

Mitigating the Significant and Harmful Effects of Sexual Violence:

Are we there yet?

And if not why not?

Session structure

1. **Introduction** = context: outline of research, work, activism
2. **Definition and parameters** of sexual violence
3. **Rape Myths** - impacts
4. Potential psychosocial + physical **impacts of sexual violence**
5. Juxtaposition of 'ideal' response with **NZ court response**
6. How can government enable 'good practice' ideals?
7. Summary – **are we there yet?**

The Research

1996 Women's Perceptions of Safety Survey: Females were far more afraid than males in all but heavily populated social settings. Underscored that violence was a mechanism of control over all women - not just those directly affected.

Outcome: Used by Wellington Safer Community Council in environmental design - to 'design out crime'.
(Criminology Honours – Victoria University of Wellington)

2000 International Comparative Analysis of NZ Police Training for Investigating Adult Sexual Assault

Outcome: A new week-long ASA victim-centred course at Royal NZ Police College.
(Education Masters – University of Auckland)

2008 International Comparative Analysis of 'Best Practice' in Responding to Adult Victims of Sexual Assault

Outcome: Enabled submissions to various government departments and to teachings in the relevant communities through role as Wellington District Sexual Assault Medical Forensic Services Coordinator.
(PhD – Criminology, Victoria University of Wellington)

Input into Course Construction

- Identification of **course content** - based on the most comprehensive and victim-centred courses internationally
- contacted and brought in allied agencies for further **consultation**
- suggested and contacted **lecturers in related fields** e.g. criminology institute, support/advocacy, and medical forensic fields to deliver that content
- **critique** of the course

Wellington Medical/Forensic Coordinator Role

- **Presentations** to: health practitioners; crown prosecutors; journalism students; military personnel – essentially, anybody who would listen
- **Policy** writing
- **Service development**
- **Stats collection and collation**
- **Liaison** with partner and other agencies
- **Triaging** calls from victims: arranging to see them and either setting up medical forensic examinations or referring people to police or support/advocacy agencies
- etc., etc., etc

What rape is:

‘...an overwhelming confrontation with another person’s sadism and aggression.’

(Notman and Nadelson)

‘...as such it is a **physical, social and psychological attack** on the person...’

(McCombie, Bassuk, Savitz and Pell)

Other Involvement

1. Consultation with **Law Commission**: regarding extent to which Police had implemented their National Policy (for Bazley Review) 2005
2. Submissions (written + oral) to 2012 **Select Committee Hearing** 'Inquiry into the funding of specialist sexual violence social services'
3. Submissions to **Law Commission review** 'The Justice Response to Victims of Sexual Violence' and Peer Review of final draft 2015
4. **Lobbying** local MP
5. **Board member**: Hutt Rape Counselling Network (HRCN) -7 Years
6. Member of National ACC **Sensitive Claims Advisory Group** (SAG)
7. Building ACC capacity – assisting development of **training** for management of sensitive claims – thereafter, training ACC newly appointed Sensitive Claims Managers
9. Reviews of **Police Policy** on Sexual Violence
10. Participant on DSAC (now Medsac) Executive's review of national service delivery and endeavour to gain greater government funding commitment + co-opted DSAC project advisor

Proscribed Forcible Mechanisms

- **Physical force**
- **Duress**
- **Intimidation**
- **Deception**
- **Threat** (the threat does not have to be to the person who is assaulted)

Impacts of Violation by a Known Other Exacerbated by:

Gap between expectation (loving safe environment) and reality

What violence directed at you signals about your lovableness

Who your family/friends support – social ostracism

Secondary Victimisation

Rape is unique in the way that social reactions, and that includes professional reactions, are partly causal in the long-term physical health outcomes for victims.

Essentially, negative, uninformed or careless reactions will be re-victimising and can have a major impact in preventing recovery.

Number of people involved

1. police and ideally specialist support for a **scoping** interview

☹☹☹ (3)

2. sometimes different police 😞😞😞😞😞 (5) bringing patient to medical forensic team for an **evidence collecting medical forensic exam**

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3. specialist support, counsellors, police and medical forensic specialists for **ongoing care** but probably different people entirely because the callout teams won't be the same as the acute teams

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4. police interviewer (and monitor) and specialist support for **videoed main statement taking** and ongoing investigative requirements

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5. ACC sensitive claims unit - via phone and processing complaints

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6. prosecution lawyer

                 **(16)**

7. specialist victim court support

                   **(17)**

8. all the court functionaries – judge, lawyers; jury, stenographer + journalists

(35)

Legal outcomes

most victims don't report

if they do report, most victims will withdraw their complaint

OR

police will need to drop the case before court

if they do get to court few convictions are gained

General recommendation number 21

13th session 1994

The Convention on the Elimination of All Forms of Discrimination against Women ... goes further by recognizing the importance of culture and tradition in shaping the thinking and behaviour of men and women and the significant part they play in restricting the exercise of basic rights by women.

Rape Myths (? no longer culturally influential)

1. a real man doesn't take no for an answer
2. it's no big deal
3. (children) women should lie back and enjoy it
4. she loved it
5. no means yes and a man should just try harder or for longer

Contemporary Myths: (part 1) ? Yet to lose cultural influence

1. good girls don't get raped. Similarly: she asked for it/led me on.
2. many women lie about being raped
3. rape is what strangers do
4. there is *always* evidence of physical trauma if someone has been raped
5. rape is less emotionally traumatic for someone who is sexually experienced
6. a. it 'just *happened*' + b. **men rape because they are in the grip of uncontrollable sexual urges**

Contemporary myths (part 2)

7. if it happened the victim would tell someone immediately
8. women fantasize about being raped
9. rape is easy to allege, but hard to refute
10. if a woman really wanted to get away from a rapist she could –
(you can't thread the eye of a moving needle)
11. he's not normal/rapists differ significantly from other men

Types of sexual assault presentation

- 1. Sexual/genital health concerns**
- 2. Requests for the ECP**
- 3. One element of physical assault**

Acute effects: Psychosocial Impacts

Common Effects of Sexual Violence: Rape Trauma Syndrome

Initial phase: Feelings of:

Shock Hysteria Disbelief Disgust Fear Guilt Confusion Powerlessness

This combination of effects has been analysed as having the potential to cause **complete disorganisation of people's lives** in the immediate aftermath of rape.

Exacerbated by:

social forces – especially rape mythology

threats and force used during the rape and victims' commonly expressed **fear that they were going to die**

Relocation: Reasons

1. Sexual assault happened in the home – ongoing reminder of the trauma
2. Victim may live alone and no longer feel safe to do so
3. Offender is a family member or flatmate - mutual acquaintances or family members are blaming, disbelieving and second guessing the victim
4. Offender knows where the victim lives and she may be afraid that he will: try to **intimidate** her, **persuade her not to report** or even **do it again**
5. Loss of job if workmate is the offender

Shorter-term physical impacts.

Can Include:

Injuries: Bruises, cuts, fractures, head injuries, chest wounds, intra-abdominal trauma, eye and dental injuries

STIs

Side effects of medications

Pregnancy and/or miscarriage

Self-harm through cutting, overuse of alcohol or drugs

Potential longer term psychosocial impacts:

Characterised by long-term reorganisation of life

Psychological issues frequently include:

- Depression and sometimes contemplation of, or attempted, suicide
- Decreased level of functioning
- Sleep disturbances
- Mood swings
- Denial
- Sexual dysfunction
- Phobic reactions
- Preoccupation with the event (intrusive thoughts)
- Fear of solitude or conversely withdrawal and social isolation
- Factors which lead to repeat victimisation
- Connection between childhood sexual abuse and prostitution

Recovering Phase: Physical Impacts

A variety of major affective and anxiety disorders somatically-induced through the impact of severe stress on the immune system – e.g.

- Allergies
- Back pain
- Skin disorders
- Menstrual symptoms
- Sexual dysfunction
- Functional gastrointestinal disorders including IBS
- Migraines
- Fibromyalgia
- Chronic pelvic pain

Recovering phase: Social problems

Recovering phase: Characterised by long-term reorganisation of life (cont.)

Sexual violence can lead to compromised ability to function in usual work and social roles - and therefore to economic and social disadvantage.

Bard 1976 '*... minutes of skilful intervention in the acute stage of reporting can obviate the need for hours of counselling later....*'

What needs to be done differently?

1. Interagency and interdepartmental **collaboration and coordination**
2. **Educating the community** – particular mention of media role
3. **Improve**: police systems
4. **Greater support for specialist support/advocacy and medical/forensic services** (related to the need to recognise the importance of the work done by these services and therefore to improving their funding and support)
5. Provision of greater **accessibility to mental health care**

'flashbacks to the trial more than to the rape'

Research respondents:

Police in many roles and at all levels

Medical/forensic clinicians

Specialist support/advocacy NGOs

Counsellors

Victim Support Managers

CYFS Managers

Safer Community Council Managers

Recommended Court Changes (Part 1)

1. Train judges, prosecution and defense lawyers to specialist standard
2. Specialist courts
3. Better judicial control over defense lawyers
4. Scrap jury trials
5. Attention to the means of giving evidence – increase use of screens and video links
6. Bail too easy
7. Delays before court too long

Scrap Jury Trials

- juries not making decisions based on the **evidence**
- impact on jury decision making due to presence of gang members in the courtrooms of smaller places – some juries **afraid to come back with guilty verdict**
- juries not wanting to **ruin the bright futures of students**
- another 12 people in the room- yet **privacy is crucial**

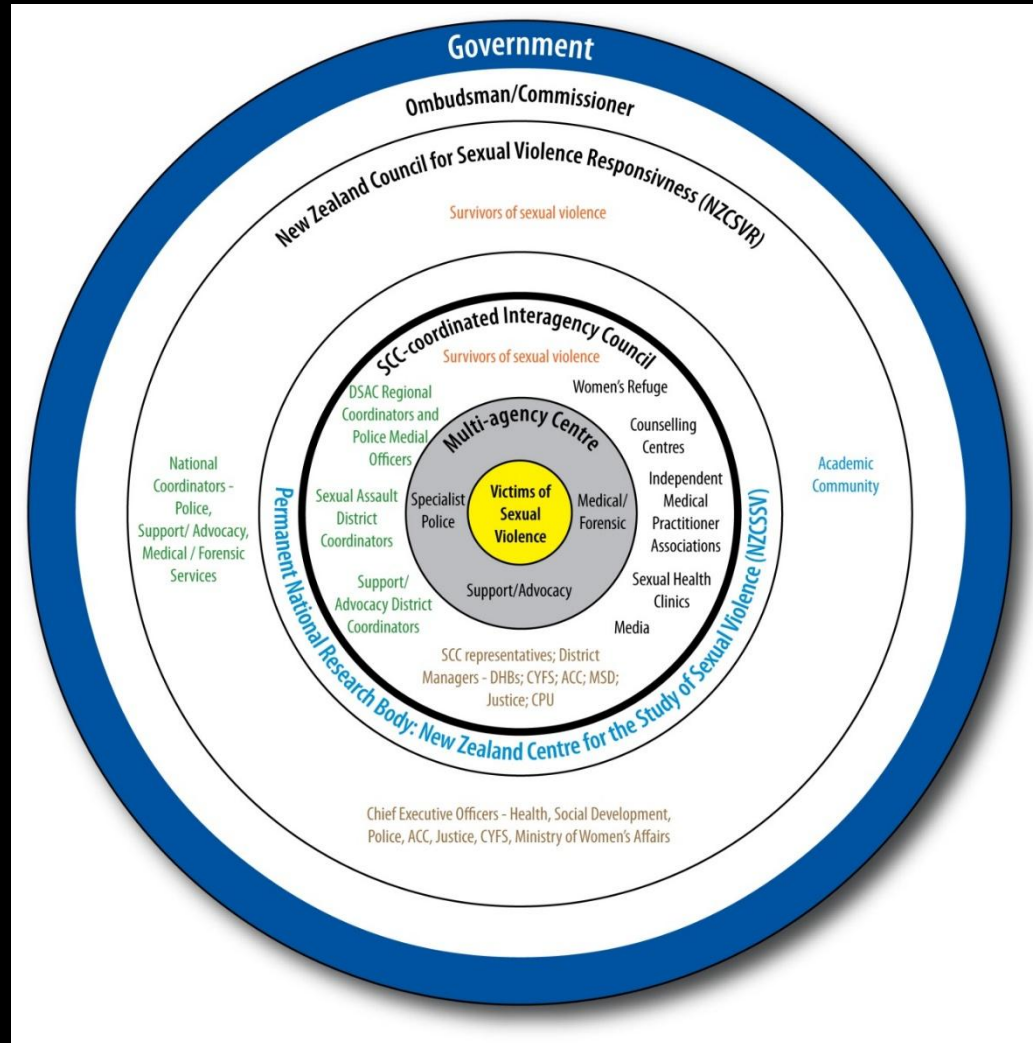
Recommended Court Changes (cont)

8. Delays while at court indicative of arrogance - ergo, the court expected everybody could be inconvenienced
9. Improve facilities for victims at court
10. Time and quality of time spent with Crown Prosecutor too limited
11. More preparation for court
12. More support at court
13. Legal representation for victims
14. Adjust the legal processes to facilitate getting historic cases through court

Recommended Court Changes (cont)

15. Distance to travel to court – more **roving judges** needed
16. Sex of the court functionaries – more **women** needed
17. Move to **restorative justice**
18. **Restructure sentencing** so that juries more inclined to guilty findings
19. More **grades of sexual offences** so that juries more inclined to guilty findings
20. **Limit discoverability**
21. Attention to how consent was gained – **test for consent**
22. **Publically funded legal representation for victim** (comparison with Public Defender)
23. In the case of **overwhelming evidence**, deny the right to pursue a not guilty plea
24. Perpetrators should not be released back to the **same community**
25. **Too many processes** for the victim to go through
26. **No severance at trial** (one offender many cases) (tried separately so that the weight of the evidence not prejudicial to alleged offender)
27. **Eliminate need for more than Prima Facie case** required before Police felt they could take cases to court

Proposed Structure for National and Local Responses to Sexual Violence: The Grand Plan AKA 'My Onion'



What's needed

1. **Permanent** New Zealand Council for Sexual Violence Responsiveness
2. Ombudsman/Commissioner
3. **Permanent** National Research Body
4. **Combined training** Centre
5. **Local/Regional Coordination** of Services
6. **Multi-Agency Centres**

Relevant Government Departments

- Police
- ACC
- MSD
- Justice
- Health
- Corrections
- Ministry of Women's Affairs – (research and policy development)

Ombudsman/Commissioner

1. Oversee multidisciplinary efforts to create **negotiated nationwide policies**
2. Monitor **quality assurance** - through ensuring agency and interagency protocols are implemented and observed
3. Champion rape **prevention** measures
4. Ensure adequate **resourcing** of effective interventions
5. **Complaints Authority** role.

Permanent National Research Body

1. current **parameters** of sexual violence in NZ
2. **variables** associated with sexual violence e.g. age; location; perpetrator/victim relationship; roles of alcohol and drugs etc. etc. etc.
3. data on **complaints which are not held to meet the legal definitions** - necessary in understanding and managing these
4. data on the **social, long-term health, and pecuniary costs of sexual violence**. Once understood, this is likely to spur proactive efforts toward rape-prevention
5. **evaluation of service capacity** in comparison to established principles of best holistic practice
6. inventory and **evaluation of prevention** measures
7. **evaluation of the impact of court experiences and outcomes both for victims and professionals - including analysis of the extent to which legislation is implemented in the intended spirit**

Formalise Local/Regional Coordination

Local level coordination:

- 1.enables services to be tailored to local community need
- 2.is pivotal in ensuring effective local interagency collaboration
- 3.is enabling of national coordination through upward and downward communication flow
- 4.overseas research suggests that local Interagency Councils can gain a broad base of community support.

Establishing Multi-Agency Centres in each Police District: Advantages

1. Data collection
2. Meeting room for combined training/pooled knowledge
3. Protocol-protected combined database – reduce telephone tag
4. Less conflicting information given to victims
5. Resource libraries
6. Increased networking and cooperation
7. Protect sensitive information within premises
8. Custom-built facilities-Job satisfaction and recruitment benefits
9. Ring fenced police – therefore no other-work distractions
10. Combined advocacy for improvements to related structures e.g. courts

That rape ensures women are not equal with men in the ability to **self-actualise** was formally recognised in 1979 by the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). This acknowledged the **effects of rape to be life-limiting for women**. CEDAW's General Recommendation 19 described gender-based violence as a form of discrimination that seriously inhibited a woman's ability to enjoy rights and freedoms on an equal basis with men (Bond & Phillips, 2001).

CEDAW Eighth session (1989) General recommendation No. 12:
Violence against women. Considering that articles 2, 5, 11, 12 and 16 of the Convention require the States parties to act to protect women against violence of any kind occurring within the family, at the workplace or in any other area of social life. ... Recommends to the States parties that they should include in their periodic reports to the Committee information about: ...3. The existence of support services for women who are the victims of aggression or abuses...

Why do some men rape?

1. Multilayered
2. Can't rule out that it's simply for sexual gratification and perhaps the involuntary celibate group INCELS fit into this category
3. Trendy to speak of power and control issues and with women's strengths increasingly evident, perhaps this is an element of backlash
4. Susan Brownmiller 'Against our will' - to demoralise the enemy during war
5. She doesn't, but you could also argue that war is so traumatising some men just need to make a human connection in the only way that circumstances allow. Horrific that so many rape victims in these circumstances are murdered by the rapist.
6. Also can't get around the fact that rape myths have helped to desensitise some men to the horror of the act and justify this form of violence
7. Need to consider the lowering of ethical sensibilities through overindulgence in alcohol consumption

Systems requirements

Requirements in all systems (and individual) responses:

1. A non-judgmental response
2. Empathy and emotional support
3. Genuineness in responses
4. Assisting the victim to identify social support systems
5. Addressing issues of personal safety
6. Treating the victim as separate from the rape
7. Informing the victim of her right to make choices in her own time - includes validation of post rape decision making
8. Understanding of emotional disequilibrium as a normal and temporary response
9. Understanding that feelings of powerlessness may be engendered - therefore assistance to maintain or regain control
10. Understanding of, and responses to, issues relating to: dignity; privacy; fear; belief; the stages of trauma responses
11. Addressing the guilt engendered by blaming attitudes which emanate from rape mythology