Office of the
Status of Women

National Framework for Sexual Assault Prevention

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Consultants
Urbis Keys Young

Contents

Study Team

Claire Grealy	Senior Consultant
Dr Ania Wilczynski	Associate Director
Kerry Reed-Gilbert	Consultant, Kuracca Consultancy
Julie Sloggett	Consultant

Acknowledgements

Glossary

ABS	Australian Bureau of Statistics
ACSSA	Australian Centre for the Study of Sexual Assault
AIC	Australian Institute of Criminology
ANCD	Australian National Council on Drugs
CASA	Centre Against Sexual Assault
NASASV	National Association of Services Against Sexual Violence
NICSA	National Initiative to Combat Sexual Assault
OSW	Office of the Status of Women
PADV	Partnerships Against Domestic Violence
SAAP	Supported Accommodation Assistance Program

A National Framework for Sexual Assault Prevention

The Framework has been developed to provide a way forward in the prevention of sexual assault in Australia. The principles reflect the magnitude of the issue, and the level of commitment and leadership required. The principles underpin the Framework, and should inform all implementation activity:

1. Responsibility for the eradication of sexual assault rests with the whole Australian community.

2. Prevention begins with addressing the cultural values and norms that support and tolerate sexual assault. This is a long-term undertaking requiring sustained leadership and effort.

3. The ongoing development of an evidence base anchored in the Australian context is fundamental to sexual assault prevention.

4. No single agency of government can address sexual assault prevention alone. Portfolios across all levels of government, including education, health, justice, and crime prevention, as well as the non-government sector and community stakeholders, each have a significant contribution to make.

5. The generation and dissemination of research, practice and policy information to all stakeholders is central to sexual assault prevention.

This Framework is designed to deliver on three key goals:

1. A strengthened evidence base for prevention activity, informed by research, investment, evaluation, and communication pathways across concerned sectors and disciplines

2. A balance between the types of intervention, with an emphasis on primary and secondary strategies, supported by a well-positioned tertiary service sector

3. The development of the structures and approaches that will maximise the impact of prevention effort, including integrated effort across all stakeholder groups.

1 Introduction

Urbis Keys Young, the Social Planning and Research division of UrbisJHD, was commissioned by the Office of the Status of Women (OSW) in the Department of the Prime Minister and Cabinet to develop a National Framework for Sexual Assault Prevention in relation to adults (aged 15 years and above). The Framework applies to both women and men, in recognition of the fact that both sexes are sexually victimised. However the Framework is underpinned by an understanding of the gendered nature of sexual violence, since most victims of adult sexual assault are women, and most perpetrators of sexual assault are men.

This cross-sectoral policy Framework:

1. provides a set of national principles for sexual assault prevention, and discusses the rationale for each of these, drawing on both the literature review and consultations conducted for the project

2. identifies three key goals

The Framework addresses the needs of a diverse range of communities, in particular the needs of Indigenous people. The Framework is one of the projects commissioned by OSW under the National Initiative to Combat Sexual Assault (NICSA). NICSA is the responsibility of OSW. It represents the Australian Government's commitment to reducing and preventing sexual assault, and aims to implement strategies that address the increasing incidence of sexual assault in the community. NICSA aims to lead and foster the development of an Australian culture that will not tolerate violence. The Initiative aims to prevent and reduce sexual assault through the sharing of best practice across jurisdictions and agencies, the establishment of a comprehensive evidence base to inform further policy development, and the promotion of community awareness.

The report also provides proposed areas for future action in the sexual assault prevention area. These include: a national sexual assault research agenda; national, State and Territory integrated sexual assault prevention plans addressing the cultural norms and values that support sexual assault; a whole of government approach to existing investment, and any new funds secured for the purpose of preventing sexual assault; investment in evidence-based prevention programs in order to better coordinate, and build on, existing activity; outcome-based evaluations of those programs which are already in place, and which include components recognised as promising in prevention efforts; improved access to information pathways; and the appointment of Indigenous representatives to key forums concerned with sexual assault prevention.

1.1 Methodology

The methodology to develop the Framework included two key components: a literature review and stakeholder consultations.

1.1.1 Literature review

A review was conducted of literature on prevention approaches in Australia and (more selectively) overseas. Literature published between 1998–2004 was included, as well as some earlier significant publications. Although the Framework applies to people aged 15 years and above, the literature review also included prevention and early intervention approaches which target younger people.

Material for the review was identified through literature database searches, internet searches, and the stakeholder consultations.

The review included evaluation reports of a range of local programs and initiatives, reviews of interagency approaches, discussions regarding adult and child sexual assault prevention and early intervention methods, definitional debates, gender and socio-cultural analyses, the needs of specific communities with particular emphases on Indigenous people and people with disabilities, and current State and Territory Government policy approaches to sexual assault prevention.

1.1.2 Stakeholder consultations

The second core component of the methodology was a series of consultations, which were conducted in capital cities of each State and Territory, as well as three non-capital locations: Alice Springs and Cairns due to their high Aboriginal populations, and Bendigo in Victoria to provide a regional perspective.

In each location, workshops were conducted with non-Indigenous stakeholders, and focus groups were conducted with Indigenous stakeholders.[1] A wide range of stakeholders attended the consultations, including practitioners in sexual assault and related service delivery fields, those with policy responsibilities (in fields such as health, crime prevention and so on), and Aboriginal community organisations and representatives.

Separate discussion papers were prepared for the Indigenous and non-Indigenous consultations, and distributed to participants beforehand. These discussion papers included a series of key questions, which provided the basis for the workshops and focus groups.

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[1] In Canberra only a non-Indigenous workshop was conducted. In Bendigo a combined Indigenous and non-Indigenous consultation was conducted.

Each of the workshops and focus groups were organised with the assistance of a key agency in that location. These agencies assisted with identifying other stakeholders to invite to the sessions, distributing the invitations and discussion papers, advising the consultants of local issues to consider, and practical arrangements required for the organisation of the consultations. These key agencies are listed in the Acknowledgements section of this Framework.

In some locations a small number of one-to-one consultations were conducted with stakeholders who were unable to attend the consultations.

The consultation for the development of the Framework focused on:

- The development and utilisation of an evidence base for prevention—how new information reaches key people, what we understand 'success' to mean, and how it is measured.
- A discussion of where prevention efforts might best be focused, through the consideration of a range of primary, secondary and tertiary prevention approaches, and the place of such approaches within a National Framework.
- The implications of language on the effectiveness of prevention programs, and the best way to ensure that the impact of the language used is understood, and that the impact of prevention utilising integrated approaches is maximised.

A list of the stakeholders consulted is provided at Appendix A.

1.1.3 Structure of the report

Each section of the report addresses a key area of action for the prevention of sexual assault. Following a brief discussion of the key area, the 'Findings' sub-section summarises the results of the stakeholder consultations and the literature review. The next sub-section entitled 'Ways Forward' provides specific actions for each of the key areas.

Section Two addresses the issue of evidence-based prevention, including access to information pathways, and how success in sexual assault prevention might be evaluated. Findings in this section reflect information gathered through the national consultation, and a review of existing national, State and Territory information pathways and the current scope of program evaluations.

Section Three addresses the focus of intervention, including the efficacy of, and the relationships between primary, secondary and tertiary prevention strategies. A review of Australian and overseas sexual assault prevention literature informs this section.

Section Four considers the ways in which prevention activity can be maximised, and addresses the challenges of integrating effort across multiple sectors and disciplines. The impact of the language used in prevention strategies, and definitional debates, are also addressed.

Section Five outlines a series of proposed areas for future action.

2 Evidence-based Prevention

In order to formulate policy, policy-makers need information about the determinants of sexual assault, which should assist in determining how it can best be prevented… Planners and providers of services also need to know what are the most effective ways to respond to sexual assault in order to improve outcomes and whether different responses are required for different population groups.

(ABS 2003)

2.1 Information pathways

An evidence base in any field of practice may be described as the existing body of knowledge at a point in time. This body is not static, and in order to be useful to a myriad of interested stakeholders, it must be both accessible and relevant. In the dynamic environment of human service delivery, the evaluations, conference papers, discussion papers, academic writings, and program documents that make up the evidence base are located across a range of disciplines and are developed for a multitude of purposes. They also often remain unpublished.

In the sexual assault field, a number of steps have been taken to better coordinate the growing body of related knowledge, and to ultimately provide practitioners and policy makers with an evidence base to support effective practice in individual and community settings, as well as the development and promotion of effective government policy. These efforts are also designed to improve practice, promote research, and assist with the dissemination of information.

Current projects which aim to enhance coordination in relation to sexual assault (some concerning prevention) include:

- The development of practice guidelines at both national and State levels—for example, the *National Association of Services Against Sexual Violence* (NASASV) have published the *National Standards of Practice for Services Against Sexual Violence* (NASASV 1998), and a Report on Cultural Diversity and Services Against Sexual Assault (NASASV 2002). A number of jurisdictions have also developed practice protocols and guidelines, based on the best practice principle of integrated service provision. NASASV also undertook a National Data Collection Project in 2000, providing a snapshot analysis over a two month period.

- The *Sexual Assault Information Development Framework* produced by the Australian Bureau of Statistics (ABS 2003), which identifies existing sources of data on sexual assault and gaps in currently available data, and proposes strategies to address these gaps. The ABS is currently working on a report entitled *Sexual Assault in Australia: A Statistical Overview* (due mid-2004) which will provide an overview of the whole sexual assault field in Australia. (This report is discussed in more detail below.)

- The funding of a full-time data analyst position at the Australian Institute of Criminology, to enhance the Institute's resources to focus on sexual assault.

- The Australian Centre for the Study of Sexual Assault (ACSSA), established in 2003 at the Australian Institute of Family Studies, is providing a mechanism for information sharing across sectors and jurisdictions, and undertaking targeted research.

2.1.1 Findings

- The knowledge that is crucial to informing practice concerning sexual assault prevention is scattered across a range of disciplines, which include crime prevention, health promotion, public health, community development, psychology, social work, law reform, and mental health fields.

- Achieving the goal of evidence-based practice is dependent on effective information pathways at the national, State and Territory, and local levels.

- Generally the sexual assault service sector lacks resources to invest in information management, in terms of time, technology, and research skill. As a consequence practice does not evolve in line with the growing evidence base, and the evidence base is not expanded by practitioners who are otherwise well placed to contribute to it.

- Policy Officers within government agencies are likely to be better resourced to utilise research through access to information technology, and are more likely to have included in their role research and utilisation of emerging material and learning in the area.

- The information pathways most frequently identified include a range of electronic and hard copy publications. However, the most frequently cited source of practice information by both Indigenous and non-Indigenous stakeholders is networking within service sectors.

- The importance of tangible points of contact (for example, physical access to knowledgeable people and information) was identified as key to promoting evidence-based practice by Indigenous services and workers. This builds on the identified preference by Indigenous communities for one-to-one networking.

- Conferences at State and Territory levels are particularly valued, and identified as a good way of overcoming the

lack of published findings in sexual assault prevention and intervention methods. This approach is particularly supported by Indigenous communities. The focus of conferences continues, however, to be in single sectors.

- Information sources with established credibility and single entry points or 'one stop shops' were regarded as particularly useful, such as the Australian Domestic and Family Violence Clearinghouse and ACSSA. Indigenous stakeholders are much less likely to access these resources than non-Indigenous stakeholders.

2.1.2 Ways forward: access to the information pathway

- Indigenous people's access to ACSSA needs to be increased. The strategies adopted should take account of the Indigenous preference for physical access to information. There are existing well-placed, well-networked Indigenous agencies, centres, and neighbourhood houses in all States and Territories which are potential partners in information dissemination to Indigenous communities.

- Specific strategies need to be developed to increase the dissemination of key research findings to Indigenous stakeholders. Providing Indigenous positions in key agencies, and the development of tailored information resources, would be two components of this strategy.

- Mechanisms need to be developed to provide a national resource of evaluated sexual assault prevention approaches. This should build on existing pathways (websites, conferences, newsletters) to ensure information is as accessible as possible to all stakeholders. ACSSA's Good Practice Programs and Responses for Sexual Assault Collection is an example of the kinds of pathways required.

2.2 Indicators of success

The concept of measuring 'success' in any human service field is a complex undertaking. In the sexual assault prevention field, determining indicators of 'successful' approaches is further complicated by questions of the extent of the problem of sexual assault (ABS 2003, p1), the location of the problem primarily in the private sphere of people's lives (Lievore 2003), cultural norms of rape-tolerance (National Crime Prevention 1999), and other socio-cultural factors.

In practice, it appears that the responsibility for evaluating sexual assault prevention approaches generally rests with funded service providers. The majority of evaluations that have been undertaken focus on the process of implementation of service delivery, rather than the outcomes of the approach. Process evaluation is valuable in that it contributes to the knowledge base of factors associated with successful program implementation. It does not, however, shed light on whether a specific approach achieves the desired impact in a specific context.

There are legitimate reasons for this historic focus on process evaluation over outcome evaluation. These include:

- the lack of resources at a program level to invest in outcome evaluations

- the constant tension between resourcing responses to immediate need, and investing in building the knowledge base

- the limited capacity of providers in terms of skill, technology and methodological expertise to undertake impact or outcome evaluations

- the difficulties involved in identifying useful and appropriate indicators of success.

As noted above, the ABS is currently developing a publication called *Sexual Assault in Australia: A Statistical Overview*. The aim of the report is to provide a benchmark of the size of the problem of sexual assault in Australia. Sources for the report include the ABS Crime Reports, the NASASV Snapshot 2000, the 1996 Women's Safety Survey, the Supported Accommodation Assistance Program (SAAP) National Data Collection, as well as some State level data. The Report includes national level data, with data from a State and Territory level included where it is available. There may be some limitations, therefore, in the extent to which the *Statistical Overview* can be utilised for planning at the State and Territory and local levels.

Researching subjective trends, such as community attitudes to sexual violence, is a difficult task requiring resource-intensive and sensitive methodologies.

One example of a project which attempted to do this was the *National Research on Young People's Attitudes and Experiences of Domestic Violence*. Five thousand young people were surveyed, and in-depth discussion groups were held with specific needs groups. The findings of the research included that one in seven young men agreed with the statements that 'It's okay for a boy to make a girl have sex with him if she has flirted with him or led him on' (National Crime Prevention 1999, p64).

Another example is a Victorian study, which reported on the responses of 608 young people concerning their attitudes towards rape victims, women, and responsibility for sexual assault in a range of scenarios (Xenos & Smith 2001). The study found a link between attitudes to rape victims and the young person's gender and educational level. Although males did hold more negative views, young women with lower educational levels also held less favourable attitudes towards victims of sexual assault. The researchers concluded that the stronger negative views held by younger students suggested that beliefs and attitudes about rape are developed at a young age. The less negative views held by the older students could also suggest views can and do change over time. The study

also found a correlation between respondents holding traditional views of women, and attitudes of disbelief and blame towards sexual assault victims.

The type of work described in these two studies provides a rich 'snap shot' of values and attitudes, which can potentially be tracked over time and provide insight into the influences on the development of values in young people.

2.2.1 Findings

- Research into sexual assault in Australia is in its infancy, in terms of the financial resourcing of the task and the coordination of effort. This is particularly true in relation to prevention. Compared to many other issues with a nexus to crime, sexual assault prevention research is yet to be prioritised for substantial funding. Researchers with relevant knowledge in the area are spread across multiple disciplines, and rarely combine their expertise for the purposes of developing, implementing and evaluating prevention initiatives. Only since the establishment of ACSSA in 2003 has there been an identifiable point of contact for the research and provider field.

- Australian (and to a lesser extent overseas) research to date has generally focused on describing the problem of sexual assault rather than rigorously evaluating what is effective to achieve its eradication.

- There is no standardised national data collection in the sexual assault field, as there is in the domestic violence sector through the SAAP National Data Collection. This impedes work to determine the rate of incidence of sexual assault, monitor trends, and develop appropriate formulae for resource allocation. In terms of data sources for evaluating local prevention activity, service level data could be better utilised, for example, to track increases in demand for services that can be attributed to prevention campaigns. A limitation, however, is that service level data is generally not collated beyond individual services.

- Official statistics, such as police data, focus on the incidence of sexual assault through the reporting of offences. Consequently, these measures are commonly viewed as being imperfect for a range of reasons, including the retrospective nature of reporting, and the high level of under-reporting of incidents (ABS 2003, p1). Such data could be utilised to indicate a greater preparedness by victims/survivors to report matters to the police, which could be linked to prevention campaigns and/or changing community attitudes.

- Self-report surveys, such as the forthcoming International Violence Against Women Survey, the 1996 Women's Safety Survey and the National Crime Prevention (1999) attitudinal survey, are a highly valued methodology recognised across the criminology field. Self-report approaches do, however, raise questions of definitional consistency, and therefore comparability.

- The diversity of the sectors involved in generating knowledge in the sexual assault field is both an asset and a barrier to effective utilisation of this knowledge in relation to prevention. Systematic links between key sectors remain the exception in the majority of cases. For example, there has been some recognition of the important similarities between the sexual assault and domestic violence fields, and the benefits of collaboration between these sectors. However, adequate collaboration of this nature has not occurred in most locations.

- In all States and Territories, the policy lead on women's safety, the funding of programs to victims, and the responses to offenders are spread across multiple government agencies, with limited or no mechanisms to work collaboratively.

- Collaborative inquiry and evaluation between researchers and providers is relatively new in the human service area and is generally welcomed by providers as a way of contributing findings from practice to the evidence base. Establishing the kind of relationship that facilitates collaborative work is a process in itself, and when successful has multiple benefits beyond the evaluation alone. These benefits may include, for example, skill and knowledge transfer, broader dissemination of findings, and an increased likelihood of publication (Shapiro & Rinaldi 2001).

- Existing prevention programs borrow heavily from a range of fields of applied theory such as: health promotion's primary, secondary and tertiary categories of intervention; community development's 'ground up' approach where problem identification, prioritisation and response rests with the community of concern; and social and situational crime prevention approaches. The usefulness of these approaches for the prevention of sexual assault remains untested however, and they are potentially under-utilised.

- The community values, attitudes and related behaviours that support or reduce the tolerance of sexual violence are of great interest to stakeholders the sexual assault prevention field, and are viewed as critical indicators for tracking changes over time. However, methods for monitoring trends in community attitudes are resource-intensive and there are generally no existing mechanisms of this nature which could be easily drawn upon for this purpose.

- The link between community attitudes towards sexual assault and the impact on individual behaviour is not well understood. Although there are assumptions that changes in attitudes will lead to changed behaviour, this remains untested in research. Further, methodologies for determining this link are not readily available, and need to be developed.

- Given the accepted limitations of individual data sets, both qualitative and quantitative, the complexity and resource-intensive nature of the task of measuring 'success' is generally acknowledged.

- Program evaluation is often not included as part of program design. There are some exceptions, such as the Western Australian 'Freedom From Fear' campaign which includes evaluation before implementation, and then both shorter and longer-term evaluation afterwards.

- While there is a strong commitment to 'evidence-based practice', the nature of the evidence required by the multiple disciplines within the sexual assault prevention field is not well articulated. Defining this will support evaluation work at all levels, from meta-analysis through to the very local context. Having articulated the nature of the evidence required, the most suitable methodologies can be selected or developed - for example, sophisticated, multi-pronged, and rigorous approaches that result in reliable, defensible findings anchored in the Australian context.

2.2.2 Ways forward: indicators of success

- OSW needs to lead the discussion in order to clearly articulate the nature of the evidence base required, and the range of methodologies necessary to generate the evidence base to support sexual assault prevention.

- OSW is in a strong position to support cross-sectoral co-operation in the generation and dissemination of new knowledge. This can be achieved through leadership, modelling, resourcing, and actively connecting key sectors across government and stakeholder groups.

- The above findings indicate the need for further utilisation of expertise and the coordination of research effort. A national research and evaluation agenda has the potential to attract new investment, harness and maximise existing resources and endeavours, eliminate the current extensive duplication of effort, and result in a sexual assault prevention evidence base for policy makers and practitioners across the country.

- The agenda should be developed by a cross-sectoral 'think tank' of individuals with identified expertise in the range of relevant fields (government and non government), including sexual assault and domestic violence service provision, education, crime prevention, public health, justice, law reform, academia and other research institutions. A national funding pool is recommended to resource the agenda and participation by stakeholders (particularly those in the non-government sector). Located within PM&C, OSW would be ideally placed to lead this initiative.

- The agenda would be built by OSW in collaboration with the States and Territories, with the aim of:

  – Resourcing a range of promising prevention efforts already underway with both funding and research expertise in order to undertake long-term longitudinal impact/outcome evaluations against program objectives. For example, the promising high school-targeted secondary prevention campaigns could include a follow up at the future point at which the target group utilise the information/skills/message of the prevention campaign.

– Identifying the gaps in research on prevention, early intervention and responses to sexual assault, and commissioning studies to address these gaps. Potential areas of inquiry and investment include:

  - The efficacy of programs aimed at attitude change to achieve changes in behaviour.

  - The applicability of, and lessons learnt from, a range of applied theories to the field of sexual assault prevention, including public health and crime prevention frameworks. This should take into account key points of similarity and difference between sexual assault and other public health/crime prevention issues and the divergent definitions and emphases of each discipline.

  - The analysis of the economic impact of sexual assault at individual and community levels to contribute to cost-benefit analyses of prevention, intervention and response approaches. When the burden of sexual assault on the victim/survivor is better understood, population level indicators should be identified and tracked over time, such as a reduction in mental health and substance abuse indicators, as well as other accepted but not well understood co-morbidity factors. Indicators that are appropriate to a range of communities will need to be developed, with a particular emphasis on indicators sensitive to Indigenous victims/survivors.

  - A planned approach to self-report surveys targeting a range of cohorts at frequent (five year) intervals to investigate prevalence and incidence, attitudes of tolerance, and behaviours not otherwise reported. This is a particular priority in developing a better understanding of sexual assault in communities less likely to be captured in mainstream data collections—for instance, Indigenous people, some ethnic communities, people with disabilities, and people in residential facilities including prisons.

  - Determining the impact of high school targeted prevention—for example, whether there is in fact a link between the considerable effort put into decreasing young people's rape-tolerant attitudes, and an actual decrease in sexual assault and coercive behaviours in intimate relationships more generally. A particular focus would be the best point of intervention—for example, primary school rather than high school—before attitudes are determined.

3 Points of Intervention: Where to Focus

Determinants of sexual assault are not well understood and there has been significant debate regarding the responsibility of the perpetrator, blaming of the victim/survivor, and other contributory factors such as environment and prior victimisation.

(ABS 2003)

An important discussion in the prevention literature focuses on the most beneficial point at which to intervene. Generally the potential options available are borrowed from the public health field, and are described as primary, secondary and tertiary approaches.

Primary prevention campaigns generally utilise the mass media to address a public health issue—an issue of concern for the whole of the population. The aim is to stop a 'condition' before it begins. This is done by promoting avoidance of risk behaviours, and/or proactive resilience building behaviours to protect against a condition (McDonald 2000).

A secondary prevention approach is couched in a socio-cultural analysis of the issue of concern. In the context of sexual assault prevention, this approach takes into account what is known about risk factors for being a victim/survivor or a perpetrator of sexual assault, and targets prevention programs either at these 'at risk' groups, or at identified risk factors.

Strategies at the tertiary level promote maximum wellbeing for people already affected by the issue.

The 'General Findings' below provide an overview in relation to all three types of prevention approaches. Primary, secondary and tertiary responses are discussed separately and in more detail in the sections after this.

3.1 General findings

- There is a high level of support for activity at all three levels of prevention. There is a strong view that primary prevention provides the 'spring board' for targeted secondary efforts tailored to reach and impact on specific groups or communities, and supports the work of tertiary providers. Where there is competition for resources, a minority view supported investment in secondary over primary approaches, since it was felt results were more likely to be achieved with this type of program.

- There is a strong view that only through integrating effort at all three levels of prevention will any real impact be achieved in terms of reducing sexual assault. The increase in demand for tertiary services that results from successful primary and secondary campaigns is a significant issue for policy makers and providers in particular. This strengthens the argument for integration to ensure that 'response' providers are well prepared and resourced to deal with increased demand before any initiative is implemented.

- There is a high level of support for utilising a public health approach as a key element of a multi-disciplinary response to sexual assault prevention.

- In the Indigenous context, there is strong support for positioning discussions of sexual assault (including prevention) within the established context of family violence. As with domestic violence, the 'identification of discrete social problems or one specific set of power relationships' (Strategic Partners 2001, p4) in the Indigenous context is problematic. Similarly to domestic violence, effective sexual assault prevention must link into broader initiatives to address social and emotional wellbeing. However in placing sexual assault in this broader context, it is important to maintain a clear and distinct focus on the specific issue and impacts of sexual assault.

- There is considerable support for the need to prevent and respond to sexual violence in Indigenous communities. There is also concern that the tendency to focus on female victims/survivors not be to the exclusion of boys, young men, and adult men who are also the victims of sexual assault (this issue was raised in relation to non-Indigenous male victims of sexual assault as well). In addition it should be noted that perpetrators of sexual violence against men and boys are also predominantly male. This highlights the importance of cross-sectoral responses, and other agencies sharing lead agency responsibility with OSW.

- Unlike a range of other health issues, the 'burden of disease' concerning sexual assault (including health and other impacts) is not understood. As a result funders lack any rationale or formula for the allocation of resources. As a result there has been little impetus for an increase in the resources allocated to sexual assault prevention, or investment in new approaches.

- There is a great deal of variation across the States and Territories in terms of the amount of resources allocated by governments to sexual assault prevention activity. In some jurisdictions there is no or very little work being conducted in this area at all. Funding arrangements vary in terms of time periods and funding allocation to prevention activity. Some States and Territories have recognised the contribution which tertiary (response) services are able to make to prevention efforts, while others have not. When funds are not specifically tied to the conduct of prevention activity, there is the risk that prevention efforts will receive lower priority when demand for service responses increases.

- Responsibility for policy, funding, and delivery of each level of prevention can lie with a wide range of agencies in each State and Territory. Not all jurisdictions have coordinating mechanisms in place to integrate this work.

- There is a high level of support for targeting prevention initiatives at key transition points in children and young *people's development, with the aim of 'diverting people from harmful pathways before maladaptive patterns of behaviour are well entrenched'* (National Crime Prevention 1999). While a great deal of secondary prevention targets high school aged young people, there is a strong view that this is 'too late' and the issues of power misuse and the development of healthy relationships must begin in the early primary school years. This is consistent with the initiative announced in the 2004 Australian Government budget in relation to primary school education.[2]

- The points at which boys are developing their gender identity are key windows of opportunity for the promotion of positive role models, moral codes, and understandings of power use and mis-use. Targeting this developmental stage indicates prevention should begin in primary rather than high school.

- The national approach to bullying (*Bullying. No Way!*) is seen as a model for the type of approach that is possible in primary schools. It is a national, cross-sectoral strategy managed by all participating Australian education authorities including private and public, peak bodies and associations, as well as the responsible Australian Government Department. The work of the project is supported by teachers, parents, students, staff and curriculum officers.

- The media is strongly identified as an under-utilised vehicle for prevention of sexual assault. It is acknowledged that media coverage of sexual assault 'stories' can either undermine, or strongly support, preferred messages.

- An understanding of the basic dynamics of sexual violence needs to inform all prevention activities. Particular aspects for consideration are that:
  - There are culturally defined notions of acceptable male and female sexuality, including deeply entrenched double standards which support sexual violence, particularly against women.
  - Violence against women is more likely to occur in cultures with traditional/ conservative role definitions for men and women (National Crime Prevention 1999; Sochting, Fairbrother & Koch 2004).
  - Sexual violence against women is promoted in some close male environments including sports teams, campus residences, and gangs, and may be utilised as a means of promoting and expressing male bonding (Sanday 1990, cited in Flood 2002–03).
  - Many people are unaware of the legal definition of sexual assault and this prevents them from reporting assaults to the police.
  - Many victims/survivors do not align their experience with 'sexual assault' due to the circumstances in which the assault occurred, for instance, on a date, with a known person, in their own home, without physical violence and struggle (but with coercion leading to unwanted sex).

- Self-report surveys of 'unwanted sexual behaviour' far exceed self-reports of 'sexual assault', suggesting language that reflects a continuum of unwanted behaviour may be more useful in prevention efforts. The continuum of language must also be tailored to the target community, for example, the inclusion of key words from community languages may improve the response of the target audience.
- Perpetrators of sexual assault frequently do not identify their behaviour as 'sexual assault'. There is a high level of support for identifying the behaviours that constitute sexual assault in prevention activities.

3.2 Primary prevention: attitudes and behaviours

Primary prevention is about stopping a condition before it begins. This is done by promoting avoidance of risk behaviours, and/or proactive resilience-building behaviours to protect against a condition. It is a population level approach, on the basis that the issue of concern is of relevance to the whole population.

The objective of primary prevention campaigns might be general awareness, individual behaviour change, or a call to public action (Dejong & Atkin 1995, p61).

The objective of primary prevention as a response to sexual assault has an historical as well as a contemporary purpose. The historical perspective places primary prevention as the method utilised by feminists over several decades to increase public recognition of the issue, and establish it on the political agenda as a matter of primary concern (Carmody M 2003; Neame 2003). Campaigns included images and stories aiming to dispel myths of victim responsibility for sexual assault.

In the contemporary context, primary prevention seeks to influence the formation of individual and community attitudes, on the assumption that this will impact on behaviours and ultimately result in a reduction of sexual violence. Contemporary general awareness campaigns seek to shift social norms by changing the meaning of behaviour. A good example of this was the NSW 'Violence Against Women: It's Against all the Rules' campaign which ran in 2002–2003. This campaign used sporting analogies to convey the message that violence against women is 'against the rules'. The use of sporting 'heroes' with implied virtues of 'maleness' was designed to challenge notions of masculinity that value the use of violence off the sporting field, and position the use of violence against women as 'un-manly'. This approach utilises male investment in traditional forms of masculinity to achieve a cultural shift in definitions of manhood. The strategy also recognises the power of men voicing anti-violence messages to men, and positions the male 'speaker' as a positive agent for change.

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[2] See http://www.dest.gov.au/ministers.nelson/budget04/bud12_04.htm.

The campaign was developed through a partnership between a number of NSW government agencies, and was delivered through a range of media over a period of time.

Examples of other primary prevention campaigns aiming to impact on behaviour include those promoting the use of car seat belts, the risks of cigarette smoking, and diabetes awareness. Gauging the impact of these campaigns is a less complicated undertaking than evaluating primary prevention strategies to reduce sexual assault. This is due to the complexity of the behaviours to be addressed in eliminating sexual violence: *'although sexual violence is primarily instigated by males, it is the whole community that allows for the acceptance, maintenance, and reinforcement of such behaviour'* (Wallace 1992, cited in Xenos & Smith 2001). Hence the target is not only individual behaviour change, but a community level shift in the values and norms that support sexual assault.

Primary prevention campaigns generally utilise a range of media to promote key messages. The kind of individual behaviour change that can be targeted through the mass media includes:

- an increase in knowledge about a public health issue
- the modelling of new behavioural skills
- showing how barriers to change can be overcome
- teaching self-management techniques to sustain behaviour change
- demonstrating social support for the targeted change (Dejong & Atkin 1995).

The promotion of alternative behaviours has been used in a number of sexual assault prevention campaigns, including 'drink spiking' campaigns that emphasise individual responsibility for managing safe drinking, through to more sophisticated campaigns such as the 'Mentors in Violence Prevention' project at North East University, Boston. This project identifies and trains non-violent men who are prominent in their social group, and positions them as agents for prevention and change in the constructions of masculinity which are identified as a central cause of violence against women (Katz 1995). Men in the program are 'coached' to intervene in talk amongst men, in 'jokes' and in behaviours that reflect tolerance of violence against women. The program has not been the subject of a longitudinal evaluation, but does bring together many of the components of promising prevention programs.

The World Health Organisation Plan of Action to Address Violence, and the inclusion of violence on the US Centre for Disease Control agenda, both indicate that violence and violence prevention are matters of significant international public health concern (McDonald 2000).

3.2.1 Findings

- It is well recognised that primary prevention alone will not reduce the incidence of sexual assault, but it is highly valued as a springboard for targeted (secondary) prevention activity. This is supported in other public health work, including drink-driving campaigns where it has been found that primary prevention initiatives are most effective when used in conjunction with other prevention activities, including the role of the criminal justice system. For example, general awareness raising (primary prevention) is supported by the targeting of deterrence measures (secondary prevention), such as random breath testing units (Holder & Treno 1997, p189). The result is a heightened public perception of the likelihood of detection and punishment, and a tangible demonstration of community support for the targeted change. The role of the criminal justice system in sexual assault prevention, however, is not as well developed, and is not currently felt to be performing this role effectively.

- Researchers into the effectiveness of the Victorian 'Sunsmart' skin cancer campaign found evidence that *'a well executed and researched public health campaign can have a substantial impact on the behaviour and attitudes of a targeted population'* (Sinclair, Borland, Davidson & Noy 1994).

- While sexual assault continues to be a taboo subject in the community at large, and to a greater extent in some specific communities including the Indigenous and some culturally and linguistically diverse communities, primary prevention campaigns providing prevention messages to the general community are highly valued.

- Since victims/survivors of sexual assault are more likely to make their first disclosure to a friend or family member than to the formal service system (Women's Safety Survey 1996), the generally-held myths about sexual assault need to be addressed to better enable a positive response in the event of disclosure. A North American program teaches appropriate responses by concerned men as a means of overcoming men's defensiveness toward sexual assault programs. The program evaluation reports a decrease in rape-supportive attitudes amongst program participants (Foubert & Marriott 1996).

- In relation to primary prevention strategies, the Australian and overseas evaluation literature reveals a general lack of clarity in the design of key messages, target audience, desired impact, indicators and method for determining impact. Campaign design is rarely 'market tested' with the proposed audience prior to being launched, and rarely resourced to include comprehensive evaluation.

- The vast majority of primary prevention evaluations focus on process or implementation evaluation. Where impact evaluation has been undertaken, recollection of the images and messages has been a key measure of the extent of exposure. The rigour of this method has been questioned following high levels of over-reporting by respondents in

their recollection of campaign images and messages. Writers in this area identify the frequent lack of a control group (a population who have not been exposed to the message) as one limitation of this method (Brown, Baumer & Padgett 1990).

- The stop-start nature of prevention efforts over recent years is identified as reducing the effectiveness of campaigns, and reduces the interest of stakeholders in engaging in short-term strategies (Wilczynski et al 2001). Addressing the cultural norms and values that support sexual assault is a long-term undertaking, at odds with short-term, non-recurrent, or pilot investment by governments.

3.2.2 Ways forward: primary prevention

- The efficacy of primary prevention approaches in reducing sexual assault should not be guided only by overseas research. The emphasis which has been placed on the utilisation of public health approaches to prevention of a range of social/health problems in Australia indicates the need for Australian-specific research on the efficacy of primary prevention in preventing sexual assault.

- Primary prevention campaigns operate on the basis that information will influence attitudes, and as a consequence impact on behaviour. Research investment is required to test these links. Such research must be undertaken collaboratively to bring together expertise from crime prevention, sexual assault, and the behavioural sciences, as well as lessons from other long-term key public health campaigns such as sun awareness and drink driving.

- The communities which are the target of primary prevention messages need to be equipped to respond to the impact of primary prevention campaigns through targeted secondary and resourced tertiary responses. An example cited in the consultations illustrating the importance of this was a Northern Territory school-targeted program which included a theatrical performance concerning family violence in five schools. In the period following the performance, around 300 children disclosed violence at home.

- Primary prevention campaigns require longevity to achieve saturation of the community with the key message, but messages must also be refreshed over time to achieve ongoing impact. This needs to be taken into account when planning funding levels and the duration of a campaign.

- The media should be engaged as an ally in prevention. Guidelines for the media reporting of sexual assault matters should be developed, as has occurred with the reporting of mental health and suicide issues (Department of Health and Aged Care 1998; see also Urbis Keys Young 2004 concerning the media reporting of alcohol and other drug matters).

- From the information available, the following components are essential in an effective primary prevention campaign:

  – The delivery medium is crucial and needs to be selected with the specific target community in mind. For example: visual and verbal messages should form the basis of campaigns targeting Indigenous communities; electronic media including web-based material is effective in reaching gay and lesbian communities and young people in the general population; interactive and novelty-value approaches have been popular with young people; arts and dramatic formats are identified as appropriate media with children and young people, and Indigenous people.

  – The messages and presentation should be developed with, and at a minimum tested with, the target community.

  – Campaigns need to be resourced to include translation into key community languages, including both Indigenous and ethnic languages.

- Primary prevention campaigns should include the following types of messages to communities:

  – Naming the specific behaviours in readily understood language, and defining these as 'sexual assault'.

  – Naming the impacts of sexual assault including the long-term costs and consequences to victims/survivors.

  – Information provision such as where to seek help, with tailored contact points depending on the target audience.

  – The message design should reflect the level of taboo in a community and willingness to address the issue of sexual assault. Using community development theory, the campaign needs to 'start where the target community is at'. For example, the degree of taboo in many Indigenous communities requires a message that sexual assault is not culturally based, and should not be upheld in practices framed as 'cultural'. For example, there has been recent debate in the Northern Territory where sexual assault was framed by some as a 'cultural rite of passage' and an excuse for sexually assaulting young women. An effective primary prevention campaign would directly address this view. An example of a positive campaign which encourages the Indigenous community to support abuse victims was cited in the consultations. This campaign was shown on Imparja television in the Northern Territory in 2003–2004, but was originally developed by the Queensland Department of Communities. The campaign has two versions, featuring a shadowy image of a young girl and a young boy respectively who are victims/survivors of abuse, hopping over rocks. The Indigenous voiceover implies that the child does not know where to turn, and has not been assisted to deal with the abuse. The campaign encourages the community to stand up against abuse, and support those who have been victimised. This is also regarded as a positive, strong message (see below).

  – Positively framed messages are also required, for example with an emphasis on positive expectations of intimate relationships.

- The disadvantages of public information campaigns include the high cost of professionally developed material, and the short timeframes within which messages become stale. A research project into the use of media advocacy as a tool in drink-driving prevention found that trained advocates increased print and electronic media coverage of the issue, and increased both the public's and leaders' attention to the topic (Holder & Treno 1997, p198). This finding suggests that training in the use of the media by local stakeholders extends the life of campaigns, and is a cost-efficient strategy to be used in parallel with public information campaigns.

3.3 Secondary prevention: risk factors and targeting

A secondary prevention approach is couched in a socio-cultural analysis of the issue of concern. In the context of sexual assault, this approach takes into account what is known about risk factors for being a victim/survivor or a perpetrator of sexual assault, and targets prevention programs to these 'at risk' groups.

Local examples include educational programs delivered through high schools across all States and Territories of Australia (discussed in more detail below). Overseas examples include college programs in the United States, which provide education sessions to all first year college students on the basis that college residences are high-risk environments for the sexual assault of women, and that with education young people's attitudes and behaviours will change. The University of Canberra and the University of Western Sydney have both undertaken prevention campaigns—the former in response to incidents of sexual assault (Mikhailovich & Colbran 1999), and the latter in response to the prevalence of misogynistic male cultures (Baines & Dunn 1992).

School-based programs are universal in that all students participate in them. They are however also targeted in that they are delivered to young people at the developmental stage where intimate relationships may be being formed. This is supported in the early intervention literature which identifies key transition points in the life cycle as windows for influence and intervention. The careful timing of this targeted approach is also supported by the range of surveys that reveal concerning levels of tolerance amongst young men about the use of violence in intimate relationships (National Crime Prevention 1999; Friedman & Golding 1997). The rape-tolerant attitudes of boys as young as twelve years suggests these views are formed at a very young age, and that the opportunity to influence the development (rather than a change in) attitudes towards violence, may well be in the primary school, rather than the high school years.

The aims of high-school targeted programs vary, but generally include the reduction of rape-tolerant attitudes held by young people, as well as increased knowledge of the service system for young people who are victims/survivors of sexual assault. Increased knowledge for young people aims to improve access to support networks and services should an assault occur. Programs also vary in duration from one-off sessions to more comprehensive approaches, and position sexual assault as part of a broader discussion of relationships, including the use of power from bullying to intimacy, self identity, masculinity, sexuality and so on. (Australian examples include: Kids Relate in Northern NSW, see Willis & Whittle 2003; and *Young People and Sexual Assault,* see Bobic, 2003).

The evaluation literature indicates that the duration of a program is a key factor in its effectiveness. The results from Australian and overseas programs indicate that single session programs achieve little in terms of a sustained impact on attitude change. Key messages from one-off sessions are not retained, and in some instances it has been found that rape-tolerant attitudes are strengthened following one-off sessions (Breitenbecher & Scarce 2001). More substantial programs delivered over a longer time period are more likely to achieve sustained results in terms of maintenance of attitudes (Breitenbecher & Scarce 1999). There is, however, a general lack of longitudinal research that determines if the knowledge absorbed in these strategies later translates into non-violent intimate relationships.

3.3.1 The case for targeting victims/survivors and offenders: gender, age, race, victimisation history, and ability

The targeting of prevention programs based on risk factors can run the risk of 'victim-blaming', where the behaviours or activity of the group identified as being 'at risk' receive more attention than the behaviours and activity of offenders. A risk factor analysis does, however, have positive implications for the design of prevention programs. Through understanding the experience of sexual assault, prevention strategies will be more relevant to all three groups of actors with a role in preventing sexual assault—potential and actual offenders, victims/survivors, and non-offending people in professional and non-professional roles with the capacity to identify and intervene to prevent the values and behaviours that promote sexual assault. (Advocates of this approach include Flood 2001, Friedman 1999, Berkowitz 2002, and Katz 1995.)

The literature indicates that, apart from being female, age is the greatest predictor of risk for being sexually assaulted. This is consistent across culturally diverse groups of people. Women under the age of 24 are at the highest risk of sexual victimisation, and a victimisation history places women at greater risk of being revictimised. For instance:

- The highest prevalence rates in the Crime and Safety Survey (ABS 1998) were for 18–19 year-old women; 2.5% of this age group reported being sexually victimised compared to less than 1% for all other age groups.

- A similar pattern is observed for New Zealand women, with prevalence rates of just over 2% for the 15–24 age group and less than 1% for age cohorts over 40 years. Younger women were also at greater risk of experiencing multiple forms of sexual violence (Lievore 2003).

- Women who have been sexually assaulted previously are more likely to experience re-victimisation—the United States National Violence Against Women Survey found that more than half of all female respondents who had been sexually assaulted were younger than 18 years of age at the time of the first incident. Women who were sexually assaulted before the age of 18 were twice as likely to have been assaulted after the age of 18 (Tjaden & Thoennes 2000b, cited in Lievore 2003).

In terms of risk factors for perpetrators of sexual assault, they are most often known to the victim and male, and the offence occurs most frequently in private settings. This is consistent for all groups of victims/survivors. For example, the Crime and Safety Survey (ABS 2003) found that:

- More than 80% of victims knew the offender in the most recent incident. (Figures for known offenders were slightly lower for the Women's Safety Survey, ABS 1996).

- Over half (58%) of all incidents reported to the Survey took place in the home.

Of all sexual offences against women recorded by police in the various State and Territory jurisdictions in 2001, 17% of incidents were perpetrated by strangers. Non-family members, such as friends or neighbours, committed more offences (37%) than family members (25%). Almost two-thirds (64%) were committed in domestic settings.

The *Sexual Violence in Australia* report (Cook, David & Grant 2001) indicates a high incidence of sexual violence amongst particular socio-demographic groups. It is acknowledged that these indicators result from small, often qualitative studies, but nevertheless indicate the following groups face a greater risk of sexual assault than the broader community:

- Indigenous women
- people with an intellectual disability
- men in correctional facilities
- sex workers
- gay, lesbian and transgendered people.

The discussion turns now to consider the experience of victims/survivors in a number of 'at risk' groups: Indigenous communities; people with disabilities; lesbians, gay men and transgendered people, and people in regional and remote areas.

Indigenous communities

The literature highlights that Indigenous people experience significantly higher levels of sexual and physical violence as victims, witnesses and perpetrators, compared to the non-Indigenous population. The prevalence of sexual violence against women, men, girls and boys is a constant factor in many communities, and indicates that concern for one group of victims/survivors should not be elevated over another. However, Indigenous women are far more likely to be victims of violence than any other group of women in the country, and violence prevention must address this fact.

For example:

- The rate of sexual assault of Aboriginal women was 251 in 100,000, compared to 101 in every 100,000 of NSW women as a whole (Memmott et al 2001).

- Aboriginal women are more than 45 times more likely to be a victim of domestic violence than non-Aboriginal women (Memmott et al 2001).

- The Gordon Inquiry in Western Australia reported that there are much higher rates of family violence in Aboriginal communities than non-Aboriginal communities. The Inquiry reported that Aboriginal women account for around 3% of the population but are victims in half of domestic violence incidents reported to police (Gordon 2002).

The intersections of gender, class, age, race and ethnicity that shape men's and women's attitudes to and experience of sexual assault are highly complex (Flood 2002–03). In Indigenous communities the impact of colonisation, family breakdown, the heightened awareness of imprisonment and its dangers for Indigenous men, and the higher value placed on family obligations than individual well being, all contribute to a highly complicated context within which prevention activity is to be targeted. The stakes are particularly high in many Indigenous communities, and warrant substantial investment in adequately funded, managed, sustained, and coordinated prevention strategies. The entrenched social conditions in many communities indicate very long term investment is needed, and dictate against short-term one-off investment that risks leaving victims/survivors vulnerable to further abuse.

A relatively new opportunity for intervention in Indigenous communities is emerging, by virtue of the fact that there is an increasing willingness amongst some Indigenous men to discuss sexual assault, and acknowledge responsibility as the gender most likely to offend (Victorian Indigenous Family Violence Task Force 2003). Community responses described as 'holistic' are also gaining momentum, for example the inclusion of cultural healing practices as part of interventions with offenders.

People with disabilities

People with disabilities have also been identified as a group highly vulnerable to sexual assault. The literature is increasingly identifying the broader community's negative perception of disability as the source of increased vulnerability, rather than the disability itself (Curry, Hassouneh-Phillips & Johnston-Silverberg 2000). This analysis indicates that prevention should focus on addressing the social constructions of disability that lead to the high incidence of sexual abuse amongst people with disabilities. Negative community perceptions identified in the literature include that people with disabilities, particularly women, are asexual, promiscuous, more likely to lie or fabricate, irrational, unattractive, child-like, and so on (Chenoweth 1993). This illustrates the interface between primary prevention approaches—which could address broadly held and potentially victimising views of people with disabilities—and targeted secondary strategies that address potential offenders and those non-offending community members with the potential to intervene.

Writers in the field identify a broad range of factors that increase the risk of sexual abuse of people with a disability, including: the increased likelihood of living in poverty with fewer resources and options to change their living circumstances; lack of access to outside assistance; closed living and work environments with male supervisors/carers; and a higher likelihood of not being believed (Chenoweth 1993; Sobsey & Mansell 1990; Connelly & Keilty 2000 cited in Blyth 2002).

Characteristics of the sexual abuse experienced by people with disabilities aligns with experiences of non-disabled people in many ways. Sobsey and Doe's 1991 study found that the average age of victims/survivors with an intellectual disability was 19 years of age; the majority of victims were women; the majority (90%) of offenders were male; and that half of the offenders had established relationships with the victim/survivor. However, over 40% of the relationships were specifically related to the person's disability.

Lesbian gay and transgendered people

While the complexities of homophobic and same-sex violence are beginning to receive some attention in mainstream discussions of sexual assault, the literature nonetheless remains overwhelmingly focused on heterosexual sexual violence. Equally, service providers on the whole are only just beginning to address what it means to work with this group of victims and perpetrators.

Homophobic sexual violence has recently been investigated for the report, You Shouldn't Have to Hide to be Safe'— Homophobic Hostilities and Violence against Gay Men and Lesbians in NSW (Schwartzkoff et al 2003). This NSW-wide

project found that sexual violence was identified as one among many forms of violence reported by study participants. Another recent example of an Australian publication is 'Making Waves', a resource manual addressing lesbian violence, designed for service providers. (Bird 2004). The manual includes articles on discrimination, feminist analysis of lesbian violence, and lesbian's legal rights.

It is interesting to note in recent North American research by Lori Girshick (2002) that her findings about lesbians' experience of sexual assault are consistent with the needs of each marginalised group discussed here, including issues concerning the adequacy and relevance of language, and the lack of skilled and responsive services. In relation to lesbian sexual assault Girshick reports there is insufficient language to name the experience of sexual assault perpetrated by another woman, high levels of fear of not being believed by service providers, and of having to deal with service provider's own homophobia. Girshick recommends service providers develop a checklist of behaviours that constitute same-sex sexual assault.

In all work focusing on this area, previous experience of, or fear of homophobic responses from the police are a particular reason cited for non-reporting by same-sex perpetrators. The implicit need to disclose sexuality is cited as a further deterrent for many victims to reporting assaults (Schwartzkoff et al 2003).

People in regional and remote areas

There are particular issues which should be considered in designing and implementing prevention initiatives for use in regional and remote areas. These include:

- Confidentiality can be a particularly significant concern for the target audience. This may influence the audience's willingness to pick up prevention materials in public or access services at a place clearly identified as associated with sexual assault.

- The range and number of tertiary services will be more limited than in metropolitan settings. It can therefore be more difficult to identify appropriate contact points for the purpose of primary and secondary prevention initiatives.

3.3.2 Findings

School-based prevention

- There is a high level of support for secondary prevention approaches, delivered in the context of mass communication primary prevention campaigns.

- It is important to note the strong influence of peers and the high value placed on peer acceptance by young men. This desire for acceptance can be utilised in violence prevention efforts (Flood 2002–03) There is a high level of intuitive

support for the place of school-based prevention as an effective method for shifting the social and cultural norms that support rape-tolerant attitudes. With the high level of existing activity around the country, this is a priority area for longitudinal research. Evaluation of secondary prevention is incomplete without the testing of young people's ability to 'identify and respond to consent or coercion in real life situations' (Smith & Welchans 2000, p1266).

- Current school-targeted work across all States and Territories is best described as ad hoc. The most common approach to school-based prevention appears to be the one-off session provided by, or in partnership with, a tertiary service provider. As noted above, this approach is not supported as effective in reducing rape supportive values by the results of overseas research.

- There is no systematic approach to delivering in-school prevention, and no efficient method of utilising the existing evidence concerning the most effective points to intervene (the developmental transition points), effective program design (long term over one-off), and delivery formats (peers/teachers/external presenters). South Australia is currently piloting a comprehensive program developed collaboratively between the South Australian Department for Education and SHINEsa (formerly Family Planning). The pilot includes 15 high schools in diverse socio-demographic areas, over three years. While the evaluation will provide valuable data, it is however not resourced to include longitudinal measures of impact.

- Overall, the literature indicates that positive findings are more likely to result from school-targeted programs which: utilise trained peers (Lonsway et al 1998; Friedman 1999; Smith & Welchans 2000); are in single sex sessions (Foubert & McEwan 1998); are delivered over multiple sessions and successive years; have a focus on personal values and ethics, the construction of gender and particularly male identity; are reinforced in extra curricular environments such as sport; and include communication with parents as a component (Smith & Welchans 2000; Mulroney 2003).

- The planning and undertaking of comprehensive prevention campaigns is extremely resource intensive. The 'Working with Adolescents to Prevent Domestic Violence—The Northam Project' recommends realistically long lead times that work in relation to timeframes relevant to the context, in this case school terms, examination schedules and so on (Edwards, Omaji & Froyland 2000; Attorney General's Department 1998). A child-targeted program in North America identifies 33 agencies as central to achieving the program goal of changing the norms associated with partner violence (Mulroney 2003).

- A fundamental catchment issue with high school-based programs is that only young people in school are able to participate. With the high level of school withdrawal rates amongst young Indigenous people in particular, an alternate approach is required to reach this target group. Furthermore, Indigenous young people are subject to higher levels of community violence, child abuse and family violence (Stanley, Tomison & Pocock 2003). With young Indigenous people more likely to have been victimised at an earlier age, prevention and intervention programs are required at a much earlier point.

- Careful thought must also be given to including recently arrived migrant and refugee young people who may be older than the average cohort when they enter schooling in Australia and have had no or limited experience of sexual assault prevention programs in their country of origin. These young people may bring a range of both positive and negative experiences and contexts to be considered in the design and delivery of material.

Indigenous targeted prevention

- Sexual assault campaigns are most usefully framed in the broader context of family violence. The rationale for this is the general acceptance that prioritising one form of violence over another is unhelpful, and the language of 'family violence' better encapsulates the broader context of cultural and family breakdown affecting many Indigenous people. A broader framework is that of 'community violence', which is also useful in that it draws attention to non-familial sexual assaults.

- The use of creative programs is highly valued, such as: 'play back theatre' where a theatre group listen to and then dramatically represent local stories and experiences; interactive computer games using Indigenous colours and images and with capacity for local languages; engagement of people in telling stories through drama, song, art and so on.

- The level of taboo in Indigenous communities and high levels of sensitivity regarding who speaks to whom about what issues must be carefully explored. Assumptions made by non-community members may lead to key players being excluded from discussions—including non-offending men, who are potential leaders in changing negative community norms and values.

Disability targeted prevention

- The prevalence of the sexual assault of women with disabilities is not well understood. Data problems include the lack of reference to a disability in formal data collections, and the localised nature and lack of collation of service level data (Howe 2000).

- People with disabilities are not a homogenous group. Prevention strategies need to be tailored to take account of the risk factors that may be associated with the characteristics of a particular disability, for example, living circumstances, the level of personal care required, communication ability, mobility, and use of pharmaceuticals.

3.3.3 Ways forward: secondary prevention

- State and Territory plans of action concerning secondary prevention need to be developed which promote a coordinated and collaborative effort. The stakeholders involved in developing this plan should be drawn from victim/survivor and offender services, health, education, justice, and crime prevention. The role and responsibility of each partner needs to be articulated, and communication pathways between the partners defined.

- Campaigns targeting at risk communities should be developed in partnership with communities of concern. Target groups identified for secondary prevention include:

  – children and young people reached through school—discussed in detail below

  – Indigenous children and young people in particular—discussed in detail below

  – people with disabilities—discussed in detail below

  – people with intellectual disabilities, particularly those in residential facilities

  – people with psychiatric disabilities, particularly those in residential facilities and those experiencing homelessness

  – campus residential facilities

  – young travellers, and hostels used by travellers (see Carmody A 2003).

School-based prevention

- All schools in all States and Territories should be required to provide secondary (targeted) sexual assault prevention programs.

- National standards or guidelines need to be developed for school-based secondary prevention programs. This is important to ensure school-based delivery is in line with the emerging evidence, and reflects leading practice in the field of prevention. It will also address the level of discretion at individual school sites, which appears to be the key determinant of the nature and extent of the program provided, and ensure local relevance and applicability. The national guidelines need to be developed in partnership with State and Territory bodies (including expertise from education curriculum development, crime prevention, sexual assault and child development specialists). National guidelines should also be contextualised and/or linked to Australian and/or State and Territory Government policy frameworks, for example, state-wide violence strategies, the national safer schools strategy, and gender equity frameworks.

- School-based guidelines would include:

  – A whole-of-school approach to a culture of non-violence within and beyond school premises. In her review of violence prevention programs, Mulroney (2003, p14) reported that the 'policy framework within which

prevention programs are delivered directly influence the congruence between the program concepts, and demonstrated practices of non-violence' in the broader environment.

  – The contextualisation of sexual assault within a broader framework of sexual/human relationships (including issues of gender relations and sexual ethics) needs to be addressed from a significantly earlier age than high school. This approach acknowledges the complexities young people face in negotiating intimate relationships, and addresses how young people might be better taught to negotiate the language and power dynamics of intimacy. This approach was strongly supported for all young people, particularly Indigenous young people. It was felt that strongly held beliefs can be addressed in the context of such discussions, including rape-supportive mythologies regarding sexual double standards for males and females, 'uncontrollable' male 'sex-drive' and female responsibility for containing, or not 'triggering' male desire (Keys Young 2000; see also Frith & Kitzinger 1997 for a critique of sexual miscommunication theory).

  – Acknowledgement of the taboo surrounding discussion of sexual matters in some cultural groups, and an awareness of the limitations of a heterosexual focus in discussions of sexuality. A key issue for many people in reporting same-sex violence is fear of the repercussions of 'coming out'.

  – Targeting of delivery to key developmental and transition points to maximise positive development. This approach acknowledges sexual assault as a possible end point on a continuum of unwanted and unwelcome power-based/sexualised behaviours.

  – Nationwide performance indicators against which schools are required to report. This will enable, for the first time, the evaluation of the impact of such a targeted and integrated preventive approach, and contribute significantly to the evidence base.

Campaigns targeted at Indigenous children, young people and communities

- The specific issues surrounding sexual assault must be clearly identified as a key area for action, to ensure that they are not subsumed by family violence issues in general and that resources are allocated to address them.

- Basic community development principles need to apply in all prevention work, including the engagement of community leaders—individuals or agencies, the cooperative development of messages, coordination with related effort, and the promotion of ownership in the work being undertaken.

- In non-urban areas careful consideration should be given to appropriate referral points, and the problem of limited

access to telephones and the internet. Existing infrastructure needs to be maximised, such as Indigenous and other local radio.

- Creative, engaging strategies need to be a component of comprehensive, long term prevention programs, and would be more constructive than one-off events which may raise issues for communities which have no capacity to appropriately respond.

- The message that sexual assault is not a culturally based practice must underpin all prevention initiatives.

- Programs should address the shame factor associated with sexual assault, particularly for the victim/survivor, and the victim's/survivor's family. The latter is particularly critical given that family members may reject the victim/survivor, and family support is central to the wellbeing and recovery of the victim/survivor.

Campaigns targeting people with disabilities

- A collaborative approach is required between disability and violence researchers to strengthen the evidence base in this area. An emphasis on qualitative methods will enable people to describe their experiences, from which better definitions and understandings can be developed. Quantitative measures, including improvements in the recording and collation of data relating to people with disabilities, will enable the incidence and prevalence of assault to be better understood.

- Prevention strategies require a range of components, including:

- Sexuality education that covers assertiveness training, choice making, and personal rights—overcoming learned compliance as a central focus, and strengthening communication skills to reduce vulnerability to sexual assault.

- Education of carers to increase their ability to recognise and respond to early signs of abuse.

- Promotion of a 'recognition and response' culture in residential settings to deter offenders through an increased likelihood of detection.

- Pro-reporting policies by service providers, aiming to prevent future abuse of current victims, and prevent new victims being sought by offenders (Sobsey & Mansell 1990).

3.4 Tertiary prevention: the place of reactive responses in a prevention framework

Strategies at the tertiary level recognise the risks of repeat victimisation and re-offending in identified population groups, and aim to reduce this risk of further harm.

The literature review has identified tertiary responses primarily in relation to offender programs rather than strategies targeting victims/survivors of sexual assault. It is noteworthy that US studies have indicated women who have already experienced victimisation are more likely to hold self-blaming beliefs, and respond less well than other women to primary prevention approaches which aim to change attitudes, such as awareness-raising and education strategies.

Some studies have found that being subject to child sexual assault increases the likelihood of being sexually victimised as an adult. The literature does not, however, address the potential relationships between child sexual assault responses, and adult sexual assault prevention (Stermac, Reist, Addison & Millar 2002).

3.4.1 Findings

- There are generally no formal links between child and adult sexual assault service systems. Where there are links of this nature, they are generally individually driven rather than system-based. This division has its roots in historic funding arrangements, policy drivers, and practice paradigms (for instance child services are linked to statutory interventions whereas the adult sector has its roots in feminist advocacy).

- There is strong support for the preventive role that good tertiary (response) services provide in both the adult and child sexual assault systems. At a minimum this role is played out through the supportive and 'believing' relationship with the victim/survivor, and in more comprehensive ways through allocation of resources to prevention strategies. The need for close links between the adult and child service sectors is highlighted by the fact that many of the clients seen by adult services have been sexually victimised as children, and therefore in practice adult services are often dealing with child sexual abuse issues.

- As with the child and adult sexual assault sectors, there are generally no formal links between adult victim/survivor and offender responses, although some links are emerging in some jurisdictions. Generally there are either no, or a very limited number of, offender services in individual States and Territories.

- Those offender services which do exist are primarily located in the justice sector. The justice sector traditionally has few links to health services, where victim/survivor services are generally located. These barriers limit the cross-sectoral sharing of knowledge which would strengthen prevention programs. A further limitation is the location of prevention

programs in the correctional system, which addresses only the relatively few men who reach this system. Prison-based programs are also delivered in an artificial and controlled environment. Since Indigenous women in particular are reluctant to report assaults by Indigenous men (as a result of ongoing deaths in custody, amongst other factors), there is strong support for an offender response outside the correctional context.

- The development of appropriate links between the adult victim/survivor and offender systems is a highly sensitive issue. Historical ideological arguments position the systems in opposition to one another, and indicate the need for exploration of potential benefits to be led in a manner respectful of this history.

3.4.2 Ways forward: tertiary prevention

- There is a need to explore the potential for greater collaborative work (at both a policy and practice level) between the adult and child sexual assault sectors in order to better understand the place of prevention in tertiary services. There is also potential to better coordinate prevention activity, and to contribute collaboratively to the research agenda. Drivers for this collaboration are the adult and child sexual assault services in each State and Territory.

- A better understanding is required of the potential benefits of improved links between the adult victim/survivor and offender systems to inform the development and implementation of sexual assault prevention programs. There is potentially great opportunity for the development of collaborative prevention work between the two sectors. Drivers for this collaboration are the key services in each State and Territory.

- Victim/survivor and offender programs should be available beyond the criminal justice system in holistic health contexts. To be relevant to Indigenous offenders in particular, programs must include a focus on alcohol and other drug issues, culturally relevant matters such as cultural healing, and the broader concept of social and emotional well being.

4 Maximising the Impact of Prevention Work

4.1 Integration of effort

The majority of sexual assault prevention program evaluations focus on the implementation process. While this limits an understanding of which approaches achieve long-term outcomes, it does help identify the features or components of successful implementation, as well as the barriers which inhibit this.

Program evaluations consistently identify combined stakeholder effort as a key factor in the successful implementation of prevention programs. Individual commitment and efforts beyond the 'call of duty' are frequently identified as central factors in success. This raises the question of the sustainability of work that goes beyond individuals' roles and existing resources.

'Integration, 'whole of government' and 'joined up decision making', are common terms used in national, State and Territory policy documentation. The intent of this language is to describe what is needed to connect the multiple players in complex human service policy areas.

The following components are recognised as essential to achieving integration of effort:

- a clear vision supported by key people and agencies
- high level commitment by those in authority
- harnessing of existing and new investment of resources
- local ownership and local champions to promote the benefits of new ways of working
- sustainability planning
- equal authority/delegation of those participating in integrated planning to enable decisions to be made
- commitment to the vision over the long term
- evaluation over the long term.

The literature in relation to prevention efforts within Indigenous communities consistently identifies the coordinated effort of stakeholders, led and controlled by community members, as the only approach that produces positive change.

4.1.1 Findings

- In line with the majority of human service systems, the individual components of the sexual assault sector (response, justice, health, prevention) have tended to develop and operate in isolation without reference to the complex cross-sectorial system in which they operate. In the medium term, efforts to integrate planning, delivery and evaluation are likely to remain fragile, and require resourcing until well embedded in each agency's practice.
- In all States and Territories, multiple agencies have the 'lead' on various components of sexual assault policy, response, and prevention. This is especially the case in relation to Indigenous communities, where Departments or Offices of Aboriginal Policy, Women's Policy, Health, Human Services, Justice, Education, and Australian Government agencies all have a prescribed—although not 'joined up'—role in relation to sexual assault in Indigenous communities.
- Only with formal commitment at high levels of government will action on sexual assault prevention be sustained; and only through sustained effort will change in the culture of violence be achieved.
- Sustained integration requires resources to ensure ongoing collaboration becomes a 'norm' beyond the focus of individual projects. Non-government agencies are strongly of the view that they are ideally placed to contribute to integrated work, and should be resourced to participate in this activity.
- Sustained effort, like that achieved in other public health matters such as drink driving and smoking campaigns, requires a secure source of adequate, well targeted funding, and effective and transparent distribution methodologies.
- Pilot-funding fatigue is a growing phenomenon, with increasing reports of lack of interest in applying for short term funds, on the basis that the value gained from short term projects is outweighed by the resources required to secure project funds.
- Cross-sectoral structures are recognised as potentially resource-intensive, and must be designed to achieve a specific purpose. The naming of an identifiable lead agency, with a monitoring and coordination role, is regarded as critical.
- The fragility of cross-sectoral arrangements of relevance to sexual assault prevention is also acknowledged. These arrangements are hindered by a perception of constant change due to restructuring of key areas in government, which interrupts communication flow, handover, and the maintenance of corporate knowledge. This constant change also has a negative impact on relationships with target communities, where momentum is gained through trusting relationships, and quickly lost when change occurs.
- Most crucially, integration of effort across diverse stakeholder sectors and disciplines enables new evidence to be both generated, and shared. The development of the evidence base in the sexual assault field is reflexive by nature, and only through integrated forums can the maximum knowledge be generated and disseminated.
- In identifying individuals to act as local champions to lead prevention initiatives, it is important to ensure that the background of these individuals is carefully screened to ensure that they do not have a history of sexual or physical violence themselves. This was regarded as a particularly critical issue in Indigenous communities, given their very high rates of family violence.

4.1.2 Ways forward: integration of effort

- OSW is well-placed to work with States and Territories to develop a collaborative forum which would be recognised for its credibility, and able to set and achieve the following agenda:

  – A coherent national vision for the prevention of sexual assault.

  – The embedding of sexual assault prevention in broader policy structures, program priorities, and reporting mechanisms, with clear articulation of the role of partners in complex cross-agency arrangements. There is existing and pending activity on this point in some States and Territories and at an Australian Government level which can form the basis of future integration efforts. For example at an Australian Government level these include the National Strategic Framework for Aboriginal and Torres Strait Islander Health, and the National HIV/AIDS Strategy. Across States and Territories a range of strategies are underway or in development stages, including: in New South Wales interagency guidelines for responding to victims of sexual assault (2001); in Victoria the Women's Safety Strategy (2002); in South Australia the Towards Women's Safety Strategy (2004); Justice, Options and Prevention—Working to Make the Lives of all ACT Women Safe (2003) in the ACT; Safe at Home (2004) in Tasmania; and the Domestic Violence Strategy, the Aboriginal Family Violence Strategy and the Sexual Assault Prevention Plan in the Northern Territory.

  – The integration of formal research evidence with practice wisdom from the field so as to further develop and share the emerging evidence base.

  – An integrated approach across multiple disciplines and levels of prevention, including a broad population level primary prevention focus, and targeted secondary and tertiary efforts with priority focused on resourced, evidence-based strategies targeting Indigenous communities.

  – An adequate representation of Indigenous participants to enhance the credibility of the forum. The complexities of convening such a forum need to be acknowledged. Members of the forum should only be selected after close consultation with the Indigenous and non-Indigenous communities and the diverse sectors required to undertake the work of the forum.

  – The establishment of mechanisms to provide feedback to the service provider sector, to strengthen the link between policy generation, knowledge development, and practice in the field—for instance, resource State and Territory seminars/conferences on key issues, emerging knowledge etc.

  – Participation by victim/survivor and offender program stakeholders.

  – Promotion, publication and dissemination of milestones, outcomes and positive learnings.

4.2 Language and prevention initiatives

4.2.1 Tailoring the language

Key targets in sexual assault prevention are the norms and values that support a violence-tolerant culture in Australia. Addressing these norms and values requires an understanding of root causes, including the gendered socialisation that generates the range of beliefs that inform these values. Underlying values held by many in the Australian community include 'double standards' in the expressions of male and female sexuality (women's responsibility for containing and not tempting male sex-drive), and the link between valued forms of masculinity and violence.

Targeting these values requires the careful construction of campaigns which communicate well-crafted messages to target groups—including the broader community, violent and non-violent men and women, and young people across diverse cultural groups and settings. This challenge places the effective use of language in prevention efforts centre-stage.

Effective prevention campaigns combine a subtle collusion with the target group, with the intent of shifting closely held beliefs and values. An example of this was the NSW campaign 'Violence Against Women—It's Against All the Rules' discussed above. In this campaign sporting language, well-known to the target group, was used to deliver the message that violence is 'unmanly'. In community development terms, this is 'joining with the community of concern' through recognisable images and language, enabling the message to be delivered in a meaningful way.

4.2.2 Findings

- Using the vernacular of a target community in a prevention strategy requires community participation in the development of the material, testing of the material, and evaluation that determines the effectiveness of the language in achieving the desired impact.

- Many victims/survivors do not align their experience with 'sexual assault' due to the circumstances in which the assault occurred, for instance, on a date, with a known person, potentially in their own home, without physical violence and struggle (but with coercion leading to unwanted sex). Perpetrators of sexual assault frequently do not identify their behaviour as 'sexual assault', or name their behaviour as threatening. This means that behaviours and characteristics of the assault need to be named in ways that the target groups recognise and can relate to their own experience and conduct.

• Self report surveys of 'unwanted sexual behaviour' far exceed formal reports of 'sexual assault', suggesting language that reflects a continuum of unwanted sexual behaviour may be more useful in prevention efforts.

4.2.3 Ways forward: language and prevention

• Prevention messages must use the vernacular of the target community to deliver messages and information.

• Sexual assault frequently occurs in the context of a range of other behaviours. The language used in prevention strategies must identify and name this continuum of behaviour.

4.3 Definitional issues

Victims/survivors' ways of describing what happened to them, legal definitions and those used in research, and communities' understandings of sexual assault do not necessarily align.

The key question when considering definitions of sexual assault is the purpose and utility of the definition. For example, can a single definition address the legislative, prevention and response contexts of sexual assault? What is lost through the variation in definitions across stakeholder groups, and what are the implications for prevention?

There are significant research implications of the varying definitions of sexual assault used across disciplines, and the research methods favoured in various disciplines. Implications range from what each discipline considers data, and rigorous method, to the starting point of each inquiry. There has already been significant discussion in Australia of the impact of different research approaches to the study of gender and domestic violence. The arguments have centred around the sensitivity of measures to gather the context and impact of incidents, rather than the simple numbers of incidents. In the public health arena, risk factors and impact and burden of disease are a central focus, whereas in the criminal justice field rates of reporting to police and recidivism may be given greater emphasis.

The strength of a multi-disciplinary approach is that each field brings its expertise and viewpoint, enabling a more complete perspective to be generated. The key initial task for cross disciplinary researchers is to articulate the emphases each discipline brings to the discussion of sexual assault, and the implications of this for research activities.

In terms of legal definitions, there is no nationally or internationally agreed definition of what constitutes 'sexual assault'. Without a model criminal code integrated into State and Territory criminal law[3] or some other nationally accepted guideline, Australian State and Territories will continue to have divergent legal definitions of sexual assault.

A key contrast in State and Territory legislation is the use

of the term 'rape', 'sexual assault', or neither in defining the offence. The *Crimes Act 1900* (NSW) states that the crime of sexual assault has occurred if 'any person' engages in intercourse with a person who has not given consent for the act to occur, and that person is aware that consent has not been given. In Victoria, Queensland and South Australia, the term 'rape' is used instead of sexual assault, and in the Crimes Acts of the Commonwealth, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory, the Acts simply state the circumstances in which a crime can be said to have been committed, but labels it as neither rape nor sexual assault. Nonetheless, in all jurisdictions legislation is inclusive of assaults by men and women upon each other, as well as same-sex assaults.

The ABS developed the following definition of sexual assault for the 1996 Australian Women's Safety Survey, which states that sexual assault encompasses:

Acts of a sexual nature carried out against a woman's will through the use of physical force, intimidation or coercion. It includes attempts to force a woman into sexual activity. However, attempts are not separately identified. It includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects and forced sexual activity that did not end in penetration. It excludes unwanted sexual touching and incidents which occurred before the age of fifteen. Incidents so defined would be an offence under State and Territory criminal law.

(ABS 1996)

Tertiary service providers tend to express a preference for the more descriptive, experiential definitions of sexual assault. For example, NASASV (1998) includes the following definition in its philosophy statement:

Sexual violence is both a consequence of, and reinforcement of, power disparities between individuals in society. Attitudes, beliefs, laws and social structures which allow or support the power of one group over another, or which allow or support violence, contribute to the problem of sexual violence in society… Sexual violence includes a range of violent behaviours. It can include unwanted touching, sexual harassment and intimidation, coerced sexual activity, sexual assault and rape and can include other physical violence and threat to life.

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[3] In 1990 the Standing Committee of Attorneys General identified the development of a national model criminal code for Australian jurisdictions as an area for attention. A Discussion Paper on sexual assault was circulated in 1996, and a Final Report was produced in 1999 (Standing Committee of Attorneys General, 1999). The recommendations have not been implemented at this time.

Similarly, the Centre Against Sexual Assault (CASA) House in Victoria defines sexual assault as:

…any sexual behaviour that makes a person feel uncomfortable, frightened or threatened. It is sexual activity to which the person did not consent. The use of emotional or physical violence to force another person to engage in sexual activity also constitutes sexual assault. Sexual assault can take various forms, some of which are criminal offences including touching, fondling, kissing, being made to look at or pose for pornographic photos, voyeurism, exhibitionism, sexual harassment, verbal harassment/innuendo, rape, incest and stalking.

CASA goes on to state that:

Sexual assault is a crime against the individual and society, predominantly experienced by women and children; men do experience sexual assault, although the incidence is much lower; the offender is rarely a stranger and is often someone that the victim/survivor knows and trusts, such as a family member or friend. …

Sexual assault can occur to people from all cultural backgrounds. It is a crime that can leave the victim/ survivor feeling isolated and silenced. Victims/survivors are never to blame, and are never responsible for the actions of others.

The World Health Organisation (WHO) is a key international body which monitors a range of topics, (including breaches of human rights, and issues that impact on entire communities such as safety) and how these impact on population health. The *World Report on Violence and Health* 2002, a study commissioned by WHO, defined sexual violence as:

…any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of the relationship to the victim, in any setting, including but not limited to home or work.

The WHO list of acts that constitute sexual violence emphasise the legal, social and perhaps psychological ramifications of the offence, but also the impact of the event from a medical viewpoint. The offences and outcomes that WHO include are:

• sexual humiliation, for example, by refusing to allow the woman to wear clothing when her partner has friends over

• forced marriage, including the marriage of children

• forced prostitution, often linked with forced drug use and addiction

• enforced abortion, regardless of the mother's feelings and ownership of her body

• denying a woman the right to use contraceptives to avoid pregnancy, or condoms to also protect herself from disease

• acts of violence against the woman's sexuality, including female genital mutilation and social virginity inspection.

4.3.1 Findings

• There is a place for a range of definitions reflecting different stakeholders' perspectives in the prevention of sexual assault. These definitions include those focused on the experiential, legal, and health impacts of sexual assault.

• There are implications for data collection and therefore research if experiences and behaviours are being 'measured' or 'counted' using inconsistent definitions of sexual assault.

4.3.2 Ways forward: definitional issues

• The defining of key terms may be a more relevant approach in the context of prevention than seeking to define 'sexual assault' at a national level. Key terms may include date rape, acquaintance rape, rape in marriage, and other terms descriptive of the context in which sexual assault commonly occurs.

5 Proposed Areas for Future Action

This section details a number of areas for action designed to progress the findings of this report. It should be noted that numerous 'ways forward' have been discussed in the body of the report. The following list of actions are those which the consultants believe should have the highest priority.

5.1 Areas for action

1. There is a need for cross-sectoral, cross-disciplinary collaborative forums to determine and implement a national sexual assault research agenda, taking into account related research agendas in education, health, justice and crime prevention fields. Located within the Department of the Prime Minister and Cabinet, the Office of the Status of Women (OSW) would be ideally placed to lead this initiative.

2. Integrated sexual assault prevention plans addressing the cultural norms and values that support sexual assault need to continue to be developed at Australian, State and Territory levels. These should be developed in the context of women's safety, with explicit links to education, health, justice and crime prevention strategies. The collation of State and Territory plans by the Australian Government will enable a national overview of sexual assault prevention activity.

3. There is a need for a whole of government approach to existing investment and any new funds secured for the purpose of preventing sexual assault. A national funding base which is resourced by the multiple agencies with responsibility for sexual assault prevention, early intervention and response could increase multi-agency collaboration and ownership of sexual assault prevention as core business across portfolio areas. OSW would be well-placed to undertake coordination of this activity.

4. Investment in evidence-based prevention programs is required in order to better coordinate, and build on, existing activity. A move by all funding contributors to an evidence-based approach will ensure any new investment is effectively targeted. Communities with whom highly targeted programs need to be developed include Indigenous people, people with disabilities, and people from culturally and linguistically diverse backgrounds. Mainstream approaches will not necessarily reach or be effective for these specific communities.

5. There is a need to resource outcome-based evaluations of those programs which are already in place, and which include components recognised as promising in prevention efforts and an assessment of impacts over time. This will require identification of promising programs in collaboration with States and Territories, and key target communities. This will ultimately ensure an evidence base which is applicable and tested in the Australian context.

6. OSW should develop a strategy with the States, Territories and key institutions, including the Australian Centre for the Study of Sexual Assault (Australian Institute of Family Studies) and the Australian Domestic and Family Violence Clearinghouse (University of NSW) so as to improve access to information pathways. The strategy will ensure all communities have access to the growing evidence base of effective practice, programs, and evaluation techniques.

7. Indigenous representatives should be appointed to key forums concerned with sexual assault prevention, to develop, implement and promote effective ways of working internally and externally to government, and support the development of culturally specific ways of working across diverse Indigenous communities.

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Appendix A

Stakeholders Consulted

Australian Capital Territory

Canberra

Aboriginal and Torres Strait Islander Services
Attorney General's Department
Australian Bureau of Statistics
Australia Institute
Australian Institute of Criminology
Australian Institute of Health and Welfare
Canberra Rape Crisis (2)[4]
Department of Education, Youth and Family Services
Department of Immigration Multicultural and Indigenous Affairs
Director of Public Prosecutions ACT
Domestic Violence Prevention Council
Office of the Status of Women
Office for Women
Department of the Prime Minister and Cabinet
Victims of Crime Coordinator

New South Wales

Sydney

Attorney General's Department (4)
Department of Education and Training
Department for Women
Director of Public Prosecutions NSW
Dympna House Child Sexual Assault Counselling and Resource Centre
Education Centre Against Violence (2)
NSW Police
NSW Rape Crisis Centre (3)
Rosemount Youth and Family Services
Rosie's Place Sexual Assault Service
Walgett Violence Prevention Unit, Women's Legal Services NSW

Northern Territory

Alice Springs

Alice Springs Hospital
Alice Springs Women's Shelter
Alice Springs Youth Accommodation and Support Services Inc (3)
Central Australian Aboriginal Congress (2)
Central Australian Alcohol and Other Drugs Services
Family and Children's Services
Ngaanyatjaarra Pitjantjatjara Yankunytjatjara Women's Council
Sexual Assault Referral Centre

Darwin

Aboriginal Health Worker, Nguiu (Tiwi Islands)
Aboriginal and Torres Strait Islander Services (7)
Anglicare Youth Services Division

Belyuen Health Centre
Centacare NT
Daly River Health Centre (2)
Danila Dilba Health Service (2)
Darwin Aboriginal and Islander Women's Shelter (DAIWS) (3)
Dawn House
Department of Chief Minister (3)
Department of Education, Employment and Training (DEET) (2)
Department of Health and Community Services (4)
Department of Justice
Emotional and Social Well Being Centre (4)
Katherine Women's Crisis Centre
NT AIDS and Hepatitis C Council (3)
NT Police
Office of Crime Prevention
Office of Director of Public Prosecutions
Office of Women's Policy
Ruby Gaea Centre Against Rape
Sexual Assault Resource Centre (3)
Top End Women's Legal Service (3)
Young Women's Christian Association

Queensland

Brisbane

Bravehearts
Brisbane City Council
Bundaberg Area Sexual Assault Service
Centre Against Sexual Violence
Immigrant Women's Support Service
Indigenous Youth Health Services – Aboriginal and Islander Community Health Services (2)
Education Queensland
Kids Help Line
Kummara Association (2)
Office for Women
Queensland AIDS Council
Queensland Health (8)
Queensland Police
Rockhampton Rape Incest and Sexual Violence Centre
Royal Women's/Royal Brisbane and Health Service Districts
Sexual Assault Support Service
Sisters Inside
Stonewall Medical Centre
Sunshine Coolloa Services Against Sexual Violence (2)
West Moreton Acute Sexual Assault Service (2)
Women's Legal Services
Zig Zag Young Women's Resource Centre

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[4] Where more than one participant attended from an agency, the number of participants is indicated in brackets.

Cairns

Centacare
Family Planning Queensland
Mamu Health Service
Queensland Police Service
Relationships Australia
Royal Flying Doctor Service of Australia (2)
Tablelands Sexual Assault
Wu Chopperen Health Service
Bundaberg Area Sexual Assault Service[5]

South Australia

Adelaide

ATSIS
Aboriginal Family Violence Legal Service (3)
Centrelink
Department of Aboriginal Affairs and Reconciliation
Department of Further Education, Science and Training (2)
Department of Human Services (3)
Karpandi (Westcare) (2)
Nunkuwarrin Yunti Community Centre (2)
Office for Women
Shine SA (4)
Western Domestic Violence Service
Women's Health Statewide (2)
Uniting Care Wesley
University of South Australia
Yarrow Place
Young Women's Christian Association

Tasmania

Hobart

Centacare
Department of Education (2)
Department of Health and Human Services (4)
Department of Justice (3)
Director of Public Prosecutions
Good Beginnings (2)
Office of Aboriginal Affairs (2)
National Association for Prevention of Child Abuse and Neglect
Sexual Assault Support Services (2)
Women's Kauidi Aboriginal Corp
Ya Pulingina Kani (2)

Victoria

Bendigo

Barwon Centre Against Sexual Assault
Centre Against Sexual Assault, Loddon Campaspe Region (2)
Department of Human Services (2)
Emergency Accommodation and Support Enterprise
Loddan Mallee Women's Health

Melbourne

Aboriginal Advancement
Adolescent Forensic Health Service
Australian Centre for the Study of Sexual Assault
Centrelink (2)
Department of Human Services
Department of Education and Training
Dispute Settlement Centre
Equal Opportunity Commission Victoria
Koorie Diabetes Service
Northern Family Violence Prevention Network
Ombudsman of Victoria (2)
Reichstein Foundation (2)
Victorian Aboriginal Community Service Association (3)
Victorian Aboriginal Health Service (2)
Women's Legal Service Victoria

Western Australia

Perth

Allambee Counselling, Peel Region
Department for Community Development (2)
Department of Education and Training
Department of Health
Department of Justice
Department of the Premier and Cabinet (3)
Derbarl Yerrigan Health Service (7)
Director of Public Prosecutions WA
Disability Services Commission
Family Planning Western Australia (5)
Gay and Lesbian Community Services
Sexual Assault Resource Centre (3)
Waratah Support Centre, South West Region, Waratah Bunbury Regional WA
Yorgum Aboriginal Counselling Service (4)

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[5] This agency provided a written submission.