Good practice in providing services: Victims of sexual assault

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1. Preface

The purpose of this document is to assist agencies wanting to develop services targeted towards supporting victims of sexual assault. The findings in this paper are based on existing literature in order to provide a sample of services that address their needs and rights, with the aim of guiding future services on what is considered ‘good practice’ in program and service delivery.

It is acknowledged that each state and territory will have its own laws and policies for specialist services in response to sexual assault. The sample of services described in this paper will not be relevant or applicable within all jurisdictions, but can provide insight into elements of ‘good practice’. Services range from educative, preventative, targeted and long-term support for child victims of abuse and/ or neglect provided by government and non-government sectors. The services and programs selected for this paper are reflective of the broad spectrum available which are innovative and specialised in catering to the needs of victims of sexual assault.

The diversity of the services reflects the complex nature of sexual assault and the need for services to be able to respond adequately. The good practice indicators covered in this paper are extensive but are not necessarily exhaustive – it is not required for each element of good practice to be incorporated in a service for it to be beneficial for a victim. Organisations are encouraged to take these features of good practice into consideration when establishing and improving support services and developing programs for victims of sexual assault.

2. Introduction

This paper seeks to provide insight into the current practice and service delivery models utilised by the Commonwealth, States and Territories in Australia for victims of sexual assault. The National Framework of Rights and Services for Victims of Crime 2013-2016 (“The National Framework”) reflects the commitment of these parties to identify and improve the provision of services and programs to victims in Australia. Strategy 4.2.2 of the implementation plan is to identify and report on good practice in providing services to victims of sexual assault.

Sexual assault has long been a female-attributed experience, and this is reflected in the way most services have designed programs from a feminist perspective that focus on the female experience and recovery. It is difficult to know the exact proportion of the number of females or males who have suffered sexual abuse at some point in their lifetime; acceptance and disclosure are two of the hardest aspects after the act of violence itself. While all statistics point at a higher level of female to male victims, the recent Royal Commission has seen a large number of male survivors come forward to disclose the abuse they had suffered as children. It has helped to somewhat dispel the prevailing ideas on victim-types and highlights the need for there to be an evaluation of current services and whether they are meeting the needs of all victims of sexual assault. The scope of this paper includes current services Australia-wide which have been identified as providing ‘good practice’ and have proven to have a positive impact in the prevention of sexual assault and in the therapeutic needs of sexual assault victims.

The services listed are not exhaustive and only include those which provide programs or amenities specifically for victims of sexual assault.

At the conclusion of this report, readers should have a comprehensive understanding of what entails ‘good practice’, which services offer evaluated or agreed upon programs at the various levels of delivery and what gaps currently exist. This may lead to a consistent and comprehensive approach to how sexual assault victims access and utilise services available to them.
It is worth noting here the terms ‘victim/s’ and ‘survivor/s’ will be used interchangeably as those who have experienced sexual assault are irrevocably victims, but they are also all survivors.

“Both in Australia and internationally, very little research has been carried out to assess either the effectiveness of specialist sexual assault services, or the ability of generalist health services in meeting perceived needs of victims/survivors.”

3. What is sexual assault?

The Australian and New Zealand Standard Offence Classification, defines sexual assault as: “physical contact, or intent of contact, of a sexual nature directed toward another person where that person does not give consent, gives consent as a result of intimidation or deception, or consent is proscribed (that is, the person is legally deemed incapable of giving consent because of youth, temporary/permanent (mental) incapacity or there is a familial relationship).” It is clear from this definition that sexual assault is a complex concept; it can affect all age groups, genders, socioeconomic backgrounds and other demographic sub-populations.

In this report, ‘sexual assault’ will be used to refer to all types of sexual violence.
4. Prevalence of sexual assault

The Australian Bureau of Statistics (ABS), Personal Safety Survey (2012) found that a victim of sexual assault was more likely to be a female with an estimated 17 percent of all women aged 18 years and over, compared with four percent of men aged 18 years and over, having experienced sexual assault since the age of 15. Of the women who were sexually assaulted, almost 90 percent had been sexually assaulted by a known person, with 10 percent sexually assaulted by a stranger. For males, 75 percent knew the offender, while 25 percent had been sexually assaulted by a stranger.4

The Bureau acknowledges however, that the data they are working with contains limitations, as the prevalence of sexual assault, particularly in relation to males, may be considerably higher. There is also the issue of child sexual assault and the adult survivors today who may never choose to disclose the abuse they were subjected to as children. The Royal Commission into Institutional Responses to Child Sexual Abuse is helping to give a voice to those who suffered at the hands of those in positions of authority who took advantage of the access they had to children by virtue of their everyday work. The personal stories available through the Royal Commission’s interim report highlight the difficulty which lies in disclosing a sexual assault – particularly when the offender is known.

As is evident from the data, a larger portion of sexual assault victims will know their offender which differs from the perception society generally has when confronted with situations of sexual assault. Given the wide range of victims and offenders, it is widely accepted that the majority of sexual assault incidences go unreported and it is therefore difficult to quantify the true prevalence of sexual violence. It is also acknowledged that sexual assault is a widespread issue with desolating mental and physical health, social and economic impacts on the victim and the community.

5. Sexual assault in literature

The general consensus in the literature regarding sexual assault is that it is under-reported, the services for it are not properly evaluated and that there is still some way to go before male victims are properly supported.

There are a number of reasons sexual assault may not be reported, and as Wall4 explores, the shame associated with sexual assault within the parameters of a personal relationship, or when the victim knows the offender, plays a large part. A victim’s cultural background, mental health status, socioeconomic background, family dynamic and other social and physiological variables can lead to feelings of shame, embarrassment and overall isolation. If this is the case, the victim is not likely to seek or attempt to access services – especially if there isn’t a service which will meet their needs.

These service gaps have also contributed to the number of people who report a sexual assault. Astbury5 in particular, acknowledges this gap as stemming from the need for services to be running as quickly as possible, so little or no empirical research is conducted to demonstrate the veracity of their capabilities. When this occurs, there is no way to analyse whether the service has worked and if the victim has felt supported and returned for further assistance or whether they have decided not to bother with reporting if they have not had their needs met at the initial disclosure stage.

At the time when talking about sexual assault was still taboo and thought to happen only to people, usually women, ‘asking for it’ the majority of services were run not for profit with a focus on female victims – there were no mandated service standards or way to measure the success of a service. Furthermore, women were concerned that a disclosure would mean having to encounter more males who wouldn’t understand their experience; in both the criminal justice and health system. It was this period of time which manifested the ingrained belief that services are for the female victim to assist in recovering from a male perpetrated incident.
These societal attitudes towards sexual assault – the assumed victim-type and the reasons behind why a sexual assault occurs in the first instance – have meant victims are unlikely to seek help or disclose assault, particularly if they are male. This is compounded by the view that professionals dealing with victims of sexual assault are guided by their own subjective views of the matter. A study by Maier\(^6\) indicates that the societal perceptions of sexual assault has managed to pervade and “even invades the thoughts and attitudes of some of the individuals dedicated to assisting and advocating for rape victims.”\(^7\) The professionals dedicated to working with victims of sexual assault had allowed their own perceptions of rape, including victim blaming, to cloud their judgement of what had occurred which in turn affected the way they dealt with the victim who accessed the service.

Ranjbar & Speer\(^8\) point to a lack of education and training given to the professionals who are administering services to victims of sexual assault, and are often the first person the victim encounters when they disclose the act of violence. Although it may not be intentional, disrespectful and indifferent attitudes to those disclosing sexual assault can, and do, impede the recovery process for the victim because ‘...although participants wanted to have the right to feel like victims, this is not to say that they wanted to be revictimised.’\(^9\) There is great importance in a sexual assault victim being presented with somebody who is sympathetic, knowledgeable and most significantly, someone who believes the story they are telling.

This lack of evaluated and at times, gender-biased service provision, has meant a number of commentators are quite critical of the sexual assault service landscape as it currently stands – particularly in Australia. While there are a large number of services providing adequate and much needed support, lack of consistency and coherency has meant there aren’t many services that provide holistic support as advocated in the literature. Specifically, a service needs to have expertly trained medical, forensic and police who deal solely with sexual assault victims from their disclosure to whether they pursue matters through the criminal justice system. Quadara & Wall\(^10\) acknowledge the complexity in assisting victims of sexual assault, but suggest there is a need for integrated services with specialist knowledge in the effects of trauma on survivors of sexual assault. There is a “…need to acknowledge the role that trauma plays in the requirement for services and to design policy and services to facilitate the comprehensive form of care that people suffering from complex trauma symptoms require.”\(^11\) The complexity of dealing with victims of sexual assault lies in the way the trauma manifests itself in the survivor and their response to this. For services to be effective, they must be evaluated and assessed before they are accessed by survivors. A minimum standard of ‘good practice’ should be implemented to ensure the services currently being provided to sexual assault victims are meeting their needs.
6. Males as victims

It is important, when assessing ‘good practice’ mechanisms, to look at where the main gaps in service provision lie. Currently, the most obvious one is in the lack of support and rehabilitation avenues for male survivors of sexual assault. The long held belief that victims of sexual assault are inherently female, has impacted on the types of victims who come forward and disclose any form of sexual violence. Literature currently claims that the actual prevalence of male sexual assault is much higher than what is statistically available, but because the services available to this population are so poor, the numbers of males who come forward as victims of sexual assault remain low. Turchik & Edwards\(^\text{12}\) claim this is due to the perpetuation of ‘myths about male rape’ wherein males aren’t viewed as rape victims because it challenges the prevailing understandings of victimology and masculinity. This isn’t assisted by the fact that the vast majority of literature available and subsequent studies undertaken support the female-victim, male-perpetrator paradigm. Masho & Alvanzo\(^\text{13}\) insist that this is the reason men are so reluctant to engage in what they call ‘help-seeking behaviours’ that in their studies it was revealed “less than one-fifth... of men who disclosed a history of sexual assault reported receiving professional services relating to the assault.”\(^\text{14}\)

While their study took into consideration a small sample of males from the United States, the sentiment in their paper is shared by the small number of Australian services who cater to male victims of sexual assault. Light & Monk-Turner\(^\text{15}\) elaborate further on this point with their paper on why males are less inclined to utilise counselling services than their female counterpart. It is the same notion Turchik & Edwards and Masho & Alvanzo draw upon – males are not seen as victims by society, so are less inclined to view themselves as victims themselves who require the use of counselling and other support services; particularly in instances of sexual assault.

Turchik & Edwards and Light & Monk-Turner note the importance of these myths being addressed at a societal level and service providers at a service delivery level, as it would allow “researchers, policymakers, advocates, and clinicians to gain a better awareness and understanding”\(^\text{16}\) which “might encourage more men to pursue help.”\(^\text{17}\)

In Australia, there is only a handful of sexual assault services that aim specifically at male survivors of sexual assault and are mostly aimed at male childhood sexual assault survivors. Some services have begun work at adjusting the delivery of their programs to include male victims of sexual assault, mostly in relation to counselling.

It is clear from the literature available to us and from the large range of services currently available, that there should be a set of minimum ‘good practice’ standards all services should work towards in the provision of support to victims of sexual assault.
7. Victims’ rights

Services available to victims have responsibility to provide assistance with the victims’ rights in mind. Each jurisdiction is guided by their own framework of victims’ rights, and these in turn can impact on the provision of services to victims.

“The primary issues relevant to the development of more coordinated service delivery across jurisdictions include:

• complexities of cross-jurisdiction cooperation and collaboration;
• implications of victim mobility for victim assistance; and
• information sharing within approved guidelines between agencies at different levels.”

Bumiller calls for ‘the expression of meaningful human rights “… [which] emerges when the discourse of rights is conceived as contingent, fluid, and grounded in the deliberation of diverse individuals and groups rather than derived from universal principles”\(^{18}\)

8. Good practice

There are a number of models for good practice for other categories of crime, including domestic violence. However, when it comes to sexual assault and what is considered practical and appropriate service delivery, there is very little by way of an accepted model or empirically based evidence for what is considered ‘good practice’. In Australia, there are over 130 services which cater to sexual assault victims; ranging from counselling and advocacy, to court support and group counselling. The literature and experts in the sexual assault field advocate for a collaborative approach to service delivery where there is consistency and support at all levels for victims of sexual assault. Astbury\(^{19}\) analyses a variety of therapy types run by services to assist in the treatment and recovery of sexual assault victims. She draws on a study by Lievore conducted in 2005 which “…endorsed a model of service provision that incorporated a coordinated response to sexual assault involving interagency collaboration between all agencies with whom victims of sexual assault might have contact including criminal justice agencies, forensic services, health and sexual assault services.”\(^{20}\)

This collaboration and sharing of knowledge is perhaps one of the most common themes throughout the literature when commenting on where sexual assault services can sometimes be lacking. In 2008, the Council of Europe announced a set of minimum standards for support services offering assistance to female victims of violence including sexual violence and rape (while they specify females, the standards are applicable to all victim demographics). These minimum standards include\(^{21}\):

• Free 24-hour helplines;
• Support and advocacy services;
• Accessible services for socially excluded women, especially recent migrants, refugees, women from ethnic minority groups, and women with a disability;
• Access to financial support, housing, residence, rights, education, training;
• Networking between specialist NGOs;
• Multi-agency coordination;
• Training curricula for professionals addressing the continuum of violence against women within a human rights framework;
• Work with perpetrators rooted in women’s safety and prevention; and
• Safe shelters

Walby et al\textsuperscript{22} extol the virtue of a ‘one stop shop’ set up for victims of sexual assault to access as the best type of practice. A holistic service where victims only need to attend the one place to receive any type of assistance is seen as a positive strategy because it lessens the chances of re-traumatising the victim by forcing them to go from one service to another if what they require is outside the operational capabilities of the service they have initially attended. Other literature and recommendations made by the United Nations\textsuperscript{23} approve similar ideas for advancements of these elements of service provision.

By taking into consideration all of these recommendations for minimum standards, the following key indicators have been compiled as a guide (see page 11) for services looking to offer assistance to victims of sexual assault:
<table>
<thead>
<tr>
<th>Feature*</th>
<th>Definition (for the purposes of this paper)</th>
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<tbody>
<tr>
<td>Victim-centred</td>
<td>Focused on needs of the victim ensuring needs are met without unnecessary secondary traumatisation</td>
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<tr>
<td>24-hour access</td>
<td>Ability for victims to access services, particularly crisis counselling at any time of day or night</td>
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<tr>
<td>Awareness of human rights principles and obligations</td>
<td>Provides services with a human rights framework underpinning their application</td>
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<tr>
<td>Challenging tolerance with educational/training opportunities</td>
<td>Provides opportunities for organisations to partake in training workshops to educate staff on how to deal with trauma related to sexual assault or abuse</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Maintains the integrity and confidentiality of the victim disclosing sexual assault or abuse</td>
</tr>
<tr>
<td>Counselling</td>
<td>Phone and/or online and/or face-to-face counselling services provided by experienced counsellors</td>
</tr>
<tr>
<td>Evaluated program</td>
<td>The program has been independently evaluated</td>
</tr>
<tr>
<td>Evaluated service</td>
<td>The service has been independently evaluated</td>
</tr>
<tr>
<td>Evidence-based foundations</td>
<td>The service is based on research having been conducted, including evaluation of their own service and other good practice models</td>
</tr>
<tr>
<td>Expert approach</td>
<td>Ensures the service is staffed by experts in the field of dealing with trauma associated with sexual assault or abuse</td>
</tr>
<tr>
<td>Fair and easy access</td>
<td>The service is easily accessible by those who require it without specific eligibility criteria</td>
</tr>
<tr>
<td>Financial support</td>
<td>Provides financial assistance (for example, compensation, emergency expenses)</td>
</tr>
<tr>
<td>Flexibility and objectivity</td>
<td>Services are flexible and completely objective to ensure the victim’s needs are met</td>
</tr>
<tr>
<td>Gender analysis approach</td>
<td>Ensures the services are sensitive to the gender of the victim utilising the service and that the services are inclusive</td>
</tr>
<tr>
<td>Governance and accountability</td>
<td>Services are well managed and accountable to ensure high quality standards are met</td>
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<tr>
<td>Information and referral services</td>
<td>Staff provide reliable and relevant information for those accessing the services, and can efficiently refer individuals to other services if further support is required</td>
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<tr>
<td>Innovative</td>
<td>Offers programs or services which are considered innovative or outside the ‘norm’ (for example, equine therapy, art therapy) and which have been evaluated as successful</td>
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<tr>
<td>Multi-agency coordination and collaboration</td>
<td>Works collaboratively with other agencies to ensure consistency and efficacy</td>
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<tr>
<td>NGO involvement</td>
<td>Non-government organisations are involved in a collaborative relationship with the service</td>
</tr>
<tr>
<td>Participation and consultation</td>
<td>The service participates in consultation with other agencies to ensure best practice provisions are in place</td>
</tr>
<tr>
<td>Professional and ethical</td>
<td>Services are provided in a professional and ethical manner</td>
</tr>
<tr>
<td>Promoting awareness and values to improve societal response</td>
<td>The service engages in public education and awareness campaigns to promote awareness of the cause and to change people’s views</td>
</tr>
<tr>
<td><strong>Feature</strong></td>
<td><strong>Definition (for the purposes of this paper)</strong></td>
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<tr>
<td>Overlap of prevention and assistance</td>
<td>Combining <em>preventative</em> means with <em>assistance</em> for victims to ensure a holistic approach to the recovery process</td>
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<tr>
<td>Safety and security</td>
<td>Provides a safe and secure environment for those utilising the service</td>
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<tr>
<td>Specialised trained staff</td>
<td>Staff working in the service are <em>trained specifically</em> in dealing with trauma associated with sexual assault or abuse</td>
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<tr>
<td>Specialist services</td>
<td>Provides <em>specialist</em> services which differ from regular provisions (for example, forensic examinations, access to emergency contraception)</td>
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<tr>
<td>Support and advocacy</td>
<td>Case management and <em>advocacy</em> services are available to support the victim through the process of their recovery</td>
</tr>
<tr>
<td>Support for a diverse range of victims</td>
<td>Services and support for Indigenous populations, people with a disability, those from culturally and linguistically diverse backgrounds and any other <em>minority population</em></td>
</tr>
<tr>
<td>Transparency</td>
<td>Victims of sexual assault or abuse are able to determine whether the services provided will be <em>relevant</em> to their recovery from the outset</td>
</tr>
<tr>
<td>Work with non-offending family, friends &amp; carers</td>
<td>Offers <em>programs or services</em> which allow non-offending family, friends and carers to educate themselves in ways to assist victims of sexual assault/abuse and how to cope with second-hand trauma</td>
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</tbody>
</table>

* Refer to Appendices A-I evaluating good practice in sexual assault services in each Australian jurisdiction. If a service listed in the Appendices does not have a tick against a particular feature, it does not necessarily mean this feature does not exist. Rather, this feature is not explicitly present in the description of services. While these features are extensive, they are not necessarily exhaustive.
9. Levels of response for victims of sexual assault

Responding to victims of sexual assault is a complex scenario. The diversity of victims requiring services, the severity of the act of violence and the stage at which they are disclosing the sexual assault will all impact on the ability of a service to provide adequate and relevant support. A male who has been a victim of childhood sexual assault thirty years ago, will require vastly different support mechanisms to a female who has recently been sexually assaulted by a stranger. By the same token, a female who has been a victim of sexual assault a number of years ago and is only just disclosing the abuse, will require different types of support provisions to a male who has been sexually assaulted by a known offender. The alternative scenarios are endless, and serve to further highlight the complexities in providing services considered ‘good practice’ to victims of sexual assault.

The public health model of prevention encompasses three tiers of response:\textsuperscript{24}

- **Primary Prevention:** Before the problem starts. Strategies which take place before violence has occurred to assist in reducing and preventing the perpetration of the event or victimisation.

- **Secondary Prevention:** Once the problem has begun. Strategies for after the violence has occurred to assist in preventing further victimisation.

- **Tertiary Prevention:** Responding afterwards. Prevention measures for after violence has occurred to ensure there is no further victimisation.

Due to the nature of sexual violence, the model above does not particularly fit with the types of services available to victims. Reference has been made to this model as it has proven to be sound in cases of acts of violence where there are three clear stages of prevention – in the case of the literature, domestic violence. To better fit the services offered to victims of sexual assault, two categories of responses have been identified; a preventative and educational response level and a secondary long-term response level.

Where apparent, a sample of services which fit into these categories have been included from each state and territory. Services within these jurisdictions which provide innovative and complementary therapies have also been highlighted and allow insight into services outside of the customary framework of service provision.
10. ‘Good practice’ service provision at a preventative and educative response level

Preventative and educative response strategies are administered before the problem has occurred and are usually in the form of educational programs and community awareness campaigns. Their main aim is to reduce the likelihood of the offence occurring in the first instance by deterring potential offenders. There are a number of elements which can be associated with sexual violence and the purpose of this response level is to try and combat these factors from as many angles as possible to avoid the act of violence occurring in the first place.

Samples of services providing educative and preventative programs are provided at a State, Territory and Commonwealth level:

**New South Wales**

**Love Bites – National Association for Prevention of Child Abuse and Neglect (NAPCAN)**

Developed through NAPCAN, Love Bites has proven to be an extremely successful school-based domestic violence and sexual assault prevention program. Promoting a collaborative approach to prevention and information, it encourages communities to take ownership of the delivery of the program to ensure it encapsulates the interests and needs of the area. The program can be facilitated by sexual assault and/or domestic violence workers, police or youth workers. Its main aim is to illustrate in a practical manner, respectful relationships between males and females and between teachers and students. It also allows learners to develop the tools necessary to respond to any disclosures of sexual assault and to support the survivor as much as possible. It also makes people aware of the services available to them, where to go if they require assistance, and to remove any intimidation associated with approaching the police or any other disclosing authority.

The Love Bites program has been evaluated a number of times after being delivered to school-age children and the feedback has been resoundingly positive. The program has effectively impacted on students’ views towards sexual violence and personal relationships and how to better respect themselves and their peers. The Love Bites program continues to be moulded into newer and more relevant adaptations as the educational needs of school children change; there are currently a number of respectful relationship workshops being delivered with respect to these shifting paradigms.

Educational programs like Love Bites assist at the preventative level for sexual assault awareness. Arming children with the knowledge of the impact of sexual assault, how to navigate personal relationships and what is considered appropriate or inappropriate, would ideally result in less chance of them experiencing or perpetrating sexual violence. By the same token, it also educates children about help that is available, so if they ever do experience a sexual assault, they know they can always find assistance and support.

**Australian Capital Territory**

**Nguru Program – Canberra Rape Crisis Centre**

The Nguru Program, run through the Canberra Rape Crisis Centre, is a culturally appropriate service provided to members of the Aboriginal and Torres Strait Islander (ATSI) community, including those who have experienced sexual assault and their families. Its aim is to educate the ATSI community in respectful relationships, sexual violence and to assist in preventing further interpersonal violence from occurring. The education program is also provided to community members, non-government organisations in the community, service providers, schools and government agencies.

While there are no evaluations available in relation to the Nguru Program, the annual report available from 2012-13 indicates the service is being accessed by a large number of Aboriginal and Torres Strait Islander sexual assault survivors. The number recorded as accessing the service had increased on the previous year and showed every indication it would continue to be successful as a primary prevention tool for the Aboriginal and
Torres Strait Islander communities; so much so, that there had been plans to further expand on the current services to reach more people and cover more areas of sexual health and respectful relationships.

Northern Territory

Sexual Assault Prevention Education (SAPE) – Ruby Gaea
A community education team with Ruby Gaea runs educational seminars for a wide range of audiences in the Northern Territory including students, teachers, health professionals, police and volunteers. The SAPE programs run over a month and a half and cover a range of topics in relation to sexual assault, services available and preventative strategies for the community to stop sexual assault occurring in the first place.

There are currently no evaluations of this service, although the centre has been operating for over 25 years and plays an important part in the education of these communities.

Queensland

Let’s Get Savvy – Sunshine Cooloola Services Against Sexual Violence Inc.
The service provides an educational program which focuses on community education to raise awareness and understanding in relation to sexual violence. Aimed at high school aged children, it provides them with information on what constitutes sexual assault and what to do if someone discloses an incident of sexual assault.

There has been no evaluation of the program at this time, however the service continues to provide and promote educational opportunities for the public in relation to sex education for a demographic which can be at risk of sexual violence.

South Australia

Yarning On – SHine SA
This initiative refers to two innovative programs within this organisation called Investing in Aboriginal Youth Program and Aboriginal Focus Schools Program. The programs aim to improve and educate Aboriginal young people on sexual and reproductive health and general safety and wellbeing. Community engagement is key for these programs as it helps in fostering positive attitudes and challenging prevailing notions of sexual assault and traditional barriers involved in disclosing sexual assault and services being able to assist victims. By supporting the community as a whole, delivery of the programs is culturally appropriate and can be tailored specifically to different Aboriginal communities.

An evaluation of the Yarning On program points at a number of key facets of the initiative that are pivotal to its success. By focusing energy on building partnerships with the Aboriginal community and doing so with genuineness has meant the sexual health and personal relationship message has been received, and received well, within the communities it has engaged. It was the acceptance of the Aboriginal culture and moulding the program to fit into these communities rather than the other way around which was the key its continued success. The fluid nature of the Aboriginal communities in these areas of South Australia means that the needs of this population will constantly change – and this is something the evaluation has made note of which resonates with all other prevention level services in existence; there must be a consistent assessment, evaluation and roll-out of services as needs and requirements change.

Tasmania

Off Your Head, Don’t Share Your Bed – Sexual Assault Support Service
A collaborative media campaign between Sexual Assault Support Service and the Drug Education Network in Tasmania, this project aims to raise awareness of the public as to the impact of alcohol consumption and how that can and does, affect sexual consent. It was a 12-month campaign which reached across all of Tasmania in its scope. The point of the campaign was to shift people’s prevailing ideas pertaining to consent; namely, that instead of the emphasis being on whether somebody has said ‘no’ to sexual advances, it should rather be on someone explicitly saying ‘yes’.
According to the project report, the 12-month campaign effectively raised awareness of issues surrounding sexual assault and the legalities associated with it. It permeated a range of forums including social media and was considered innovative as it was the first time these issues had been brought to people’s attention in Australia.

**Victoria**

*Bursting the Bubble – Domestic Violence Resource Centre Victoria*

*Bursting the Bubble* is an educational website developed for children focusing on respectful relationships both at home and socially. It covers a number of areas, including domestic violence and child abuse; however there is ample information available in relation to sexual assault and what constitutes unlawful contact. The website is interactive and allows children to self-assess their potential exposure to abuse or sexual assault and also has online information sheets for how to better protect themselves if they ever find themselves in those situations.

In 2004 the program was evaluated and considered extremely successful in educating those accessing the website with understanding services available to them and what was considered unacceptable behaviour. The website was able to provide a supporting and non-judgemental forum for young people to access information on issues they were facing at home, including sexual violence and how to seek help.

**Western Australia**

*Quarry Health Centre – Sexual and Reproductive Health WA*

A project of Sexual and Reproductive Health WA, *Quarry Health Centre* is a specialised service aimed at young people (under the age of 25) to improve knowledge of sex and relationships and to provide access to clinical and counselling services. The centre facilitates workshops and sessions at schools and other community settings to educate young people on important aspects of relationships such as consent, contraception, sexually transmitted infections and risk-taking behaviours.

In 2012, around 50 education sessions were given to students at various schools, with almost 1000 students engaged in the program. There was a marked increase in the participation of the Aboriginal population in programs to do with sexual and personal health. The *Quarry Health Centre* itself engaged with almost 2000 people who accessed the service for sexual health information and other related issues.

**Commonwealth (based in QLD)**

*Ditto’s Keep Safe Adventure – Bravehearts*

Run by Bravehearts, Ditto is the lion mascot of the organisation who engages children and their carers, teachers and parents in interactive educational programs to promote safety and wellbeing. It provides tools and information about child sexual assault awareness, so that those looking after children can recognise the signs of abuse and act appropriately.

A number of evaluations of *Ditto’s Keep Safe Adventure* have been completed since its inception in 2006 and all are overwhelmingly positive in regards to its impact and usefulness in educating children on healthy and respectful relationships. The evaluations indicate that once children had experienced the full gamut of *Ditto’s Keep Safe Adventure* program, they had increased awareness as to their personal safety and what behaviour was appropriate towards them by adults and other children. On top of these published evaluations, the program continues to take on board feedback from teachers who administer the initiative at schools; the majority of them notice the impact on their students and note the way they retain the information and apply it to their daily lives once the program has finished.
11. ‘Good practice’ services at a secondary and long-term support level

Secondary and Long Term responses relate to strategies in place once a victim has disclosed the act of violence and various avenues of support they will require from that point. These avenues can include crisis counselling and advocacy, supporting non-offending family members and carers, therapy services and information and referral services.

In Australia, there are a number of examples of secondary and long-term response services and programs run at a Commonwealth, State and Territory level. Samples of these are provided:

New South Wales

**Stepping Out Housing Program – Stepping Out**

Through this program, *Stepping Out* offers 6 to 12 month intensive case management for female adult survivors of childhood sexual assault who are homeless or at risk of homelessness. This includes weekly support sessions with transitional support to ensure successful settlement back into community and independent living. Guidance with complicated court matters, housing applications and assistance in finding employment if necessary are all covered with this program. *Stepping Out* provides a number of other services as well at a secondary and tertiary level including crisis counselling, group therapy sessions and case management.

According to the 2012-13 Annual Report, an average of eight women a week are referred, or self-refer, to the service. Of these women who access the services, over half (55%) are from Aboriginal and Torres Strait Islander backgrounds or from a culturally and linguistically diverse background.

Australian Capital Territory

**Discoveries Group Work for Men – Service Assisting Male Survivors of Sexual Assault (SAMSSA)**

A closed group (a group which begins with the same participants and ends with the same participants, unless a participant withdraws), this program runs for just over two months and provides counselling support for adult male survivors of childhood sexual assault. Different topics in relation to sexual assault, trauma and recovery, are covered to assist those utilising the service to manage the impacts of the abuse into the present day. SAMSSA works closely with other tertiary services for vulnerable populations and assists males in seeking housing, mental health support and other rehabilitative services where necessary.

While no formal evaluation exists for the services delivered by SAMSSA, the annual report released by the Canberra Rape Crisis Centre in 2012-13 indicates an overwhelming number of male survivors attended the service for counselling and other support needs. There remains a need for further funding and staffing for the service to meet the demand currently being sought, mainly due to the Royal Commission in relation to childhood sexual assault.

Northern Territory

**Support Groups – Ruby Gaea**

Ruby Gaea run monthly support groups for female survivors of sexual assault, as well as free and confidential counselling for women and children who have experienced sexual assault in their life. There is no cost, and the individual accessing the service may consult with someone at the centre before deciding to undertake any counselling sessions.

There are no evaluations or annual reports available for this service; however they remain a prominent organisation in the community in drawing attention to the issue of sexual violence.
Queensland

**Women's Group – WWILD Sexual Violence Prevention Association Inc.**

WWILD works specifically with people who have experienced sexual assault and have learning or intellectual disability. Their *Women's Group* is a safe space for them to meet new people, encourage social skill development and to increase their knowledge on sexual violence. There is no obligation for participants to attend each week, and once a month, there are creative workshops which are utilised as alternatives to usual narrative therapies.

At this stage, there doesn’t appear to be any annual reports or evaluation of this service. However it appears to have been well received due to its innovative nature in assisting victims with disabilities and learning difficulties. There are support mechanisms from when the survivor discloses the abuse, their journey through the criminal justice system and beyond that, and strategies to educate and increase awareness for these victims in the community.

South Australia

**Yarrow Place**

Previously the Sexual Assault Referral Centre (SARC), *Yarrow Place* was established once the SARC and feminist Rape Crisis Centre were merged over ten (10) years ago. *Yarrow Place* provides forensic and long-term support for anyone over the age of 16 years who has been a victim of sexual assault, and is staffed by medical workers, social workers and other support officers. *Yarrow Place* is the leading public health agency in South Australia and focuses on the long-term wellbeing of survivors by providing counselling and advocacy amongst other support features. *Yarrow Place* also emphasises the importance and necessity of educating support workers and professionals in fields who may encounter survivors (for example, police, lawyers and doctors) and delivers training programs in this manner.

Victoria

**Adult Male Survivor and Adult Women Survivor Groups – South East Centre Against Sexual Assault (SECAS A)**

As part of the Centre Against Sexual Assault (CASA), SECASA run support groups for female and male survivors of sexual assault. Trained counsellors assist survivors of childhood sexual assault through various life topics to deal with past traumas and how to cope with the trauma going forward. The group counselling sessions are run alongside the other services offered by SECASA, including information sessions, workshops about sexuality, workshops for carers and supporters and complimentary therapies such as art groups.

In their 2012-13 Annual Report, details of the SECASA group therapy opportunities were detailed as being well received.

Western Australia

**Breakthru Service – Allambee – Western Australia**

A medium to long-term case management service for young people aged up to 25 years of age and their families. The services are all-encompassing and include counselling and information and referral options. They also assist the individual through their preparations for court and advocate for them during the process. There are also community education opportunities where required.

No annual reports or evaluations are available at this stage for this service.

Commonwealth

**Workshops – Adults Surviving Child Abuse (ASCA)**

The workshops run by ASCA provide support for adult survivors, their partners and carers and also health practitioners. For the survivors, there are opportunities to learn about historical sexual assault and the recovery process they may engage in once they have disclosed and come to terms with the abuse. For the partners, carers and supporters, there is a workshop for how to deal with vicarious trauma, how to help a loved
one on disclosure occurs and what effects historical sexual assault has on an individual. Health professionals are afforded the opportunity to learn how to recognise signs of abuse and how childhood sexual assault can manifest into current behaviours in those they are treating. It aims to assist survivors and their supports as well as educating professionals in responding appropriately to sexual assault disclosures.

12. A sample of international services

It is important to look at international examples of sexual assault service provision in assessing where the services in Australia are currently sitting in relation to overseas practice. The following services in England and the United States incorporate a large number of ‘good practice’ features and have been praised for their assistance of sexual assault victims and innovative nature.

England

*St Mary’s Sexual Assault Referral Centre (SARC), Manchester, UK*

In St Mary’s, the SARC is a service which delivers an integrated service to sexual assault victims, including men, women and children for recent or historical sexual assaults. The service has crisis support, medical treatment, access to emergency contraception, counselling and access to an ‘advisor, a specialist support worker who can provide ongoing care, including support attending police or court proceedings. The service itself is open weekdays, but they have a 24-hour phone line that a victim can access for emergency situations.

The SARC is staffed by multi-disciplinary teams, complemented by medical professionals, crisis workers, advisors and advocates. There is no requirement for adults who access the service to make a report to police, but any samples taken will be stored for up to seven years in case a report is made to police further down the track.

The centre also promotes and provides opportunities for service providers, employers and anyone else interested in the field, to be educated in rape and sexual assault issues and support.

The European Parliament provided an overview of what was considered worldwide best practice in 2013, and the SARC in St Mary’s, Manchester, was considered one of the examples of best practice of service provision for sexual assault victims. The “integrated service model in the form of a one-stop-shop approach…ensures that all victims-survivors have equitable access to good quality services.”

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25. Good practice in providing services: Victims of sexual assault
The paper applauds the services’ ability to provide service options on a routine basis so as to cater to the needs of a survivor at whichever stage of the recovery process they may be – it returns some of the power the survivor feels they have lost at the time they were assaulted and helps establish a modicum of control back into their lives.

United States of America

Sexual Assault Response Teams (SARTs), various locations

The first SART was started in California, USA, in 1985. A task force, in consultation with a local rape crisis centre, worked on combining two separate models used in other states when responding to disclosures of sexual assault. The creation of the first SART signalled the beginning of a cohesive system to provide services for victims of sexual assault. SARTs promote and facilitate cross-disciplinary practices to promote understanding of each of these discipline’s roles and to share specialised knowledge. Agencies involved in these teams include:

- Police
- Prosecutors
- Rape victim advocates
- Medical/forensic examiners
- Crime lab personnel
- Dispatchers
- Victim witness advocates from within local prosecutor’s office
- Representatives from educational institutions
- Social service agencies
- Religious groups
- Mental health providers
- Public health agencies
- Organisations who serve marginalised groups (disabilities, CALD)

A joint approach to assisting victims of sexual assault, with access to all types of services in the one place, has been seen as the most effective way to assist survivors. In particular, Alaska has SART setups which are three-fold – they have an advocate, an enforcement representative and health care professional at the crux of any service requirement. This ensures all the needs of the victim are met at some point during the recovery process; at a support, medical and police and criminal justice level respectively. Similar to the SARC in the UK, while the victim has access to an enforcement officer, there is no obligation on their part to pursue a criminal investigation. However, they do have the option of undergoing a forensic examination wherein the results may be utilised at a later date if the victim decides to follow through with a police investigation.

Wherever a survivor approaches the system to disclose a sexual assault – in reporting to a police officer, receiving treatment at an emergency department or contacting a crisis line — the SART can be activated as a result. It is clear that a SART has the ability to provide care for sexual assault victims on a greater continuum as it incorporates the expertise, knowledge and capabilities of a number of agencies. As a result, there is an increased quality of care, a reduction in the likelihood of secondary trauma occurring and support through perhaps one of the hardest parts of the process apart from the incident itself – seeking closure through the criminal justice system.

It satisfies a number of the issues brought up in the literature about sexual assault service provision, and continues to expand and improve services as evaluations are conducted on previous years’ work. These are all important elements of providing services to victims of sexual assault and Australian services would benefit from implementing these features.
13. Complimentary and innovative therapies

While counselling support and information and referral services are important features of organisations supporting victims, there are studies and evaluations which suggest alternative therapies may also be useful in the recovery process of sexual assault victims. These therapies would not replace the usual treatments available, rather it is suggested that innovative therapies could be used to compliment the services already in existence within the operational capabilities of a service.

Queensland

‘Trails of Discovery’ Equine Assisted Therapy – Phoenix House

Equine Facilitated, or Assisted, Therapy (EFT or EAT) has been used as a form of alternate healing for a number of years, adapting to change as necessary as the needs for it also changed. Initially, equine therapy was used to treat physical injuries as the motion of riding a horse would strengthen muscles and improve coordination. More recently, after successful use as a form of Hippotherapy (physical or occupational treatment involving horses which therapists used to grade motor and sensory input), interest moved into how equine therapy could assist those with emotional and internalised issues stemming from a traumatic event.

Signal et al have assessed the efficacy of Equine Facilitated Therapy (EFT) by Phoenix House, a sexual assault service in Queensland. Phoenix House introduced EFT as part of their treatment options in 2006 where over 200 participants have since engaged in EFT in response to childhood or contemporaneous trauma. The paper discusses the possibility of traditional counselling avenues not being as effective as they could be due to cultural differences which may exist between client and therapist as well as language barriers and gender barriers.

Phoenix House in Queensland delivers EAT through their Trails of Discovery program and has three horses which are utilised for therapeutic purposes. Equine therapy includes a variety of activities relating to the handling of a horse, including grooming, feeding and riding. In overcoming fear associated with engaging with such a large and powerful animal, participants are meant to build up a belief that conquering these internalised feelings of shame, doubt and uncertainty can be surmounted and applied in their everyday life. When engaging with an animal like a horse, there is no gender bias, no cultural difference and no language barrier – just the survivor and their horse. The horse is a physical manifestation of their fears, the intimidation and other feelings associated with the initial trauma they were exposed to. By overcoming it and “...having a large and powerful horse respond to commands in a calm and favourable manner can provide abuse victims with a sense of authority and validation.”

An evaluation of 44 participants ranging from children to adults, males and females, was conducted for the purpose of seeing whether Equine Therapy had the ability to assist in the recovery process of survivors. The groups were culturally and linguistically diverse, but the findings illustrated that the equine therapy was able to push past these barriers that traditionally impede on survivor’s recovery. The impact was most significant on the children attending the sessions which “supports the argument that this approach may be particularly effective in reaching younger clients [and] further supports the argument that non-traditional approaches like EFT...work well with certain populations.”

Services for victims of sexual assault require a level of good practice which involves cultural, gender and language sensitivity if it is going to effectively rehabilitate a survivor of sexual assault.

Equine therapy programs such as Wild at Heart based in Colorado have been running in the United States of America for over a decade. The attributes of somatic psychotherapy used through the provision of equine therapy, particularly for victims of sexual assault, are seen as beneficial as it helps connect the body back to the mind and allows the survivor to begin to reconcile what has happened to them, and to come out the other side in their own time. While the results from research
surrounding EAT are positive, like most aspects of sexual assault services, it requires more by way of research and evaluation before it can be considered an applicable aspect of service delivery to those with the operational capabilities to supply it.

Australian Capital Territory & Victoria

**Art Therapy Group – Canberra Rape Crisis Centre and Art Groups – South East Centre Against Sexual Assault**

Similar to Equine Therapy, Art Therapy is a form of rehabilitation which has become increasingly popular in assisting those who have experienced significant trauma. As detailed in Saltzman et al, “creative arts therapies provide a non-threatening entry into traumatic memories that tend to be inaccessible after a traumatic experience.” Art therapy provides an outlet for those who are unable to properly vocalise the pain and trauma they are experiencing – a lot of survivors feel powerless and incapable of putting into words what they are feeling, so the art therapy allows them a safe environment to express themselves creatively. Saltzman et al touch upon the dichotomous nature of art versus the trauma a survivor has experienced; the former encourages an individual to be themselves without fear of judgement and is freeing, the latter is a completely oppressive violation of an individual’s free agency. In allowing expression through art, a survivor can give shape, form, meaning and colour to what they are internalising in the hopes of desensitising themselves to the feelings associated with the abuse and moving towards recovery and acceptance. There are a variety of art therapy techniques and the application of this will be dependent on the needs of the individual.

In Australia, there are a few services which run art therapy programs alongside regular counselling avenues including the Canberra Rape Crisis Centre, the Sexual Assault Support Service in Tasmania and SECASA in Victoria. The Canberra Rape Crisis Centre runs a 6-week closed program for women who have been sexually abused as a child, while SECASA run a variety of art workshops for demographic groups and is not limited to paint and canvass. SECASA has a range of artistic options including mosaic, sculpture and photography classes and they run a number of specialised workshops such as the **TOTEM** art group. This group is for parents and children and encourages communication between both parties and allows a forum for them to work on their relationship in an environment where children will be most responsive.

SECASA’s 2012-13 Annual Report highlights the benefits associated with running art programs through their service. The art which is produced by those attending the art group is collated and turned into a calendar which the service uses to promote public awareness of sexual assault and allow those who have contributed to display their creativity. In line with what the literature has suggested, the art has “facilitated a relational connection between the survivor…and the world… [art therapy] assists the survivor to speak volumes without words.”

It is clear from these two examples that art therapy is an innovative and useful outlet for survivors of sexual assault to undertake while still pursuing the more traditional forms of counselling.

Queensland & Victoria

**Yoga – The Women’s Centre and Trauma Sensitive Yoga – West Centre Against Sexual Assault**

Much like art therapy, exercise and body movement are considered as beneficial offsiders to regular counselling and support services. Astbury notes how this kind of therapy ‘benefits mood, depression and anxiety levels’ as it allows, particularly women, to focus on their health and wellbeing and take back some of the control which was lost through the abuse. Yoga, by nature, is a calming exercise which encourages participants to connect with themselves, being aware of each movement they take, how they get from one movement to another, and to be conscious of each breath that is taken through the duration of the exercise. Victims of sexual assault will often feel disconnected from their physical self and feel as though they no longer have control over their mind or body. Yoga is a non-invasive way to re-establish this connection; it allows regulation of movement to illustrate that control can be regained and provides
a quiet place where survivors can move towards acceptance of what has happened and ultimately, some form of regeneration and inner peace.

The Women’s Centre in Queensland and West Centre Against Sexual Assault both offer opportunities for female survivors of sexual assault to attend yoga classes. These services extol the benefits of yoga for survivors, and indicate it is a very popular option taken up by a number of those who access the service.

**Commonwealth & New South Wales**

**Online Counselling – 1800.RESPECT.org.au – NSW Rape Crisis Centre**

As technology becomes more affordable and accessible, and its capability for assisting people continually improving, it is unsurprising to note that victims of sexual assault are turning to places like the internet to seek information and support. Due to the aforementioned victim-perpetrator paradigm which has pervaded criminal justice and service responses, online counselling options are particularly appealing to male survivors. The anonymity and confidentiality associated with seeking help online and not face-to-face means that those accessing the service do not feel as though they will be judged for their disclosure or burdening anybody with their issue. Forgan\(^{32}\) notes the key advantages of online counselling, namely; convenience, accessibility, written disclosure rather than verbal disclosure, telepresence (the notion of feeling as though you are in the presence of somebody, even though they are not physically in the same room or space as you) and expectations (empowerment and self-care). While there are also noted disadvantages such as lack of body language to respond to and time delay/connection issues, it is apparent with the rapid growth of online chat rooms and blog journals, that the online avenue for support is one worth researching, evaluating and considering as an adjunct service to other counselling options. In fact, Barak et al\(^{33}\) note that in all of the 38 studies of online communities, even if there was no health benefit to accessing the service, it did not do any further harm to the individual.

The NSW Rape Crisis Centre and the Commonwealth-run 1800.RESPECT.org.au both have online counselling capabilities for any individual to access at any time of day and from any location in New South Wales and Australia. Experienced counsellors will answer any questions a victim may have in relation to the sexual assault as well as options for services they may want to access later. The online service is easy to navigate and only requires a first name, year of birth and gender as identifying features; and to assist the counsellor in offering a more personalised service despite the distance.

As we continue to move into a technologically dominated future, web-based services such as online counselling require further analysis and consideration.
14. Summary

This report has provided samples of domestic and international organisations that deliver much needed services to victims of sexual assault. Also included have been innovative methods, which can be used to complement existing therapies delivered to sexual assault survivors. The services which currently exist are providing sound and essential support to victims of sexual assault, however the main issue in relation to these services in the very little by way of evaluations being available to measure the efficacy of these services; most of the feedback relating to the successes of these programs is in the data collected for Annual Reports and evaluations which have been conducted for similar therapeutic avenues. By conducting evaluations of these services and programs, existing and future services will be able to ensure they are meeting the many and varied needs of the victims accessing them.

It also bears re-highlighting the fact that there are gaps in services assisting males, those with disabilities and people from culturally and linguistically diverse backgrounds who are victims of sexual assault. Some services are actively trying to close these gaps, but a male survivor trying to seek an avenue of recovery would face a number of obstacles in this journey. While the preventative response strategies related to educating and informing people about sexual violence and personal relationships are working quite successfully, on the other end of the spectrum where the provision of support and services for victims is necessary at a responsive and long-term support level, males and minority groups are often left without many options. What is encouraging however is that the situation is improving and specialised male programs and services for minority groups are starting to emerge and become accessible. It is hoped that these future and developing services can use this paper as a guide. It is pertinent that these services and the services which currently exist are held against the key indicators for ‘good practice’ provision.

As the Royal Commission continues to shed light on the atrocities suffered by a large number of children all those years ago, the number of sexual assault survivors seeking assistance and support will continue to increase dramatically. As the social stigma surrounding the sexual assault of females and males continues to change, the number of survivors brave enough to disclose and seek help will continue to increase as well. Services must be ready to respond to these needs and to deliver their programs while meeting ‘good practice’ standards.
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