingness to interact socially and their ability to enter into and sustain intimate relationships. One referred specifically to a life of celibacy after rape. Another described how suspicious she became when a man was nice to her.

I have lost trust in people, especially people that are really nice. Oh I just avoid them like the plague, especially men. I went out on a date a few weeks ago and this chap wanted to shout me dinner. He did everything nice and then just before he walked me to my car he gave me this massive bunch of flowers and asked me out on another date and that put me off instantly. I thought, how manipulating. The guy could have been the nicest person in the world but it just brought back red flags. So I said to him I don't want to see him again.

Some interviewees referred to trust issues specifically, others (n=16) commented that they felt they had generally struggled with having intimate relationships after the rape. In some cases, interviewees also attributed their relationship with a significant other ending because of the impact of the rape. Others spoke of how the loss of safety they felt extended into a general discomfort regarding touch from anybody, affecting everyday relationships and communication.

Some of those who had also experienced previous sexual abuse experienced confusion around love and sex, and found that this affected their adult relationships.

For a long, long time I displaced sex for love. There are a lot of little things about me that people find strange but to me they're just normal – like I won't let my partner see me naked.

Two interviewees, one male and one female, also referred to feeling confused about their sexual identity following the rape, and six said they now realised their subsequent promiscuous behaviour was attributable to the rape.

Behavioural impacts

The ways in which victim/survivors are affected are often manifest in changes in behavioural patterns. In this study, 22 interviewees referred to ways in which their behaviour changed significantly.

The most commonly mentioned change related to the disruption experienced in their work or study behaviours (n=16). For many this was evident in the difficulties they faced motivating themselves to go to work when they had reduced concentration and confidence.

I'm not working, my boss said take some time off. Not wanting to leave the house, my confidence has gone down.

At work it's affected my motivation and concentration.

A limited ability to work can also affect victim/survivors' financial status of. Some referred to the dire financial circumstances they found themselves in, and the

difficulties of raising children as a 'single Mum', when their ability to work was affected.

At least two interviewees, however, referred to using work as a distraction, becoming almost 'workaholic' in their attempts to keep busy. One said she now recognised how the multiple jobs she took on provided a means for her to try to escape her feelings. Another described how she began working as a sex-worker in the aftermath of rape.

I got into prostitution afterwards to help me get my control back.

Victim/survivors may try to cope with the effects of sexual assault by turning to alcohol and other drugs. In this study, nine interviewees said they developed a dependency on alcohol and/or other drugs, sometimes using these to excess.

I started drinking, I became a problem drinker. I was using drugs and I didn't think I was a good parent.

Alcohol and other drugs were identified both as a way to help victim/survivors sleep and to keep them awake.

I started drinking and using drugs to get to sleep.

I turned to party pills to stay awake.

One interviewee referred specifically to becoming a heavy smoker of cigarettes following rape, to the extent that she developed emphysema in later life. Another, however, said her response to being raped was to reduce her alcohol intake.

Socially, I stopped going to town [night clubbing]. I don't drink to the same extreme now, I'm more aware of drinking levels.

Cognitive impacts

A further common effect of sexual assault is evident in the ways it can negatively affect victim/survivors' thinking about themselves. Twenty interviewees referred to such cognitive impacts, with the largest group mentioning a loss of self-esteem (n=13).

I lost myself somewhere. I lost 'me'. I couldn't accept anyone that told me I was beautiful. I was truly was suspicious – I couldn't even say thank you.

Others referred to feelings of self-doubt, self-blame and self-hatred. How they saw themselves had changed, some feared irrevocably.

It killed every little bit of self-respect.

A Pacific woman related how her life changed in the wake of her altered view of herself.

I was angry and not proud of myself. I had no self-esteem ... I was expelled from school and started taking alcohol and drugs and hooked up with the Mongrel Mob [a gang].

Several referred to feeling suicidal or having attempted suicide, while others spoke of various ways they began to self-harm.

Personal and social impacts

Seventeen interviewees mentioned ways in which they felt their personalities and social selves had changed following the rape. The majority of these (n=13) described ways in which they had withdrawn socially, to the extent of sometimes becoming isolated and reclusive.

I am separating out and distancing myself from family again. I push people away.

Some spoke of the pain of aloneness, of feeling as if no one could understand and no one was there for them. Others referred to feeling as if their personalities changed (n=5) and to heightened feelings of vulnerability (n=5). Two described clearly how they tried to bury their feelings and project an outer confidence.

I pretended it didn't happen. I was loud, life of the party, extroverted, outrageous. I left and went to live somewhere else. Then I came back. I became very careful and still am.

I became the great pretender! I was doing well at work, but I would never share those experiences with him as he would become suspicious or angry or violent or abusive. I closed up as a person.

Being able to sustain any kind of social life became increasingly difficult for some interviewees.

My friends would ring me up and say, 'Oh hey, do you want to go and do this?'. I'd be like 'Oh no'. [This interviewee tried to make herself physically smaller on the couch as she answered this question.]

Another described how she felt the stigma and shame of rape effectively forced her into isolation.

I feel dirty – like tainted or something, I'm a tainted woman. I've got isolated a lot and I don't want to do a lot.

In describing the way she self-isolated, one interviewee observed that this was one of her key survival strategies at the time – to stay out of sight.

Physical impacts

Fourteen interviewees identified ways in which the sexual assault affected them physically. Difficulties related to sleeping were described by nine interviewees, three of whom also referred to disruptions caused by nightmares.

I couldn't sleep at night. I couldn't, after it happened I could no longer sleep on my bed, I had to sleep in the lounge for three months. I couldn't move out of my house. I had nightmares, I couldn't sleep in my bed. I actually ended up getting insurance for a new bed because I just couldn't sleep in it.

For me it meant that I couldn't sleep. He would try and do stuff while I was asleep. I was not safe. I knew not to tell him any other stuff – I'd get punished as well.

Six also referred to specific physical ailments, including migraines and auto-immune diseases.

I had diarrhoea constantly, I had anxiety, I had to have sleeping pills, yeah I changed. Like I said my personality changed.

I've ended up with lots of gynaecological problems, I can't have children.

A further two interviewees described how their relationship with food was affected by the rape: one described a pattern of not eating that had to be broken, while the other referred to over-eating for protection.

Positive impacts

When asked how their behaviour towards others had been affected by the rape/sexual assault, four victim/survivors referred to what they saw as positive outcomes. For two this meant bringing them and other family members closer; the other two specified ways in which they felt happier and were less judgemental of others.

Summary

The interviewees' responses indicate the diverse and multi-faceted ways in which the rape/sexual assault had had an impact on their lives. Interviewees were not the only ones whose lives were affected, as the next section explains.

9.2.2 Impact on those closest to victim/survivor

The effects of rape and sexual assault are not confined to the victim/survivor alone, but typically ripple out to affect those closest to them. All interviewees were asked to describe the impacts on whichever relationships were appropriate to them. These are presented below.

Husbands and partners

Eleven of those interviewed referred to having partners or husbands and spoke of how the latter had been affected by the sexual assault. Most (n=9) said the impacts on their partners or husbands and/or their relationships with them had been negative. Some became angry and violent, scaring the victim/survivor even more, while others struggled to respond at all.

I have told him. But he didn't really talk about it and I think he doesn't really want to know.

The strain on relationships could be too great in some cases, and brought some marriages or partnerships to a close. One woman was devastated when her partner accused her of making it up, and as a result their relationship ended.

In two instances, however, victim/survivors referred to how they felt their relationships had received positive benefits from their experience.

In some ways it really strengthened our relationship – we've got through it.

Former husbands and partners

All of the 12 victim/survivors with former husbands or partners said the latter had reacted badly to the sexual assault. In some instances a partner became an ex-partner because he was the perpetrator of the sexual assault.

It helped me to see clearly the type of guy he was.

On the day of the rape I ended the relationship. I didn't want to be touched.

Others spoke of the ways in which they felt their husbands or partners at the time were unable to manage when their wives or girlfriends were sexually assaulted, spelling the end of the relationship.

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.

Children

Children whose parent is sexually assaulted can often be negatively affected. Of the 35 respondents with children in this study, three said the child was a baby and too young to be affected, while a further two found it difficult to answer this question.

Sixteen of those interviewed spoke clearly of the negative ways they felt their children had been affected, with this being particularly evident in the context of overall family violence issues.

They knew there was yelling and shouting. It shows in them – they're having counselling. My son is angry – he became my ex-partner and my daughter became me – she's so withdrawn.

I've had a lot of behavioural problems with my 15-year-old son. There's a lot of anger. He hates him [the perpetrator]. He says if he sees him he will kill him, which I understand. No, I mean we talk openly and I know daughter (20) is really, really angry and gutted but we talk really openly. More so with my daughter than my son.

In five cases the mother said she had lost contact with her children as part of the aftermath of the sexual assault.

I lost the [custody] case of my daughter because I wasn't able to look after her.

It impacted on them because the assault contributed to the relationship break up. I did not see my daughter from 7–16 years.

Two described how the rape reduced their ability to be available emotionally to their children. A further seven tried to protect their children from knowing and wanted to keep the rape a secret, although three later disclosed it to their children.

My young son – we've got a really good relationship and I always try to protect him from anything. He's never seen me cry and I was locking myself in my room and just crying and he never saw me upset.

I have two children. The older one I tried to shield and hide. The younger one I made sure that he never saw or heard anything. Basically I hid everything from my children, until recently I explained to my older son. He said 'Why didn't you tell me all that?'.

Although the numbers are small, there was some indication that the sons of women who were raped tended to react with hate and anger, while the daughters appeared to react fearfully and be upset. Several women spoke of the behavioural problems they had experienced with their sons, and how their sons scared them by expressing high levels of hate and anger, threatening to go and kill the perpetrator. Some said their daughters became very anxious and fearful, to the extent they felt they also might need support and counselling.

Other parents (n=5) became overly protective of their children.

I watch like a hawk, I am very protective about all children.

I am over protective. My children, especially my daughter, can't understand why. I won't tell them. I am trying to do things that my parents never did for me.

I look after my kids – like a jailer! Male and female. I keep my eyes on everyone especially the teenagers.

In other cases (n=3) the mothers were aware of how it was their children who became highly protective and anxious about them following the sexual assault.

Again, in some cases positive benefits resulted. A male victim/survivor, for example, related how he felt his children gained a greater appreciation of how he behaved once they knew he had experienced sexual violence.

They were very supportive and understanding. Now they understand their father's physical distance.

The responses overall indicate that the majority of those with children were aware of how their sons and daughters had been negatively affected and struggled at times to maintain a positive connection with them or to not respond over-protectively. The children were typically affected by the sexual assault of their parent, even when the latter may have tried to conceal the abuse from them.

It impacted on my mental health – if I'm not coping it doesn't help them.

Parents

The decision to disclose sexual assault to their parents was an even harder decision than disclosing to offspring for some victim/survivors, and it was also more difficult to determine how they had been affected. A total of 41 of those interviewed responded to this question.

In nine cases, the victim/survivor opted not to tell their parents; the reasons they gave suggested they feared the outcome of such a disclosure. One woman, for instance, was scared of how volatile her father was and feared the 'explosion' that would follow.

I didn't tell my father/nana/whānau as nana gave my sister a hiding when she disclosed sexual abuse.

In one case the victim/survivor struggled with telling her parents of a recent rape because her father had sexually abused her as a child and she was still angry at her mother.

A further three said they had waited a long time before disclosing and found it a difficult thing to do.

I only told my mother two weeks ago. She's glad I'm having therapy but sad I couldn't tell her sooner.

Of those who told their parents about the sexual assault, 14 said their parents were strongly affected and struggled to cope with it. Some spoke of how difficult it was to see, for example, how 'heartbroken' their mothers became, and how anxious they felt about their daughters as a consequence. Others talked about how their fathers struggled with knowledge of the rape, and how their parents generally found it difficult to express their feelings.

My father had two heart attacks (one when he found out). It was rough for my mother but she doesn't show her feelings.

It had a huge impact on my mother. She found out two months later when a friend told her. She didn't know how to deal with it. She was hurt and had strong emotions and she didn't know how to deal with it.

It was difficult for some parents to support their children. Sixteen interviewees described feeling unsupported by their parents or that their parents were incapable of supporting them. In four cases, the victim/survivor felt disbelieved by their parents while three felt blamed by the parents for what had happened.

My mother was aloof and confused about what was expected of her. She made it about herself.

[My parents] feel threatened by me and are still in denial. All my family. Even though I have turned around and become a professional counsellor now and people come to me for help, my parents can't believe it.

One young victim/survivor felt her parents expressed their care for her by trying to nurture her more in the aftermath of the sexual assault.

[They gave me] more love. It was not they treated me that much differently, they just kept asking me how I was and making sure I was okay and coping alright. Making me eat and making me go to bed early and resting.

As some of the above quotations show, there were also indications that victim/survivors considered that their parents could be affected in opposing ways, and in at least two cases there was a marked difference in the parents' responses, with one parent being supportive and the other not. This, in turn, negatively affected the victim/survivor as well.

Other family/whānau

A total of 35 of those interviewed commented on how the sexual assault affected other family/whānau members. Responses were divided, with some finding particular family members very supportive and others not. Disclosing the sexual assault within the wider family could be traumatic.

It blew up the whole family. It was awful. But it had to be done.

Eight described clear ways in which they felt a family member had supported them. In some cases this was by providing practical support – for example, one woman described how her sister-in-law not only offered her a place to live but also put boundaries in place to help her to control and manage her drug and alcohol use. Others felt emotionally supported by various family members, sometimes because the latter sympathised because they had experienced their own abuse.

Two experienced strongly disbelieving family members, with one linking this to her feeling ostracised by her own cultural group.

I don't associate with the [ethnic] community, because I feel that people are talking about me behind my back at functions. They say, 'girls [from our community] don't do things like that'. It has made me doubt my culture.

Seven interviewees said they felt anxious that male family members in particular were so angry they would engage in some form of violent retaliation. This fear was expressed in relation to fathers, brothers and sons.

My big boy [25] wanted to kill him. He's asked me to buy him a particular tool 'for his carpet laying' that I know won't be used for carpet laying!

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. Yep. No one touches his baby.

One woman spoke of how her fear of her brother becoming angry kept her from telling him for over a year about what had happened to her.

My brother and I are really close and I actually thought he might have got on a plane and come and beaten him up and I didn't want him to go to jail. Yeah, he was always the big brother that looked after me. After I told him he said, 'Why didn't you tell me at the time?'. I was like, 'I didn't want you to go to jail for me. I was already going through enough – I couldn't have dealt with that'. He cried. I think he told my mum and dad because they've totally changed towards me. We weren't that close but now we're really close.

When interviewees identified particular sources of support, these were sisters (n=6), brothers (n=4), aunts (n=2), grandmothers (n=2), and a sister-in-law (n=1). Six interviewees described feeling alienated and isolated from family members, some of whom felt blamed for having 'brought shame' to the family.

Friends

Forty-seven of those interviewed responded to a question asking about the impact of the sexual assault on their friends. Six said they had no or few friends, and a further seven said they did not tell their friends.

Of the 34 who told friends, 10 described ways in which their friends were divided in terms of how believing and supportive they were.

Some are good – they support. Others (less close) aren't really interested and I don't discuss it with them.

The good ones are still there, the others are gone. One good friend, we would do things together, normal things, and not talk about it, not make a big issue of it.

Some victim/survivors struggled when friends took sides.

Some were protective, and some called me a slut and said I deserved it'.

Some found it especially difficult when female friends were not validating of their experience.

I had one woman who, because she questioned what had happened to me, I told her what had happened and she went, 'Oh for god's sake – that's not rape! It's happened to me, it's happened to lots of women'. The fact that I'd asked him to stop because he was hurting me didn't matter. That really hurt.

This particular victim/survivor said she was further confused by another friend who had initially told her she thought what had happened was definitely rape and supported her in going to the police, but then later refused to make a statement or be involved further.

Another spoke of her horror when the person she thought was her friend started a relationship of her own with the perpetrator.

I lost a lot of friends. One of my ex-mates is now writing to him in jail and they plan to get married when he is released.

Victim/survivors were divided between those who experienced positive responses (n=15) and those who did not (n=12). Some described receiving 'awesome' support while others felt hugely criticised and even ostracised.

I have put my friends through the mill, but they have been astounding.

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. Like they were more of a family to me than my own family for most of my life. But they felt that it was so wrong what I did to the old man that they disowned me.

I had people never talk to me again and I have been called names ... Some friends, yes, they were judgemental. It was like my fault even though they never said it. I felt like I couldn't have a glass of wine anymore, which is something

I've always loved to have, because 'What if ... you know, if something happens to her?'. I had to really overcome this. I was in my own home with my friends staying the night with someone I didn't even invite to my house. Why should I change who I am for the one thing that happened to me? I had to really overcome that ... I'm not going to blame myself; I'm not taking that on.

Five respondents talked about how their friends had been affected, with some feeling more anxious and fearful. The victim/survivor's disclosure, however, sometimes encouraged friends to make their own disclosures, prompting some to feel shocked and saddened at the realisation of how widespread the problem of sexual violence is.

I didn't realise how many had been abused; it isn't talked about. Why is it so taboo?

Colleagues

There were 21 interviewees who said they had colleagues at the time of the rape/sexual assault. In five cases the victim/survivor chose not to tell their workmates about what had happened.

I pulled away. I couldn't face anyone.

Eight described ways in which they felt supported by the reaction of their colleagues, feeling that at least some of those they worked with had been helpful, understanding and non-judgemental towards them.

Two of those interviewed outlined negative responses.

My employer didn't cope with it and made a public disclosure at work.

Five offered information indicating that they felt their own work or study had been negatively affected by the sexual assault. They had needed to take time off and their ability to concentrate had deteriorated. One also said the heavy drinking she resorted to in an attempt to deaden the impact of the rape had interfered with her ability to work.

Community

There were 20 interviewees who referred to the impact of the sexually assault on their wider community. Three experienced a divided response from family members. A further three experienced at least some positive support, while seven felt there had been a negative response from some quarters. Their answers indicated the strong pressure some felt from church and cultural groups following disclosure.

Everybody in the church found out. I was ostracised because of it. The pastor's reaction influenced their decision.

I confessed to the priest. He tried to give me advice but he didn't listen to me. I told another priest and he discouraged me from leaving and told me to stay in the relationship.

Four of those interviewed outlined ways in which they felt one of their responses to the sexual assault had been to remove themselves from local community groups.

They described feeling unable to keep participating in youth and group activities, letting hobbies go, and generally withdrawing.

I have only just started to build contacts. It has taken this long because I was needing to be invisible.

Others affected

When asked whether anyone else had been affected, only 11 interviewees answered. One respondent described feeling as if everyone in her world was affected.

Everyone – it altered whoever I met.

Six others mentioned family members they had previously not referred to, reinforcing how the numbers cited in the responses to these questions are likely to be underestimates. The more they thought about it, the more victim/survivors realised just how widespread the impacts of their having been raped had been.

In considering how others were affected, one even wondered how the perpetrator may have been affected, aware as she did so that she might be viewed as making excuses for him.

I know it's, it's defending him but he didn't out and out attack me. But he didn't get a yes, so that's still a no, but he wouldn't be like, 'Oh, she's in no condition'. He's not that smart obviously, but it wasn't out of spite or cruelty, it was just out of lust, I guess. It was there so he took it.

Another, raped by a club patron, spoke of how men from the same club as the perpetrator were affected.

I think it did affect them. There were quite a few different groups of them but they all got along together and so I think some of them were quite heartbroken for me. Like when I walked in they just give me big hugs and all their support ... Except for his quite close friends – they didn't actually come into the bar for a while so that it made easier for me as well.

A further two referred to how practitioners they disclosed to reacted, with one expressing concern for her therapist.

[She] gets very affected by it. It's a big and heavy load to hold, and she disappears. It's difficult for someone to stay present. They may have intellectual understanding but it still hurts.

9.2.3 How victim/survivors were affected by others' behaviour

Those interviewed were asked how they were affected by the behaviour of people around them. Of the 37 who answered this question, one-third (n=12) said their response had been to withdraw inside themselves. They described shutting themselves off, even to the extent of becoming a social recluse. While some withdrew and felt alone, others (n=6) described feeling excluded by others – either way, the result was feeling isolated with their pain.

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.

A quarter (n=9) commented how hurt they felt by how others perceived them and responded to them, and this contributed to their feeling isolated from others.

It really hurt. I also felt kind of like ostracised and I feel quite, I don't know, dirty.

The loss of friends is still an impact on me because it still hurts, because if I put myself in their shoes then no, I couldn't walk away. If a friend was going through that I couldn't walk away. I'd be there, off to the side when they wanted me to be there, but I would never turn my back on them.

Also difficult to manage was the sense that no one understood how it was for them. Six victim/survivors described struggling with feeling that others thought they were 'crazy' or were offering inappropriate advice as a result of failing to comprehend the realities.

A lot of the time in my head I felt like, 'These people think I'm fucking crazy', you know. And especially if I sort of mentioned things to people I knew, I was thinking, 'Oh my god, you know, they really think I've lost the plot'.

They don't understand and you don't want people's opinions on rape and what happened to define every aspect of your life.

Although some did feel misunderstood or disbelieved, others (n=5) made comments indicating that some positive aspects were derived from the responses of those around them. For some, it was an important lesson in learning who their 'true friends' were, as was receiving a stronger sense of how much others loved and cared for them.

I felt loved and cared for. I had a strong relationship with [a] Pākehā [specialist sexual violence agency] and with Women's Refuge.

An important aspect mentioned by several related to the tension felt about what it means to be 'a victim'. Other people's reactions could be important, even normalising, influences.

The more normal they were, the more normal I was. The more they freaked out, the more I freaked out. They were my gauge.

One victim/survivor spoke of how she had to consciously move herself along from the victim position, which was difficult when it brought with it positive attention.

What the responses to this question provide us with is a sense of both the importance of how others react along with a sense of the loneliness victimisation can bring.

9.2.4 What helped others the most

Interviewees were also asked what they thought had helped those around them the most to come to terms with what had happened to the victim/survivor. Of the 37 who

responded, four said they did not know while the remaining 33 suggested factors they thought might have helped.

Of the 33, nine said they thought the fact others could see the victim/survivor was getting better was the most helpful thing for them.

Seeing that I am ok – what I have achieved in putting my life together.

My 'growing the balls' – being my own voice and speaking out; confronting the perpetrator and telling my sister the story.

That I could stand up straight and hold my head high.

Three said they thought those around them benefited from receiving support and having someone they could contact. One victim/survivor spoke of how valuable it was for her parents to be able to ring the detective who interviewed her, and said how exceptional he was at being available not only to her, but also to them. She believed this also helped to bring her mother and father together, as well as unifying their support of her.

Six stated strongly, however, that those around them had not come to terms with what had happened, or that while one or two might have, the rest of the family had not. Some lamented the way family members were in denial about the rape, and others felt family members did not understand and had run out of patience with them. Some despaired that those around them would ever understand and be there for them.

Three said they felt greater levels of understanding would have been appreciated, whether of the impacts of rape generally or a preparedness to listen to the victim specifically.

I thought it might be good for family members to have a rape victim tell them what their daughter might be feeling, what might be useful for her, how to offer support.

A further three considered counselling might have helped those around them, and two felt it would have helped them to see the victim/survivor was all right and was recovering.

9.3 Healing and recovery

A major aim in this study was to gain an understanding of the various factors that helped victim/survivors of sexual assault in their healing and recovery. This section explores what the respondents said about a range of possible factors, with the aim of identifying the most influential factors affecting their recovery. This section presents material obtained from all research participants (n=75).

9.3.1 Who helped the most

Research participants asked to rate on a scale from 1 (not at all important) to 5 (very important) the importance of the role played by key players in their recovery. The results are shown in Table 45.

Table 45: Importance of support/events for healing and recovery (n=75)

Source of support	Rating ¹					
	1 or 2		3		4 or 5	
	n ²	% ³	n ²	% ³	n ²	% ³
Counselling/therapy (n=69)	6	9	4	6	59	86
Friends (n=63)	10	16	12	19	41	65
Self-help strategies (n=58)	5	9	7	12	46	79
Family/whānau (n=56)	15	27	6	11	35	63
Specialist sexual violence agency (n=43)	4	9	2	5	37	86
Police (n=36) ⁴	17	47	4	11	14	39
Generic/community agency (n=34)	8	23	10	29	16	47
Partner (n=30)	9	30	4	13	17	57
Trial (n=17) ⁵	4	24	3	18	9	53
Other (n=5) ⁶	0	0	0	0	5	100

Notes

- 1 The rating scale was from 1 (very dissatisfied) to 5 (very satisfied).
- 2 Numbers vary for this question depending on the circumstances for each respondent. The base number is 75 (i.e. all those interviewed and surveyed), and the number responding to each question is in brackets beside each source of support.
- 3 Percentages are based on the numbers responding to each question and may not total 100 because of rounding.
- 4 This is the number who reported the assault to the police.
- 5 This is the number whose case went to court (depositions or trial).
- 6 'Other' is Accident Compensation Corporation funding, Christian faith, recognition and being believed, group therapy and meeting other survivors, and working in the social justice area to tackle issues of sexual violence.

The factors most commonly identified as having a positive impact on healing and recovery were counselling and therapy, and support from specialist sexual violence agencies. Of the 69 who commented on their experiences of counselling and therapy, 86 percent rated this as important or very important in their recovery; similarly, of the 43 who had support from a specialist sexual violence agency, 86 percent rated this as important or very important. Self-help strategies were also highly rated with 79 percent of those who used these strategies considering they played an important or very important role.

Next most highly rated were support from friends (65 percent); family (63 percent) and partners (57 percent). Of those whose cases went to trial, 53 percent rated this experience positively in terms of the contribution it made to their healing and recovery.

There were two key players whose impact on healing and recovery was rated as less significant. While fewer than half of those who received support from generic and community agencies rated this as playing an important role in their recovery process (47 percent), more marked was respondents' assessment of the role of the

police. The police were the least likely to be identified as playing an important role in recovery (39 percent) and the most likely to be rated as having little or no importance in this process (47 percent).

9.3.2 What helped the most

All research participants were also asked what they felt really helped them the most on their road to healing and recovery. More than half (n=40; 53 percent) stated that counselling had helped the most, with some suggesting it had transformed their experience.

Antidepressants did not do much to help but counselling did. I feel I'm a whole different person now. I have begun to find myself.

More than one-third (n=26; 35 percent) referred to the importance of having support from others. Of these, 10 mentioned specifically how they valued the support they received from a specialist sexual violence agency. A further nine referred to how much they valued support from their friends or from a specific friend in the recovery process, while six referred to the importance of family members.

Five respondents said it was the support obtained from people generally that they valued.

I think the support from everybody kept me going instead of letting me get into a black hole. Like keeping positive, that's probably been one of the main things. Is everybody being so positive.

A few referred to appreciating the support received from those they interacted with in the criminal justice system and/or the validation from being believed. Two said their religious faith was what helped the most in their recovery.

Being able to know I am worth more than to be abused, that I am worthy of love, created by the love who is God.

Several respondents mentioned particular individuals whose support they considered had been a major source of strength and support for them – these included a church leader, a detective and an employer. Their comments suggested that having even one person committed to understanding and supporting the victim/survivor had the potential to make a difference in their lives.

Although support from others was acknowledged as helpful by many, some respondents (n=15) also recognised the value of their own actions and attitudes and how these contributed to their healing and recovery. In particular, they referred to the strength needed to survive and the importance of regaining control of their lives.

I finally decided that I was no longer going to be a victim but a survivor. I became strong.

Believing in myself, that I could be the person that I was meant to be ... the me that I was meant to be. Get the life I was meant to have.

Others mentioned their determination to not let the experience beat them – as one said, 'Being bloody minded'. Moreover, seven said they felt simply the passage of

time was an important aspect, giving themselves time to heal and to be with themselves.

A further factor six participants identified was the power of disclosure, and how positive and empowering they found the experience of naming and telling others about the rape/sexual assault.

Bringing it out in the open is the best thing to happen. It has helped me to move on, taking that first step.

An important aspect of disclosure is the response of others to it, and four respondents referred to how important it was they felt others believed them and, in some cases, that the perpetrator accepted responsibility for what happened.

That he admitted it. He gave me back my credibility – no, I'll rephrase that, I claimed my credibility and integrity back.

The importance of not blaming themselves and being able to believe in themselves was also cited as important by six respondents.

9.3.3 Impact of location on recovery

All respondents were asked if they felt that where they lived and their access to services had affected their recovery. Seventy answered this question, four of whom said they 'did not know'. By far the majority of those who answered said they felt where they lived had affected their recovery (n=54). It is important not to attach too much significance to the numbers in each grouping within this section because this question was interpreted in many ways.

About half of those who commented said where they lived had affected their recovery positively (n=26). Within this group, nine referred to how the area in which they lived influenced their ability to access support services. Most referred to how the larger metropolitan areas had more available and accessible services, and commented that in Auckland, for example, its size allowed for specialist rooms to be available.

Fifteen of those interviewed suggested they felt that where they lived affected their recovery negatively. For six it was because they lived in the same area as the perpetrator. Five referred to how they felt their access to services was negatively influenced by their living in a small town where less support was available than in a bigger urban area.

Twenty-eight of those who commented referred to whether they had moved away from the area they were living in after the rape/sexual assault. Of these, numbers were divided roughly equally into three groups: those who moved away and thought this had positive benefits (n=11); those who did not move and thought this had positive benefits (n=8); and those who did not to move and thought this had negative consequences (n=9).

It was clear some felt there was merit to be gained from continuing to live and recover in the area where the rape/sexual violence occurred, suggesting they regarded the ability to 'stand their ground' as important.

I can say I have conquered here where I was beaten.

This is where it happened. This is where I must come right.

For others, however, shifting location seemed imperative to their recovery.

Moving away from the person [to another city] to get a distance and prevent his attempts at control.

I had to come to New Zealand to make the break.

Those who spoke of finding it difficult to live in the area where they were sexually assaulted referred to the discomfort of seeing, or fearing they would see, the perpetrator and the 'triggers' that existed in their day-to-day environment.

Analysis of the findings revealed that this question was ambiguously interpreted. At least eight respondents answered by referring to their particular home environment rather than the geographical area it was located in. Of these, all but one considered their home environment had positively affected their recovery, which could be in terms of people or the physical dwelling:

Yes, I trust the person I am living with.

I thought of moving, but didn't want to have to, so had the house cleansed and blessed.

The remaining victim/survivor said where she lived was having a negative effect on her recovery.

That is why I want a place of my own. I will never recover if I live at home.

All research participants were also asked if they thought their access to services had affected their recovery. Of the 69 who answered, most considered access to services was definitely an important factor (n=60; 87 percent). They referred to such benefits as the ability to 'tap into' a range of organisations, to have access to a safe environment, and to the importance of being able to see counsellors who believed in them and were committed to advancing their well-being. The factor of being able to choose from a variety of suitably qualified counsellors was also seen as significant.

[Town] lacks counsellors – there is only one and if you don't like their counselling style you have to go to another town.

Those who said they lacked access to services indicated they wished there had been greater and easier availability of services.

We have fewer ACC-registered counsellors and they have waiting lists.

Some felt disadvantaged through not knowing or being told about service availability, and felt their lives could have been quite different had they been able to receive qualified help when they first needed it. Several talked of there being a financial barrier, and one resented having to obtain counselling through ACC. Somewhat paradoxically, it emerged that while some victim/survivors said they felt safer and more comfortable living in smaller towns or rural environments, these were also the contexts where it could be the most difficult to access skilled and qualified support.

9.3.4 Hardest part of the recovery process

All research participants were asked to describe the hardest part of the recovery process; 72 responded to this question. While no single aspect predominated, key aspects emerged.

The most frequently cited aspect (n=14) was the difficulty victim/survivors felt when they had to face other people who might judge or blame them, such as family members and friends.

People questioning me on exactly how this happened, saying things like why didn't you leave, but you were going out with him, but you worked in the sex industry.

Eight said they found the hardest aspect was the first time they told others what had happened.

Telling someone the whole story in detail. My therapist is the only person who knows everything in detail and it's a relief that someone else knows. It's like having a huge secret and wanting to tell someone but I can't trust anyone with the information.

Talking about it the first time. Breaking the silence about what had happened to me. Explaining it was like reliving it.

Eight referred to the hardest part being the shift required within their 'head-space'.

Trying to stop being the victim because I was just so used to it. And I did actually enjoy it to a point but like trying to stop that was very hard. Getting used to not having that attention any more was a bit of a culture shock.

Admitting what had happened and not protecting him. Also telling my family.

Accepting that I'd been raped. I still struggle with it now and then.

Six respondents spoke of the hardest aspect being having to cope with others not believing them. Six spoke of the loneliness being the most difficult thing to manage.

Six experienced going through the court case as the hardest part of the process, especially when the outcome failed to secure the alleged offender's conviction.

The police being so useless – I still don't understand why I didn't get my day in court.

Trying to come to terms that even though he is in prison it doesn't change anything. He is punished but it doesn't take away what he did. It doesn't make me feel better.

Six respondents identified the hardest aspect as being learning to manage the fear and anxiety they felt in the aftermath of the rape/sexual assault. For some this was tied to their fears regarding the specific perpetrator, for others it was a more generalised anxiety.

Five respondents felt their biggest difficulty had been associated with the loss of trust they experienced and their inability to sustain intimate relationships:

I don't make friends easily – I chose never to have live-in-relationships again.

Other factors identified by smaller numbers included managing recurrent flashbacks, having to ask for and rely on other people for help, and not understanding why the rape/sexual assault had happened. Several also said that the time they struggled the most was during the period immediately after the rape/sexual assault, and before they had the means to make sense of what was happening to them.

Right at the start when I thought I was going crazy I was really depressed.

Others (n=6) said they struggled to identify a particular aspect as the hardest when everything felt so difficult.

It's all been hard – my anger and lots of emotions too – it was also like betrayal. I just want to run away and hide.

The relevance of this question seemed a factor for some – four participants said they could not answer because they had not yet recovered.

What helped the most

All respondents were asked for their views about what had helped them the most in getting through the hardest part of the recovery process. Of the 71 who provided comments to this question, three said they did not know what had helped the most.

I'm not aware of what I did to get through it. I have never been able to work out what it was that helped me survive.

Of the 68 who did identify one or more particular factors, counselling was most frequently cited (n=30; 44 percent). Less commonly mentioned, but also clearly important, was talking to others (n=9), whether that was friends, family/whānau, or a church leader – anyone willing and able to listen and respond appropriately.

A further nine victim/survivors felt that what helped them the most was particular friends who could support them and whose support they could rely on. Some (n=6) stressed the importance of positive thinking, while a further six felt their becoming more confident and assertive in how they managed their own feelings helped them most.

The significance of taking back control following rape/sexual assault was also cited by six as one of the most helpful aspects of their recovery process, particularly in contexts where the perpetrator was a partner or family/whānau member:

Taking the first step and saying 'This is the last time you are going to do this to me!'

Smaller numbers referred to the support of family members or the need to recover for their children's sake. Several respondents mentioned reliance on their faith, writing and focusing on things outside themselves, such as work or study. Four spoke of how they found becoming actively involved in trying to effect change helpful in their recovery.

I just decided I was going to start becoming involved in working towards change... For me, what's helped me is being actively involved ... I was involved

in getting a petition to parliament. I've been to Wellington. I spoke at a select committee in parliament. Yeah so I've done quite a bit really.

Another commented similarly how she felt her own experience galvanised her into action, and how this had been helpful.

Even though I'm gutted and devastated and pissed off and everything else, I hadn't realised that the system sucked so badly and that I'm one of many. So, you know, it's like anything I can do to help change it is a positive thing.

9.3.5 Extent to which the healing and recovery process is complete

A difficult issue for many victim/survivors is assessing the extent to which they consider their healing and recovery process to be complete. When all 75 research participants were asked this question, three said they did not know, but most (n=63; 84 percent) said they did not consider their recovery to be complete.

Half of those who felt they were still undertaking the healing and recovery process (n=32) identified internal and mental processes that they felt still needed to happen. Significant among these were the statements many made demonstrating how profound the impact of the rape/sexual assault had been on their sense of self and identity.

I'm still struggling with believing that I am nothing more than an object of beef and a filthy piece of human flesh. I am still struggling with that. That's why I'm working on it.

Some felt they could not say the recovery process was complete when they were still experiencing flashbacks and being triggered, *I've got a long way to go. I need to get the nightmares and flashbacks under control*'. Although this woman, and others, saw flashbacks as indicative that further healing was needed, one respondent appeared to see herself as having recovered even though she still experienced flashbacks. Her comments suggested she lived with these as a survivor of rape rather than viewing them as confirming her status as a victim.

Others referred to the strong emotional feelings they still held regarding their victimisation and felt they needed to deal with the hurt and anger before they could move on. A male victim/survivor said he felt he would not fully recover until he *'got some answers from the perpetrator'*, while others felt there were simply so many areas of their lives to deal with.

I am getting there. Changing the way I think. Changing my thoughts and behaviours so I am safer. Sorting out my thoughts and feelings. I'm scared I'll still have setbacks, that I will never be okay about sex.

Five referred to factors external to themselves that they thought needed to happen before their healing was complete. For example, one wanted everyone to believe her, another wanted another court case, and one wanted the offender deported, although most seemed to suspect their wishes were unrealistic.

At least 14 said they considered the recovery and healing process would never be complete. One simply asked, 'Is it ever over?'. They felt the effects of the rape would be something they would need to manage for the rest of their lives.

I don't think that anyone ever totally heals. With something of that magnitude it is imprinted in you, but I have come a long way.

No. I don't think that you're ever really complete, I think that you just learn to live with it in a better way, that the memories aren't as fresh and you can sort of blank it out and it's not always there.

On the other hand, nine victim/survivors did feel they had healed and recovered, and been able to move on with their lives:

To be quite honest I'm doing absolutely fine. I'm doing all the things I was going to do, without him which is great. Yes I can do things without you. It's great. So yeah, life is good ... I actually feel like I've conquered something pretty bloody big.

I am not prepared to be a victim and have this affect my life.

Because I am not in that mindset ... Counselling helped me to process the pain.

I feel fine about it – part of that is that I'm employed in Women's Refuge and work with women around this. I've reared my sons to know that this is not their prerogative and my daughters to know that they have a choice.

9.3.6 Positive outcomes

It is paradoxically both a confounding and an understandable consequence of traumatic events that they often bring positive benefits in their wake. This was apparent in the responses of the majority of those interviewed for this research. Of the 56 who answered this question, most said they did consider that at least some positive outcomes had derived from this experience (n=51; 91 percent).

Many (n=15) said they appreciated the ways in which their experience had increased their levels of awareness and prepared them to be better able to support others. An additional outcome cited by many (n=14) was the way in which they felt this experience had made them stronger and more resilient as a person.

Yes, there's been lots of positives out of it and I try to remember that. I'm so much stronger as a person. I've got more passion for things. I know what I want more. I like who I am more. I don't know how many people could go through what I went through.

It's made me grateful for everything. I'm sure every day I wake up I'm grateful. Gosh, it sounds like a really boring, boring quote for like a million self-help books but you know it makes me feel grateful for all the things that I've done, all the people that have helped me ... I think I've done a great job and I always pat myself on the back that I've woken up and I've just been given another chance, you know. It's kind of like being told that you're terminally ill, but hey you're not terminally ill, yay. Being cured, yeah. I'd liken it to that.

Having to deal with the trauma of sexual violence helped some to learn more about themselves, a fact they appreciated (n=10). Others referred to how their self-esteem had improved (n=6).

I've grown up a lot. I have a sense of self-worth, ironically.

Four also mentioned how they considered it was good that they had learned not to be so trusting and to look after themselves more.

I was pretty naïve about where I went. I have led a charmed and protected life. Not any more – I take more care.

Five respondents felt they had derived no positive benefits from this experience.

It's the most insidious thing.

9.3.7 Advice to other victim/survivors

Research participants were asked if they had advice for others who might need assistance with healing and recovering from rape/sexual assault. Four said they did not feel they had any advice to offer.

I couldn't say – I've only been through it twice.

Of the 54 who provided comments, the most common advice was for victim/survivors of rape to obtain counselling and support in the aftermath of sexual assault, and to do all they could to get help (n=23).

Get help as soon as possible. Get help sooner rather than later – before you spiral down.

One Māori woman had advice for other Māori victim/survivors, 'Give this Pākehā counselling system a chance'.

Again, some stressed the importance of finding the 'right' counsellor, if necessary looking round until locating a skilled and appropriate person. This might be a counsellor with whom they 'click', someone they feel they can trust.

Some counsellors aren't right for some people and if they [victim/survivors] don't feel comfortable with the person they're with, get another one, because that is really important. If you can't talk to the person that's meant to be helping you, you're not going to get any better.

I don't sort of see [her] as a counsellor as such. I see her as somebody who, you know, she's somebody I really, really trust and I sort of see her more as a friend that I talk to about certain things on a certain day ... Yeah, I trust her. And that's something you've got to learn – to trust again. I'd recommend her to everybody but she can't heal the world because she hasn't got enough time.

Concern was also raised regarding the requirement for services tailored towards meeting the needs of specialist groups, such as for people with disabilities or people managing alcohol and other drug issues – whatever issues need addressing.

You need to accept the services that are offered to you. You need to find a person who knows about all the services and what's available.

Seventeen victim/survivors felt the most important thing they could advise others was to tell someone what had happened. While this could be a counsellor, many felt this could be friends or family/whānau members – the important thing was to find somebody trusted who would listen in a non-judgemental manner.

Talk to somebody, someone who will not judge, be confidential and listen. We all know the answers we just have to get the crap out of our heads – it's us that have to heal. Anger and hate takes so much energy and wastes your life. I wasted so much time being angry.

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.

While acknowledging the barriers to disclosure, one young victim/survivor spoke in ways suggesting the importance of not being silenced by shame and self-blame.

Virtually everyone knows what's happened. You know, I'm not embarrassed. Gosh, I would not be embarrassed over that! Someone that you loved turned out to be a monster. You're not to know that.

What many said (n=12) was that it felt difficult to say what might help someone else when everyone was different. This also meant realising that while others who want to help may mean well, they do not necessarily know what is best for an individual victim/survivor.

Everyone's different. I mean, as strange as it must sound, some people think sexual assault isn't that major – 'Yeah, okay, I was raped', whatever. But then there are those others who – 'Oooh, I've been raped!'.

I don't know. I mean everything's different for every person. I know that if people come up to me and say, 'Oh, you just need a good holiday love', I would probably punch them in the face and say, 'Get fucked! You don't know what the fuck you're talking about'.

Many comments suggested that ultimately each individual has to determine what will work for them, with it sometimes being more important for those wanting to help to refrain from giving advice in favour of supporting and enabling victim/survivors to determine their own paramount needs as well as their own best pathways to recovery.

In relation to accessing the criminal justice system, there was some division in the advice these victim/survivors would give others about whether to go to the police following rape/sexual assault. Seven said they would advise others to report such an offence, citing the importance of not letting offenders get away with it as well as the benefits that could come from reporting:

I think that's what is gained through the process will frequently outweigh what is lost. The learning that you gain is just phenomenal and the support and comfort.

Some advocated an active stance, rather than simply entrusting a case to the system.

I would still say report it, don't not report it. But surround yourself with people and have support and, and ask more questions.

Others, however, were adamant that it was better not to report (n=3). Comments from the latter suggested they considered it more important to get support for oneself than expect positive benefits from involvement with the police and criminal justice system.

It's a waste of time going to the police. Just go to support groups and things like that – seek counselling.

Other advice generally included encouragement to keep going and not give up, and to take control of their life. An interesting emphasis stressed by five respondents was to advise others to keep things in perspective. These victim/survivors appeared to be acknowledging the danger of having such an event define one's life and identity, and were stressing the importance of resisting such a tendency.

It's a matter of maintaining social contacts, physical exercise, trying to maintain as much of life as possible – don't let it consume your life. We have been victims but don't let your interactions with the world be as a victim.

Don't let it affect your mind – it's only a body blow.

9.4 Summary

Most victim/survivors described ways in which the rape/sexual assault had negatively affected the whole of their lives, affecting in particular their mental and emotional well-being. Sex and intimacy and a range of behavioural, cognitive and social aspects were also commonly affected. Many also described the impacts on those around them, including partners, family members and friends – the results show the ripple effects of rape/sexual assault. In terms of what helped the most in recovery, the most commonly cited answer was counselling and therapy. Also rated highly was the role of friends, family and self-help strategies. The majority did not feel their recovery process was complete, with some wondering if it would ever be. Most nevertheless felt there had been at least some positive outcomes to come from this experience, citing in particular their own increased levels of awareness, self-understanding and self-esteem. When asked to provide advice for other victim/survivors, over half said they felt the most important thing was to obtain counselling and support and do all they could to get help.

10 Experiences of Māori victim/survivors

10.1 Introduction

Māori have been found to experience sexual violence at up to twice the rate of other women in New Zealand (Mayhew and Reilly, 2007). It is, therefore, essential to understand better the characteristics and needs of Māori victim/survivors. This is difficult when the research findings presented in this report so far have been based on the entire sample of victim/survivors. For this reason, we have extracted the data for the 17 Māori victim/survivors who were interviewed as the result of a dedicated recruitment strategy and the four Māori victim/survivors who returned the self-complete survey.

This section presents Māori victim/survivors' experiences of sexual violation and healing and explores what helped or hindered their recovery. Their experiences of engaging with formal and informal support systems are also presented.

As will be seen, many of the findings below mirror those already presented in this report. It is important to remember that samples described are not representative of Māori victim/survivors or of te ao Māori (Māori world view) or how Māori live in the world today. Therefore, the findings cannot be generalised to all Māori victim/survivors of sexual violence. Of particular relevance to the composition of the Māori sample was the lack of involvement of kaupapa Māori specialist service providers in recruitment.

The research methodology and narrow time-frames for this study did not reflect an indigenous (kaupapa Māori) approach to designing and conducting the research. A kaupapa Māori approach places an emphasis on collaborating with indigenous communities to design and implement research that is informed by the philosophy and tikanga (values, beliefs and practices) of iwi, hapū and whānau. This study was generally unable to provide an opportunity to establish and develop strong linkages with kaupapa Māori services and women who access those services. This resulted in only four women being recruited through these services. Further, only a small number of kaupapa Māori services provide specialist sexual violation support to women and their whānau and, when this study took place, their resources were prioritised towards other sexual violation research initiatives.

Most of the 17 Māori interviewees were recruited through Māori counselling networks, Māori women's refuges, Māori health networks, Māori and non-Māori ACC counsellors, and/or through whānau referral processes. Recruitment was undertaken initially through telephone contact or in some cases through kanohi ki te kanohi (face-to-face) engagement with health professionals.

10.2 The experience of sexual violence

All Māori in our sample had experienced sexual violence before the assault focused on in this study. Over half identified they had been abused on more than one

occasion⁶⁰ and nearly half identified more than one offender in relation to the current assault.⁶¹ Twelve out of the 21 Māori participants reported that their perpetrator had been an ex-partner (n=2), current partner (n=5), or whānau or family member (n=5), which, as discussed in chapter 3, reflects the high presence of ‘family violence’ in this research sample. Of these 12, 60 percent had been subjected to multiple incidents of sexual violation. Victim/survivors were not specifically asked whether they had experienced childhood sexual abuse, but around one-third of the Māori victim/survivors disclosed such experiences.

First disclosures for this sample of Māori were more likely to be to friends⁶² and were influenced by victim/survivors seeking help for serious mental health issues (suicidal ideation and anxiety). Seeking treatment for medical injuries and legal support were also common reasons for disclosure.

Initial support received was generally, but not always, helpful. One person suffering from suicidal ideation disclosed to a counsellor who provided her with an ‘*emergency appointment*’, but did not refer her to another counsellor while they were away. A further person said the counsellor, ‘*Gave personal opinions [and] was yawning during [the] session*’. This process was called ‘*whakaiti*’ (belittling). Some victim/survivors required additional support, including information about how to access counselling, or longer counselling sessions.

10.3 Reporting sexual violence to the police

Less than half of the Māori sample reported what had happened to the police (9 out of 21).⁶³ This is not surprising given that the New Zealand criminal justice system is based on a British model of criminal justice whose design and processes may be viewed as monocultural and individualistic. The lack of a bicultural justice system and robust collaboration with iwi, hapū and whānau in the administration of this acts as a barrier to Māori feeling safe and culturally supported to access these services. Further, historical grievances and negative experiences Māori have had with the Crown, and by extension, the criminal justice system, can act as a barrier to Māori confidence in accessing criminal justice services.

As noted previously, Māori were likely to be perpetrated against by a partner or whānau member. This created barriers for reporting to the police and over half elected not to formally report because of feeling whakamā.⁶⁴ For Māori, whakamā is more than feeling a sense of shame or embarrassment; it reduces the individual’s mana and affects an individual’s sense of worth by affecting every aspect of her/his

60 Six Māori interviewees stated the abuse happened on one occasion. However, five stated it happened on three occasions, and a further 10 stated it had happened on multiple occasions.

61 For example, two members of the Māori sample identified three offenders, another identified six and one identified two.

62 Eight out of 21 Māori disclosed to a friend first.

63 This excludes two women who were not asked these questions because they had reported the sexual violence to the police before 2000.

64 Of the nine Māori interviewees who decided not to report the incident to the police, four indicated their relationship with the offender was a deterrent to reporting.

life. Whakamā affects victim/survivors' health and well-being by negatively affecting their tinana (physical dimension), hinengaro (mental and emotional dimension); wairua (spiritual dimension) and whānau (whakapapa/family dimension) which also includes their living circumstances.

In addition, participants who did not report were concerned about the impact reporting would have on whānau.⁶⁵ More than half of those who did not report to the police believed the sexual violation was their fault.

Of the nine Māori who reported the incident to the police, four said they had reported the offence to protect others.⁶⁶ Six Māori reported their preference for reporting the offence to a Māori police officer. Of those Māori who reported to the police, six stated they were 'highly satisfied' (n=4) or 'satisfied' (n=2) with the support they received from the police.

Māori participants described a range of feelings that accompanied reporting the assault: feeling frightened, anxious, concerned, confused and disoriented. Sometimes these responses were attributed to re-experiencing the trauma through disclosure. It was difficult '*talking in detail about what had happened*' stated one victim/survivor. One woman was worried the police would not have enough experience with what she had experienced (i.e. ritual abuse) and this made her concerned about reporting. But concerns voiced by victim/survivors were also attributed to the broader social impact of reporting. For example, reporting to the police might have signified the end of a relationship, which would bring about financial insecurity. Further, some people might have suffered memory loss or physical injury, which affected their emotional state at the time of reporting.

10.4 Giving a formal interview

Giving a statement to the police was emotionally difficult for Māori. Eight out of the nine Māori who reported to police participated in a formal interview. Two commented they would have preferred a female officer. One commented on the time taken for the interview, '*[the detective] was trying to rush everything so she could go. Time was difficult because of the trauma etc*'. However, interviewees were generally pleased with how they were treated during the formal interview process.

At the time Māori gave their statements, they reported feeling angry, confused, scared and whakamā. One pregnant woman stated she was taken into a sterile room. Half-way through the interview she was offered a cup of tea. She felt like she '*was a criminal*' because the walls were covered with police information and she had to sit in an uncomfortable chair. However, another person recalled that the detectives were '*very laid back*' and very helpful and treated her with respect. Another said she felt '*disgust about what happened*' when she recalled the assault. She tried to focus on how she could have prevented being in the situation.

65 Fear of the impact on whānau was a barrier to reporting for 7 out of 9 Māori.

66 Additional reasons for reporting to police were identified: one woman identified custody issues and another woman stated she required forensic evidence because she had no memory of the rape (a possible drug rape).

Police who carried out the formal interviews were generally considered to be supportive. However, some victim/survivors felt the interviewers were not skilled enough, and one stated it would have been preferable to have *'someone professional there who knows how to handle rape victims'*. Four out of the nine Māori were concerned about reporting to the police. Several said they lacked trust in the police.

Two victim/survivors stated they would have preferred an officer of a different gender when reporting. One male interviewee stated, *'I prefer women – don't trust men ... because of early childhood sexual abuse'*. However, victim/survivors appreciated supportive male officers. Another stated she would have preferred a female but found the male officer *'was really good and professional'*. Despite their concerns four Māori provided positive comments about the reporting officer. Māori were generally satisfied (6 out of 9) with the reporting process, *'He [the police officer] was very professional'*.

Victim/survivors made several suggestions to improve the reporting process: interviewers should be trained to be non-judgemental, supportive and *'not too formal'*, and interviews should be conducted in a less sterile environment. One person suggested *'more sexual survivor advocates specialising in male survivors'* are needed.

10.5 Forensic medical examination

Two female and one male Māori victim/survivors had a forensic medical examination. When asked to describe how they were feeling at the time of the examination the male interviewee said he felt like *'Shit, worthless; I felt like I wasn't a man anymore'*. All were generally satisfied with the examination, but one criticised a procedure to take bloods that resulted in a vein collapsing. Another stated she was unwilling and *'wanted to get it over and done with'*. She felt she was *'talked into it'* by the doctor and felt obligated to help others. A further victim/survivor stated she was afraid she would not be believed because the doctor said she *'wasn't finding much'* evidence.

Following the forensic examination the interviewees described having strong emotions. One reported feeling *'Re-raped by the doctor. It was as hard as the rape was'*. Similarly, another *'Felt violated again'* as the *'poking and prodding'* was experienced as *'invading'* her body and she did not feel as though she was in control. One other recalled feeling disappointed and *'felt worse'* after the examination. *'[I] felt like the criminal because [forensics] found nothing. No semen.'* These experiences of being re-traumatised suggest health professionals' level of empathy and competencies need improve.

However, several things helped Māori victim/survivors cope afterwards. One woman said the *'Kids' pictures on the wall really comforted me [as the] pictures of children provided a distraction during the examination'*. Another commented the police provided her with a dressing gown and took her home, which she found very helpful.

10.6 Going to court

Reporting to the police was unlikely to result in formal outcomes for Māori. Only one third of cases (3 out of 9) resulted in charges being laid.⁶⁷ One perpetrator pled guilty before trial and two went to trial. However, the numbers are too small to make any conclusive statements in relation to outcomes for Māori victim/survivors who report sexual violence to the police.

10.7 Support and assistance

Fourteen out of 21 (67 percent) Māori had contact with a support agency or service.⁶⁸ Of these, six were referred to or contacted multiple support agencies before accessing an appropriate counsellor or support person. Eleven victim/survivors said they found the support they received helpful.

Got me a counsellor so that's really good [and they] got me a support person to go with me when I went to the police. They also provided an interim counsellor when one was required.

Māori victim/survivors stated that accessing counselling services and support groups aided recovery because talking about what had happened and being listened to by counsellors was helpful. Being believed was also important.

They (counsellors) were non-judgemental and had complete empathy for me. They made me feel at ease.

Clinical intervention also strengthened resiliency; counsellors built strong rapport with clients and provided coping strategies. One participant had a fear of being judged and stated *'It helps you if a counsellor tells you a bit about their life. [It] also helps if the counsellor has empathy and a sense of humour'*. One counsellor was described as *'An absolute life saver – dedicated and passionate'*.

Support from kaupapa Māori services was considered extremely valuable by the four who accessed these services. One woman described how her counsellor listened to her for eight hours at the initial counselling session. Another, who felt too unsafe to disclose at an initial session, appreciated the cultural support she received from her counsellor. The health professional (an ACC counsellor) *'took months to do whanaungatanga'* (establish whakapapa connections and build a strong relationship and rapport) until the client could *'feel safe'* enough to disclose. Only two Māori victim/survivors found the counselling process unhelpful.⁶⁹

67 This excludes the two Māori victim/survivors who reported to the police before 2000.

68 The agencies/services contacted included a men's support service (n=1), a women's support group (n=1), specialist sexual violence agencies (n=6), ACC counsellors (n=2), kaupapa Māori services (n=2) and Women's Refuge (n=2).

69 For example, one interviewee commented on the tight counselling time-frames (usually 50 minutes to 1 hour per week).

Ten out of 14 Māori reported they were satisfied with the service they received.⁷⁰ One participant stated that counselling made the difference to her recovery; she learned about anger and stress management.

I've had a few rough patches and they've given me free one-on-one free session[s] – 15 sessions. I didn't know what to do, how to get out of it – I'd walked away from the family home and all my security.

Māori also wanted other forms of support.⁷¹ Four out of 10 Māori identified they required health professionals that were more highly skilled.

I was too young and immature to deal with such things. [Health professionals] rush past it – they need to run [the possibility of sexual violation] by [the victim] again to make sure it was consensual.

A further two victim/survivors spoke about the need for highly knowledgeable and competent people to provide 'skilled, professional support'. For example, one participant stated that she sought support from her doctor who gave her a prescription for antidepressants. The doctor did not discuss the possibility of sexual violation although he referred her to a kaupapa Māori service. Another victim/survivor stated that accessing a kaupapa Māori support service would have made the process easier for her. A further participant voiced the need for kaumātua to support the recovery process by providing spiritual support for Māori victim/survivors.

Victim/survivors also identified the need for earlier intervention. One said counselling was required within the first few days of the trauma. Other needs were also identified.

A safe house or somewhere to go when you've been triggered, freaking out ... a place where [victim/survivors] know the people; not a psychological assessment, not about medication – somewhere to spend a couple of days until [the] anxiety or threat of violence disappears.

Another victim/survivor who was sexually violated in childhood and raped as a young adult suggested that specialist organisations should provide ongoing support for people who come into contact with services as children. This would provide 'consistency' and continuity of care and potentially reduce the risk of their being further abused.

As a result of the negative impacts of experiencing sexual violence, Māori victim/survivors sometimes engaged in behaviours that were unhelpful to their recovery. Specifically, seven Māori victim/survivors described using 'self-soothing' behaviours (alcohol, other drugs and compulsive over-eating) to help them cope, and indulging in other unhealthy behaviours such as promiscuity or compulsive work habits.

70 That is, providing a rating of 4 or 5 on a scale from 1 (very dissatisfied) to 5 (very satisfied).

71 These included whānau and friends, specialist nurses in the area of sexually transmitted infections, religious counselling and/or support, and social workers.

10.8 Impact of sexual assault

Experiences of sexual violation sometimes followed childhood experiences that might have contributed to precipitating further abuse.

The sexual violation made me vulnerable [and] I believed I needed someone to protect me; and along came [the abusive ex-husband].

Sexual violation affected victim/survivors' mental health. Some people identified post-traumatic stress disorder, anxiety and/or depression, alcoholism, drug and gambling addictions, and workaholism. One victim/survivor stated that the experience had increased her self-harming behaviours.

10.8.1 Emotional impacts

Emotionally, Māori victim/survivors described themselves as being vulnerable, fearful suspicious, angry and in denial; their 'self-esteem' and sense of worth was lowered. One said it 'killed every little bit of self-respect' she had for herself. Survivors lacked trust in men, and people in general. Some blamed themselves, believing they had 'asked for it' or 'deserved it'. One victim/survivor stated the experience, 'Ruined my life; I don't live any more – I exist'. Many described an inability to sleep because of insomnia and/or nightmares, and they often turned to alcohol and other drugs or other self-destructive strategies to mitigate the negative effects they were experiencing.

10.8.2 Social impacts

Māori victim/survivors were also affected socially. The experience of sexual violence contributed to break-downs in intimate relationships, often caused problems with trust and sexual intimacy, and affected the ability of some to parent effectively. It caused conflict with whānau who were in denial. Some developed promiscuous behaviours or entered into prostitution. It affected the ability to work or study, with one participant stating she had stopped participating in a community youth programme. Socialising, going to church and being in public were also difficult for victim/survivors. One woman was ostracised, and another was encouraged by her priest to stay with the perpetrator.

10.8.3 Impacts on children

Sexual violation affected the children of Māori victim/survivors. It affected parents' relationships with their children, particularly in relation to bonding and being emotionally available. Parents distanced themselves or became over-protective of their children. In some instances the abuse may have resulted in a parent losing contact with their children. Parents described their children witnessing violence; children became angry, withdrawn, fearful and terrified.

I think of my son, he saw some of it. He has some behavioural problems at present and he can be quite spiteful to his sister.

10.8.4 Impacts on family/whānau

In some cases Māori victim/survivors' parents did not believe or denied what had happened, especially if the offender was a family member, which caused tension. Parents experienced anger toward the offender, as well as an acute sense of emotional pain and helplessness. Shock, anger, disbelief, resentment, denial, aloofness, anxiety, sadness, self-blame and confusion were all emotions experienced by the parents of victim/survivors. One person stated her father was unable to pray after he found out. One mother was traumatised and relied on her daughter (a victim/survivor of incest) to help her through the judicial process. Sometimes whānau/families became over-protective or withdrew from the victim/survivor. Similarly, the partners of victim/survivors were angry with the offender. One participant felt rejected by her in-laws as a result of disclosing the sexual violence. However, other whānau members provided emotional and practical support to the victim/survivor. One woman stated that her aunty had called a 'whānau meeting' to discuss what had happened.

10.8.5 Impacts on friends

Compared with family/whānau, friends were affected to a lesser degree by what had happened to the victim/survivor, although they also experienced anger, sadness, disbelief and shock. It may also have increased their sense of vulnerability and personal safety.

[My friends] started carrying around a stick – [as my sexual violation] made them more aware [and] friends told others about being safe'.

However, friends who related personally to the experience often focused on their own issues, betrayed confidentiality, or wanted to seek revenge (on behalf of the victim/survivor). Others provided valuable 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.

10.9 Māori healing and recovery

In terms of rating what was most helpful to recovery, more than half (10 out of 17) of Māori interviewed identified support from friends as most useful. Interestingly, 10 out of all 21 Māori research participants identified that counselling and/or psychological support was beneficial, with a further two stating that talking about what had happened and being listened to were most helpful to recovery. Another two also stated a women's support group and a male survivor's support group were most beneficial.

10.9.1 Impact of location on recovery

Most Māori victim/survivors indicated that their healing and recovery were affected by where they lived geographically. Participants variably identified there were

advantages to living in both urban and rural communities in terms of accessing support. Living in urban areas increased the likelihood of being able to access a variety of counselling or support services because it increased the number of counsellors to choose from. However, non-kaupapa Māori-based services required clients to provide their own transport to services and counselling sessions were normally set at only one hour each week. Several victim/survivors who returned to their iwi or whānau after being sexually violated and those who lived in rural communities commented that living in a rural Māori environment helped them to access services easily, because it is easier to approach a local health service (hauora) because counsellors or support workers are known to the community.

Although rural communities do not tend to have the same variety of services and counsellors to choose from as urban communities, hauora counsellors often provide home visits, which the women found helpful. Home visits were typically more frequent and longer than the weekly, one-hour counselling sessions that were provided in urban locations. One rural Māori victim/survivor stated that they found accessing support in the city was '*stressful*' and difficult and moving home to a rural area and receiving home visits supported her recovery. Four respondents stated that receiving home visits from counsellors employed by kaupapa Māori services was beneficial.

Healing and recovery was also affected by the proximity of victim/survivors to their whānau/friends and/or the offender. Living near whānau and friends was considered important because they provided valuable support. Conversely, recovery was compromised if the offender lived in the same town or in proximity to the victim/survivor. Living near the offender generated fear and anxiety and generally impeded recovery. Also, living in a low socio-economic environment presented challenges for some participants, because there was often easy access to alcohol and other drugs, and such behaviours impeded healing and recovery.

10.9.2 Extent to which the healing and recovery process is complete

Only 3 out of the 21 Māori victim/survivors stated their healing and recovery was complete, with 17 victim/survivors stating it was not complete, and one who said she did not know if it was complete. Those who thought their recovery was complete attributed this to being able to talk about their experiences. One said, '*[I] no longer hold the mamae/pain*' as a result of receiving counselling support. However, the majority of Māori victim/survivors (19 out of 21) identified several things that needed to happen for them to be able to complete the recovery process. The majority identified the need for more counselling to support the reduction of depression, anxiety and post-traumatic stress disorder symptoms. Increasing self-esteem and processing issues as they emerge were also important. Only one person stated they needed legal support. Three people stated their healing might never be complete.

It's an ongoing process, definitely an ongoing process. Like right now, I think it's still going to carry on for a while. Not too sure if it will be complete you know, but maybe one day if I'm lucky it will.

Counselling, support groups and the support from family and friends helped most people to get through the hardest part of the recovery process. Several victim/survivors also considered spiritual or religious beliefs important.

Despite the negative impacts, most participants also indicated that there had been some positive outcomes. Becoming '*strong*' and developing inner strength were considered the most positive outcomes. Counselling also contributed to increasing self-esteem and confidence.

10.9.3 Advice to other victim/survivors

Māori research participants suggested several ways to support other victim/survivors' recovery. Disclosing sexual violation and seeking counselling support were considered most important to recovery.

'Get help. Be it whānau or anybody. Get help and speak up.

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.

Believe that you are beautiful. You are not the perpetrator – none of this was yours. Just love yourself – let no one take it away from you. That's one thing they cannot take away from you – your inner soul, your beauty, your wairua.

10.10 Summary

All Māori victim/survivors had more than one incident of sexual violence, some in childhood. The most difficult part of recovery for Māori victim/survivors was disclosing and working to build trust and self-esteem. At the time this research was undertaken the majority of Māori victim/survivors considered they had not achieved recovery. They identified the need for further counselling to help manage ongoing mental health symptoms; three said healing would never be complete. Counselling, support groups, and support from family and friends were most helpful with the more difficult issues. Many Māori victim/survivors' inner strength, confidence and self-esteem had grown after the sexual violation experience. The most helpful advice Māori victim/survivors offered to other victim/survivors was to disclose and to engage in counselling.

11 Summary of findings and conclusions

11.1 Introduction

The aim of this study was to explore help-seeking and pathways to assistance and recovery for adult (i.e. people aged 16 or over) victim/survivors of sexual violence from diverse population groups across New Zealand. The focus was on victim/survivors' experiences of engaging with formal and informal systems. For some, this included the criminal justice system. The objectives were to identify:

- key points at which victim/survivors become involved with the criminal justice system and how they come to be involved
- key points at which victim/survivors exit the criminal justice system and how this comes about
- factors that promote victim/survivors continuing through the criminal justice process
- what victim/survivors found helpful and unhelpful about their interactions with the criminal justice system
- key points at which victim/survivors access other formal support systems and how they come to do so
- victim/survivors' views on what works to promote recovery, resilience and strength
- the impact of geographical location on pathways to assistance and recovery.

This chapter first describes the research findings in relation to each of the aims of the project, then presents an overall summary highlighting the key findings.

11.2 Victim/survivors involvement with the criminal justice system

This section contains the results of research findings in relation to the first four objectives of the project.

11.2.1 Points of entry and exit

Typically, the first decisions victim/survivors make in the aftermath of rape/sexual assault involve the issue of disclosure – whom do they tell about what has happened? In this study, the majority of incidents occurred in the victim/survivor's home, and were perpetrated by a person they knew well, most typically a partner or ex-partner, a family member or an acquaintance. Two-thirds disclosed the incident within a week of it occurring, most often to a family member or friend. Very few said a police officer was the first person they told (n=7; 12 percent).

The decision whether or not to tell the police is critical, since this typically marks the entry point to criminal justice system processes overall. About half of all those

interviewed and surveyed for this study decided to report the rape/sexual assault to the police. Those who did said their reasons for reporting related most typically to not wanting the offender to get away with it and wanting to protect others. Those who did not report to the police were most often influenced by a fear of not being believed and anxiety about the effects of reporting on their family/whānau. The majority of those who reported did so the same day or within a week of being sexually assaulted. Of these, two-thirds said they had concerns when they approached the police, most commonly anxiety that the police might not believe them.

In 17 out of 37 cases reported to the police there was no formal outcome, with 9 of these cases arising from the police deciding not to lay charges, typically because they considered there to be insufficient evidence. The majority of the victim/survivors in these cases expressed strong dissatisfaction at no action being taken against the perpetrator. This was the most significant point of exit from the criminal justice system.⁷²

Three-quarters of those whose cases proceeded said they experienced some aspects of police responses as helpful, specifically the supportive attitudes and behaviours encountered and the fact officers believed them. More than a half also noted aspects that they experienced as unhelpful, with the two most commonly cited factors being insensitive or clinical attitudes and failing to provide ongoing information.

Six respondents said they had considered withdrawing from the police process once they'd made a complaint and/or given a statement. Reasons given related to the length of time things took and being tired of waiting for an outcome, and the thought of having to go to court. Nine said others had pressured them to withdraw from the process. This was usually when there had been a close relationship between the victim/survivor and perpetrator. Sources of pressure to withdraw often came from family/whānau members (n=4), friends (n=3), and the perpetrator (n=2). Seventeen respondents said they had received encouragement to continue with the police process. Sources of encouragement included combinations of family/whānau, the police, partners, counsellors and psychologists, support groups, friends, and specialist sexual violence agencies.

Comments about what influenced victim/survivors in their decision to continue participating in police processes suggested they could be seriously affected by the attitudes of others around them. This included not only police attitudes but also the extent to which they felt encouraged and supported by family, friends, and other individuals and agencies. This emerged as particularly crucial in the context of cases involving intimate partner violence, where victim/survivors were often struggling with their own conflicting emotions as well as trying to manage divided attitudes in those around them. Their responses indicate the importance of all those involved with victim/survivors, both formally and informally, to validate the decision to report and provide ongoing support throughout the process.

72 A separate work stream of this project deals with the subject of attrition (see Triggs and Crime and Justice Research Centre, 2009).

Only three respondents said they had considered dropping out of the court process, mainly because of the length of time it took for their case to come to trial. They had been exposed to pressure from perpetrators and family/whānau to drop charges. Conversely, 10 interviewees said they had been supported and encouraged to carry on with the court process. This support most often came from family/whānau, friends, the police, and service or agency staff (specialist sexual violence agencies and Women's Refuge in particular).

The offender was found guilty in 8 of the 17 cases that proceeded to trial, and in three further cases pleaded guilty before the trial. Not surprisingly, in the five cases where the accused was not found guilty, and in a case dismissed by the judge, the victim/survivors felt angry and devastated by the outcome.

11.2.2 Helpful and unhelpful interactions with the criminal justice system

Police

In this study, the experiences of those who reported to the police were mostly positive, with only a minority feeling the police were disbelieving or cold or insensitive towards them. Some felt the environment within which they were interviewed was too clinical and uncomfortable, or complained about the lack of privacy in police stations. Police processes for obtaining evidence were also experienced negatively by some respondents, with comments suggesting greater sensitivity and communication could help to ease the distress such procedures could cause.

What respondents said they valued the most from the police was being supported and believed, and being kept informed of case developments and delays. In terms of what they felt could make police processes easier to manage, the factor those interviewed most commonly identified at the reporting stage was greater availability of female officers, while having the formal interview conducted in a more friendly or less sterile environment was seen as desirable. Some felt they would have benefited from having more emotional support as they went through police processes, with this not being left to support agencies to provide but also being evident in police attitudes and behaviours towards victim/survivors.

Forensic medical examination

Only eleven victim/survivors had a forensic medical examination. Most of them felt they were told the reasons for this and had been consulted to some extent about this procedure. In nine cases the doctor performing the examination was female, and this was appreciated by most, including the only male respondent who had a forensic medical examination. About half experienced the doctor as warm and understanding, while one-third felt the doctor's manner was cold and clinical. When asked how they felt after the examination was over, most answered in negative terms, with three saying they had experienced the procedure as a re-violation similar to the initial rape/sexual assault experience. What those examined found helpful was the information the doctor provided and the ways some doctors were comforting and validating in attitude, acknowledging how invasive the procedure was and displaying empathy towards them.

Court

The cases of 14 interviewees proceeded through to court, with all of these interviewees saying they had been given information beforehand explaining court procedures, most often by the police or by a court victim adviser. About a third felt that, nevertheless, they were still unprepared for managing court processes. Most met the prosecutor only on the day of the trial or the day before, although the majority found the prosecutor understanding, professional and pleasant. A minority expressed dissatisfaction with the prosecutor when they felt the latter was too cold and clinical in his/her approach.

All of those who gave evidence described the experience in negative terms, including '*traumatic*' and '*degrading*'. This was irrespective of whether the accused was found guilty at trial, which the accused was in over half the cases. In terms of support through the trial, most had support and said they could choose their support person, most typically opting for a family member, followed by a friend or specialist sexual violence agency worker. What they found the hardest to manage was '*defence attorney bullying*', as well as proximity to the perpetrator and his supporters.

All of those experiencing court processes commented on how important it was to have good support available, whether from family/whānau, friends or agencies, and some felt it was essential to be able to have their support person visible and close by them. Also rated highly was the need for all those going to court to be provided with detailed information about giving evidence, their rights in the system, and the chances of a conviction.

11.3 Victim/survivors' access to support systems

11.3.1 Formal support

The majority of research participants had contact with at least one formal support agency, most often accessed by referral from a counsellor or the police or through self-referral; for example, some responded to advertisements seen in local papers. One-third said they had experienced some difficulty in accessing support services and felt more information was required about the services available. Some also felt it was difficult to access services when they were most needed and for the length of time needed, and that more culturally appropriate services were needed.

The majority of those accessing formal agency support expressed satisfaction with the service provided, valuing, in particular, the emotional support provided. Practical support, such as child-minding and transportation, was appreciated where it was given, while some commented on the high financial costs associated with accessing agency support and counselling. Some found particular support workers or counsellors less helpful than others, with unhelpful responses including conveying a sense of blame or judgement and failing to provide safety. What many emphasised was the importance of being able to access support from the most competent and appropriate provider for each individual victim/survivor, the 'right' person whether

that be in terms of personality, therapeutic modality, gender, ethnicity, sexual preference, or whatever was deemed significant by the particular victim/survivor. Of significance was the extent to which there was overwhelming recognition of the value and quality of support provided by specialist sexual violence agencies, a finding that in many ways underscores the obvious conclusion – the needs of those subjected to the trauma of sexual violence are best met by specialist trained and qualified personnel and agencies.

Geographical considerations

As expected, victim/survivors' ability to access formal support systems was affected by where they lived. Those who had moved from rural areas commented on the ease with which they could access services in larger metropolitan areas. This also enabled them to choose from a range of counsellors and service providers, increasing the possibility of their being able to find the support that best met their own needs and preferences. In areas where little choice was available, victim/survivors struggled to find the best support for themselves, and could also face safety and confidentiality issues that could compromise their abilities to disclose and access support.

11.3.2 Informal support

Two-thirds of all research participants had sought informal support from friends, family/whānau and others. As with formal support, the most helpful response they received was emotional support, with many saying they valued the general willingness on the part of others to listen and be there for them. Practical support was also valued by some, which included information and advice, accommodation, and running errands.

The small number (n=14) who were disappointed with how those around them responded described finding it difficult, for example, when others told them how they *'should'* be feeling. They also struggled if those around them took it upon themselves to disclose what had happened to other people without first obtaining the victim/survivor's permission.

As well as external sources of support, two-thirds of respondents used self-help strategies, most typically books and, albeit to a lesser extent, internet-based material. Others referred to a variety of pursuits and activities they experienced as helpful, including exercise, alcohol and/or other drugs, meditation, and art therapy. Most of those who used self-help strategies found these beneficial in their recovery process. This suggests that, excluding the use of self-medication (i.e. alcohol or other drug use), self-help strategies need to be recognised as a useful complement to counselling and other more formal therapeutic practices.

11.4 Victim/survivors' views on healing and recovery

Victim/survivors detailed how the rape/sexual assault affected them and those close to them. Their responses indicate a wide variety of impacts affecting every aspect of their lives. The majority described ways in which they felt their lives had been turned

upside down by their experience of sexual assault, with the two largest areas of impact being emotional and mental health and sex, trust and intimacy. Many felt the effects were long-lasting, affecting their relationships and work as well as their physical and mental health. When asked if they considered the recovery process to be complete, 84 percent said 'no', many indicating how profound the impact had been on their sense of self and identity.

The factor most strongly associated with recovery was access to counselling, in particular, finding the 'right' counsellor. Family members and friends were sometimes supportive, but often lacked the understanding to provide what the victim/survivor needed. Many victim/survivors also used self-help strategies, which included literature, sport and recreational activities, alternative health remedies, and '*pampering*'. Interestingly, the majority acknowledged, somewhat paradoxically, how they recognised some positive consequences derived from their experience of sexual violence, with the most commonly cited examples being increased levels of awareness and heightened strength and resiliency.

The overall impression given was that healing and recovery was typically a long process and one that, ideally, was contributed to by a wide range of formal and informal sources of support, including self-help strategies. A recurrent theme, articulated on a range of levels, was that there was no one path to recovery – recovery could take various routes, and was often underpinned by a determination to reject a victim-based sense of identity.

11.5 Māori victim/survivors

The experiences of Māori victim/survivors did not differ greatly from those of others in the sample. Consequently, most of what they considered to be helpful is similar to that expressed by other victim/survivors in this study.

All Māori victim/survivors had experienced more than one incident of sexual violence, some in childhood. In terms of rating what was most helpful to recovery, more than half (10 out of 17) of Māori interviewed identified support from friends, followed by counselling and/or psychological support. The most difficult part of recovery for Māori victim/survivors was disclosing and working to build trust and self-esteem.

Māori victim/survivors who returned to their iwi or whānau after being sexually violated and others who lived in rural communities commented that living in a rural Māori environment helped them to access services easily because it was easier to approach a local health service (hauora) where counsellors or support workers are known to the community. Also, some appreciated these counsellors' willingness to make home visits. However, confidentiality was also a concern in small rural communities.

Many Māori victim/survivors said their inner strength, confidence and self-esteem had grown in the wake of the sexual violation experience. The most helpful advice Māori victim survivors offered to other victim/survivors was to disclose and to engage in counselling. Although many expressed a preference for kaupapa Māori

services, others encouraged Māori not to exclude Pākehā services in their search for healing and recovery.

11.6 Conclusion

This study represents the most comprehensive research into adult sexual violence in New Zealand for many years. Its findings provide a useful lens that can assist us to gauge the impact of recent initiatives, highlight possible areas of concern, and identify topics requiring additional research. This section comments on each of these strands in turn.

11.6.1 Impact of recent initiatives

Police

In the 1980s and 1990s, research into victim/survivors' experiences of reporting rape in New Zealand identified several major areas of concern: a sense that those reporting rape could sometimes encounter police disbelief and scepticism, often stemming from questions about the complainant's credibility (Young, 1983; Jordan, 1998, 2001, 2004); a lack of comfort and privacy in police stations; and a lack of information about case progress and developments (Young, 1983; Jordan, 1998, 2001, 2004, 2008).

The results of this study suggest that some of these issues have been addressed, at least for some complainants in some areas. For example, the development of specialist facilities has addressed some of these issues, but only in a few areas – complainants throughout most of the country are still likely to be interviewed in police station rooms with variable levels of comfort and privacy. The increased levels of training for detectives may be contributing to the positive ratings given to them by many of the complainants interviewed in this study. Of concern, however, were the experiences of the minority whose experiences of the police were negative, so felt revictimised as a result.

Overall, it appears that good progress has been made and many complainants feel positive about their experiences with the police, but it is by no means consistently experienced. In a 1990s study a complainant acknowledged that while there might be more good individual police officers within the organisation than there had been, *'it shouldn't be an individual thing ... It shouldn't be a case of just who you happen to get'* (Jordan, 2001, p. 700)

Jordan's (2001) quotation continues to be salient in 2009 – the chances of a positive response may have improved, but the lottery wheel continues to spin. It has been encouraging to see that, in the wake of the bad press that led to the Commission of Inquiry into Police Conduct, the New Zealand Police has demonstrated a more visible commitment to improving police responses to rape complainants. This has been signalled by, for example, efforts to increase participation in adult sexual assault investigation training courses, the appointment of a national sexual assault co-ordinator, and the establishment of a specialist sexual assault investigation unit in Auckland.

Medical examination

In the 1970s and 1980s it was common for forensic medical examinations to be conducted by male doctors, with a 1980s study finding only two complainants had been examined by a female doctor (Stone et al., 1983). Research in the 1990s showed this practice had reversed with most of the 11 complainants being examined by a female doctor and only two by male doctors (Jordan, 1998). The current study showed this practice had continued, again finding only 2 of the 11 who had forensic medical examinations were seen by male doctors.

In terms of how victim/survivors experienced the examination process, in marked contrast to the 1980s research, the majority in both this study and the 1990s research felt the doctor treated them well. In both studies, respondents commented on how much they appreciated being validated and treated as a person, having the doctor display warmth and sensitivity as well as professionalism, and being provided with clear information they could understand. The few negative comments made related to the doctor being cold and clinical and to feeling pressured.

The consistently positive overall ratings given to the doctors suggests that, having encountered earlier criticisms, the decision to form Doctors for Sexual Abuse Care and move towards specialist training was positive and appropriate. This organisation is committed to trying to ensure that as many as possible of those requiring a forensic medical examination are seen by a doctor who has been specially trained and qualified to provide optimal levels of care. This commitment has resulted in significantly improved experiences for victim/survivors.

Court process

Very few rape/sexual assault cases proceed to court, and research in this area has typically found the experience of the trial to be arduous and traumatic for all complainants (Young, 1983; Jordan, 1998, 2008). One of the hardest aspects to manage, not surprisingly, has been defence counsel's cross-examination, with this experienced as akin to the initial rape experience (Jordan, 1998, 2008).

The results from this study indicate this is still the case. Going to court was a fearful and humiliating experience, and one that most victim/survivors felt they needed high levels of support to manage. Some complainants experienced extreme anxiety from having to face the perpetrator in court, or the way in which restrictions were placed on aspects such as the proximity of the support person. Concern about facing the perpetrator is not surprising, considering the number of cases related to family or intimate partner violence, where a long history of control and intimidation by the offender may have formed the context within which the rape occurred.

What many felt would help victim/survivors in managing court processes was the provision of more detailed information, specifically about giving evidence, the likelihood of conviction, and the sources of support they could access.

Support agencies

Many victim/survivors have long relied on support agencies to help them to manage in the aftermath of rape/sexual assault. Many of the agencies providing this support developed within the context of the 1970s and 1980s women's movement, and have

had a long history of struggling for funding and recognition. In many areas of New Zealand the police have good relationships with local agencies, but this can depend, at least in part, on the personalities and histories within a particular area (Beckett, 2007), and the existence and strength of multi-agency partnerships can vary considerably. Earlier research showed that those seeking support experienced a range of approaches and competencies within these agencies, with many being highly appreciative of the support received while others struggled to feel their needs were met (Jordan, 1998, 2008).

The findings were broadly similar in this study. While many victim/survivors expressed appreciation for the work of support agency personnel and rated them highly, some had negative experiences and did not always feel that those offering support were sufficiently competent or sensitive in their approach. Finding a counsellor they could trust was difficult for some, and being able to afford good-quality counselling was sometimes an issue. What emerged, however, was how significant counselling was in assisting many victim/survivors on their pathway to recovery, with the proviso being that it could be a difficult process to locate the 'right' counsellor for each individual victim/survivor.

The services provided by specialist sexual violence agencies typically received the most positive ratings, and although a minority of respondents had some negative experiences with individuals within these agencies, the overall finding underscores the merits of specialisation.

It was also significant that many victim/survivors emphasised the importance of various self-help strategies in their recovery. Again, this was an individual process and suggests the high motivation and initiative taken by many in their quest to access the best measures to assist in their healing. This is consistent with the way in which so many of those interviewed challenged stereotypes of passive victimhood, instead demonstrating resiliency and a commitment to actively engaging support and advancing their recovery.

11.6.2 Key areas of concern

The overall findings of this study indicate four key areas of concern.

- **The lack of consistently high-quality service provision** for victim/survivors of rape/sexual assault. Although we found many instances of good practice and commendable service, we also uncovered multiple instances that suggested variable service delivery. The emotional, social and financial costs of sexual violence are so high it seems imperative to strive for optimal levels of service to be delivered consistently to all.
- **The links between adult sexual violence and other forms of violence** are highly transparent in this study. Many of those interviewed disclosed instances of childhood sexual abuse, even though they were not specifically asked to do so. In addition, a high number of the rapes/sexual assaults disclosed occurred in the context of intimate partner violence. These findings reinforce the importance of an integrated understanding of the gender dynamics underlying violence against women and children. In particular, the findings highlight the

significance of the sexual violence component of ‘family violence’ being recognised, named and responded to appropriately.

- **The high incidence of repeat adult sexual victimisation** – findings from this study point to many victim/survivors having experienced multiple incidents of sexual violence. This suggests the existence of a highly vulnerable population in need of specialist services and positive interventions to mitigate risk.
- **The advantages to be obtained from implementing a specialised response** are highlighted when the evidence from this study is considered in conjunction with the findings from earlier research. Wherever moves towards specialisation have been taken, there appear to be clear advantages for victim/survivors of sexual violence. This is not surprising given the serious and complex nature of sexual offending and its consequences, combined with the continuing widespread dominance of societal myths and misunderstandings about rape and its effects.

11.6.3 Suggestions for future research

This study is significant for its own findings and at the same time is typical of most research in that it generates many areas for future research, including:

- the need to obtain more details about why so many victim/survivors do not report or disclose to the police
- research on sexual violence perpetrated in the context of intimate partner violence, considering, in particular, issues around disclosure, help-seeking, and specific needs and issues
- larger samples and greater detail about the experiences and needs of population groups that are likely to have specific issues, including but not confined to, male victim/survivors, disabled victim/survivors, gay and lesbian victim/survivors, and victim/survivors in provincial and rural areas
- more in-depth understanding of the links between childhood sexual abuse and adult victimisation
- greater understanding of the relationship between alcohol and other drugs and sexual assault, and its significance for help-seeking experiences
- research on teenage and dating violence, including contexts, effects, help-seeking, healing and recovery
- kaupapa Māori research
- Pacific research
- the implementation and evaluation of education programmes aimed at preventing sexual violence.

11.6.4 Final comment

This study reinforces much of what we already knew about the trauma of rape and how to respond to it. The findings suggest that while progress has been made in many areas, there is still a long way to go before we can be assured that any

victim/survivor of rape/sexual assault in New Zealand, irrespective of gender, ethnicity, sexual preference, location or social background, is guaranteed to receive optimal levels of professional agency treatment.

This study was designed within a research framework organised in part to identify what helped victim/survivors on their recovery journey. The findings confirm those of other studies suggesting the complex and ongoing nature of the recovery process. 'Recovery' emerges neither as a position that can be reached at a particular point in time, nor as necessarily signalling a return to a prior state of well-being. Instead the responses point to a need to be able simultaneously to embrace recognition of the traumatising effects of sexual violence and how these may affect in deleterious ways while also acknowledging how many victim/survivors emerge from this experience stronger and more self-aware. For many, the ability for positive outcomes to emerge from such a negative and potentially destructive experience was assisted by the availability of specialist support services that validated each individual and strove to meet them at their respective points of need. At every stage of the process, the well-being of victim/survivors was enhanced when criminal justice system and other agency personnel treated them with respect and dignity, and in ways that recognised the diverse needs and wishes of each individual. The latter includes, but is ideally not limited to, issues of cultural identity. The passive connotations of the word 'victim' are challenged by the interviewees' descriptions of how they actively sought and used a range of support systems, both formal and informal, to assist them in rebuilding the self. The final word goes to the interviewee who, in stressing the need to keep what happened in perspective, urged:

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.

Glossary of Māori terms

This glossary explains te reo Māori terms used throughout the report (Ryan, 1995).

hapū	sub-tribe or pregnant
hauora	healthy – in this context referring to a local Māori health service
hinengaro	mind, heart
hōhā	bored, pest, nuisance
hui	meeting
iwi	people, tribe
kanohi ki te kanohi	face-to-face
kaumātua	elder
kaupapa	theme, topic
kaupapa Māori	underpinned by Māori philosophies and practices
koha	donation, gift
kōrero	speak
mamae	pain
mana	integrity/prestige
Māori	indigenous people of New Zealand
marae	Māori meeting place
mihi whakataua	speech of greeting, official welcome speech
Pākehā	non-Māori, European
pōwhiri	welcome, usually on a marae
te ao Māori	Māori world view
te reo Māori	Māori language
Te Puni Kōkiri	the Ministry of Māori Development
tikanga	custom, rule, principles
tinana	physical, body
wairua	spirit, soul
whakaiti	belittle, humiliate
whakamā	embarrassment or loss of mana, shy
whakapapa	genealogy/family tree
whānau	family/extended family
whānau ora	whānau health and well-being
whanaungatanga	relationship, kinship
whare	house

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