**Care in Collaboration: Preventing Secondary Victimisation
Through a Holistic Approach
to Pre-Court Sexual Violence Interventions**

by

Linda Louise Beckett

A thesis
submitted to the Victoria University of Wellington
in fulfilment of the requirements for the degree of
Doctor of Philosophy
in Criminology

Victoria University of Wellington
2007

Abstract

Although men's sexual violence is well known as a problem of epidemic proportions and a cause of significant harm, effective prevention strategies have yet to be developed and the effectiveness of services for victims cannot be guaranteed. Most victims of sexual violence choose not to report, but those who do may still incur exacerbation of rape's destructive effects by those who are meant to help. Interested to know how responsiveness could be improved, I began this study by examining the literature on services for victims in order to identify the ingredients of good practice. Integrated specialist services which include support and advocacy with legal/forensic services emerged as the ideal. Finding that such systems had been positively evaluated in their real-life applications, New Zealand's responsiveness was analysed with reference to this multi-agency model. I was particularly interested to know what supported the development of such a model and what the impediments might be to its development in New Zealand.

Since literature indicated that government input was vital to implementation of specialist holistic practice, examination of New Zealand government and its Police responsiveness became the primary goal of data-gathering. With Police Districts as the units of study, data was collected from site visits and semi-structured interviews with police in each District. This data was triangulated through prolonged participant observation and interviews with medical/forensic and support/advocacy personnel. I found that specialist holistic services were regularly available for child sexual abuse victims. In contrast, for adult sexual violence victims these were rare and service gaps were rife. This was due to governance bodies failing to coordinate nationally or locally in funding and supporting service development. Explanations for this failure are found in feminist critiques of the patriarchal systems which privilege men's needs over women's safety. I argue that with women's movement into public life and with the political will, nationally-based reform of services is now possible. Given its small size, New Zealand is particularly well-placed to achieve this reform if current governance structures are employed in constructing a national framework for nationwide development of specialist multi-agency practice.

Acknowledgements

I'm indebted to Dr Jan Jordan for inspiring this and my prior research by showing that secondary victimisation was not just a distant problem articulated in overseas criminological research, but a reality in New Zealand. I am also grateful to Dr Sandra Grey for insightful challenges to my thinking and writing which had me understanding and articulating what I *really* meant and wanted to say.

To police respondents, all of whom cared deeply about victims, were committed to this challenging work, acknowledged that systems could be better, and wanted this to be so, my heartfelt thanks for your time and willingness to be involved in this study. Thanks to my partner Alistair (Olly) Beckett for inspiring me with your enthusiasm for all things Police.

The perennially unsung heroes of this work are those in professional and volunteer community support/advocacy organisations who support victims and advocate for the ability to provide improved services despite their own difficulties in remaining viable.

I'm grateful to Doctors for Sexual Abuse Care and its inspirational members. Thanks for your time in interviews and your continued engagement with my participant observation.

Thank you to Child, Youth, and Family for allowing me access to the dedicated people I met within your department and with whom I enjoyed many philosophical conversations.

Safer Community Council respondents shared their perspectives with me and for these too I am grateful.

Table of Contents

Abstract.....	2
Acknowledgements.....	3
List of Abbreviations.....	7
Chapter One: Introduction	8
Research Aims	10
Overview of the Thesis	12
Chapter Two: The Cost of Sexual Violence and the Requirements in Responding.....	15
Costs of Sexual Violence	15
Systems Interventions for Victims: The Requirements and the Responses	19
Improving Legal/Forensic Services: Collaboration with Support/Advocates	25
The Means to Establish Multi-Agency Collaboration and Specialisation	28
<i>Specialist Sexual Assault Police Teams</i>	29
<i>Contact Beyond Caseload</i>	30
<i>Training</i>	31
<i>Protocols</i>	32
<i>Ongoing Evaluation</i>	33
<i>Integrated Data Collection</i>	33
Partnership in Specialist Integrated Sexual Assault Referral Centers: A Case Study	36
Chapter Three: Origins and Progression of Systems: Toward Mobilising the State.....	41
The Background: Feminism and Rape Crisis Centres	42
Collaboration: The Contested Terrain.....	48
Locating the Issues in New Zealand	61
Explaining and Contextualising the Refinements to the Research Focus.....	65
Chapter Four: Research Methodology	73
Fourth Generation Naturalistic Enquiry: Theoretical Underpinnings.....	73
<i>Logic and Integrity: Implementation in Multiple Case Study and Feminist Standpoint Methodology</i>	73
<i>Humanism – Implementation in Feminist Activist Research</i>	77
The Progression of the Research.....	85
Data Analysis	96
Chapter Five: Description and Analysis of New Zealand Systems	98
Acute Sexual Assault Services: Background and Service Descriptions	98
Police.....	99
Police Expertise.....	102
Non-Government (Community) Partner Organisations	108

Medical Forensic Services - Doctors for Sexual Abuse Care (DSAC) and Police Medical Officers.....	109
Support/Advocacy Services: Victim Support and Specialist Agencies: Partnership Capacities	115
National and Regional Coordination: Role in Mediating Service Provision	124
Local Coordination: Factors Which Mediate Service Quality	132
Summary and Interpretation of the Findings	144
Chapter Six: Improving System Responses to Victims Through Police Collaboration with Support/Advocacy Specialists.....	148
Police Choice over the Support Received by Victims	149
Synergy in Police Partnership with Specialists	163
<i>Impact on the Interview Process</i>	163
<i>Impact on Belief in False Complaints</i>	167
<i>Impact on Viability of Specialist Organisations</i>	177
Irregular Development of Partnerships: Analysis	181
<i>Specialist Agency Availability and Capacities</i>	182
<i>Police Cultural Imperatives</i>	183
<i>Heavy Police Workload</i>	188
<i>Court Dismissal of Sexual Assault Cases</i>	192
Conclusion.....	198
Chapter Seven: Confirming The Need for Greater Government Commitment to Service Developments	200
Contemporary Service Issues and Government Responses	200
Possibilities for Coordination by Local Bodies	205
Comparison with Services for Children and Youth	219
Organisation of Responses	219
Analysis of System Discrepancies	229
Conclusion.....	245
Chapter Eight: Summary, Recommendations, and Conclusion	247
Summary of Findings	247
The Way Forward	249
Achieving National Coordination	250
<i>New Zealand Council for Sexual Violence Responsiveness (NZCSVR)</i>	251
<i>Appointing an Ombudsman/Commissioner</i>	255
<i>Creating a National Research Body and Suggesting its Future Research</i>	256
Local/Regional Coordination of Services	260
Establishing Multi-Agency Centres	262
Improving Police Systems.....	268
<i>Fulltime Sexual Assault District Coordinator (SADC) Positions</i>	269
<i>Specialist Squads</i>	273
Conclusion.....	276

Bibliography	280
Appendices	300
Appendix One: Maps of Police Districts	300
Appendix Two: Sample Interview - CIB	302

List of Figures

Figure 1: Comparison of ASA Policy with Practice Recommendations in International Literature.....	101
Figure 2: DSAC Coverage and Funding	115
Figure 3: Interagency Liaison – Police Working with Specialist Agencies.....	134
Figure 4: Partnership Maintenance between Police, Medical/Forensic, Specialist Support/Advocacy Agencies and Victim Support	139
Figure 5: Facilities for Processing Sexual Violence Complaints.....	142
Figure 6: Responsiveness to Child Victims of Sexual Crime	228
Figure 7: Proposed Structure for National and Local Responses to Sexual Violence ..	250

List of Abbreviations

ACC	Accident Compensation Corporation
ACSSA	Australian Centre for the Study of Sexual Assault
ASA	Adult Sexual Assault (Policy/Course)
CASA	Centre Against Sexual Assault
CAT	Child Abuse Team
CIB	Criminal Investigation Branch
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CYFS	Child, Youth and Family Service
CSM	Crime Service Manager
DHB	District Health Board
DSAC	Doctors for Sexual Abuse Care
MCASA	Maryland Coalition Against Sexual Assault
NASASV	National Association of Services Against Sexual Violence
NSW	New South Wales
NZCSVR	New Zealand Council for Sexual Violence Responsiveness
NZCSSV	New Zealand Centre for the Study of Sexual Violence
RCC	Rape Crisis Centre
SADC	Sexual Assault District Coordinator
SANE	Sexual Assault Nurse Examiner
SARC	Sexual Assault Referral Centre
SART	Sexual Assault Response Team
SCC	Safer Community Council
VAWSU	Violence Against Women Specialist Unit
WINZ	Work and Income New Zealand

Chapter One: Introduction

Systems responses to women who experience men's sexual violence are the focus of this research. My concern with systems responses stems from awareness that the effects of sexual violence can be devastating. Instead of being able to regard her body as her own, sexual violence forces a woman to understand that her right to control access to intimate parts of body does not exist in reality. Since she knows that to one man at least, and probably to others her human rights are inconsequential, this woman questions her self-worth. She is also no longer able to feel secure in the knowledge that her world is a predictable place, and never again will feel that it is safe. From feeling strong, she knows now that she is not strong enough to prevent being raped and that nothing guarantees it will not happen again.

If this woman eventually reaches a point where she feels able to try to right the wrong and restore feelings of safety and self by seeking help, she may well encounter incompetent, uncaring, uninterested, disbelieving, and dismissive responses from those in systems meant to help. When systems responses reinforce the messages given to her by the rape itself, this secondary victimisation is profoundly disabling to her recovering self-belief, belief in justice, and ability to feel safe.

Incomprehensibly, all of this happens to women with disturbing regularity. Particularly since the 1970s, an abundance of feminist research has documented the widespread incidence of sexual violence and the destructive nature of its effects. Yet paradoxically, also described in abundance are variably adequate systems responses, and within these systems sometimes harmful responses from individual service providers. Combined, these bodies of research demonstrate that societal systems have not kept pace with what research has shown to be necessary in responding to rape. There is a need then for systems to develop further so that individuals working within them are better positioned to provide professional caring responses.

That systems rather than the individual responses within them are the concern of this study is premised on the quality of a profession's systems being a strong determinant of the quality of its professionals' responses. If leadership is shown in developing systems which define, promote, and sustain professional frontline practice, this guidance will at least provide the structure within which good practice is possible and can become

normative. Good practice is defined as that which promotes, rather than impedes, victim recovery. Moreover, it is professional practice to be guided by the individual needs of victims and this can be accommodated within negotiated practice guidelines. Without that leadership, victims will receive variable responses from service providers which may be due to individual differences, for instance in knowledge, philosophy, sensitivity, concern, and compatibility with different clients. It is not then the intention of this study to examine or be critical of those individual responses. Operational variability is of concern, but only in so far as it shows the need for systems to develop processes in which people are required, allowed, encouraged, and sustained to perform to their best.

Along with examining systems at frontline levels, an examination of state-level involvement with services has been incorporated in the study. This is because when the bodies of literature on sexual violence are viewed as a whole, it becomes apparent that improvements to systems of responsiveness are unlikely without state commitment. Evidence for this is in response inadequacies being well-documented over nearly four decades. Although less comprehensively, what victims do need by way of systems organisation and responses has also been defined. Yet despite the longstanding availability of this knowledge, there have been few evaluations of existing systems in order to ascertain whether these meet the needs of victims. Accordingly, few systems have been developed based on evidence of need and what works well in meeting that need. Those few systems which are evidence-based and do provide a structure which enables service providers to implement practice ideals are only now being described and evaluated.

What all of this conveys is that if the evidence basis for good practice is to be more widely disseminated and systems based on it are to be implemented more widely, state commitment is necessary. The state alone has the machinery and resources to bring together and hold together the many systems which the research has shown must collaborate in meeting the many needs created by rape. Therefore, the second strand of the research is an examination of state involvement in supporting development of systems and coordinating responsiveness between them.

That the state has the resources to engage with service development, but that the findings of research have not been implemented more broadly, requires analysis. The tension which derives from the mismatch between the demonstrated harm of sexual

violence and persistent state indifference is explained by feminist theory. The threat and immediate consequences of sexual violence both act as significant barriers to the fulfilment of female potential. Systems responses are critical in mitigating the fear and consequences of sexual violence but in sometimes exacerbating these, female ability to self-actualise is further compromised. Since my own feminist philosophy is grounded in women's right to self-actualise, all aspects of the research are informed by feminism. Feminism explains police systems responses to victims and the nature of police relationships with other crisis intervention organisations. It also explains the tension that exists in understanding rape as a human rights abuse, yet government inertia in addressing this through comprehensive rape-prevention measures and through ensuring adequate services for its victims. Activist research is a constructive way of resolving this tension.

Research Aims

Given these feminist concerns, the overall aim of this research is to locate New Zealand's systems on the world stage and by contrasting them with developments in international practice at frontline and state levels, suggest how systems here can develop further. My motivation in wishing to import and adapt the best of international systems stems from the significant effects of system omissions, as well as commissions, on victims. Negative effects are felt not only by victims, but by women in general. They are also felt by those individual service providers who understand their inability to provide adequate responses when victims seek help. In this study, I will use the term 'victim' as an abbreviation of 'victim of sexual violence'. 'Victim' is used because this thesis has its foundations within a criminological paradigm of study. In that respect, 'victim' distinguishes the person who has been offended against (blameless) from the offender (blameworthy).

In respect of these victims, I aim to highlight the gaps created by the system-centred rather than victim-centred nature of some responsiveness, in the hope that rape victims will receive a quality of care which corresponds with the serious effects suffered. Forced sexual experience, for which I will use the terms 'rape', 'sexual assault', and 'sexual violence' interchangeably, is a traumatic event which is '*an overwhelming confrontation with another individual's sadism and aggression*' (Notman & Nadelson, 1976, p. 410). As such, it is '*a physical, social, and psychological attack on the person*' (McCombie, Bassuk, Savitz & Pell, 1976, p.417). The difficulty of psychological recovery from such an event renders it

unacceptable that any woman should encounter unhelpful or traumatising responses. Rather, all responses must be based on knowledge of the negative psychosocial consequences of rape and reporting rape, as well as how to mitigate these consequences. Equally important, when systems responses do become victim-centred I want this quality of care to become well-known in the community and in becoming well-known, to encourage a rate of reporting which more closely approximates the true incidence of rape. When this happens, systems responses will send symbolic messages about women's worth and about sexual aggression being unacceptable in any form.

In respect of women in general, a secondary but no less important aim is to highlight the paradox of the serious epidemic of rape, but the paucity of structured and systematic attempts at rape-prevention. This is because I want rape-prevention to become structured and systematic so that women are safe and, in feeling safe, can live their lives to the full. Equally important, I want women to feel that their safety matters.

Service providers are also stakeholders in this research. For those who appreciate the human pain which sexual violence causes, but know they are part of a system which does little to help and may cause further harm, the inability to give appropriate care can cause considerable workplace stress. An important aim of the current research is to give service providers a voice in expressing this, in the hope of highlighting both their commitment to victims and their right to fulfilment in their working lives.

Internationally, only a small number of studies evaluate sexual assault services and fewer still have a national perspective. The study's first contribution is in providing a New Zealand-wide overview of services in order to highlight the need for ownership of sexual violence at governmental level. For sexual assault services to be adequately resourced, government must take a national view of sexual violence and accept responsibility for addressing it through prevention measures and services. While there is an increasing evidence basis for holistic practice as good practice, no studies on systems of sexual violence responsiveness analyse impediments to the development of holistic services. The study's second contribution is its analysis of historical and contemporary factors which impede the collaboration required at both state and frontline levels in instigating and maintaining good practice. These barriers need to be understood if the ideal of holistic practice is to be implemented in New Zealand.

Overview of the Thesis

This overview demonstrates the steps needing to be taken to meet the aims discussed above. The first step is to consolidate my argument that there are systems deficits internationally. I will do this in Chapter Two by juxtaposing the body of literature available from the 1970s on rape's widespread and harmful effects, with literature which contemporaneously describes secondary victimisation due to shortcomings in some systems responses. Following this, I will argue the importance of medical/forensic systems collaborating with specialist support/advocates to provide the expertise in response through which secondary victimisation can be avoided. However, while specialist responses are necessary, they are not sufficient. Along with inexpert care, service gaps have potential to undermine recovery. Systems must work collaboratively and in partnership to provide more holistic responses. In Chapter Two then 'care in collaboration' gains added meaning as I argue that good care can only be given through collaboration, and that care is necessary in the establishment of partnerships. In arguing this, the steps in implementing effective partnerships are described. Lastly, an integrated multi-agency setting which is thought to contribute to the development of both specialist and holistic care is provided as an exemplar of practice.

Having argued for holistic practice, and given that victims of sexual violence are primary stakeholders in this research, I need to do more than discuss just the technicalities of developing holistic practice. The movement toward holistic practice began with feminist community initiatives in the early 1970s. Given that in some places holistic services are now provided by state organisations in conjunction with feminist community organisations, philosophical differences within this collaboration also need to be examined for their potential to undermine practice ideals. In Chapter Three, a brief review of the origins of service improvements in the US, Britain, and Australia provides the context which enables this analysis. I have claimed that the knowledge exists to progress responsiveness, so this review also enables analysis of why specialist holistic practice has not been achieved previously and more universally. In considering the politics of collaboration, but in also recognising that a holistic response capacity requires state support, I review the arguments about community collaborations with state organisations and identify the safeguards which are necessary to ensure there is no loss of gains made by feminist community organisations.

In wanting to contribute to real-world outcomes for stakeholders, the next step is to apply the views in the international literature about what constitutes effective systems of practice, to evaluating a real-world setting. In addition to identifying as a feminist woman, I identify as a New Zealander. This translates to caring that New Zealand's responsiveness to sexual violence matches the best of systems internationally. As the precursor to documenting, describing, and analysing New Zealand services in relation to good practice principles, what is already known about New Zealand's services is discussed. This locates where New Zealand stands internationally in its systems development and explains the reasons for the study's areas of focus.

In limiting the study, I have selected the pre-court investigative services of the New Zealand Police as the primary systems focus. Examining these necessitates a parallel examination of medical/forensic and support/advocacy services for their capacity to partner police in providing holistic services. Unlike police services, these services are both community-based and only partially funded by government. In conjunction with literature describing the history of service developments, these factors determined the second focus of the research. This is the examination of the current extent of and need for state involvement with service development.

The form these two examinations take is discussed in Chapter Four when the research methodology is described. Locating its theory in feminist and post-modern philosophies, qualitative methodologies subsumed by fourth generation naturalist enquiry are employed in data-gathering and analysis. These methodologies require collaboration between researcher and respondents in identifying issues and suggesting responses.

The findings of the research are discussed in Chapters Five, Six, and Seven. Chapters Five and Six present the findings on New Zealand's frontline systems. In Chapter Five, police, medical/forensic, and support/advocacy systems are described and their services analysed in comparison to evidenced-based improvements to practice overseas. Particular attention is given to the need for specialist responses from all organisations and careful collaborations between them at both national and local levels.

During data-gathering, I identified philosophical issues between police and community support/advocacy organisations which hindered collaborations and created significant systems gaps. For that reason, this collaboration was analysed in more depth and is the focus of Chapter Six. Firstly, in order to highlight the benefits for victims and for police investigative processes of collaboration with specialists, police partnerships with specialist support/advocacy organisations are compared to their partnerships with the generalist Victim Support. The need for specialists to work together is then underscored with examples of the synergy which derives from specialist collaborations. Lastly, I analyse the factors which have mediated the formulation and maximising of police partnerships with specialist support/advocates.

Chapter Seven addresses the second strand of the research which concerns the requisite conditions in supporting the development of specialist holistic services. Underpinned by the discussion on the need for state involvement with service provision, this chapter outlines current government input into the development of its own Police system, as well as the community organisations which offer specialist services. Findings on the need for support from local governance structures are also presented and contrasted with officials' attitudes to facilitating systems coordination. In the second part of Chapter Seven, empirical findings on government-funded and coordinated services for sexually abused children are provided as an example of the specialist holistic services which can be achieved in New Zealand with government and local body support. Feminist analysis of successive governments' willingness to fund, coordinate, and support responsiveness to children, but not women, is also offered.

Chapter Eight discusses the overall meaning of the study findings. In its recommendations, it also continues to address the question of what is needed to achieve the responsiveness agreed to by New Zealand governments in adopting United Nations covenants on responsiveness to violence against women.

Chapter Two: The Cost of Sexual Violence and the Requirements in Responding

In this chapter, I argue that what victims need from systems interventions has not generally been forthcoming and that systems must be advanced. Firstly, the requirement to develop greater effectiveness in systems is underscored through a brief overview of the impact of sexual violence on: victims; the systems which respond to victims; and society in general. Then, what we have known since the 1970s of what victims need from systems responses in the immediate aftermath of rape is identified and contrasted with longstanding problems in systems responses. In countering these problems, the benefits of specialist and combined systems responses in aiding victim recovery and simultaneously minimising societal cost, are identified. Having suggested that holistic responses are necessary, with recourse to the literature I discuss the mechanisms contributing to development of the partnerships which enable holistic responses to be made. Lastly, a model of specialist holistic practice in an integrated multi-agency setting is discussed as an exemplar of practice.

Costs of Sexual Violence

According to O'Shea (2006), the seriousness and extent of rape are still not generally acknowledged. This may be because its costs, while phenomenal and global, are disproportionately borne by women and girls at both individual and broader societal levels (Astbury, 2006; Kelly & Lovett, 2005; Kilpatrick & Ruggiero, 2004; Ministry of Justice, 2003; Mayhill & Allen, 2002; Roper & Thompson, 2006; US Department of Justice, 2006). Achieving improvements in systems interventions makes it essential that the costs of men's sexual violence, both to its individual female victims and to society, are widely known.

Firstly, sexual violence functions to restrict and therefore control the lives of all women (Brownmiller, 1975; Gelsthorpe & Morris, 1990; Gordon & Riger, 1989; Heidensohn, 1985; Kelly & Lovett, 2005; Lurigio, Skogan & Davis, 1990). This is through fear of rape, which is attributable to women's awareness of the qualitative impacts of rape and to their realistic awareness of rape's pervasiveness in society. That women's fear of rape is realistic is underscored by a compilation of European statistics revealing that over their lifetimes 10-25% of women had experienced sexual violence (Regan & Kelly, 2003). Along with victim studies, criminal justice system statistics compiled internationally since the early 1970s also

indicate the prevalence of sexual violence. Difficulty in achieving comparative global and time-based perspectives on sexual offending due to police recording practices, study variability, and gender blindness must be acknowledged (Hagemann-White cited in Regan & Kelly, 2003; Kilpatrick & Ruggiero, 2004; O'Shea, 2006). Nonetheless, studies universally express a social problem of significant proportions in the number of sexual violence complaints processed in the criminal justice system (Bard, 1976; Campbell, 1998; Hardgrove, 1976; Kilpatrick & Ruggiero, 2004; Ledray, 1982; Maryland Coalition Against Sexual Assault (MCASA), 1997; Myhill & Allen, 2002; Roper & Thompson, 2006; US Department of Justice, 2006).

That rape ensures women are not equal with men in the ability to self-actualise was formally recognised in 1979 by the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). This acknowledged the effects of rape to be life-limiting for women. CEDAW's General Recommendation 19 described gender-based violence as a form of discrimination that seriously inhibited a woman's ability to enjoy rights and freedoms on an equal basis with men (Bond & Phillips, 2001). Importantly, as is their intended function, myths about victim culpability for rape have consolidated the control achieved through fear of rape by adding an overlay of social impacts such as shame (Shapcott, 1988).

While the broader social impact of sexual violence is an undermining of women's potential for self-actualisation, its acute effects can undermine victims themselves. As identified in Burgess and Holmstrom's (1974) groundbreaking research, the psychological effects can be profound. In categorising short and long-term impacts of rape, the authors described these collectively as 'Rape Trauma Syndrome'. The initial phase was one of acute stress characterised by reactions which could include hysteria, shock, disbelief, vulnerability, disgust, fear, guilt, confusion, and powerlessness. These effects were analysed as having potential to cause complete disorganisation of victims' lives.

Some acute rape effects relate to the loss of the autonomy normally exercised over the most intimate aspects of body. Others relate to the force, threats of force, weapons, harm threatened to others, psychological duress, and intimidation employed by perpetrators (Shand & Milford, 1994). These forms of coercion contribute to a heightened awareness of vulnerability and often to a fear of death (Burgess & Holmstrom, 1976; Notman & Nadelson, 1976). All of these psychological effects, but particularly guilt and confusion, are potentially exacerbated by victims' subconscious adherence to rape mythology in which blame is shifted onto women (Shapcott, 1988).

The second phase of 'Rape Trauma Syndrome' was a recovery phase, characterised overall by long-term reorganisation of life. During this phase prevalent responses include: depression; decreased level of function; continued anxiety; sleep disturbances; mood swings; denial; sexual dysfunction; phobic reactions; preoccupation with the event; and either fear of solitude or withdrawal and social isolation. Disruption to relationships has also been recorded as contributing to an overwhelming sense of isolation (Blythe & Vernon, 1992). For some women then, sexual violence has the potential to limit not only their own lives but also their contributions to society. Compromise to the ability to function in usual work and social roles means economic and social disadvantage at individual and community levels (Smith, 2004). As an example, childhood sexual abuse has been found to be associated with greater likelihood of prostitution (Chesney Lind & Sheldon, 1992). Alternative coping mechanisms such as drug or alcohol addictions also have costly individual and social consequences (Victoria Health Department study cited by Smith, 2004).

Resick's (1993) review of many studies which replicated Burgess and Holmstrom's research confirmed the possible disabling effects of sexual violence. At the very least, the time and energy invested in recovery has potential to prevent making, let alone meeting, other more life-affirming goals (Ferraro, 1990). However while Burgess and Holmstrom's research provides a helpful perspective in understanding the possible extent of rape's effects, it would be wrong to read the typology as suggesting that sexual violence has deterministic outcomes. As Kelly and Lovett (2005) have commented, victims have many resistance and survival strategies. All victims cope and react differently and this depends in part on the circumstances of the rape and others' reactions.

A personal experience illustrates this and other points made in relation to sexual violence effects. In the mid-1970s, I returned to my hostel to hear frightening sounds from a friend's room. I entered to find an attack in progress by an intruder who later became a notorious serial rapist. My friend had injuries which had been inflicted over some time. I believe that my friend's recovery was greatly assisted by the nature of the sexual violence as a home invasion, corroborated by a witness and physical evidence. These factors allowed police/forensic belief and, more importantly, my friend's ongoing self-belief since the circumstances did not permit any aspect of rape mythology to undermine this.

Nonetheless, the impact of the incident was severe. Respect for my friend's privacy means some of my own responses will be mentioned instead. I have never lacked courage but my immediate reaction was one of terror translated into immobilisation, albeit vocal. His fear caused him to flee. Sleeping was out of the question for many nights and initially was possible only if others were in the same room. When it came, sleep was beset by nightmares. For some time I was unable to return to the floor where the attack took place and soon after negative associations forced me to move to alternative accommodation, despite its much greater expense. The investigative processes and waiting for court enforced preoccupation with an event which I was more than ready to be distanced from. I was surprised at how much I struggled to look around the courtroom when asked to identify the offender.

As is evident, the toll on individual women and on women's lives in general is considerable and if women seek assistance after rape, the costs to the systems which respond are considerable too. For instance, sexual violence is a heavy burden for health systems, some of which take responsibility for the immediate forensic examination. As illustrated by my friend's injuries, the health system burden is also incurred through managing the immediate physical consequences of sexual violence. Carrow (1980) has identified that physical health can be undermined in the short and sometimes long term by injuries estimated to accompany 49% of sexual assaults. Immediate injuries could include bruises, cuts, fractures, head injuries, chest wounds, intra-abdominal trauma, eye injury, and dental injuries. Ongoing physical effects related to sexually transmitted infections; side effects of emergency contraception; pregnancy; or miscarriage (Carrow, 1980; Kelly & Lovett, 2005; Shand & Milford, 1994).

The physical consequences of sexual violence are not always limited to what is immediately evident. Other physical disorders associated with rape can be somatically induced through the effects of severe stress on the immune system (Blythe & Vernon, 1992; Kimmerling & Calhoun, 1994). Associated disorders include: allergies; back pain; tension headaches; skin disorders; menstrual symptoms; sexual dysfunction; irritable bowel syndrome; and migraines. Long-term psychological problems can include a variety of major affective and anxiety disorders (Kimmerling & Calhoun, 1994; Koss, Heise & Felipe Russo, 1994; Lurigio et al., 1990; O'Shea, 2006; Smith, 2004).

Unsurprisingly then, sexual violence has been found to contribute to overall poorer general health in its victims (Kelly & Lovett, 2005; Kimmerling & Calhoun, 1994; O'Shea, 2006). A perspective on this has been given by an Australian study, the Victoria Health Promotion Study (1996), which implicated sexual crime in 9% of the total disease burden carried by the State's women. The study also classified sexual crime as the top-ranking cause of preventable disease and premature death in Victorian women aged 15-44. As a physically and psychologically brutal event, the corollary of rape is that its victims access medical services in greater numbers than non victims and this has significant ramifications for health resources (Astbury, 2006).

It is apparent from this brief summary of evidence mounting since the 1970s, that sexual violence is a considerable problem for individual women and one of epidemic proportions internationally. As a significant social problem, it requires an equally significant systems response. What victims need from within these systems is discussed next and contrasted with what victims have received and sometimes still receive.

Systems Interventions for Victims: The Requirements and the Responses

Literature on rape's effects makes it apparent that acute phase systems interventions require more than just being nice to victims and showing care in responses. Those who respond must also be skilled and this requires specialist knowledge of both the possible psychological effects of rape and the range of victim presentations. For these reasons, I looked for research on the specialist knowledge which should guide and be contained within responses to victims.

According to Astbury (2006), the evidence basis for what victims need from sexual assault interventions is still incomplete. This is unsurprising given the dearth of research until the 1970s when the basis for much of what is now known was produced. By the late 1970s, Chapman and Gates had collated from literature the essentials in immediate police, medical, and support interventions if trauma effects were to be mitigated (cited in Ledray, 1982). Necessary were: emotional support; understanding of emotional disequilibrium as a normal and temporary response; treating the victim as separate from the rape; a non-judgemental response; assistance to maintain or regain control; informing the victim of her right to make choices in her own time; assisting the victim to identify social support systems; and addressing issues of her personal safety. A decade later, Quina and Carlson (1989) added to this the need to understand and respond to issues around: privacy; powerlessness; fear; belief; empathy; the stages of trauma responses; and addressing the guilt engendered by blaming attitudes which emanate from rape mythology. These management strategies reinforce the need for specialist intervention and support in official systems in order to manage the psychosocial effects of rape and assist victims in developing coping strategies.

Since police and medical/forensic systems are examined in this study, victims' needs in these are considered more specifically. The need for specialist police investigators was regarded as particularly significant due to the unusual degree to which the normal right to privacy in respect of intimate aspects of body was lost during questioning. For this reason, belief, empathy, and validation were said to be important (Anstiss, 1995; Gilmore & Pittman, 1993; Hazelwood & Burgess, 1999; Koss, 1990; Roberts cited in Lees & Gregory, 1993). Rape victims were also said to have special needs in medical settings and a corresponding need for particularly sensitive care from medical/forensic examiners (McCombie et al., 1976). This was due to the invasive and uncomfortable nature of an examination in which the victim's body was treated as a crime scene (Carrow, 1980). It was also due to the possibility that victims might perceive the forensic aspect of the examination as another assault (Lovett, Regan & Kelly, 2004; Parrot cited in Campbell et al., 1999).

In examining systems responses in comparative countries overseas, since the 1970s US, British, and Australian literature has shown that the traumatic effects of rape have not always been understood in the medical and legal systems. This means that victims have often been confronted with negative or unthinking responses in the appropriate official reporting forums. For instance, before medical/forensic practice was informed by

specialist knowledge, mythology-induced staff prejudices about rape jeopardised attitudes to victims and the treatment of victims (McCombie et al., 1976; Leane cited in O'Shea, 2006). At first, since rape was not seen as a legitimate health issue, there was a lack of forensic training for doctors and this contributed to avoidance of examinations and reluctance to testify in court (Blair, 1985). Rape myths also contributed to underestimation of the emotional crisis (McCombie et al., 1976). Accordingly, in Britain early medical responses were predominantly forensic (Blair, 1985) which meant rapid processing of victims without consideration for their psychological health (Campbell & Raja, 1999). This was in contrast to contemporary understanding that if forensic examinations are combined with sensitive medical care this gives an opportunity to begin the victim's recovery.

Many other practical problems with forensic examinations and medical care have been documented over the last three decades. In the US, they included inadequate facilities and hospitals not working to standard operating procedures (Bryant & Cirel, 1977). Haphazard collection and preservation of evidence was aggravated further by a lack of coordination with police (Ahrens, Campbell, Wasco, Aponte, Grubstein & Davidson, 2000). Victims were often even denied care in hospitals (ibid). If they were attended to, in the absence of other physical injury, this was often after lengthy unattended waits in uncomfortable public emergency departments, sometimes while victims were only partially dressed (Burgess & Holmstrom, 1974; Carmody, 1988; McCombie et al., 1976; Spott, 1980). Moreover, examinations were at the victim's cost, often rushed, perfunctory, and conducted by reluctant doctors. Referral to follow-up services was also overlooked (Campbell et al., 1999; McCombie et al., 1976). These gaps in medical/forensic care continue in some places (Campbell et al., 1999; Martin cited in Ullman & Townsend, 2007).

However, although progress is not universal or linear there is an evident move towards specialisation in medical/forensic systems overseas. In some Australian states such as New South Wales (NSW), a 24-hour acute rape service operates in hospitals or community health centres and this incorporates a seamless follow-up service in all regions (Carmody, 1988). In parts of the US and Canada medical/forensic responsiveness has evolved through sexual assault nurse examiner programmes (SANEs).¹ Now widely established in US emergency departments, the majority of

¹ 'Programme' is a US term denoting sexual assault services.

sexual assault examinations are conducted through these SANEs (Regan, Lovett & Kelly, 2004). Importantly, SANE protocols have become hospital accreditation requirements and SANE programmes are subject to ongoing evaluation (Ahrens et al., 2000; Ledray, 2001). Past evaluations have found: higher quality evidence collection; significant reductions in waiting times; higher prosecution rates; and a 50% increase in accessing counselling (Ahrens et al., 2000). Significantly, also found has been an increase in rape reports and removal of some barriers to prosecuting sexual assault cases (Ledray, 2001).

These evident benefits of specialisation have been documented in parts of Britain. In 1985, Blair noted systems advantages in care being transferred from regularly employed independent police surgeons to selected hospitals with 'effective' medical protocols:

'The effect of this all-inclusive medical attention is of great significance for the investigator. The victim feels herself supported by state agencies and the detective therefore meets a victim who is medically reassured and able to concentrate fully on giving evidence.' (Blair, 1985, p.39)

More recently, Forensic Nurse Examiners in British Sexual Assault Referral Centres (SARCs) have addressed victims' needs for: timely skilled examinations; female examiners; privacy; non institutional settings; time to communicate about the process; a caring but professional manner; and follow-up support (Regan et al., 2004). However, progress in Britain is also variable, with the absence of national protocols and minimum standards causing comment. Lovett et al. (2004) have found that where SARCs were not available, this meant: delays in locating forensic examiners; lack of female examiners; problems with the environment and manner of examinations; inconsistency in evidence gathering; absence of medical follow-up and support; and lack of coordination between agencies.

Problems were also found with police responses and in the US, Britain, and Australia, these appear to have incurred even more criticism than early medical responses. Many of the problems with police responsiveness listed below indicate that police have been particularly susceptible to pernicious rape mythology, especially the myth that many complaints were false. As a result, police regularly:

- ‘unfounded’ complaints (Clark & Lewis, 1977; Kerstetter, 1990)
- misunderstood victims (Independent Police Complaints Authority, 1988)
- delayed taking women to hospital (ibid)
- cross-examined victims as though they were suspected of serious crime (ibid)
- displayed ‘*routine scepticism in the face of distressed rape victims*’ (ibid, p.2)
- used unduly lengthy methods of taking complainants’ statements (ibid)
- held the victim responsible (Feldman-Summers & Palmer, 1980; Gilmore & Pittman, 1993; Katz & Mazur, 1979)
- dismissed ‘date rapes’ (Rossi & Freeman, 1987; Clark, 2002)
- defined only a narrow range of rapes as legitimate for investigation (Feldman-Summers & Palmer, 1980; Hanmer, Radford & Stanko, 1980; Williams & Holmes, 1981)
- defined only a narrow range of women as worthy of assistance (Kerstetter, 1990; Myers & LaFree, 1982; Sanders, 1980; Spohn & Horney, 1993; Williams & Holmes, 1981)
- held the victim to a higher standard of conduct than required by the law (Galton, 1976; Gilmore & Pittman, 1993; Myers & LaFree, 1982; Renner, Wackett & Ganderton, 1988; Spohn & Horney, 1993; Vito, Longmire & Kenny, 1984)
- were suspicious of victims’ motives in reporting (Gilmore & Pittman, 1993; Katz & Mazur, 1979; Myers & LaFree, 1982; Sanders, 1980)
- displayed insensitivity or tactlessness in interviews (Holmstrom & Burgess, 1983; Feldman-Summers & Palmer, 1980; Katz & Mazur, 1979; Madigan & Gamble, 1989)
- asked voyeuristic or unnecessary questions (Holmstrom & Burgess, 1983; Gilmore & Pittman, 1993; Katz & Mazur, 1979; Sanders, 1980; Winkel, Vrij, Koppelaar & Steen, 1991)
- kept victims ignorant about legal procedures (Adler, 1991; Holmstrom & Burgess & Holmstrom, 1983; Lees & Gregory, 1993)
- discouraged prosecution (Feldman-Summers & Palmer, 1980; Kerstetter, 1990; LaFree, 1989)
- required evidence of injury in order to believe that a victim was raped (Weiss & Borges, 1971)
- gave unsympathetic and unsupportive responses (Gilmore & Pittman, 1993)

As with early medical/forensic responses, police responses showed little understanding of the need for specialised services.

In both medical and legal systems, the importance of the failure to develop effective systems responses through specialisation was that responses could have significant negative impacts on victims. Crucially, long-term health effects could be significantly mediated by the quality of support which a victim received after sexual violence (Anstiss, 1995; Astbury, 2006; Bard & Sangrey cited in Winkel et al., 1991; Koss, 1990; Gilmore & Pittman, 1993; Green, 1988; McCombie et al., 1976; Roberts cited in Lees & Gregory, 1993).

‘...minutes of skilful support by any sensitive person immediately after the crime can be worth more than hours of professional counselling later.’ (Bard & Sangrey cited in Winkel et al., 1991, p.2)

In contrast, negative health effects could be exacerbated by unenlightened, inadequate, or negative social and professional responses, such as those discussed.

‘...it is imperative to understand rape as an individual experience which is compounded by the reactions of significant and generalised others who respond to the victim’. (Williams & Holmes, 1981, p.21)

This secondary victimisation was understood as significantly prolonging recovery time (Geis, 1990; Gordon & Riger, 1989; Mills, 1977; Shapcott, 1988; Williams & Holmes, 1981). For instance, Campbell, Sefl, Barnes, Ahrens, Wasco, and Zaragoza-Diesfield (1999) found significantly higher levels of post-traumatic stress in victims who received minimal or victim-blaming assistance from professionals, than victims who received no professional assistance. Sustained psychological assistance was able to reduce this systems-induced post-traumatic stress (Campbell et al., 1999).

Negative systems responses can also be said to mediate health outcomes for victims in another way. One impact of rape mythology is that in encouraging victims to feel culpable for the rapist’s violence, they are already reluctant to report (O’Shea, 2006). To the extent that inadequate professional responses are known in the community and anticipated by victims, disclosures become even less likely (Wyatt et al., 1990). If there is no disclosure, there is no assistance in dealing with the short-term psychological and physical effects of rape (Gilmore & Pittman, 1993; Krahe, 1991; Renner et al., 1988;

Young, 1992). This renders chronic effects more likely (Golding, Siegal, Sorenson, Burnam & Stein, 1989; Kimmerling & Calhoun, 1994; Popiel & Susskind, 1985; Russell cited in Wyatt, Notgrass & Newcomb, 1990). If there is no crisis intervention, there is also lesser likelihood of timely referrals for the longer term counselling which prevents or mitigates chronic health effects. Significantly, most victims never report to legal authorities, medical, or support services (Kimmerling & Calhoun, 1994). This means that secondary health agency resources sometimes provide the first institutional responses in treating chronic conditions which can result from victims of sexual violence receiving no early specialist interventions.

Ultimately then, societal health costs are substantially increased when rape's psychological effects have been compounded because system responses are negative, inadequate, or not sought (Kimmerling & Calhoun, 1994; Koss et al., 1994). In contrast, effective interventions within systems impact greatly on women's ability to recover and can limit the social and financial costs of sexual violence. Achieving positive outcomes for victims requires specialisation and suggestions for advancing specialisation through collaboration are discussed next.

Improving Legal/Forensic Services: Collaboration with Support/Advocates

Once sexual violence was understood as having not only legal but also physical and psychosocial ramifications, it was evident that victim needs could no longer be delivered by legal/forensic systems alone (Bard & Ellison, 1974; Campbell & Ahrens, 1998; Campbell et al., 1999; Carrow, 1980; Ledray, 2001; Lievore, 2005; Miller Burgering, 1994; O'Shea, 2006). Accordingly, feminist writers argued not only for specialist responses but also for these to be delivered in collaborative systems which incorporated psychosocial support. Holistic approaches were recommended and for some writers this meant nothing short of an integrated socio-legal approach (Roberts & Mohr, 1994).

These recommendations were based on police systems in particular being unable to offer such support. Firstly, the dictates of the investigative role and heavy workloads meant police had little time to be accessible to victims, let alone care for their emotional needs (Blair, 1985; Golding et al., 1989; Jordan, 1996; Lovett et al., 2004; Mawby & Gill, 1987; Miller Burgering, 1994; Young, 1983). A second and related reason was that

police systems were predominantly aimed at accomplishing the legal tasks associated with evidence gathering. Accordingly, Police were described as a system-centred (unresponsive) rather than a victim-centred (responsive) organisation (Boles & Patterson, 1992, 1997; Campbell & Raja, 1999). Rather than treating victims' needs and recovery as paramount, police were said to subjugate these by emphasising organisational requirements such as case wins. Thirdly, as early as 1974, Bard and Ellison found that training generally offered police few tools for dealing with their increasing array of human service functions and this included trauma interventions for sexual violence. Two decades later Gilmore and Pittman (1993) noted that police still did not have the specialist knowledge to assess the requirement for either medical care or crisis intervention. All of these factors made collaboration with formal support/advocacy agencies necessary in preventing secondary victimisation.

As collaborations developed, arguments for fuller integration of formal support systems were able to be based on identifiable and practical benefits of partnership as summarised below:

'The experiences of the professionals interviewed for this report suggest that co-operation and close co-ordination among law enforcement officers, prosecutors, counsellors, doctors and victim advocates results in a faster, less intrusive, and more effective response to rape victims.' (Epstein & Langenbahn, 1994, p.85)

These more effective responses were significantly attributable to police collaboration with support/advocates. For instance, collaboration during investigative processes meant that in being supported, victims were better equipped to go through the legal processes. Accordingly, support also impacted positively on the quality and outcomes of police investigations (Bard & Ellison, 1974). For this to work, specialist support needed to be available from the outset and throughout all processes including: initial questioning by investigators; the medical examination; giving the full statement; and returning to the crime scene to answer further questions (Carrow, 1980; Gilmore & Pittman, 1993).

Improving investigations was not only assisted by support/advocates supporting victims but also by their working alongside police. Incidental knowledge and attitude transfer, as well as more formal on-job training, meant police were more likely to appreciate the nature of the trauma and respond empathetically (Campbell & Ahrens, 1998; Lord &

Rassel, 2000; Lovett et al., 2004). Police empathy was also encouraged by early specialist support/advocacy explanations of rape's effect on individual victims to police/forensic personnel (Campbell et al., 1999). This empathy assisted communication with victims and helped to maintain their cooperation (Bard & Ellison, 1974; Bryant & Cirel, 1977; Kelly, 1990). As noted, this support and empathy were particularly important in rape investigations given the sensitivity surrounding disclosures and that the victim's cooperation was crucial to evidence gathering (Bard, 1976; Blair 1985; Carrow, 1980; Epstein & Langenbahn, 1994; Harvey, 1985; Lord & Rassel, 2000). Beyond collaborations over individual investigations, partnership also benefited police investigations through third party reporting from support/advocates augmenting the police database of offenders (Epstein & Langenbahn, 1994).

As Hornibrook and Myers (1996) realised, partnerships provide not only the direct benefits of holistic services for victims, their synergy provides advantages for professionals which benefit victims indirectly. For instance, increasing the knowledge and understanding of the functions, needs, and responsibilities of each agency fostered a sense of community between agencies (Bard, 1976; Campbell & Ahrens, 1998; Hardgrove, 1976; Martin, Dinitto, Byington & Maxwell, 1992). Systems of mutual interagency support reduced the likelihood of burnout in many ways. For instance, specialist support personnel assisted police to resolve emotional issues that arose out of handling sexual assault cases (Epstein & Langenbahn, 1994). In addition, each agency became only part of a process for which others shared responsibility (Campbell & Ahrens, 1998). Attending interagency meetings had the potential to re-energise professionals who were feeling discouraged (Epstein & Langenbahn, 1994). Lastly, the enhanced ability to provide a better quality of service and avoid duplication increased staff satisfaction (Hardgrove, 1976; Hornibrook & Myers, 1996).

Improvements in investigations meant the police public image became one of greater psychological and technical competence, resulting in potential gains in public cooperation (Bard, 1976; Blair, 1985). Accordingly, requests for public education furthered understanding of the reality and incidence of rape (Carmody, 1997; Hardgrove, 1976). The result was higher reporting rates and this had rape-prevention possibilities (Carmody, 1997; Epstein & Langenbahn, 1994; Harvey, 1985; Lord & Rassel, 2000). Related also were improvements in outreach capacity and the greater likelihood of establishing links with organisations in minority communities (Epstein &

Langenbahn, 1994). In this regard, the US Department of Justice has identified a correlation between communities with coordinated rape services, and greater likelihood of victims obtaining needed resources and assistance. This was partly through facilitation of referrals (Campbell & Ahrens, 1998; Hardgrove, 1976). Finally, lobbying benefits were identified through the possibility of developing a common agenda and a united front for political action (Epstein & Langenbahn, 1994; Martin et al., 1992).

All of these positive findings relate to: a sense of community amongst rape-responsive organisations; a more seamless service delivery; and importantly, the opportunity for police to develop greater knowledge and expertise through working with specialists. Yet despite the evident gains of collaboration, the move towards partnership in the US, Britain, and Australia has been irregular. With growing evidence of rape's effects and that collaboration can mitigate these, today it is untenable that police should expect, or be expected to provide investigative services without incorporating formal support/advocacy systems. From this perspective, the following discussion indicates how collaboration can be achieved so they do not have to and victims can receive the benefits which victims themselves have reported (Campbell et al., 1999; Golding et al., 1989). Focussing on the mechanisms of collaboration is also important in that these mechanisms are crucial to developing egalitarian partnerships in which the goal of victim recovery is the sole determinant of the processes and interactions between partner organisations. In sharing this goal, the transition is made from collaboration to partnership.

The Means to Establish Multi-Agency Collaboration and Specialisation

Due to the recent nature of developments in sexual assault services, there is little literature which discretely addresses how to develop collaboration. However, from the related research it is evident that a range of workplace strategies including: specialist police teams; contact beyond caseload; interagency training; protocols; evaluations; and integrated data collection, will aid collaboration and the giving of services. That these strategies are important has recently been confirmed by service providers (Violence Against Women Specialist Unit (VAWSU), (2005). How each of these assists is elaborated on below.

Specialist Sexual Assault Police Teams

Specialist police units have been recommended for their positive impact on partnership development and maintenance (Lord & Rassel, 2000). Specialisation has allowed a developing competence and confidence which enables police to make their boundaries more permeable to other professionals. This was further aided by the prestige of the units, which promoted the staffing stability through which relationships could consolidate, allowing partnerships to develop more professional and integrated services (Blair, 1985; Clark & Hepworth, 1994). Active relationships with support/advocacy organisations typically meant that specialist teams contacted these as soon as a rape complaint was verified (Lord & Rassel, 2000). In addition, specialist US teams were found to collaborate extensively with victim-supportive agencies during and after investigations (Blair, 1985). In some cases, partnership development was assisted by selection into the units based on officers expressed interest in handling rape cases, demonstrated sensitivity to victims of violent crimes, and good investigative skills (Harvey, 1985). This would have mitigated the significant issue of tensions which can exist between victim-supportive organisations and those police who are primarily driven by investigative requirements.

For those police who were less informed by victim requirements, regular and ongoing interaction with victim-supportive organisations in specialist units meant they too began to operate within a paradigm shift (Mawby & Gill, 1987).

‘Police have had to adjust their perception of their own position in regard to the process of investigation. In some respects the investigation of the crime is now seen as part of the treatment of the victim and police appear to be eager to co-operate with other agencies assisting the complainant.’ (Blair, 1985, p.71)

Challenges to the immutability of narrow police priorities meant policing could be redefined as protecting victims from the impact of crime (Blair, 1985) and this required avoidance of harm during investigative processes. Congruent with this, Boles and Patterson (1997) too have argued that the criminal justice system has an obligation to reorient its role in accord with the right of everyone to life, liberty, and the pursuit of happiness. Due in part to partnerships forged in specialist units then, policing itself has been deconstructed and its philosophy challenged.

Others who have found positively for the effect of specialist investigative teams on partnership include Epstein and Langenbahn (1994) who incorporated these in their four-part model for law enforcement reforms. Lord and Rassel (2000) found that due to their active relationships with external centres, specialist teams typically contacted these as soon as a rape complaint was verified. Wilson (2002) too has acknowledged specialist teams for their capacity to facilitate partnerships, thereby enabling the coordinated input of all partners in developing service levels throughout the processes.

Contact Beyond Caseload

Establishing the good working relationships vital to improving the response to victims requires those involved to spend time together beyond the investigation processes (Carmody, 1988; Edelson & Bible, 2001; Epstein & Langenbahn, 1994; Hoffman, 2002). Since communications during investigations might be less considered and more fraught due to workplace pressures, this investment of time offered many opportunities. For instance, Carmody (1988) found that meetings enabled information-sharing and formulation of the mechanisms requisite to resolving interagency difficulties. Meetings also enabled effective case coordination and management. This meant that for victims, unnecessary duplication of questions and procedures was avoided.

In relation to health and counselling partnerships, Hornibrook and Myers (1996) also found that case debriefing developed teamwork and that the discussion of ideas and sharing of information created significant changes in practice. For Edelson & Bible (2001) the benefits included the opportunity to: find agreement on basic standards for research and practice; clarify role responsibilities; and develop approaches to problem solving. They also noted that meetings were especially important to communication due to the frequent turnover of staff in non-profit organisations. In terms of processes for this ongoing and regular formal contact, Edelson & Bible (2001) advocated meetings in each other's domains and neutral settings.

Writing about sexual assault services on US university campuses, Waryold (1996) identified other specific purposes of formal contact, many of which were aimed at pre-empting the development of later problems. For instance, meetings were required for organising: interagency introductions for new staff; clearly defined departmental goals and missions; effective on-call systems; joint crisis management teams; advisory committees; social opportunities; and joint community education. Other formalised contacts aimed at

improving communication suggested by Waryold included: making staff rosters and organisational charts available between agencies; identifying a department liaison person; having representatives from other agencies attend internal meetings; and attending conferences together. Ultimately these measures benefited victims directly through organising case management as well as indirectly through consolidating relationships between individuals and organisations.

Training

Agency and interagency training are often advocated as a means of advancing professionalism through their impact on partnership. Their importance is recognised at institutional level in the US with the 1994 Violence Against Women Act incorporating training funding (Campbell, 1998; Wilson, 2002). Out of this funding, the Interdisciplinary Rape Science Training Institute was established in Florida to provide comprehensive interdisciplinary training for all agencies dealing with rape (Harvey, 1985).

Major gains of training were said to be coordination between organisations (Bard & Ellison, 1974; Carrow, 1980) and collegiality (Campbell & Ahrens, 1998; Carmody, 1988; Carrow, 1980; Clark & Hepworth, 1994; Hornibrook & Myers, 1996). Other gains were: giving each organisation a stake in the others (Epstein & Langenbahn, 1994); accuracy of information; insight into the expertise and operations of other groups (Carrow, 1980); and combined community education (Campbell & Ahrens, 1998; Carmody, 1988). Joint training sessions in particular provided a common knowledge, philosophy, concern, and a spirit of cooperation (Hardgrove, 1976; Lord & Rassel, 2000). Littel (2001) comprehensively summarised these training possibilities in finding that they enabled: the problem of sexual assault to be established; meetings on common ground; development of skills for working as part of an interagency team; renewal of enthusiasm; support from other agencies; developing understanding of agency roles within the team; and establishing new policies and procedures.

Underscoring the value of such training initiatives, Blair (1985) noted a correlation between a lack of funding for Rape Crisis Centres (RCCs) to develop higher education courses in crisis intervention and counselling, and the relative absence of professional and integrated services in Britain. He predicted that with funding for training, active liaison and cooperation between police and these community-based RCCs would develop to replicate the US experience. Training is clearly a vital aspect of partnership then, in bringing

agencies together in a shared understanding of victims' needs and the roles of service providers in meeting these.

Protocols

Protocols have been argued to have many positive functions for victim services and for interagency liaison. In terms of victims, where interagency protocols exist they are evidence of consideration given to the needs of victims through ensuring that interagency liaisons are professional, effective, and victim-focussed. Direct benefits for victims derive from protocols determining service quality and providing a written basis for monitoring service provision. In terms of agency relationships, protocols may not only reduce the likelihood of one agency being subsumed by another, but also mitigate power imbalances which have sometimes enabled police to prevent effective advocacy (Campbell, 1998; Spott, 1980). Protocols also make it possible for organisations with different ideologies to work together. This has been endorsed through Lord and Rassel's (2000) finding that the existence of protocols correlated with effective relationships between law enforcement agencies and Rape Crisis advocates.

The process of protocol formulation can also have positive outcomes. Construction of protocols involves a degree of dialogue beyond day-to-day casework. This gives knowledge of the workplace ethics and operational requirements of other agencies and has potential for engendering greater respect between agencies. Formulation of protocols will also hone the individual philosophies of participating agencies through recourse to core agency focus and beliefs, and in doing so will assist in setting professional boundaries between agencies. This will mitigate concerns such as Nelson's (1995) that in relationships becoming close, victims' rights might be breached by inappropriate sharing of sensitive information. For these reasons, clearly documented policies and procedures were advocated (Bard, 1976; Carmody, 1988; Epstein & Langenbahn, 1994; Gilmore & Pittman, 1983; Hoffman, 2002; Martin et al., 1992).

Despite these advantages, and although protocols have been a feature of multidisciplinary teams in US child abuse services (Boles & Patterson, 1997), early on they were noted as difficult to find in the adult field (Spott, 1980). Later when protocols were found, they were not always observed by police (Campbell, 1998). For instance in Australia, State-mandated protocols which dictated notification prior to arriving at medical/forensic examination sites were found to be ignored by some police. The outcome was harrowing

waiting times which caused attrition of nearly 20% of victims before they could access support and medical care systems (Gilmore & Pittman, 1993). This suggests that to be effective, protocols must be accompanied by ongoing evaluation.

Ongoing Evaluation

Evaluation is important in that it too is preceded by thoughtfulness about service aims, standard setting, and how these are to be achieved. Edelson and Bible's (2001) outline of the processes of evaluation indicates the opportunities these present for interagency collaboration. This can be over: identifying service standards; deciding on methods to monitor standards' achievement; identifying areas for continuous improvement; and developing mechanisms for improvements to practice and overall service delivery. Victim surveys and tracking of individual cases are other opportunities for collaboration through evaluation (Martin et al., 1992; Lovett et al., 2004).

That evaluations can contribute to the development of partnerships is manifest in Gilmore and Pittman's (1993) suggestion of quarterly evaluations of the overall quality of care by representatives of each of the professional groups involved. This suggestion was based on recognition that standards of interagency liaison impact on service delivery. The baseline for their own evaluation of police and counsellor/advocate liaison was whether victims' needs for information and control over the processes were met. Control was achievable through victims having the earliest possible contact with a counsellor/advocate, so that the forthcoming processes and accompanying choices could be explained. However, their comments reported earlier about police not meeting protocols reinforce the need for: combined goal setting; agreed standards; and evaluations to have the backing of official sanctions in order to encourage compliance. Hornibrook and Myers (1996) support this view with their finding that US state funding enabled programme evaluation which led to continuous improvement and approximations toward best practice.

Integrated Data Collection

Integrated data collection has possibilities for facilitating partnerships in providing a focal point for separate organisations and giving these a stake in cooperative interaction. This aspect of collaborative practice requires considerable care due to attendant victim-based privacy and reporting issues, and will not be feasible unless preceded by the creation of enforceable protocols. Since police partnerships in sexual violence

responsiveness are relatively recent, Bard's (1976) suggestion for collaboration in recording systems is unusual. Hornibrook and Myers' (1996) recommendation for integrated data collection systems between the medical and counselling fraternities, where data-sharing is less controversial, also reflects the newness of collaboration between legal and health systems.

Nonetheless, to the extent that the process and benefits of integrated data collection bring organisations together and give each a stake in the other, this can have a positive impact on partnerships. Benefits accrue from the recidivist nature of much sexual offending which suggests that formal information collection and sharing will make offending patterns more quickly evident, particularly given under-reporting to police. With regards to serial offending, the more data police have about a rapist's characteristics and offending style, the easier detection and prevention will be. In addition, resource allocations will be facilitated by knowing the real parameters, both geographic and social, of sexual offending. Integrated data collection will be of benefit then when interagency partnerships are more advanced and victims' interests are safeguarded by victim-centred protocols.

In reflecting on the practical means to establish collaboration, it is apparent that where collaboration has been achieved, overall this has been assisted by articulating a common purpose in sexual violence responsiveness. In other words, as Blair (1985) has suggested, a philosophy of protecting victims from the consequences of the crime has provided clarity around the need for partnership. Once rape-related work was defined as a victim-centred endeavour, understanding of the shared goal of victim recovery meant that the mechanisms for sharing the work towards that goal could also be agreed, and care established in collaboration.

As discussed, advances in legal/forensic systems are not regularly implemented. The evolution in sexual violence responsiveness began and continues with research debunking rape mythology and articulating rape's human consequences. In addition, working alongside support/advocacy specialists has been critical to legal systems' understanding of the need for a paradigm shift. Many of the strategies explored above were advantageous to this collaboration in providing opportunities for organisations to communicate. It is unsurprising then, that where collaboration has been taken a step further by placing different organisations in integrated settings this has accelerated

communication about what makes for effective interventions. As will be apparent in following chapters, tensions between some police and support/advocacy agencies exist. Resolving them is prerequisite to achieving agreement on the philosophies underpinning frontline practice and this will take time and work. Significant advantages of services integrated in multi-agency settings then are not just the elimination of service gaps, but also facilitation of the communication necessary in establishing the relationships which allow for joint re-conceptualisation of the purpose and philosophies of services. For these reasons, although no one model is a panacea in advancing systems' responses, sharing premises as one service focussed solely on responding to sexual violence is an important step in systems development.

At the outset of this study, I was unable to confirm these benefits of integrated services owing to the recency of advances in sexual assault responsiveness, and correspondingly, the paucity of sexual assault service descriptions, let alone evaluations (Astbury, 2006). Although these have begun to appear as the US, Britain, and Australia move towards providing services in integrated centres, there are still very few, if any, examples of full service integration. In parts of the US, Sexual Assault Response Teams (SARTs) now enable one-stop service provision and linkage of victims with community resources. However, evaluation of these shows their composition ranges widely (Lonsway, 2001). Basic forms comprise law enforcement, support/advocacy, and sexual assault nurse examiners (SANEs). Others incorporate: prosecution offices; public health departments; victim witness programmes; state forensic labs; crime victim compensation offices; and child/adult protective services (Littel, 2001). In Australia, a specialised Centre Against Sexual Assault (CASA) in Victoria now accommodates police and support/advocacy services and provides specialist medical/forensic services on call (Attorney General's media release, 26.04.2007). In parts of Britain, Sexual Assault Referral Centres (SARCs) provide all necessary interventions in custom-built multi-agency venues (Lovett et al., 2004).

Although all three examples of holistic services share the significant advantages of integration, I have selected British SARCs as the case study and point of comparative analysis. There are a number of reasons for this, some purely practical. I elected not to discuss the Australian CASA due to its very recent development and the US SARTs due to their variable composition. SARCs are discussed due to one having been evaluated by Orr-Munro (2001) and three others having been more comprehensively evaluated by

Lovett et al. (2004) in a Home Office report. In addition, there are several indications of a significant London Metropolitan Police buy-in for working in partnership in London SARC. Lastly, having spent a data-gathering week in London which included a visit to the Haven Camberwell, I had the opportunity to form first-hand impressions of systems in the London Metropolitan District. The following case study provides evidence of the practicability and advantages of implementing both specialist and holistic practice in an integrated setting.

Partnership in Specialist Integrated Sexual Assault Referral Centers: A Case Study

SARC development stemmed from the British Government's responsiveness to the WHO dictum - that early proactive intervention, in limiting the impact of sexual assault also limited health sector costs. With this awareness, in 2000 the Home Office Crime Reduction Programme funded multi-agency victim-focused pilot projects through its Violence Against Women Initiative (VAWI). These were aimed at implementing an integrated approach from medical/forensic, crisis, and legal personnel in reducing sexual violence and providing services.

Integrated approaches in SARCs have now been identified as having many benefits. Both Orr-Munro (2001) and Lovett et al. (2004) found that SARCs enabled victims to be interviewed in a more appropriate clinical environment away from the busyness and lack of privacy of police stations. SARCs also brought all service providers to a single location, preventing the attrition which otherwise resulted from victims having to seek out different services. Importantly, improved communication in shared facilities meant not only consistently good practice through the enhanced possibility of implementing clear protocols, but also that problems between agencies were also more easily dealt with. Common facilities meant there was potential for sharing information with the police for intelligence purposes. For instance, Orr-Munro (2001) found a better picture of the incidence of sexual offences through self-referral to the Haven Camberwell SARC by victims who did not wish to report to police. Her related finding was of an improvement in clear-up rates. The possibilities of improving communication further have been signalled in the suggestion to develop service integration beyond the management committees and contact necessitated by individual cases (Regan et al., 2004).

Other benefits of SARCs included an increase in services and support. This was through routine access to crisis workers and the case trackers who kept victims updated with the progress of their cases through the justice system. Respectively these were found to reduce the need for later counselling and withdrawal from the criminal justice system. Importantly, feedback by service users indicated particular appreciation of the proactive approach taken in the automatic provision of support staff in the short and longer terms. Ultimately:

‘SARC services seek to combine the needs of survivors and those of the criminal justice system, whereas in areas without SARCs the latter tends to drive service provision.’ (Lovett et al., 2004, p.74)

Accordingly, the necessity for government involvement in SARC development has been made clear:

‘The extent to which SARCs can develop and achieve consistent good practice will partly depend on a strong steer from government to create national protocols and standards.’ (Lovett et al., 2004, p.xv)

In Britain, a newly formed Inter-Ministerial Group on Sexual Violence has created optimism about the prospect of that government steer, and to date 16 SARCs have been developed in Britain, with an expectation of 40 by the end of 2008 (HM Government, 2007).

Contributing to practice in London is the latest London SARC, the Paddington Haven, being custom-built to victim-based specifications. Its design enables victims to move through the facility without retracing steps and encountering physical reminders of the trauma. At least symbolically, this conveys a sense of progress which continues through follow-up visits to an adjacent building. Its facilities include: reception and waiting areas; forensic examination room; shower and toilet facilities; interview room equipped with video recording equipment and refreshments; private telephone room; evidence storage area; and door security and monitoring.

Also contributing to London practice is recent London Metropolitan Police commitment to improving care for rape victims. This derived from the understanding that only an estimated 10% of victims reported rape and few convictions (180 of 2270 reported in

2000) result (Project Sapphire Strategy, 2002). Accordingly, Metropolitan Police practice is now informed by a comprehensive victim-centred policy which defines investigative procedures, how these will be implemented, and the philosophies underpinning them. Recognising the need for strong leadership and coordination, the Policy has been implemented through a Project Sapphire Headquarters which has oversight of district operations. Although Project Sapphire will take some time to create change in culture and attitudes, it embodies a rational redefinition of Police success then in emphasising the police contribution to victim recovery as the primary goal for police. Ironically, this shift in focus may ultimately increase reporting and decrease attrition of victims from the justice system, thereby increasing conviction rates.

In practice, Metropolitan Police Policy (2002) now mandates victims to be taken to SARCs on reporting. In addition, specialist dedicated Sexual Offences Trained Officers complement the medical/forensic specialists and social workers working in SARCs. These officers receive three weeks of training, three days of which comprise practical skills training for interviewing victims of sexual violence (Sexual Offences Investigative Techniques Course). Hendon Police College evaluations of these interview skills mean that established standards are met and that police are not practicing their first interviews on traumatised victims (visit to Hendon).

As with SARC evaluations, ongoing evaluations of Project Sapphire allow further progress to be made. These have highlighted the need for a centralised ongoing training review for all Metropolitan Police sectors since Sexual Offences Trained Officers are not the first contact. Other suggestions include improving the physical environment for reporting and transportation of victims, and early provision of urine kits and mouth swabs. Indicating a commitment to refining investigations, a judicial disposal rate of 25% has been set as a performance indicator. The strategic plan to meet this target includes: improving and disseminating intelligence on rape through networking; working with Child Protection Teams; liaising with the academic community; appointing dedicated Sex Offence Liaison Officers in every Borough; forging links with Community Safety Units and establishing dedicated investigation teams of Sexual Offences Trained Officers and investigator. These strategies demonstrate respectively the need for both collaboration and specialisation.

Reflecting on SARCs, the preconditions for developing this holistic model were: research demonstrating service shortfalls; governmental preparedness to underwrite total service provision; and willingness of different services to work together to provide a seamless service. On the part of police, that willingness was enabled by deconstructing the police role and reconnecting police with original policing philosophy aimed at protecting citizens from the effects of crime. Since in his comparative analysis of US and British systems Blair had found positively for the feminist-inspired victim-oriented and more collaborative systems of parts of the US, it may be that this was influenced by him in his role as Metropolitan Commissioner. This is congruent with my attributing change to early research, evidence of the importance of leadership taking the initiative in systems development. It also suggests greater ease in making change from within.

The result was the infusion of the investigation function with a service ideology. I had personal experience of this on my research trip to London. When I mentioned to Project Sapphire officers that I had been the recipient of an attempted indecent assault by a police officer,² despite none of the officers witnessing this incident, they encouraged me to report it. I received a prompt professional response and although no prosecution followed, this decision was explained in conjunction with affirmation of my original decision to report. The response I received confirmed my impressions from earlier in the week that Project Sapphire headquarters and frontline staff were committed to and immensely proud of offering a victim-oriented service.

Although power differentials create difficulties in achieving partnership, integrated systems in multi-agency facilities can provide the structure in which discussions on partnership strategies, protocols, and service aims are able to take place. The SARC model allows this and incorporates many other features collated from the literature as essential to effective practice. They are: specialist police officers and medical/forensic examiners; proactive crisis intervention; case trackers; and some data-sharing. Significantly, the model also gives evidence of the commitment to victims through ongoing evaluative research, and the preparedness in recognising limitations to continually adapt and improve.

² Not Project Sapphire.

Of some concern is the meaning and significance to specialised support and advocacy of Rape Crisis organisations not being involved in the early formulation or ongoing staffing of SARCs.³ The incorporation of an RCC feminist/human rights perspective translates to informed victims retaining some choice over the processes, including the choice to exit these. This is particularly important in integrated centres where victims may perceive processes as happening too quickly for them to call a halt. While not suggesting that the victim-centred SARCs currently undermine victim control, or that all RCCs should be integrated into SARCs, the therapeutic necessity for victim empowerment is more likely to be understood, integral, and lasting if underpinned by a feminist perspective.

In this chapter, evidence has been given of sexual violence as a significant and widespread social problem and this has been argued as warranting an equally significant response. The chapter also shows that problems with responses to victims have been well-defined and that in their solution, specialist collaborative responses have been recommended. Yet holistic systems structured around victim-centred responsiveness are far from universal and this warrants analysis.

³ See Chapter Three for in-depth discussion on this point.

Chapter Three: Origins and Progression of Systems: Toward Mobilising the State

In Chapter Two, I argued that holistic practice was essential in responding to victims of sexual violence. I also examined the technical requirements of partnership which would protect victim-centred ideology and practice. Given that what is suggested is partnership between a male-dominated state organisation and feminist community organisations, it is also necessary to consider the implications of the power differential that this denotes.

Firstly, examining the political differences between police and feminist organisations is necessary in assessing whether the synergy of their partnership is sufficient to shift Police from a system-centred to a victim-centred organisation. If not, then issues could arise for victims which might undermine the potential benefits from holistic services. Accordingly, in this chapter I consider whether technical safeguards, such as protocols and evaluations, are sufficient to protect victim-centred responsiveness in holistic practice. In analysing whether the ideology underpinning victim-centred practice needs to be safeguarded at political as well as technical levels, I offer a view on whether feminists need to engage in state-level political activity. I discuss these questions with reference to the origins of support/advocacy services and the move to collaborative practice with the state.

Reviewing this history has a second function in addressing the paradox of the considerable attention given to the problems of sexual violence and secondary victimisation, yet that these problems persist since the systems recommended for victim-centred practice remain unusual. This paradox needs to be understood if research identifying practice principles is to come to fruition in more universal specialist holistic services. Since the literature is relatively silent on the contemporary impediments to developing holistic systems, recourse to literature discussing the origins and path of service development has been useful to understanding the irregularity and slowness of progress. From it, I argue that failure to develop holistic services more universally is due to the relative and ongoing powerlessness of feminists who began the momentum and have continued to advocate for service improvements. Notwithstanding the considerable influence and successes of the feminist rape crisis movement at many levels, their efforts being concentrated largely at frontline level could only take the push towards specialist multi-agency partnerships so far.

From this perspective, I will argue that what is required in achieving integrated holistic services is central and local government commitment to coordinating and resourcing these. In the following discussion, I will invoke US, British, and Australian government initiatives in developing services, as examples of what can be achieved. These examples will be contrasted with what New Zealand literature has revealed about government input into sexual assault services. In the remainder of the chapter, I justify the refining of the research focus to the New Zealand Government and in particular to its Police service, and in doing so further contextualise the research decisions.

The Background: Feminism and Rape Crisis Centres

The first proponents of the need to develop the best of practice possible were feminists who, from the 1970s, sought to address service gaps and improve sexual assault interventions. As discussed, previously systems responses had been inadequate in meeting the many needs created by sexual violence. There was no official funding for: information; accompaniment through the legal processes; counselling for victims or family members; or provision of referrals (Hardgrove, 1976). In failing to understand rape effects, official reporting forums also contributed little to victim recovery and sometimes supported and perpetuated abusive behaviours (Gilson, 1997). For these reasons, alternative reporting forums based on a client-centred ethos were developed so that victims did not have to face the possibility of secondary victimisation within perceptibly flawed official channels (Carrow, 1980; Davis & Henley, 1990). It was identifying and rectifying through the provision of victim-centred RCCs this compounding of a significant social injustice which made for the early philosophical differences between RCCs and official reporting forums.

From their beginnings as agencies staffed by untrained volunteers, many being survivors of sexual assault, RCCs developed into specialist support/advocacy service providers (Blair, 1985; Campbell & Martin, 2001; Harvey, 1985; Mathews, 1994; Mawby & Gill, 1987). Practice ideals were developed and met through training in crisis intervention and the incorporation of professional counsellors (Brodyaga, Gates, Singer, Tucker & White, 1975; Campbell & Martin, 2001). Services offered included around-the-clock telephone hotlines for victims (O'Sullivan & Carlton, 2001). Also provided were: sympathetic listening; encouragement throughout the crisis; special advice in dealing with official systems; and long-term follow-up, sometimes through referrals to other services including crisis counselling (Campbell & Martin, 2001). If victims decided to report to police, RCC

personnel supported them through police interviews, medical processes, and court sessions (Campbell & Martin, 2001; O'Sullivan & Carlton, 2001). Police responses to victims having been one stimulus for the development of specialist support, some RCCs monitored police/victim interactions and interceded if official responses were perceived as victimising (Brodsky & Walker, 1976). As Mawby & Gill (1987) have noted, RCC services became increasingly holistic.

Importantly, RCC activities also involved rape-prevention through community education. Rape was defined as a significant social problem supported by victim-blaming rape myths. Educational efforts were therefore aimed at changing rape-supportive attitudes and behaviours (Campbell & Martin, 2001; Epstein & Langenbahn, 1994; Harvey, 1985; O'Sullivan & Carlton, 2001). As Carmody has argued, RCC feminists acted as '*... agents of resistance to dominant power relations*' (1997, p.1).

Systems-level education was also a feature of RCC activism. Changes in official practice were achieved through increasing police/forensic understanding of the special needs of rape victims (Campbell & Martin, 2001; Harvey, 1985; Kelly, 1990). In the US, it was through RCC efforts in consulting with the community, police, emergency departments and prosecutors' offices that state funding was obtained to establish the SANE programmes (Ahrens et al., 2000). These were further supported by RCC training and programme coordination. In addition, RCC-initiated protocols dictated that forensic examinations should incorporate medical care related to: injuries; sexually transmitted diseases; emergency contraception; and psychiatric interventions (Ahrens et al., 2000; Ledray, 2001). Although psychiatric intervention was a controversial aspect of this medical model, the medical/forensic response did become increasingly holistic due to attention to medical, emotional, and legal needs.

The ideological commitment of feminists was also responsible for creating state-level changes through lobbying. Gilson (1997) acknowledged profound political successes, notwithstanding that RCCs were under-resourced and staffed by unpaid personnel. US advances included revision of statutes on sexual assault by all States (Campbell & Martin, 2001; Lord & Rassel, 2000). Interestingly, legislative initiatives defined some rapes as gender-based hate crimes (Epstein & Langenbahn, 1994). RCC lobbying also produced the Violence Against Women Act (Campbell & Martin, 2001; O'Sullivan & Carlton, 2001). Other feminist successes were the establishment of a National Coalition

Against Sexual Assault and in 1973 a National Centre for the Prevention and Control of Rape located in the National Institute of Mental Health (Blair, 1985; Harvey, 1985).

By 1985, finding that RCCs contributed an ‘extraordinary array’ of services for rape victims, Harvey was able to identify considerable progress in US rape-responsiveness. This included:

- an impact on local law enforcement, medical, and mental health agencies
- ideological clarity and planning of processes based on that ideology
- dual programme goals of rape awareness and elimination in conjunction with crisis intervention and victim advocacy
- contributions to law reform
- comprehensive training programmes for volunteers
- influence on programmes at state and national levels
- a relationship with the community
- ongoing agency and client evaluation, in conjunction with the local community, to identify unmet needs

These impacts owed something to the proliferation of RCCs. By the mid-1980s, they were in almost every large city and similar services had been specifically designed for smaller communities (Blair, 1985). By 2000, US RCCs were estimated to number more than 1200 (Campbell & Martin, 2001).

Yet notwithstanding their many successes, a significant feature of US RCCs is that from their advent until the present these have had little structural uniformity (Campbell & Ahrens 1998; Carmody, 1997; Gilson; 1997; Harvey, 1985; NASASV, 2000). Initially, variability was attributable to the origins of RCCs, which Gilson (1997) has described as emanating from a broad array of circumstances and strategies. The essence of this was that as feminist grassroots organisations run by untrained volunteers, RCCs had developed independently and with adaptations to local requirements (Campbell & Ahrens, 1998).

Later, it was the increasing requirement for services and the necessity to obtain funding which contributed to variability and an expanding range of RCCs. Harvey (1985) found that most were independent, private, non-profit organisations sponsored partially by

public funds but with significant reliance on private organisations and local fundraising activities. Others, in being affiliated with hospitals, courts, or police, were supported by either state or county mental health funds. Campbell and Martin (2001) found even more variety due to some RCCs applying for US Justice Department funding. Competition for this public funding sometimes necessitated affiliation with other community organisations and further adaptations in order to achieve this (Mawby & Gill, 1987). Accordingly, some RCCs evolved from isolated collectivist structures into loosely amalgamated bureaucratic state-funded enterprises (Mathews, 1994). This change was often accompanied by requirements for professionally certified personnel and provision of minimum basic services - usually a 24 hour hotline, counselling, and legal and medical advocacy.

In Britain, agency variations were also present at the outset. These too were caused initially by adaptations to the local environment and later by conditions which accompanied funding (Mawby & Gill, 1987). However, variability was exacerbated by the advent of government initiatives, with British Home Office victim support schemes at times rivalling grassroots feminist organisations in providing sexual violence services. As noted, later rivals were the London SARC crisis workers and case trackers. Ironically, it seems that the variety of funding sources both exacerbated service variability and provided the conditions for limiting it later as practice improvements were sought.

Carmody (1997) has argued that variability derives from the philosophical differences of those who built services. History shows that it also derives from adaptive responses necessitated by grassroots feminist organisations being distanced from power and resources in male-dominated society, but needing to survive in order to continue rape-resistance and service improvements. Support for this interpretation is in variability residing in organisational structures rather than the core services which have been noted for their similarity.

That RCCs were the originators of and contemporary activists for practice improvements explains the ongoing variability in systems development. Most obviously, the variable manner in which RCCs evolved resulted in their variable associations and roles within official structures, and therefore variable influence within these structures in dictating the pace and distribution of reforms. The structural variability of RCCs is also likely to have hampered recognition amongst the population of RCCs of the need to build their own collaborations and coordination in order to develop a stronger power base. In addition, their grassroots origins equated with few resources with which to conduct the research to provide an evidence basis for both service inadequacies and the need for these to develop. Also, volunteer community origins and the corresponding distance of most RCC feminists from power have equated with limited and irregular political influence in advocating for the development of integrated centres as a national ideal. These factors explain why official appreciation of the need to develop comprehensive holistic services is also uneven. Accordingly, the holistic ideal is irregularly approximated due to RCCs, which were the instigators and architects of service reforms, being handicapped in this endeavour by their own structural variability and limited power base.

Local authorities with whom there was limited influence included Police. It was difficult to harness Police-as-government-agency support in strengthening the power base from which RCCs could argue for holistic services, let alone persuading police into partnership in holistic services. This was exacerbated by the sometimes fraught relationship between RCCs and police. As Krugman has noted, a degree of conflict is inevitable when diverse agencies combine around a single issue (cited in Boles & Patterson, 1997). At the frontline level of rape-responsiveness, disparate backgrounds, roles, and ideologies compromised the ability of police and the RCCs to work together. RCC monitoring of, and sometimes interceding in, police/victim interactions resulted in a sometimes hostile police response (Bard & Ellison, 1974). Due to police understanding neither rape effects nor how these might be mitigated with specialist support, support/advocacy interventions were sometimes misinterpreted as being anti-police rather than pro-victim.

Police resistance to RCC interventions meant that ‘turf wars’ resulted (Bard & Ellison, 1974; Campbell & Ahrens, 1998; MCASA, 1996). Evidence that power imbalance was a feature of these is in Spott’s (1980) recommendation for unilateral compromise by support/advocates in order to remain within partnerships. That this persists is apparent in Campbell’s (1998) finding that support/advocates were occasionally so intimidated by police that they were unable to advocate for victims.

‘The police were adamant. ... You don't want to anger the police so badly on one case that it may hurt the next victim who comes through.’ (Advocate cited by Campbell, 1998, p.367)

Feminist work on gender equality and rape mythology has meant that in recent years commentators like Campbell have been able to argue instead for partnerships to be developed around victims’ needs, rather the system-based priorities of police as Spott suggested.

In this regard, it is noteworthy that police attempts to exclude specialist RCCs contrasted markedly with their responses to partnership with specialist medical/forensic examiners. Although initially generalist forensic examiners were retained by Police, increasingly partnership has been with specialist medical/forensic examiners outside Police auspices. That this did not see the level of resistance to collaboration with independent support/advocacy organisations was because police understood that they could not prosecute without forensic evidence and that there was a relationship between increasing forensic expertise and case wins. On that basis, police had system-centred reasons for partnership with medical specialists. In contrast, police not understanding the meaning of sexual violence meant that the relationship between specialist support and investigative efficacy was not recognised and specialist support agencies had little traction in determining collaboration.

Given Spott’s 1980 recommendation of a unidirectional deference from community to government organisations, it is heartening to perceive a general trend towards understanding of the need for equality in the conduct of partnerships. Although the trend has not been linear, it is increasingly understood that victim-centred decision-making requires genuine cooperation and coordinated working relationships.

Yet while their grassroots origins were problematic in terms of contemporary understandings about holistic responsiveness, arguably there were advantages to RCCs being distanced from a patriarchal bureaucracy in their formative years. Early RCC origins being unfettered by bureaucratic support or intervention, this meant that feminist aims were able to be developed and consolidated in relation to problems emanating from rape itself. Although structural uniformity was not a feature of RCCs, their responding to the problem of rape from grassroots level was an important factor in the considerable homogeneity both in the services offered to victims and the ideology which informed social change activities aimed at prevention. Supporting this, O'Sullivan and Carlton (2001) found that US agencies which had their origins in the feminist anti-rape movement were regarded as a contemporary source of expertise in the community and accordingly were well-placed later to enter partnerships as equals.

Collaboration: The Contested Terrain

Variable contemporary service developments also relates to the rocky path followed as the need for holistic services became more recognisable and official bodies attempted to incorporate RCC services. As feminist-promulgated reforms in rape-responsiveness took hold, the need for state organisations and some RCCs to work together was recognised on both sides. State organisations increasingly sought to offer support services, but justifiably or otherwise, some victim contact with RCCs was thought to have potential to be counter-therapeutic (Campbell et al., 1999). Some state-initiated collaboration appears to have been aimed then, at subjecting support services to quality assurance mechanisms. For instance, the need for professionally certified personnel was emphasised and funding was sometimes contingent on provision of minimum basic services - usually a 24 hour hotline, counselling, and legal and medical advocacy. Ironically, given that improvements had been sought by feminists, closer collaboration was sometimes sought by the state in order to achieve greater control over proficiency in support.

RCC reasons for amalgamation most often related to the need for state funding. Minimal resources and the need to spend considerable time searching for funding, limited the provision of immediate victim services (Mathews, 1994). These constraints on the ability to offer services were compounded by RCCs being: small; dependent on volunteers; and having little time for formal evaluative research (Campbell & Martin, 2001). As increasing numbers of women reported rape, this further threatened the ability to meet the 'primary' and 'enduring' goal of providing services (Campbell & Ahrens,

1998). As a result, there was a trend toward collaborations and this was not only to maximise resources but also to assure the role of RCCs as the community experts.

However while the benefit of RCC grassroots origins was in honing feminist philosophies, the corollary of this was that feminists regarded opportunities for mergers with other organisations with some distrust. This related to the impoverished history of responsiveness from the state and its organisations, as well as the enshrining in legislation of rape-supportive cultural beliefs. Along with the feminist origins of RCCs then, rape mythology and the early (mis)treatment of rape victims contributed to some RCCs contesting working alongside state agencies. Feminist opposition was also based on RCC transition from:

‘...extreme voluntary bodies which are shaped by a fundamental critique of state involvement (ultimately defining the role of the state as either compounding or creating the problem)...to ...voluntary services which complement statutory services.’ (Mawby & Gill, 1987, p.73)

Similarly, Amir and Amir (1979) placed RCCs on a continuum from political to service-oriented centres with a comment which encapsulated the problems associated with RCCs working with state-linked services.

*‘An idea becomes a movement
The movement becomes an organisation
The organisation becomes an institution
And there lies the death of an idea.’*
(Amir & Amir cited in Mawby & Gill, 1987, p.81)

The issue then was one of balancing the needs for both political radicalism and financial security (Byington, Martin, Dinitto & Maxwell, 1991).

Responses to this funded-but-controlled/independent-but-under-resourced conundrum cover the spectrum. Some commentators urged a considered and informed path towards partnership, while others questioned whether any degree of collaboration was viable. Underpinning all of the following concerns was the power imbalance between the male-dominated state and feminist community organisations. One concern was whether affiliation with mainstream organisations would undermine the radical focus requisite to

recognising new rape-supportive practices and therefore to recognising where new challenges lay. The risk to social change activities, through the loss of both an independent voice and the 'integrative potential' of community involvement, was a related and major concern (Mawby & Gill, 1987; Campbell, Baker & Mazurek, 1998; Ullman & Townsend, 2007). Innovative activities mentioned as being at risk were: rallies; presentations in educational institutions; and political lobbying (Campbell & Martin, 2001; Mathews, 1994).

Risks to victim services and ability to keep the real needs of victims in focus were also a concern. Partnership maintenance requirements could dilute the limited energy available for victims and sometimes necessitated the adoption of compromise positions. Accountability measures and conditions which accompanied funding curtailed self-determination, took time from victim services and were occasionally at odds with RCCs' original purpose and ethics (Campbell & Martin, 2001; Mathews, 1994; Mawby & Gill, 1987; Ullman & Townsend, 2007).). For instance, record-keeping could discourage disclosure, and consequently was in conflict with the therapeutic aims of crisis counselling (Byington et al., 1991; Mathews, 1994). Records were also potentially problematic in the political and legal use to which these could be put (Mathews, 1994). Another concern was the compromise to RCC organisational stability through adaptations to the demands of funders (Mawby & Gill, 1987).

In addition, Gilson (1997) argued the possibility of revictimisation through increasing professionalisation and the therapeutic ideology of professionals. The risk of such a paradigm shift was creating psychiatric diagnoses for women who suffered men's violence. This redefined a social and political issue into one of the mental health of women who were victimised (Astbury, 2006; Brodyaga et al., 1975; Bryant & Cirel, 1977).

'Throughout the country most services come from grassroots women's organisations which often view psychiatry as a male-dominated pathology-oriented profession that stigmatises the victim by labelling her a mental patient.'
(McCombie et al., 1976, p.419)

The result was that social workers tried to change the woman instead of the situations in which they were trapped. Endorsing traditional RCC structure, Gilson was clear about the way to obviate this.

'The best defence against creating a structure that revictimises service participants is to maintain an alternative social organisation and a feminist administrative focus.' (Gilson, 1997, p.21)

Yet acknowledging resource shortfalls and the evident strength of RCC purpose, Gilson softened his call for total independence. Rather than collaboration with state organisations, he suggested collaboration with philosophically compatible community organisations in order to maximise community resources. This compromise position endorsed the pragmatic and politically astute position which many RCCs had already adopted, and which Mawby and Gill (1987, p.81) had noted succinctly in terms of the number of RCCs which had *'died in order to survive'*.

Some social commentators conducted empirical research to resolve their theoretical concerns about RCC affiliation with other community organisations. For instance, O'Sullivan and Carlton (2001) evaluated the impact of organisational links on rape-responsiveness by comparing multi-service centres with independent RCCs. Multi-service centres incorporated domestic with sexual violence responsiveness as a way of reducing costs and increasing resources. Based on measures of accessibility, acceptability, and legitimacy, they found that multi-service centres: heard from the fewest rape victims; did not regularly receive police or hospital referrals; and did not provide systematic community education. Ultimately, the authors concluded that since domestic violence was found to dominate identity and culture, independent centres which focused solely on sexual violence were best positioned to help rape victims. Although pragmatism has dictated amalgamation with other feminist agencies, concerns persist about losing a specialist focus on sexual assault, particularly when amalgamation was with domestic violence agencies (National Sexual Violence Resource Centre Newsletter, 2002).

Byington et al. (1991) also demonstrated the impact on RCC effectiveness of affiliation with other social service and social movement organisations. Effectiveness was operationalised as the ability to maintain both rape service and prevention activities. As theorised, affiliation was viable but came with trade-offs. Benefits for the RCC were: a permanent funding base; more stability; greater access to paid staff; assured office space and facilities; job security; and the attraction of highly skilled and talented staff. Most important for victims was the ability to offer almost all services at one site. Attributable to

increased demands for bureaucratic record-keeping and accountability, trade-offs included reduction in the time and commitment for rape prevention and social change goals.

While independent RCCs were the most active in terms of social change goals despite funding and staffing difficulties, RCCs affiliated with other organisations had not totally foregone prevention activities. Analysis of this finding was that:

'...changes in RCC service provision emphasises between the mid 70's and mid 80's may not indicate diminished commitment to rape-prevention, but rather heightened awareness that a range of activities is necessary to intervene effectively on rape victims' behalf.' (Byington et al., 1991, p.92)

It appeared that operating from combined premises could meet more of the needs of those currently reporting rape, provided the philosophical origins of feminist RCCs in respect of social change remained to the forefront.

Yet the findings of the same authors (in Martin et al., 1992) demonstrate that even for apparently feminist researchers there can be difficulty maintaining a feminist ideological focus when analysing findings. Martin et al. suggested, as Spott (1980) had previously, that it was the responsibility of RCCs to make partnerships work through maintaining a fluidity of their own structure and functions in order to preserve goodwill and co-operation between rape-related services. This was concluded from the success of one RCC which had approached related services asking for ideas, support, and help in setting up a task force. Project success was analysed as dependent on RCC fluidity and cited as an example other RCCs should follow rather than 'standing outside and allocating blame'.

Given the advice that RCCs should be accommodating within mainstream systems, the historical context for 'standing outside and allocating blame' needs to be understood. Initially, being outside the criminal justice system was a rational response to the likelihood of secondary victimisation yet minimal likelihood of conviction. Providing alternative reporting forums also meant RCCs had the credibility to work with victims who were wary of the system and did not report to the authorities. Moreover, critiquing the justice system (allocating blame) was one prerequisite to improving services. When law enforcement reform signalled that it was safer for victims to report, some RCCs did suggest a joint approach in order to prevent secondary victimisation (Davis & Henley,

1990). Instead of the 'stand outside and allocate blame strategy', some RCCs transferred to a strategy of 'occupy and indoctrinate' (Campbell & Martin (2001).

Analysis of Martin et al.'s advice is important since the authors' recommendation is an example of the concerns which they (in Byington et al., 1991) and others had expressed about RCCs losing ideological purity. Encouraging malleability by decrying agencies whose structures remained true to original ideology was the very reason for the fears of those who cautioned against partnerships. Also anti-feminist was their suggestion of measuring a programme successful by the fact that all participants could take credit for seminars even though these were organised by the RCC. This infers that ego-management by RCCs is an acceptable strategy to ensure partnership. Of particular concern then is that Martin et al., and before them Spott, were working toward equality through improving rape-responsiveness, but seemingly blind to the implications of their advice.

To suggest that feminist women expend energy to ensure other agencies think they control proceedings underscores the inequality which is anathema to feminists and theorised by them as partly causal in rape. The advice perpetuates ideas of subordination, such as that in earlier decades when liberal women, the core of the women's movement today, occupied subordinate positions to liberal men to achieve what they defined as mutually desirable ends (Geis, 1990). Several years earlier, Lerner (1983) had pithily exposed the irony of the cap-in-hand approach.

'The weaker sex must protect the stronger sex from recognising the strength of the weaker sex lest the stronger sex feel weakened by the strength of the weaker sex.'

Rather, when there is a demonstrable need for collaboration in order to improve services, partnerships which acknowledge the strength and contributions of RCCs will foster equality, thereby maximising the potential of future RCC contributions.

Care is evidently crucial in preserving ideology and victim-centred services when feminist and other organisations are working in situations of power imbalance. As Byington et al. (1991) and others have argued, necessary collaborations can be managed.

‘Organisational stance may not necessarily curtail social change efforts but instead may suggest different strategies to some centers.’ (Campbell et al., 1998, p.120)

For instance, while Mathews (1994) endorsed working within the system to increase effectiveness, she suggested a need for at least some RCCs to remain independent and vigilant in order not to forget their radical roots or the political aspect of their dual function. This supposed that the major contributions of RCCs might still lie outside direct victim services. Congruent with this, Gilson’s (1997) review of RCC involvement with state organisations found compromise but also ongoing feminist suspicion of the state which was translated into strategies to maintain ideology and manage the controls which public funding agencies attempted to exert. Protective RCC strategies included: overt opposition; apparent accommodation; and active engagement. Gilson’s own suggestions were protocols, reflective self-examination, critique, and programme evaluation. There is a place then for both ‘standing outside’ and ‘occupation and indoctrination’ as strategies in improving rape-responsiveness.

It is the considerable successes of the feminist anti-rape movement in broader society which have made ‘occupation and indoctrination’ tenable. Concern about losing original foci is based on the notion of bureaucracy being a monolithic entity capable of consuming RCCs and their ideology in a unilateral process. Yet feminism as the:

‘...single most powerful social movement of our time’ (Epstein, foreword)... is part of the political landscape and has a voice that is listened to by government.’
(Jones, 2004, p.5)

Since the state has undergone a significant ideological shift towards equality, some protection is in its incorporating feminist philosophy. This resonates with Astbury’s (2006) finding of increasing bureaucratic involvement in social change activities.

One rape-specific manifestation of radical feminist influence is the many officially-sponsored studies which, in regularly mentioning the dual RCC concerns of prevention and services as being important, indicate state uptake of formerly radical concerns. Examples include studies by Littel (2001), Lovett et al. (2004), MCASA (1997), and Young (1983). Other evidence of a merging between formerly radical feminist and

contemporary government objectives is international victim legislation. The UN Declaration on the Elimination of Violence Against Women requires governments to:

'...exercise due diligence to prevent, investigate, and punish acts of violence against women, whether those acts are perpetrated by the State or by private actors. ...'. (Bond & Phillips, 2001, p.491)

As already evident, in response to feminist initiatives some governments have accepted the definition of rape as a social ill for which the state is responsible.

Some governments have also accepted that enacting feminist philosophies is necessary in improving responsiveness to all women and victims in particular. Hence:

'...victim service and social change perspectives [are] quite compatible, and many reported that the program's feminist views had not prevented effective interaction with established law, medical and mental health systems'.
(Harvey, 1985, p.10)

In being instrumental in the evolution in mainstream thinking about sexual violence, these successes of feminism not only underscore the possibility of RCCs maintaining their own radical focus, but are evidence of the ability to also 'indoctrinate' from within. Working within and being faced with the immediate and human consequences of thoughtless practice in state organisations is arguably more, not less, likely to radicalise views on the need for change. At grassroots level, an insider perspective will also position RCCs to know where the systems deficits are and then to work with partner agencies to eradicate them. If some RCCs remain separate, if there are ongoing service critiques and protective protocols, and if there is vigilance about the trending of philosophical shifts, concerns about collaboration can be overcome.

In contrast, if they do not collaborate with state organisations, RCCs risk becoming less relevant.

'In the current climate where rape is becoming more widely condemned and identified as a serious social problem it could indeed be that centres will in the long term be successful in maintaining their principles and receiving government grants. On the other hand it is also likely that faced with the politically embarrassing accusation that they are not doing enough to help rape victims, the government will channel funds into more politically acceptable organisations.' (Mawby & Gill, 1987, p.84)

That RCCs may become less relevant has been manifest in their not being consulted over early SARC development or included in SARC operations (Lovett et al., 2004). They have also been excluded from some multi-agency centres in Ireland (O'Shea, 2006). This government power to sideline RCCs gives another perspective to Mathews' (1994) call for ongoing vigilance. It also underscores the need for more, rather than less, feminist involvement with the state. If feminist involvement increases, particularly at state level, this can become another of the range of strategies in redressing power imbalances between grassroots feminist RCCs and male-dominated state organisations.

Jones' (2005) highlighting of risks to feminist anti-rape work which are due to political expediency shows that feminist involvement at state level is indeed critical. Jones articulates the balance which RCCs are still trying to strike between independence and financial problems, or collaboration and potentially jeopardised identity, autonomy, and feminist principles. In weighing the options, Jones found collaboration to be potentially de-radicalising yet still accompanied by funding insecurities, due to RCCs having to tender services and apply for grants. These insecurities were manifest when the Rape Crisis Federation became a casualty of political funding decisions, despite working internationally and having had a consultancy role with Britain's Government, Police, and Crown Prosecution Service. In addition, due to 'incoherent, ineffective, and unsustainable' funding, 52 of the 84 RCCs available in England and Wales in the 1980s have now closed. With Government withdrawal of Victims Fund grants from RCCs, half of the remaining 32 centres providing 'critical, not optional, services' risk closure over the next year (Bennett, Times online, 6.8.07). In concluding that funding should be obtained centrally from government, Jones also identified that responsibility for Rape

Crisis groups was frequently passed from one department to another, but prioritised by none. This echoes prior identification of a 'world-wide problem' of the lack of consensus over who should take primary responsibility for rape victims (Hornibrook & Myers, 1996).

These concerns about the political basis for funding insecurities, when considered in conjunction with state failures to develop comprehensive systems nationwide, show that RCCs can only go so far in instituting systems reforms even when working with state agencies. Feminists in the anti-rape movement must collaborate with the state well beyond partnerships at frontline level. The work and knowledge of the feminist anti-rape movement gives feminists respectively the right and the obligation to see their work through by influencing change at state level also. In order for comprehensive anti-rape measures and holistic services to be developed at state and frontline levels, feminists need to move beyond concerns about rapprochement and make state machinery equally their own. Permanent rape-responsive structures which last beyond the political will of the day must be instituted so that instead of the ongoing subjection of services to the variable 'dominances of state power', the ideological and funding integrity of RCCs are assured. The alternative, lobbying for handouts, leaves RCCs exposed and insecure, but will continue while feminist influence is absent from state decision-making apparatus, rather than a '*significant presence within state institutions*' (Randall cited in Jones, 2004, p.7).

If RCCs become redundant, or if many choose not to work within mainstream systems due to concerns about the compromises which may derive from association on an unequal footing, the accompanying loss will be the philosophies and knowledge which have informed progress. Therefore, decisions about the future forms that services take may not be equally informed by important victim-oriented considerations. An example is a recommendation by Wilson (2002) which emanated from his concern about quality assurance in forensic examinations. Writing for the FBI Law Enforcement Bulletin, he suggested that forensic examiners become members of law enforcement teams and that medical care should be separated from the forensic examination and returned to the emergency department or the victim's doctor.

While Wilson is right to be concerned with forensic expertise, given rape-effects and also the court experiences of victims, his recommendation is system rather than victim-centred. The history of medical services described in Chapter Two makes clear the requirement for a holistic response in which all physical needs arising out of rape are attended to in one medical examination. The fragmented response suggested would extend the process and double the intimate examinations endured. Moreover, the possibilities of injury, infection, and pregnancy are intrinsic to rape and cannot be treated in isolation from the forensic requirements. As discussed, forensic examinations focussed solely on a law enforcement function further dehumanise the victim by treating her as a crime scene like any other. Instead, when the medical response is sensitively conducted through the attendant medical care, this is associated with the ability to recover. Wilson's alternative paradigm of forensic medical examiners working for the Police is at odds with the notion that both agencies work for the community, and that maintaining a separate forensic capacity is essential in maintaining reporting choices.

Wilson's suggestion of reverting from police and medical/forensic services to legal/forensic services is of considerable concern and highlights the need to maintain knowledge of the historical context so that progress is not reversed.

'Troubling to these researchers was the finding that in many settings newer staff did not share and/or were unable to interpret the original premises of their programmes. ...this kind of philosophical shift may ultimately undermine or limit the effectiveness of individual programmes.' (Harvey, 1985, p.10)

Recent empirical evidence for this is in Ullman and Townsend's (2007) finding of victim-blaming amongst newer non-feminist staff.

Along with vigilance about the shape of rape-responsiveness, specialist knowledge about rape remains necessary in targeting resources aimed at prevention. Of concern is that as rape-responsive systems become more mainstream, language identifying the problem of sexual violence increasingly loses its gender specificity (Jones, 2004). This trend could be considered to reflect an increasing appreciation of women's right to full citizenship, except that rape remains a problem of epidemic proportions and with an ineffective justice response. Instead, a correlation between gender-neutral language and increasing societal acceptance of sexual violence as a serious crime requiring a well-resourced comprehensive response, suggests again that political power does not yet

equally reside with women. If improving rape-responsiveness has been achieved through language selected to conceal that the majority of victims are women and assailants are men, this is also a practical concern. Prevention efforts cannot be targeted as effectively if men are not identified as the prime perpetrators.

To counter the influence of less informed but influential thinking of ‘newer staff’ within state agencies, there is a need for feminist ‘occupation and indoctrination’ at all levels. The impact of the feminist anti-rape movement while outside the ‘system’ indicates the potential of challenging taken-for-granted assumptions and proactively defining broader societal reality at state level and within the ‘system’. When feminists are no longer seen as ‘other’, feminist thinking is no longer resisted as radical. Therefore, concerns about losing radical perspectives and the momentum for change through becoming domesticated by government funding, can be mitigated by understanding that there are myriad sites of resistance. The solution is not to retrench and withdraw from mainstream organisations, but in recognising that the resources underpinning them belong equally to women and men, position ourselves to assert the justice of their distribution on that basis.

Recognition of the need to access state resources also gives pragmatic grounds for feminists to work at state level. An important government resource is the capacity for research which, in introducing new knowledge and awareness to systems, is the first step in achieving social change (Glidewell cited in Harvey, 1985). In contrast, there is little likelihood of positive social transformation in a vacuum of information and understanding (Posavac & Carey, 1997). Notwithstanding progress made, sexual violence services have been handicapped by a longstanding and ongoing dearth of evidence-based practice (Astbury, 2006; Bryant & Cirel, 1977; Dartnall, PlusNEWS, 2007; Gilson, 1997). In addition rape-prevention efforts have been characterised as confused, scattered, sporadic, and with little scientific underpinning (McCall cited in Bachar & Koss, 2001). Recognising this, demands have been made for sexual violence responsiveness to be based on, developed, and supported by research (Campbell & Ahrens, 1998; Hazelwood & Burgess, 1999; Lord & Rassel, 2000).

Since community-based RCCs have acknowledged their inability to conduct this research, government underwriting of research is vital in improving rape-responsiveness (Bachar & Koss, 2001; Blair, 1985; Bryant & Cirel, 1977; Byington et al., 1991; Epstein &

Langenbahn, 1994; Harvey; 1985; Littel, 2001; Lovett et al., 2004; NASASV, 2000; Wilson, 2002). This has been recognised at international level by the 1993 UN Declaration on the Elimination of Violence against Women. Adopted by the General Assembly in 1994, the Declaration called on governments to promote research, collect data, and compile statistics relating to violence against women (Bond & Phillips, 2001).

US feminists have had the earliest and greatest success in lobbying for government-funded research (Dartnall, PlusNEWS, 2007) and this research was often coordinated through legislative intervention. As a result:

‘...law enforcement agencies in the US have expended very considerable amounts of energy and finance in an examination of rape investigations ... [in order to] examine its procedures and practices objectively and to be able to respond effectively to social changes’. (Blair, 1985, p.6)

In contrast, Blair (1985) found that the British Social Research Committee was still comparatively inactive on the subject of rape. The results of US government input are evident.

‘Service development, funding, and pursuit of excellence in the centers for sexual assault in the USA have grown from a focus on research and networking at a national and international level.’ (Hornibrook & Myers, 1996, unpaginated)

The identified association between research and continuous service improvements led to a National Research Council for Research on Violence Against Women recommendation for government research structures to become permanent (Bachar & Koss, 2001; Hornibrook & Myers, 1996). The US and Australia now have permanent research capacities respectively through the National Centre for the Prevention and Control of Rape and the Centre for the Study of Sexual Assault (ACSSA).

There is evidence then of significant developments due to feminist lobbying for state involvement and subsequent partnership with the state in research initiatives. Yet as O’Sullivan and Carlton (2001) found for frontline services, despite these developments, sexual violence is still frequently overlooked when other violence against women is studied (Dartnall, PlusNEWS, 10.2.2007). In addition, collaborations over research have been variable and this evidently impacts on the services which result. For instance, it is

likely that the early feminist impetus for and collaboration with government research in the US, was a factor in the partnership of RCCs and state agencies in SARTs (Ahrens et al., 2000). In contrast, as noted, RCCs have not become an intrinsic aspect of SARCs. While SARTs indicate that partnership with the government sector is essential to service development, SARCs show that collaboration must be early and ongoing if RCC knowledge is to be retained.

Ultimately, decision-making over alliances with the state and its organisations must depend on what serves victims best in the short and long terms. At the frontline level, ideological and practical reasons have been given for maintaining separatism as well as for forging carefully managed partnerships. Supporting both options ensures that victims have a choice in support services, and that radical ideology and an independent voice are preserved at the coalface. However, material and ideological support for both options is a stronger possibility if there is state-level feminist involvement and state policy underpinned by feminist philosophy.

Locating the Issues in New Zealand

The argument that government-funded research conducted in partnership with RCCs and other relevant community organisations is necessary to the development of effective sexual violence services, has been demonstrated in New Zealand. Here, commentators have identified a state of services which reflects an ongoing lack of government interest. Until very recently there has been just one government-funded evaluation of services. This 1983 Rape Study was commissioned by the Ministry of Justice with the aim of ascertaining the extent to which problems of responsiveness to victims identified in overseas studies were also in evidence here (Young, 1983). Noting that little systematic research on rape had been done in New Zealand, the study took a victim-oriented approach to studying criminal justice responses to reported rape, including those of police, medical/forensic specialists, lawyers, and judiciary. In addition, evaluations were conducted of the need for psychosocial support for victims and of the current services providing that support. These evaluations were through victim and psychological services personnel surveys.

Of particular relevance to the current study were the findings of problems with police and medical responses. In addition, psychosocial support was found to be variable and to include inexperienced support from family and friends. This was due to:

‘...the [limited] availability of victim support services...and perhaps more importantly the level of funding that was provided to them.’ (Young, 1983, p.13)

Yet there was:

‘...strong support for experienced and sympathetic advice from people outside the official system to support the complainant at various stages of her passage through the CJS.’⁴ (Young, 1983, p.57)

On that basis, the study reported that victim services were high on respondents’ lists of needed improvements.

Despite the study, follow-up research has confirmed ongoing issues with services. Again, the police response has been found to incur secondary victimisation during initial interviews and during the lengthy and arduous formal statement taking (Anstiss, 1995; Jordan, 1996, 2001). Jordan also commented that although the input of support/advocacy agencies was ‘vital’ at the crisis stage, these agencies remained disparate and only some provided crisis support. In contrast to these findings, medical services had improved from a situation where:

‘The Police doctors were seeing them, mainly males, mainly in police stations and that was increasingly being seen as not the most sensitive and appropriate place to have a female examined.’ (DSAC National Coordinator, 2004)

Rather than through government initiative (Hornibrook & Myers, 1996), medical/forensic improvements were at the initiative of female doctors in creating a national body, Doctors for Sexual Abuse Care (DSAC), through which to address service quality and deficits.⁵ This response underscores the efficacy of research if it reaches the attention of those who are responsive and able to make a difference.

In addition to improving medical services, in 1996 DSAC organised a national interdisciplinary Rape Symposium, presentations from which were collated into The Proceedings of RAPE: Ten Years Progress?. In accord with contemporaneous academic

⁴ Criminal Justice System

⁵ See Chapter Five.

comment, these proceedings gave a strong indication of government failure to adequately respond to its own 1983 Rape Study findings.

‘...we wish to express our concern at the ad hoc approach currently taken to rape prevention and treatment and ask that a planned comprehensive and collaborative approach be developed and incorporated in government policy, and the government find additional funding for the areas of treatment and prevention.’ (Cagney in DSAC, 1996, p.170)

‘The piecemeal current situation...leaves many gaps.’ (Gellatly in DSAC, 1996, p.171)

Through presenting a wish list endorsing the need for interagency collaboration, others verified the uncoordinated nature of services (Brackenridge, *ibid*). Congruent with Milford’s (1990) earlier suggestion of the form services should take, a multi-agency approach was suggested.

‘In ten years time we would like to be able to applaud the establishment of multidisciplinary centres.... These centres would be fully Government funded....’ (Broadmore in DSAC, 1996, p.172)

Instead, an address by the Minister of Justice described a situation of government reliance on community agencies but minimal funding support for them.

‘...Government provides assistance through health and welfare systems [and] it is also in partnership with the community...funding community providers of rape and sexual abuse counselling and education to the sum of more than 1.75 million dollars in the present financial year...’ (Graham in DSAC, 1996, p.6)

Yet this ‘assistance through health and welfare systems’ had never been formally evaluated in its ability to support, much less provide, comprehensive services, despite the accessibility of support/advocacy services having been found wanting in a government Rape Study. In this study, Young (1983) had found that support/advocacy services lived from hand-to-mouth and were in constant fear of closure. During his address at the 1996 Symposium, he remarked that not a lot had changed. This was still the case two years later when the then national Rape Crisis collective and two major support/advocacy agencies in Auckland were

reportedly placed in a position of service cutbacks and threatened closure. This was partly due to cuts in grants from Health budgets, despite agencies providing a 'critical health service' (Read cited by Crawshaw, 1998).

In 1996, an explanation given for the inaction of successive governments was that the reality of sexual violence seldom reached the public agenda and therefore the attention of politicians.

'...over the last five or six years it has been very much the forgotten area in public awareness and education campaigns...' (Young in DSAC, 1996, p.164)

Another explanation is that because the research was conducted by government without collaboration from community organisations, government was at too great a distance from the findings for these to have meaning and impact. The need for researchers to collaborate from the outset with the population researched has been suggested as crucial in research design and implementation (House, 1993; Shapiro & Rinaldi, 2001). As noted, combining the knowledge and experience of specialist community organisations with the resources and influence of the state is crucial in effecting prevention and developing holistic systems of responsiveness. This is recognised in Britain in VAWI-created guidelines for 'Partnerships' and 'Agencies Collecting and Managing Data' (Home Office, 2004). These guidelines derived from the understandings that effective resource allocations must be based on evidence of the actual parameters of domestic violence, and that grassroots agencies should be involved and supported in this data collection. This government partnership with community organisations which are close enough to accurately interpret and *feel* the significance of the findings, and as a result push for and guide the development shown to be necessary, is a more likely route to its implementation.

Grounding research through partnership with the community it examines will also give those at the coalface more power and place them in a better position to hold government to account in respect of acting on the findings. Premised on governments prioritising their retention of power, this is particularly necessary when research covers a 'forgotten area' which governments have little vested interest in supporting. Congruent with the earlier gains in parts of the US where, unusually, feminists did occupy influential positions (Bryant & Cirel, 1977), an important reason for limited implementation of Rape Study findings was governments' distance from the community studied. Again,

feminist involvement at state level is necessary in pushing for: research to include RCC input; findings to be implemented; and sexual violence to be kept in the public/political domain.

Combined with my awareness of the costs of rape, it was these 1996 New Zealand issues of government, police, and support/advocacy responsiveness, which piqued my interest in studying New Zealand systems. Given the enormous toll taken by sexual violence, I wanted to know why the New Zealand Police had not made the progress in responsiveness made by other sectors. In keeping with the standpoint methodology which underpins this research, in the remainder of this chapter I will explain how my decision-making developed in respect of the steps taken in this research. International literature is referred to in contextualising and further explaining why government services, particularly Police, are the primary focus of the research. Features of the New Zealand context which became apparent during background data-gathering are referred to in explaining which elements of the Police operational setting were included.

Explaining and Contextualising the Refinements to the Research Focus

Government involvement with services was included for a number of reasons. Firstly, analysis of the extent to which New Zealand governance structures are involved in service provision was prompted by literature which identified that in signing up to the 1993 UN Declaration on the Elimination of Violence against Women, governments internationally accepted their responsibility for violence. According to the Declaration:

‘In cases in which the state does not directly commit a human rights violation, it is still possible to hold the state responsible if the state has not made diligent efforts to prevent or protect against the human rights violation in question.’
(Bond & Phillips, 2001, p.491)

In the event of the failure of preventative measures, the UN noted that responsibility extended to responsiveness after the fact through:

‘...developing laws and procedures to create just and effective remedies for women victims of violence and informing women of their rights to these remedies’. (ibid)

None of the countries whose literature has been reviewed has comprehensively implemented integrated specialist services. A national service strategy has yet to be implemented in US, Britain, and Australia and all three countries have variability in the distribution of government-provided resources for investigations, care, training, and evaluation (Campbell, 1998; Lovett et al., 2004; Hoffman, 2002; O'Shea, 2006). The size of the US, and its multitude of law enforcement agencies with very little central coordination, mean that policies and effectiveness are far from uniform (Blair, 1985). However, despite these difficulties, in the interests of nationally-based improvements to practice, the US has considered a national protocol (Hoffman, 2002). In committing to their obligations under UN covenants, US, British, and Australian Governments have also developed research capacities, and as noted, these have corresponded with developments in sexual assault services. In this, it is most often Health Departments which have been instrumental (Lovett et al., 2004). Comparing these initiatives overseas, where governments have responded to UN covenants with sometimes considerable funding, underscores the inertia of successive New Zealand governments. Crucially, because governments here have yet to instigate a permanent sexual assault research capacity, research has been limited and, as noted, governments have been largely unresponsive to its findings (Young in DSAC, 1996). As a result, the combined findings of 1990s New Zealand research has revealed that our services match neither local expectation nor overseas advances.

Beyond international comparisons, a focus on government is supported on moral and practical grounds. The commitment, work, and political successes of the resource-poor feminist RCCs are notable. Juxtaposing these against the inertia of relatively resource-rich central governments suggests a moral imperative for the state to employ its greater resources in preventing sexual violence and developing systems within which secondary victimisation is relegated to the past. In this, specialist holistic practice must be supported, as must the work of independent RCCs. This would simultaneously contribute to the corresponding moral imperative of achieving gender inequity in the distribution of state resources. Practical imperatives reside in the need to disseminate and coordinate both prevention efforts and practice improvements since this has been beyond the capacity of the RCCs which were instrumental in their development. In doing so, government will reduce the heavy cost of the long-term health care associated with sexual violence and inadequate responses to it, particularly if RCC knowledge is harnessed.

By implication, examination of the New Zealand Government's responsiveness to issues of sexual violence necessitates an examination of its Police service. A related and important reason for examining Police systems is that if comprehensive interagency processes are to be established in New Zealand, it seems likely that this will be through coordinating other services with Police. This is because Police is the largest and only government organisation of the three organisations providing acute victim services.

The literature has also provided solely police-related reasons for focussing primarily on Police systems. Factors affecting police ability to be victim-responsive are important and possible psychosocial consequences of police interventions have already been referred to in suggesting that police collaborate with specialists. Police responsiveness is also important to formal and positive justice outcomes for victims. Firstly, impoverished police responses contribute to negative perceptions in the community about the worth of reporting (Clark, 2002; O'Shea, 2006). In this regard, an early study reported by Carrow (1980) cited victims' fear of treatment by police or prosecutors at 52% and their perception of lack of police interest at 28%. Victim reluctance to report has meant that sexual violence is characterised by a huge dark figure (Burgess & Holmstrom, 1974; FBI Crime Reports, US Department of Justice; Golding et al., 1989; New Zealand Ministry of Justice, 2003; O'Shea, 2006; Popiel & Susskind, 1985; Vito et al., 1984; Williams & Holmes, 1981; Young, 1992). Reporting rates are variously suggested in research and range between 26% (Kilpatrick & Ruggiero, 2004) and 5% (Golding et al., 1989).

Secondly, if victims do decide to report, in being the first criminal justice system contact, police act as its gatekeepers. Accordingly, the quality of the initial police response can determine whether women decide to proceed through the criminal justice system and achieve a justice outcome. Underreporting and obstructing access are particularly important in their implication that most sexual violence goes unpunished.

'The perpetrator can draw confidence not only from the low odds that his crime will ever be reported but also from the general limited ability of the CJS to respond effectively to reported rapes.' (Carrow, 1980, p.1)

This means that the potential deterrence effects of the law are undermined and perpetrators are free to repeat their violent offending (Lonsway, 1996).

‘...unreported rapes pose a serious threat to women in particular because recidivism amongst rapists is high.’ (Bachman cited in Lonsway, 1996, p.1)

As well as direct and indirect responses to victims by individual police, New Zealand Police system responses are of concern. Although substantial attention has been directed to problematic police responses and some progress in these has been documented, Police progress generally has not kept pace with improvements in medical/forensic systems (Carrow, 1980; Mathews, 1994; Golding et al., 1989). This reflects the tardy evolution of systems which has been observed in respect of Police in general.

‘...change when it does occur tends to come about when forced on the organisation...as a result of public enquiry.’ (Ainsworth, 1995, p.158)

In New Zealand, Police tardiness became evident at the 1996 DSAC Symposium when mention was made of the advances in medical/forensic and support/advocacy care since 1983. In contrast, Police were criticised for their non-responsiveness to the need for change.

Having explained the reasons for the primary focus being government and Police systems, background research is now referred to in order to explain further refinements to the research focus. Firstly, in 1996 and in response to the 1996 Symposium showing police were comparatively slow to incorporate victim-centred systems, I had examined Police mechanisms by which quality assurance in sexual assault victim-responsiveness could be attained and found these were not systematically employed. Training was my particular focus and I found this to be minimal (Beckett, 2000). Because my own training as a nurse incorporated the possible psychosocial impacts of each physical disorder, and because police too worked with people in situations of stress, I was surprised to find that police were not similarly taught. Other findings were that police discretion was also only marginally limited by internal regulation, supervision, selection processes, and legislative interventions, and these mechanisms were often in conflict with longstanding police culture (Beckett, 2000). On the basis of those findings, internal regulatory mechanisms were incorporated in the current research in order to ascertain whether, and if so to what extent, they now contributed to advancing police practice.

Later, during the proposal formation in 2001, it became apparent that as well as these internal reasons for Police not keeping pace with the specialist care developed by other

agencies their relative professional isolation was also a contributing factor. In their criminal justice role, New Zealand police had less contact with other crisis interventionists than those in professional caring organisations. For instance, medical/forensic examinations were often conducted by a DSAC-trained doctor working with a nurse or a support/advocate. Support/Advocates were often teamed in their organisational structure with professional counsellors. In contrast, since Police did not regularly work with professional caregivers there was less opportunity for Police to assimilate caring responses. The nature of police work as responsive to justice but not intrinsically caring sometimes also meant the very need for due care was less apparent.

This was articulated by a support/advocate who commented in 2001 that police did not know what they did not know. The comment referred to police not understanding the need to know about either the psychosocial effects of sexual violence, or how to respond to complainants in a manner which was not victimising. Confirming this, another counsellor expressed unease with the way in which some police conducted interviews due to their stereotyping of women and their general lack of understanding of rape trauma. Other criticisms included conducting interviews with exhausted victims and telling prostitutes there was no point in making a complaint. Also while stranger rape was felt to be well-investigated by police, particularly after the spate of violent serial rapes committed in Auckland in the 1990s, the same energy was not felt to be given to acquaintance rape (Counsellor, 2001). In underlining what support/advocates did know, the comment about what police did not know led to my conjecture that working alongside support/advocacy agencies on a regular and ongoing basis could be a strong mediating factor in the police response to rape victims. This potential looked significant given the relative isolation of police and my knowledge that internal mechanisms for quality assurance had not been developed.

During background data-gathering, service gaps were also articulated as a reason to develop effective working partnerships between all relevant agencies in New Zealand.

'I think that the first thing is that we want to build on the links...we want to look at our relationships with counsellors... We also want to keep building good relationships with the police...The piecemeal current situation...leaves many gaps.' (Gellatly in DSAC, 1996, p.171)

This confirmed my belief that along with being an essential ingredient in developing police practice, careful collaboration between all three crisis intervention services was important to effective victim-centred practice. In evaluating New Zealand's Police systems of responsiveness, these were the two main reasons for including an examination of the partnership between the Criminal Investigation Branch (CIB), support/advocacy organisations, and medical/forensic services. Ascertaining the merits of holistic service delivery in relation to both police and victims also made examining police responsiveness in its broader setting of partnership with medical/forensic and support/advocacy partner agencies, a priority.

What was evident in the partnerships prior to the formal data-gathering was that although New Zealand police accessed the specialist DSAC doctors whenever possible, in contrast police had not responded in uniform fashion to a request that:

'...crisis workers will automatically be called in by the police to be the advocate of the woman in crisis instead of the hit-and-miss effect that we have at present. We will be an integral part of the crisis team.' (Brackenridge in DSAC, 1996, pp.170, 171)

Support/Advocacy informants confirmed in 2001 that this 'hit-and-miss' approach persisted. They were not always called or called too late to be of maximum support for victims. In addition, reasons given for passive resistance to this aspect of the Adult Sexual Assault (ASA) Policy were spurious. These included that support/advocates hindered investigations and that police could either handle disclosures themselves or call in the generalist but less qualified Victim Support. Victim Support's use caused one support/advocate to wonder if this was so that police did not have to call a specialist agency in. Some agencies were also denied a role in training police, yet elsewhere in New Zealand, and as Blair (1985) has noted overseas, they had an intrinsic role in educating police about rape effects.

In 1999 at a two day Sexual Assault District Coordinators' (SADC) seminar, I had witnessed denigration of the political values and activities of support/advocacy agencies by some police. Criticism of the 'watchdog' role did not resonate with support/advocates who thought their advocacy and support for victims should be appreciated as freeing police to proceed with the investigation, and that police needed to realise that they were not adversaries. Owing to these difficulties, one support/advocate

later expressed a wish for systems and structures to be in place so police knew they were just a link in the processes.

For their part, some police felt that support/advocacy organisations were: not always needed; not always available; and fragmented and needing to amalgamate in order to rationalise their approach (SADC conference, May 1999). Additionally, the feminist nature of the agencies was problematic for some police, and agencies were indeed resented on the basis of their monitoring function. This friction contrasted with the positive police partnership with DSAC-trained doctors and needed to be explained further. For the current study, this meant there was a need to ascertain the extent to which police and support/advocacy difficulties continued in New Zealand, and if so what practical measures could be taken in overcoming them in order to develop the partnerships necessary to holistic services.

Given that advocacy for closing service gaps is not new in the New Zealand context, but that gaps persist, it was essential for the study to incorporate research into the wider support which might be required in closing these. Historically, choices about taking collaboration to the level of partnership, and even collaboration itself, appear to have resided with the generalist Police organisation rather than the specialist community crisis intervention organisations. The evident power imbalance between Police and other organisations derived from being respectively government and grassroots in origin, and this suggested a role for official support in developing collaborative systems. The need for this was identified at the Rape Symposium.

‘Violence against women is a major community issue requiring responses to be co-ordinated across Police, government agencies, and the community.’ (Rosier in DSAC, 1996, p.153)

Along with governments’ moral obligations then, that a power imbalance manifestly interfered with agencies collaboratively responding to the problem of sexual violence in New Zealand, was another reason for taking the research into the political sphere. What was required was to examine the possibility of official bodies developing the capacity of community agencies so that they were better positioned in partnerships with police. Research was also needed on the capacity and willingness of official bodies to facilitate collaboration between all three agencies.

Having demonstrated the need for specialist holistic practice and that this ideal has not been met in the historical New Zealand context, the current study now examines the extent to which contemporary New Zealand sexual assault services approximate the ideal. Highlighting service strengths and weaknesses will allow analysis of impediments to good practice and suggest how service gaps might be addressed. What is specifically required to achieve this is: documentation and description of New Zealand's: service coverage; the degree to which services are specialist and holistic; and the processes of interagency liaison. Necessary in analysing service development requirements is knowledge of: the funding and support requirements of the agencies; structural impediments to collaboration; and the specific forms that Government support should take in New Zealand. The methods by which this data will be gathered are described next.

Chapter Four: Research Methodology

Since feminism is the theoretical foundation of this research, its ethos of equality has informed the selection of the research strategies. 'Naturalistic' interpretative methodologies are compatible with this humanistic ethos and it is fourth generation naturalistic enquiry which provides the framework in which all of the individual methodologies of current research are subsumed. 'Fourth generation' denotes the evolution of social science methodological philosophy and practice through methodological critique and critiques of the claims which can be made through implementing the social 'sciences'. On that basis, fourth generation naturalistic enquiry is not only selected for its humanism but also for its subscription to integrity as an integral part of its research processes.

In the first part of this chapter, I discuss the theoretical foundations of naturalistic enquiry. These are discussed in conjunction with their application in the feminist standpoint and activist methodologies and the multiple case study methodology employed in this research. In the second part of the chapter, I describe the progression of the research through data-gathering and analysis.

Fourth Generation Naturalistic Enquiry: Theoretical Underpinnings

Logic and Integrity: Implementation in Multiple Case Study and Feminist Standpoint Methodology

The fourth generation of naturalistic enquiry derives much of its philosophical basis from post-modern discourse analysis (Warren, 1988). Facilitated by improved communications and the increasingly cosmopolitan nature of most societies, this analysis is based on the understanding of social life as complex and based on multiple social realities (House, 1993; Posavac & Carey, 1997; Stecher & Davis, 1987). Since 'truth' was now defined as a social construct and a matter of consensus (Guba & Lincoln, 1989), this rendered void the possibility of absolutes (Smart cited in Naffine, 1996; Papineau, 1993). Such deconstruction meant that social research could no longer be viewed as having the capacity to be scientific and objective (Campbell & Salem, 1999; Ferraro, 1990; Patton, 1987; Renzetti, Davis & Henley, 1997). Instead, based on the Bohr complementarity principle, research findings were understood as:

'...based on relativism, a unity between knower and known, and a subjective epistemology...'. (Guba & Lincoln, 1985, p.6)

By implication, findings were situation-specific to people, places, and time (Palumbo, 1987) and therefore questionably generalisable (Guba & Lincoln, 1989; Patton, 1987; Ward, 1995). My subscription to this relativism dictated that for me to maintain the integrity of this study, its people, contexts, and processes would be identified in the findings as much as possible.

To enable this, I implemented a multi-procedural qualitative methodology which incorporated the three methods most frequently employed in naturalistic enquiry (Wilson & Wright, 1993). This combination of methodologies not only provided the context which explained the pertinent issues of service delivery but also facilitated credibility through enabling triangulation of the data (Campbell, 1998; Gilson, 1997; Harvey 1985; Patton, 1987). The specific methodologies were participant observation, in-depth semi-structured interviews, and descriptive case studies. In respect of the semi-structured interviews, these were conducted through site visits, during which I also collected source documentation and had the opportunity to form an impression as to the facilities and resources available for working with rape victims.

In respect of case studies, these are qualitative in-depth studies based on the theory that social life is best understood through being studied holistically and in its natural setting (Wilson & Wright, 1993). In enabling data to be contextualised by its place and time of study, case studies enable answers to the 'how' and 'why' questions (Campbell & Ahrens, 1998). In doing so:

'fourth generation evaluation moves beyond science - to include the myriad of human, political, social, cultural, and contextual elements that are involved.'
(Guba & Lincoln, 1989, p.6)

The New Zealand Police is divided into relatively autonomous policing Districts with separate budgets and management structures. Consequently:

'The 12 Districts operate as fiefdoms' (Superintendent Fitzgerald, Dominion, 12.5.2003)

On that basis, the police study population lent itself easily to case study methodology with each District providing the basis for a case study. In addition to each District having a discrete police population, with only three exceptions known to me, the District's rape-related service collaborations with community agencies were also within-District. The exceptions were Northshore/Waitakere/Rodney⁶ and Auckland City Districts' police both liaising with Auckland's support/advocacy agency, HELP. Also, these Districts' police and Counties Manukau police all liaised with one group of DSAC-trained doctors due to the relatively small geographical size of the three Auckland Districts.⁷ The third exception was Tasman District complainants occasionally being taken to the Canterbury District for medical/forensic examinations if the sole trained medical/forensic examiner in the Greymouth and Westport Areas⁸ was unavailable. Since there were few instances of between-District collaborations, Districts therefore provided a framework for the data-gathering, analysis, and some presentation of the findings of this study.

Because there were 12 Districts, the case studies could be subsumed within a multiple case study paradigm. This research design has:

'...all the advantages of a single case design in capturing real world contexts, but in repeating the procedures on multiple cases this replication enhances the validity and generalisability of the findings'. (Galloway & Sheridan cited in Campbell & Ahrens, 1998. p. 541)

Accordingly, across Districts and in the Areas where District Headquarters were based, interviews were sought with District Commanders, Sexual Assault District Coordinators (SADC), detectives (CIB); police child abuse team (CAT) managers, Child, Youth, and Family (CYFS) managers; specialist support/advocacy and medical/forensic agencies, Victim Support, and Safer Community Council (SCC) representatives. Subsequent to data-gathering in each District, individual District case studies were written and these enabled comparative analyses of services and processes between the Districts.

⁶ Renamed Waitemata.

⁷ See Appendix One.

⁸ Districts are divided into Areas

While case study methodology is a response to the relativism created by the influence of places and time, standpoint methodology is the response to the relativism brought to research by researchers. Accepting this, prior generations of research have pursued increasingly complicated experimental designs to eliminate the researcher-as-a-contaminant and maintain research integrity. Fourth generation naturalistic enquiry brings the understanding that this is impossible (Campbell & Salem, 1999; Carrow, 1980; Ferraro, 1990; Naffine, 1996; Stecher & Davis, 1987; Warren, 1988). Rather, acknowledging within the research influences which limit the 'objectivity' of findings has become the means to maintaining research integrity (Cronbach cited in House, 1993). Accordingly, ethical considerations are an intrinsic aspect of fourth generation, with honesty and integrity characterising the research.

Influences include the values of the researcher (Edelson & Bible, 2001; Haggis, 1987; Warren, 1988). Political forces can also provide the motivation to study particular social questions (Guba & Lincoln, 1985, 1989; Hippensteele, 1997; House, 1993; Palumbo, 1987; Posavac & Carey, 1997; Pugh, 1987; Rossi & Freeman, 1987; Shapiro & Rinaldi, 2001; Wilson & Wright, 1993). These will also impact on: which aspect of a question is researched (Campbell & Schramm, 1995); how the research question is defined; how information will be collected and interpreted; and which of the information uncovered is thought relevant to the research question. Unless influences are acknowledged, findings can be distorted as much by the data included as by data left out.

Feminist standpoint methodology manages these researcher-effects through researchers articulating their own: standpoint; decision-making processes; and the possible impacts of these. This requires researchers to incorporate self-reflexiveness in regard to their own perspectives and position in relation to the subject matter researched (Code, 1991; Howe, 1994; Haggis, 1987; Hippensteele, 1997; Naffine, 1996; Wilson & Wright, 1993). Women's experiences within societies defined by patriarchal values facilitate their self-reflexiveness. Aided by feminist consciousness-raising, women are now more aware that 'mainstream' (malestream) values and definitions of social reality do not reflect all values or their own lived reality.

The effect of standpoint methodology is to make research decisions and findings more transparent in their conception (Gelsthorpe & Morris, 1990). When the political purposes of the research; influences on the researcher; and influence of the researcher

on those researched are reflected on and disclosed, the reader then has the conceptual tools to place the findings in perspective and evaluate them. The importance of this is underscored by the social consequences of traditional research which has obfuscated the basis for findings. For instance, Lombroso's influential positivist criminological research contributed to negative stereotyping of women through finding that women's inferior biology was causal in female offending (Smart, 1976). Yet female offending is recorded at significantly lower levels than male offending, making apparent the illogic of Lombroso's position. Incorporating transparency into research makes it less likely that such research 'findings' can be misused in making generalisations about categories of people (Dobash & Dobash, 1992; Smart cited in Naffine, 1996).

The need for self-reflection as well as transparency is also evident in relatively recent criminological study. Research by male researchers has been characterised by an absence of self-reflexiveness in being conducted without reference to the impact of assigned gender roles (Campbell & Schramm, 1995; Ferraro, 1990; Hippensteele, 1997; Smart, 1976). This is despite gender being the single biggest variable in criminal offending statistics (Heidensohn, 1985). As a result, claims about criminality in society-as-a-whole have been made, when what has actually been studied is offending by men only. Again, this is the result of a male-defined social world, which in rendering women invisible has nullified awareness of self as a *male* researcher (Smart cited in Naffine, 1996; Warren, 1988; Code, 1991). In other words, limited self-consciousness prevents researchers from understanding their own standpoint as *men*, allowing the findings from studies of male behaviour to be generalised to include women.

Humanism – Implementation in Feminist Activist Research

Feminist research principles inform and share the philosophical and methodological ideals of fourth generation naturalistic enquiry in respect of humanism as well as integrity. Feminist research is further defined as being research on *women's* social issues in order to promote the humanistic aim of gender equality (Ward, 1995, Hippensteele, 1997). As a '*political exercise, involving power, control, and hierarchy*', this has been necessitated by traditional research pursuing a self-serving agenda (Urban & Bennett cited by Edelson & Bible, 2001, p.83). Those examples already given show that feminist research is needed to correct the inaccuracies in what has passed for the 'knowledge' which traditional research has produced (Gelsthorpe & Morris, 1990; Smart cited in Naffine, 1996; Haggis, 1987).

The first step in counteracting this flawed knowledge has been consciousness-raising through discourse analysis of traditional research 'findings' about women and of the role these have in controlling women. In patriarchal society, since knowledge production has been controlled predominantly by men (Chesney Lind & Sheldon, 1992) this has allowed men's determination of reality and control over societal outcomes (Gelsthorpe & Morris, 1990; Guba & Lincoln, 1989; Heidensohn, 1985; Naffine, 1996; Worrall, 1990). As evident already, gender classifications have been embellished through research findings of positive attributes imbued in men and negative attributes imbued in women (Andre Bertrand, 1990; Carlen, 1983; Diamond & Quinby, 1988; Greer, 1970; Hekman, 1996; Hindess, 1996; Howe, 1994; Martin et al., 1992; Rella, 1994). Such denigration of women has served to disable protests about their treatment and consolidate male privilege (Campbell & Schramm, 1995; Greer, 1970; Naffine, 1996; Smart, 1976).

A particularly relevant aspect of the male-defined positive men but negative women dichotomy is rape mythology which attributes culpability for rape to individual victims (women) (Elias, 1990; Shapcott, 1988). One example is Freud's research which found widespread sexual offending against females, but eventually attributed this to fabrication by young girls with a subconscious desire to have sex with male relatives. This Oedipal explanation served patriarchal political purposes by discrediting complainants of child abuse, while simultaneously hinting that if sexual activity did occur it was initiated by female children. Although Freud's research has been critiqued as owing more to male imagination than to any legitimate sociological study (Naffine, 1996), its influence remains pervasive and evident in contemporary rape mythology. This is particularly in respect of women lying about rape, but also asking for it, deserving it, and loving it (Shapcott, 1988). In combination with more general negative perceptions of women's worth, mythology also contributes to a view of rape as unworthy of government commitment of resources for either prevention or building services. Hardgrove (1976) has made this connection by directly relating secondary victimisation to men's traditional 'treatment' of women. Since rape mythology has had such a powerful negative influence on women's treatment as victims it is little wonder that prior generations of research have been referred to as *'intellectually inadequate and morally distasteful'* (Smart, 1976, p.36).

The second step in correcting knowledge about women has been new research to counteract the power of prior 'realities' (Garland, 1985; Gelsthorpe & Morris, 1990; Heidensohn, 1985; Hippensteele, 1997).

'...one of the major goals of feminist participatory research (fpr) is the generation of usable knowledge, not the production of knowledge for knowledge's sake. In a fpr project, the knowledge created should enrich practice and inform policy making. ... In my view what sets this research apart is that it is good social science; that is, it seeks to give voice to, and to improve the life conditions of the marginalised, and it transforms social scientific inquiry from an academic exercise into an instrument of meaningful social change.' (Renzetti in Schwartz, 1997, p.143)

Accordingly, feminist research has identified the *realities* of women's lives (Walklate, 1989). As a result, societal perceptions of sexual victimisation are increasingly understood as mediated by myths which exacerbate rape effects and hinder victims' recovery. Sexual violence by known men is also increasingly understood as common and at one end of a continuum of violence by men against women (Dobash & Dobash, 1992; Kelly, 1989; Smart, 1976). This knowledge has vastly different implications for how both victims and perpetrators are perceived. Having begun to alter the treatment individual women receive, it also has implications for self-perception and ability to recover. A considerable difference has been made then through feminist research articulating the social reality of rape.

Contemporary social realities dictate that feminist activist research is ongoing, since: sexual violence against women remains prevalent; men's definitions still control some rape outcomes; and government still neglects this preventable women's health issue. As Palumbo (1987) has identified, evaluative research has an intrinsic role during goal setting processes. In evaluating New Zealand's systems in comparison to the best of systems overseas, the current research has a political purpose. That purpose is to highlight the need for government to understand the social reality of rape and understanding this, for its organisations to reframe their goals to include greater commitment to professionalism in responsiveness. In the interests of women's equality, I hope that the research will also make it evident that government goals should also be reframed to include greater commitment to a rape-free social environment since:

'The special function of evaluators is to focus on and make all participants aware of the broader public interest involved in public policies and programmes.' (Palumbo, 1987, p.35)

Activist research can have other positive impacts. When questions are asked and discussions take place during data-gathering processes these may act in a consciousness-raising fashion, prompting further thought about the form which services might take.

'So you coming makes me think about a few things and think I must find out about that and just see what happens.' (DSAC 10)

This makes the process simultaneously part of the impact (Ward, 1995; Wilson & Wright, 1993).

The current research also became activist in a more immediately proactive sense. Through attendance at meetings and seminars, it became apparent that passive observation was unrealistic in all settings. Rather, *participant* observation reflected:

'...an alternative paradigm for research that acknowledges the social relationships involved in research, that recognises the interest of the researcher in her topic and attempts to mitigate the hierarchical and exploitative relations that characterise traditional social science research.' (Mathews, 1994, p.xix)

Losing the arbitrary boundaries between researcher and respondents has lengthy precedent, and particularly in research on violence against women is becoming more standard practise (Edelson & Bible, 2001). To the extent that I became a participant as well as an observer in discussion forums, victim-centred feminist activism occasionally ran parallel to the research processes. On other occasions, I assisted in processes aimed at improving responses to victims in the longer term. Hippensteele (1997) supports this work by identifying that in providing direct assistance it adheres to a 'feminist ethic of care'. At police request, considerable time was spent assisting the development of police training. Congruent with the thesis that collaboration by specialists in holistic services is good practice, and having made many contacts around the country, suggesting and arranging contacts between all three organisations has been another contribution.

Since this research pursues an issue of social justice, philosophical congruence demanded, and my in-depth contact with all three organisations reinforced, that the research strategies were similarly cognisant of the rights of respondents. Care in my collaboration with respondents was felt to be as important as the care required by police, medical, and support professionals when collaborating with each other. Moreover, fourth generation enquiry explicitly states that research requirements are secondary to respondents' rights and should incur no harm (Guba & Lincoln, 1989; House, 1993; Posavac & Carey, 1997; Small cited in Edelson & Bible, 2001; Wilson & Wright, 1993). Accordingly, a non-hierarchical relationship between investigator and those investigated is advocated (Hippensteele, 1997; Ward, 1995; Wilson & Wright, 1993). This is denoted in 'subjects' becoming 'respondents' (Guba & Lincoln, 1989).

Ideally, respondents' rights are protected through consultation over research processes. Input is solicited from respondents as to the issues to be studied and the form an enquiry might take (House, 1993; Shapiro & Rinaldi, 2001). Doing so is based not only on the need for equality, but also on combining the extensive knowledge of those studied with the knowledge of researchers.

'...collaborative partnerships strengthen rather than weaken the process of scientific enquiry and program development....' (Edelson & Bible, 2001, p.74)

Thereafter, feedback is ongoing in a hermeneutic process facilitated by the researcher. This incorporates respondents' reactions to findings from other parts of the study (Guba & Lincoln, 1989; Posavac & Carey, 1997). Translating equality into practice also means that original data and respondents' views are represented as fully as possible in the final product.

In the current research, the methodology was always compatible with the humanistic tenets of naturalistic enquiry. However, personal resource constraints and university ethics requirements meant that in three respects the methodology could not include all the consultation opportunities described. Respondent input into: the issues to be studied; the research design; and data unrelated to their own input were not included. Time constraints were not only my own, but importantly also those of respondents, with many having already volunteered their time to the work.

‘One of the most commonly cited challenges of collaborative research is the intensive time commitment required by all involved...and even more so when the process is shared among collaborators from different disciplines, who often have different values. ...Time spent in the research endeavour often means time away from critical work.’ (Edelson & Bible, 2001, p.76)

Instead of engaging professionals in dialogue about the research issues and design, I attended agency and interagency meetings in order to understand which data was important to gather. Because it posed a risk to confidentiality, rather than seeking feedback on responses from other parts of the research, philosophical discussion on ideal practice was incorporated at the end of the interviews as a variation of the hermeneutic process. This enabled respondents’ ideas to directly inform the recommendations. In avoiding the need for repeat approaches, these measures preserved the professional time of respondents and obviated the risk of inadvertent disclosures. When the first draft was completed, one representative from each organisation was approached to read it for accuracy and this contributed to the validity of the interpretations (Carmody, 1997).

However, the requirement to accurately and fully represent the views of respondents was instrumental in selecting data-gathering techniques which best enabled these to be heard. I rejected surveys with Likert-type scales because these prematurely foreclosed on respondents being able to give the information they felt to be most pertinent (Campbell & Schramm, 1995; Leyland, 1987; Walklate, 1989). This has been noted by others researching in the sexual violence field.

‘Many staff reported they were frustrated with 1-5 scale type questions. Open-ended questions would be preferable. They emphasized that they wanted to talk about their centres in their own words....’ (Campbell et al., 1998, p.464)

Patton (1987) too has noted the advantage of open-ended questions which can be answered by respondents in their own way. Although ‘other’ comments can be invited at the end of questionnaires these do not counteract the data distortion which accompanies fitting responses into foreordained categories. Postal surveys were also discounted because the language of surveys can be confusing, with questions sometimes not interpreted as meaning what the researcher intended. For their part, respondents

have been reported as being concerned about researcher ability to assign true meaning to their responses in the absence of contextual knowledge (Hippensteele, 1997).

In the current research, these problems were avoided by implementing inductive enquiry through personal contact and semi-structured interviews comprised of open-ended questions. This enabled respondents to clarify questions and qualify their replies. In turn, it allowed me to clarify their replies and ask subsidiary questions when necessary. Additionally, respondents could initiate discussion on related matters which allowed pertinent issues to be explored until they were meaningful and understood in their context. This was easier to achieve as data-gathering progressed and interviews became more relaxed. The written schedule, minus prompts, was given to respondents who then dictated the pace of the interview from it, thereby minimising the possibility of influences related to the way in which questions were asked. Respondents were also requested to give: feedback on the questions; views on incorporating defined elements of overseas practice; and input into future service directions. In this way, the interviews became more of a dialogue which operated synergistically to stimulate ideas.

Including the ideology of respondents was a deliberate implementation of the politics of inclusion of '*rival discourses*'. The philosophical basis for this was in there being no '*single monolithic philosophy that yields access to the truth*' (Code, 1991, p.305). This was appreciated in the field.

'...the exchange of ideas, you tend to get more truth out of it.' (CAT 12)

Other feedback was that respondents appreciated the opportunity to be heard (CAT 12; CIB 8A, 8C) and to think about why they were doing the work in the way they were (Support/Advocate 2) and where they were going with it (Support/Advocate 4). Structuring the interviews so that philosophical discussion took place at the end also allowed a more relaxed and profitable interchange and gave the opportunity for debriefing from the interview itself.

In addition to clarifying meanings and adding context, in related research site visits have been found to increase willingness to help with the research.

‘Several directors said they would not have helped us if we had mailed them questionnaires, yet many went to great lengths to provide us with the data we needed in the interview.’ (Byington et. al., 1991, p.89)

This is borne out in the contrast between the very few refusals to take part in this research and only a third of RCCs responding in the Australian National Data Collection Project survey (NASASV, 2000). Also, only half of New Zealand’s support/advocacy agencies responded to a 2005 Crime Prevention Unit survey posted to them (network meeting, 21.3.2005). As with partnerships between different service organisations, the effort to make personal contact is important to effective working relationships between respondent and researcher.

In-depth contact makes it particularly important to observe the requirement for self-reflexiveness. Inasmuch as study requirements have allowed them, friendships with some of those involved with acute support and medical services have developed over the last decade during both this and previous research. However, since a shared ideology is one reason for rather than the outcome of these liaisons, I do not believe these have mediated the research. A much longer-standing and closer relationship is with a serving police officer, but this has no direct relationship to the subject matter of the research. For methodological reasons - that is, to avoid biasing the responses, no mention of my partner’s role was initiated by me on seeking access for police interviews. It was unusual to be questioned about whether there was a family connection, but if so this was acknowledged and reassurance about confidentiality and the independence of the research was given. On completion of two interviews, in which it became apparent that this relationship was known, I asked if the connection had made a difference. Unsurprisingly police respondents felt they could be more open with a member of the Police ‘family’. This response, and the more prolonged contact with respondents in other services, strengthened my concern to represent the services accurately.

In respect of the effect of activism on responses in interviews, since most proactive endeavour has happened behind-the-scenes it is unlikely to have impacted on the data given. In respect of my analysis, activism and prolonged engagement have meant a degree of immersion in the field which has occasionally made it harder to critique practices as being unhelpful either to victims or to progress. Liking for respondents, gratitude for their

time, and sympathy for their difficulties in working in an under-supported field has made critical comment more difficult. This risk was accepted when balanced against the depth of information gained from the field, and in particular the ability through ongoing involvement in activist work to triangulate data and be confident in the fullness of the picture gained.

To the extent that I have felt disinclination to make critical comment this has been managed by keeping the overall research aims, in particular the need for victims to receive professional responses, at the forefront of the analysis. I have felt supported in this by exhortations in other research.

‘The interests of the poor and powerless are not usually represented in the evaluation. Evaluators should search for and define the views of minority groups if those groups are stakeholders in the programme being evaluated.’
(House, 1993, p.xiv)

While the political imbalance described by House affects all women, the primary stakeholders are victims since I consider them as those most deeply affected by the current capacity and forms of service delivery. Real clients are also those attempting to provide effective services in an exacting and little-appreciated field of work. Its exacting nature derives in part from the necessity to respond carefully and self-consciously to those in acute stages of crisis, when every word, facial expression, and gesture takes on significance it would not have in ordinary circumstances. Researching the requirements of victim-centred responsiveness is one means to improve that response and in doing so, support Police.

The Progression of the Research

As with contextualising the research decisions, documenting the ongoing progression of the research is in keeping with standpoint methodology, since:

‘...precise documentation of the progression of research has been referred to as maintaining a chain of evidence.’ (Wells in Campbell & Ahrens, 1998, p.541)

Participant observation has been an important aspect of this research. At the outset of the literature review during proposal development, I commenced observation of regular meetings between community organisations which included Rape Crisis and HELP.

Regular meetings between police from the Northshore/Waitakere/Rodney and Auckland City Districts, DSAC-trained doctors, and HELP were also attended. During these, important topical issues were discussed and systems of responsiveness were refined. Access to the meetings was assisted by prior contact with HELP during my evaluation of police training for investigating adult sexual assault complaints.

My attendance at these meetings continued for several months during 2001. In addition to ascertaining feasibility of the study, benefits of participant observation at this point included familiarisation with the research setting and facilitation of the development of a conceptual framework for the study. In addition, information on related seminars, conferences, and training sessions was available at these forums and my attendance at these increased my knowledge of the field as well as maintaining my awareness of recent developments.

Participant observation continued after moving to Wellington and my formal enrolment at Victoria University. My initial observation was of HELP peer review meetings and regular meetings between HELP, police, and DSAC. These latter contrasted with Auckland meetings in being case management meetings which were frequently followed by ad hoc discussion of interagency issues. After several months, attendance at these was halted when a new HELP manager determined my attendance to be incompatible with privacy legislation. Over the last four years, DSAC peer reviews and meetings between various rape-related community organisations have been regularly attended. A particular benefit of participant observation in Wellington was my becoming aware of regular email resources which detailed contemporary research in the sexual violence field.

This ongoing immersion in the field enabled me to gain a grounded perspective on what was important to incorporate in the research. While selection of systemic features to review and questions to ask were initially informed by themes teased out of literature on the requirements for effective practice, participant observation enabled these to be refined and complemented with knowledge of what was important to professionals in local systems responses (Edelson & Bible, 2001; Patton, 1987). Interviews were also able to be better tailored to each of the different organisations. Based on these two sources then, interviews explored many features of responsiveness to victims. Some detail sought was factual, for instance in determining what services were provided, how,

and by whom. Additional information which was sought due to understandings gained from participant observation included material on rotation, experience, debriefing, and facilities. Other questions examined features of interagency partnerships. Overseas precedents provided the basis for philosophical discussion on transportability of these to New Zealand and the new forms of organisation which services might take.

Constructing interviews simultaneously from the field and the literature also assisted in maintaining an open mind and preventing subscription to:

'...moral theories [which] close off possibilities of understanding... [and] ...a suspension of claims on behalf of theory.' (Code, 1991, p.306)

Instead of reliance solely on the literature and theory to make the *'strange familiar by slotting it into pre-constructed categories or spaces'* (ibid), in using ethnographic measures to make the 'strange' familiar such pre-construction was obviated.

Another important benefit of participant observation was that it facilitated trust through a developing familiarity with those working in the field, as well as through making evident my commitment. In turn, it shows greater respect than situations in which:

'Staff members have known (or heard about) researchers who came to programmes to collect data and then never contacted the programme again once the data were in hand. One researcher labels such practices 'drive-by-data collection'. This results in programme staff feeling that they have been exploited.' (Edelson & Bible, 2001, p.77)

However, I was careful to maintain trust by not taking for granted my presence in any of the many forums attended. If I was invited or I requested to attend relevant forums, during general introductions at the outset of meetings I usually stated that if there were qualms about my presence I was happy to leave. If feasible, I contacted unknown parties in advance, stating my interest and role and requesting permission to attend. This rarely met with refusal. Trust was consolidated through my assurance that participant observation was used only for context, triangulation, developing the research tools, and keeping up-to-date with changes. Becoming known to some working in the field is likely to have facilitated access for later interviews and may have contributed to frankness during interviews.

Ultimately then, participant observation has been an invaluable tool in facilitating access, as well as ensuring that the research has remained grounded and informed by contemporary initiatives. All of these factors have contributed to a greater likelihood of accuracy in the findings and enabled me to be more confident in my analysis. These advantages of participant observation have been found in other research into sexual violence responsiveness.

‘...this methodological technique can capture multiple perspectives in real world contexts...researchers can have greater confidence in the applicability of their findings’. (Campbell & Ahrens, 1998, p.542)

As noted, participant observation gave a grounded perspective on features of the New Zealand context which the research needed to encompass and in doing so, it contributed to decisions which limited the study population. So too did time and resource constraints. These necessitated limiting the study primarily to areas where highlighting the need for change could have the most impact. For instance, government had the resources to re-examine its services and the broader picture in which these operate, if prompted. Since its Police service was the least victim-centred crisis intervention organisation, the scope of Police system change which could be effected was considerable, particularly if identifiable issues of collaboration were incorporated in the research alongside internal Police factors. This necessitated data-gathering on, and analysis of, support/advocacy and medical/forensic capacity to partner police as a subsidiary focus.

Further limitation of the study population was dictated by the multiple case study requirement of matching respondents from each District as closely as possible by role. This made the population sample a ‘purposive’ one. Matching was limited a little by District idiosyncrasies in positions both created and filled; respondent availability; and the choice of a very few who elected not to participate. District Commanders were selected for their control over District operations and their membership on the decision-making national Police Executive. Only two Districts had officers who even approximated the SADC role, so SADC interviews were conducted with District Crime Service Managers (CSM) or Area CIB supervisors. Interviews were also conducted with frontline CIB investigators. Victim Support managers were selected into the study

because I was aware that Victim Support was a police partner in providing sexual assault services in some Areas of some Districts.

CAT and CYFS respondents were included in order to provide information about responsiveness to child sexual assault victims in New Zealand. There are a number of reasons for this data inclusion. Firstly, international literature which provided the basis for a comparative analysis of services included descriptions of services for child sexual abuse victims which helped to define ideal practice as holistic service delivery (Boles & Patterson, 1997; Chandler, 2000; Crimes Against Children Research Centre, 2001; District of Columbia, 2001 (a & b); National Children's Alliance, 2000, 2002; Wurtele, 1999). The same was true of New Zealand literature (Miller Burgering, 1994; Porch, 1990). Secondly, some New Zealand commentators have suggested that the need for comprehensive services for child victims is better recognised than the need for such services for adults. For instance, in New Zealand both Jordan and Miller Burgering have remarked on the comparative evolution of responsiveness to child sexual abuse victims (in DSAC, 1996). Successes enabled by holistic services for children can encourage development of holistic services for adults.

'An initially successful team approach toward one type of crime can lead to initiatives to institute similar teams for other crimes.' (Toth cited in Boles & Patterson, 1997, pp.xiii, xiv)

Thirdly, the literature indicates that legal and psychosocial issues in child and adult sexual crime are similar. For instance, some US adult sex crimes investigators were trained in a Child Abuse and Exploitation Investigation Training Programme (Epstein & Langenbahn, 1994). Other links have also been noted in the crossover in personnel (Boles & Patterson, 1997).

Given this similarity of issues, the crossover of personnel, and the relative success in meeting practice standards in responding to child sexual abuse, New Zealand services for children were included in order to provide a within-New Zealand basis for comparative analysis. There were three main reasons for this. The first was to provide an exemplar of fully government-funded holistic services working for victims of sexual crime in New Zealand. The second was to ascertain whether any special New Zealand methods or protocols governed interagency liaison or service delivery in the child field

which could be transferred to the adult arena. ‘Overlapping personnel’ and the effects of this were also of interest. Since child services incorporated many features of ideal practice overseas, the third was to demonstrate that this quality of practice could be achieved in New Zealand conditions. Services for sexually abused children were provided through two government agencies, Police and CYFS, from which CAT and CYFS Managers were selected for interview. In finding that CAT/CIB roles were occasionally combined (overlapped), only eight discrete CAT interviews were conducted.

Incorporating an examination of central and local government involvement with services was based respectively on the need for leadership in coordinating and funding services, and on the importance of local level adaptations to local problems through local government (Boles & Patterson, 1997; Bryant & Cirel, 1977; Carrow, 1980; MCASA, 1997).⁹ These bodies of literature, combined with Wilson and Wright’s (1993) suggestion of developing an awareness of the national and regional context of programmes, confirm the pertinence of examining the current parameters of official responsiveness. On that basis, the need for, possibilities, likelihood of, and official interest in local body coordination and support of services if backed by funding from central government, was also explored in the current research.

The population sample was extended then to include the official body which had most relevance to coordinating sexual violence responsiveness. Since the Justice Department’s Crime Prevention Unit partially funded Safer Community Councils (SCCs), and these were affiliated with local city or district councils,¹⁰ SCC representatives were also interviewed. This was to establish their current involvement or willingness to be involved in coordinating or funding responsiveness, and to ascertain their views on what benefits might accrue from national and local coordination and funding of services. The pertinence of selecting SCCs as the appropriate local coordinating body is reinforced by the London example of Police linking with Community Safety Units. It has again been reinforced through the first audit of support/advocacy services in 2005/2006 being conducted by the Crime Prevention Unit. In addition, in 2006 this Unit funded the national meeting of support/advocacy agencies.

⁹ See Chapter Seven.

¹⁰ City and District councils have similar structure and functions. They will be referred to as local councils.

Thereafter, the selection of respondents was dictated by the aim of representing the breadth of services. Initially I had considered reducing the size of the study by sampling just some Districts. However, the basis for District selection was unclear given their idiosyncratic profiles and research suggesting variable sexual assault responsiveness (Jordan, 1996). The risk of leaving any District out could have been missing the one with the best model of service delivery. The decision to include all Districts was also based on my aspiration to make the study a useful resource (Edelson & Bible, 2001; Hippensteele, 1997; Renzetti, 1997; Rossi & Freeman, 1987; Shapiro & Rinaldi, 2001). The 'fiefdom' comment supported my perception that some uptake of research suggestions could be decided at District level. This meant that all Districts needed to be included for each to perceive there was local value and relevance in the study. In addition, since the study included issues of government responsibility and national coordination, it was congruent to conduct a truly nationwide study. Not providing a comprehensive nation-wide study also risked reducing the perceived status and acceptability of the research to the Police organisation as-a-whole, potentially jeopardising its employment as a resource. Lastly, keeping all 12 Districts in the study was also seen as a way, through cluster analysis, for the findings in each District to be reinforced in terms of the credibility of the claims the research might make (Campbell & Ahrens, 1998).

The interview population was extended to achieve depth as well as breadth in the findings since service coverage was not expected to be any more standard than that of comparative overseas countries. Gaining District-wide perspectives also catered to the need to ascertain the impact and importance of 'contextual conditions' (Yin cited in Campbell & Ahrens, 1998). This was more important since, given the multiple case study imperative of replication, the regular District interviews were all in Areas closest to District Headquarters. Inevitably then these were conducted in urban areas where services were expected to be at their most comprehensive due to fewer population and distance-related resource issues. This meant that information from them could not appropriately be generalised to Police as-a-whole. In-depth data collection enabled ascertaining what differences the rural/provincial/urban divide might make to service delivery and whether being at a distance from District Headquarters made any difference in practice.

An in-depth focus comparing city and rural services was reinforced by the acknowledgement that:

‘While small communities tend to view themselves as resource-poor, they’re really not.’ (Epstein & Langenbahn, 1994, p.61)

Although smaller communities might lack specialised facilities, axiomatically they also deal with smaller populations and less frequent sexual violence. Research also shows that irrespective of size all communities can develop a coordinated response through local level adaptations (Epstein & Langenbahn, 1994; Hornibrook & Myers, 1996). This was based on the finding that the most important resource was people who gave their time to victims and in knowing the population were able to galvanise the community.

For all of those reasons, I decided to explore two Districts in greater depth through site visits to every police station with CIB capacity. In the interests of balance, I decided to include a South and a North Island District. Using the District profiles and map¹¹ on the Police website, the Wellington District and the three Auckland Districts were excluded on the basis of their predominantly urban character. With a larger geographic spread, the Canterbury District was less populated but was similarly discounted due to its large urban population. Eventually the South Island District was selected on the basis of its geographic spread and having stations at the greatest distance from its Headquarters. The North Island District was selected for its rural nature and distance from the Office of the Commissioner.¹² In the Districts studied in-depth, interviews with CIB, Victim Support, specialist support/advocacies and sometimes medical forensic personnel, were sought in each station’s Area.

Many of the decisions outlined above about the content of the study are supported by Boles and Patterson’s (1997) determination of the sequential steps necessary in achieving holistic service delivery. These included: establishing an interagency council; developing a protocol for victim-centred systems; developing an inventory of existing services in the community in order to work from these; basing the establishment of council services on feedback from former victims; conducting a community needs assessment; monitoring and evaluating protocols; and developing training based on these protocols.

¹¹ See Appendix One.

¹² OoC is renamed as Police National Headquarters.

The interagency council recommendation supports exploring SCC willingness and capacity to fund and organise a multi-agency community response to rape through community councils. The inventory requirement supports exploring what services are currently available in the Districts. The community needs assessment recommendation supports asking managers what needs to be done differently for rape victims in New Zealand and provides an insider-based perspective. The need to develop protocols and interagency and intra-agency training supports including questions about both in the interview schedules for crisis interventionists. Police training for responding to sexual assault victims has already been studied (Beckett, 2000) and informs the current research.

The research design makes it possible then to examine whether and how specialist holistic services can be achieved in New Zealand. However, victim testimony about services was not included in this research and this is recognised as a limitation. This testimony has already been collated, particularly in respect of reporting to Police (Anstiss, 1995; Jordan, 1996; Young, 1983). It too informs, and was important also in instigating, the current research. Congruent with the aims of this research and since my questions might evoke rape's negative psychological effects, having neither qualifications to support respondents nor ability to refer on, I was not prepared to risk incurring their secondary victimisation.

Having decided on the parameters of the study, the first eighteen months after enrolment involved ongoing participant observation, extending the literature review, and concurrently constructing interview schedules. University Ethics Approvals were also sought and on receipt of these, Police and CYFS organisations were approached for approvals to contact their personnel for interview. When these were granted, over one year from mid-2003 until mid-2004, one police District per month was visited. This was preceded by emailing or telephoning District Commanders to: explain the research; seek interviews with them; and request permission to interview staff in their Districts.

Along with District Commanders, those included as respondents in the study were selected for their knowledge of existing processes and procedures. I began contacts based on my own knowledge from previous research about which police occupied relevant roles. When this failed me, District Commanders or their designated

representatives supplied this information. Police who were contacted were asked who their main partner agencies were and this determined who would be approached in support/advocacy and medical/forensic roles.

A potential disadvantage of using nominated respondents is in the possibility of bias in the sample. As a purposive sample, all informants were selected by role which meant that in most cases there was only one possible respondent. This was not the case for CIB in generalist squads, and it may be that some CIB nominated were those felt to have the most acceptable public face. This possibility was limited by police busyness, by who was available during my visits, and by staffing levels. For instance, in rural stations there was only one officer. In reality, few CIB were nominated as respondents because most interviews were simply conducted with the detective who answered the phone when I rang to enquire about interviews. Regardless, the population sample of 44 police members from all echelons within the 12 police Districts allowed for a varied sample of respondents.

Bias effects were also limited by the descriptive nature of much of the data allowing for triangulation through the many interviews in each District. Information about partner agencies was also cross-referenced through available directories of the community organisations. Often this meant that representatives of other support/advocacy organisations were also interviewed even if not currently acting as police partners. This was helpful in gaining agency perspectives on why they had never, or no longer, worked in this capacity.

Of the 12 Districts, four District Commanders were absent from their Districts during my visits, six granted an interview, and two declined. All District Commanders agreed to my approaching their staff to take part. Subsequent to permissions received, District by District other potential respondents were telephoned to explain the research and set interview dates. The only other refusal received was from the District 10 SCC representative. At this point seven SCC interviews had taken place and I decided not to seek further SCC interviews. This was due to the combined effects of the refusal and SCC representatives being variously receptive to being asked about the possibility of becoming involved in coordinating sexual assault services.

In the Districts, audio-taped interviews were conducted in the workplaces of each respondent. If source documentation was suggested or evidently relevant, requests were

made for paper or electronic copies. These included: memorandums of understanding; training documents; written reports; support/advocacy pamphlets; minutes of meetings; founding documents, such as charters expressing mission statements; training videos; and workplace correspondence.

My stay in the District was one week or two, depending on whether the District was studied in-depth. For the remainder of each four-week period, the tapes were transcribed using dragon voice-activated recognition system. The data from them was analysed and written into District case studies and this process was concurrent with making contacts for the District which was to come. For several months, that pace was achievable until the last few months when the latter part of the cycle of contact-travel-interview-travel-transcribe-analyse-write was replaced with transcribe, analyse, and write as able. A bonus of interview discussions was in being referred more than once to Central District's Kimiora service in New Plymouth because of its 'best practice' in having integrated service delivery. Although it was not in the original research design, an additional site visit and interview were arranged for Kimiora.

Both during and subsequent to the empirical data-gathering year, opportunities presented to gather data by attending related seminars. One such was a two-day conference in London in mid-2005. The decision to interrupt the thesis writing for data-gathering abroad was inspired by two factors. One was Lovett et al.'s (2004) positive evaluation of the SARCs and the prospect of seeing these firsthand. The other was being able to share a New Zealand officer's contacts and through them gather data on Metropolitan Police service delivery. The two day conference was invaluable as were site visits and interviews at: Hendon Police Training College; Project Sapphire headquarters; a Project Sapphire operational site; and the Haven Camberwell SARC, all of which yielded source documentation. The main importance of this trip to the current research was in consolidating the belief that holistic practice based on careful collaboration by specialists was the means to provide the optimum care to victims of sexual violence. In addition, the trip strengthened my belief that this model was adaptable to New Zealand conditions.

Data Analysis

Data from the 113 interviews throughout the 12 Districts was qualitatively analysed and triangulated through other interviews, site visits, source documentation, and participant observation. In reporting the findings, respondents quoted in the text are referred to by their role and through a numerical code given to their District, and where applicable Area, based on the order in which these were visited. Departures from codes occur where positive effects were seen to flow from District or Area systems management. Districts and Areas are also named in the tables because the factual aspects of organisational practice which these collate are already accessible in the public arena.

Multiple case study methodology determined how the factual data was managed in the first instance, with findings needing to be written into case studies of each District. This enabled discrete analyses which limited losing the sense of each District while data-gathering continued. While there were few factual discrepancies between interviews, case studies also highlighted these, enabling other data sources to be accessed for clarifications. The first case study provided a 'key copy' in organising the material and providing a basic reference point in scanning subsequent case studies for further themes (Wilson & Wright, 1993).

On completion of the District case studies, factual material including that on partnerships, services, and adherence to the ASA Policy was analysed through its collation into tables organised around the 12 Districts. This also facilitated the comparison of Districts on a national basis, enabling features of Districts which might contribute to, or correlate with, partnership and service strengths and weaknesses, to become apparent. In keeping with the requirement of standpoint methodology to make available the basis for findings, some charts used in analysis are presented in the text.

New Zealand services were evaluated against three standards. The first was the benchmark of collaborative specialist practice in multi-agency centres. The second standard, against which police practice was evaluated, was the New Zealand Police Adult Sexual Assault (ASA) Investigation Policy. The study examines the degree to which this has been implemented. The Policy was itself evaluated by comparing it with the London Metropolitan ASA Policy and other international indices of good practice which were collated from the literature. This was to indicate the extent to which Policy tenets intended to guide New Zealand practice matched the defined ideal of practice.

The third standard against which responsiveness to adult victims was evaluated was the standard of services in New Zealand for sexually abused children. Data for this standard was gathered empirically during the study. Incorporation of both New Zealand indices, particularly the latter, was designed to ensure relevance of the analysis to the New Zealand context.

Central and local government contribution to sexual violence responsiveness was also subjected to international comparative analysis. In addition, central government responsiveness to adult female victims of sexual violence was analysed in comparison to its responsiveness to child sexual abuse.

Philosophical discussions were also analysed qualitatively. Responses to questions about New Zealand practice incorporating some features of innovative practices overseas were themed and organised into separate electronic documents. These responses to suggested practice ideals inform the discussion on future possibilities in service delivery. Responses to questions about local and national coordination of services were similarly analysed. Lastly, an open-ended question asked how responses to adult victims should be improved in New Zealand. The responses were coded and analysed for prevalence between aspects of the responsive systems. Findings are presented in the next three chapters.

Chapter Five: Description and Analysis of New Zealand Systems

In Chapter Five, I describe and discuss New Zealand systems, from the time of reporting until court, which are in place for women who have been sexually assaulted. This discussion identifies the strengths and weaknesses of responsiveness and the extent to which practice ideals are both possible and delivered in New Zealand. The provision of the descriptive overview is supported by the view that:

‘If evaluations are to be useful they must provide better descriptions of the programmes and their content’. (House, 1993, p.70)

It is further supported by writers who attempted to comparatively evaluate services for rape victims but commented that the sparseness of descriptive data handicapped such evaluations and the ability to understand why some services worked well (Campbell & Ahrens, 1998).

I begin with background data on Police and follow this with description and analysis of police capacity to provide expertise in services. Following this, medical/forensic and support/advocacy organisations are also contextualised and their services described with particular reference to factors which affect the capacity to partner police in providing a holistic response. As well as the benchmarks of collaborative specialist services and the New Zealand Police Adult Sexual Assault (ASA) Investigation Policy, some features of police organisation and practice are compared with corresponding features of medical/forensic and support/advocacy practice. Since Police is the primary focus and Police Districts are the units of study, this is reflected in the organisation of the data. In the second part of Chapter Five, I examine the degree to which collaborations on national and local levels operate to coordinate and strengthen services.

Acute Sexual Assault Services: Background and Service Descriptions

In New Zealand, acute phase sexual assault services are provided by: police: specialist medical/forensic examiners or Police Medical Officers: and specialist RCCs or Victim Support.

Police

As noted, New Zealand's sole Police service is organised into 12 Districts, 9 of which are in the North Island owing to its larger population base.¹³ Police organisational decision-making is conducted through monthly meetings of an Executive which includes the Commissioners, General Managers, and District Commanders. District Commanders organise their District responsiveness through a management team. This includes the Crime Service Manager (CSM) who has administrative oversight of the CIB. Districts are subdivided into Areas under Area Commanders who coordinate the investigative response to reported sexual assault through CIB supervisors. District Commanders' management styles and priorities for staff deployment, in conjunction with decision-making by Crime Service Managers and Area Commanders, all contribute to District idiosyncrasies in sexual violence responsiveness. One aspect of this is decisions regarding collaboration with partner agencies.

In addition to this organisational data, the need for demographic baseline data has been suggested by Wilson and Wright (1993). Demographic features create a need for local level adaptations and therefore a degree of variability in the sexual assault response capacity. In particular, travelling time to connect police, expert medical/forensic examiners, and victims is an issue in Districts which have a large geographic spread but comparatively small population base. This affects South Island Districts, and to a lesser extent the North Island's Eastern and Northland Districts. Population demographics such as relative economic disadvantage, when combined with a greater volume of serious crime, also impact on response capacity. Counties Manukau and parts of the Northland and Bay of Plenty Districts are affected by this. Within Police, staff demographics can also affect CIB response capacity. For instance, Eastern and Canterbury were said to be popular workplaces and able to keep a settled and experienced team (CAT respondent) in comparison to Wellington's '*very very young*' team (District Commander).

In responding to reports of sexual violence made by those over 17 years of age, the police role and practice standards have been defined by its Adult Sexual Assault (ASA) Policy. Acknowledging the destructive consequences of sexual assault, this was developed through wide consultation with partner agencies and proposed to be fully implemented by 2000 (ASA Policy, 1998). Under the Policy, the police role is to record

¹³ See Appendix One

and investigate, and in consultation with victims either prosecute, warn, or talk with offenders, or refer them and complainants for counselling (NZ Police, Ten One, 1998). According to the Policy, the victim-based processes of investigation include: contacting support/advocacy personnel; taking initial complaint statements; arranging medical/forensic examinations; taking formal complaint statements; deciding how cases will proceed on the basis of evidence collated; and case preparation and prosecution. The investigative processes with which this research is primarily concerned occur during the acute trauma phase and are from the time of reporting until the court case, should there be one.

In setting the standard for New Zealand Police systems of sexual assault responsiveness, the Police ASA Policy provides a useful framework for documenting and evaluating New Zealand services. Having decided to use the Policy as a framework for evaluating operational responses it was necessary for me to first evaluate the Policy itself. In doing so, I compared it with the London Metropolitan Policy. I found that while the New Zealand Policy is victim-centred, establishes some principles, and defines some practice standards, the London Metropolitan Policy does likewise but goes much further in detailing procedures in order to ensure that practice meets principles. Procedures detailed include measures for implementation, specialisation, training, supervision, and coordination of Police services with other services and local boroughs (London Metropolitan Policy). Importantly, provision has also been made for the material resources necessary to Policy implementation. These resources and thoughtful detailing of implementation measures signal Metropolitan commitment to quality assurance in sexual assault investigations. A second comparison was with practice recommendations from the international literature reviewed, particularly those for maintenance of partnerships. Combined, these comparisons demonstrate a need to develop and strengthen the New Zealand Policy through more rigour in: determining good practice; expressing Policy expectations; and clarifying how expectations will be achieved.

Because I found that the Policy provided an incomplete framework for evaluating practice at operational level, I have augmented the evaluative framework with definitions of ideal practice taken from the literature. Figure 1 below depicts the contrast between the ASA Policy and international recommendations for mechanisms to develop police practice and expertise to specialist standard. The first set of recommendations relates to internal Police mechanisms for building expertise into practice, and is the

basis for the discussion on police expertise. The second set of recommendations relates to the development of collaborative practice, and is the basis for the discussion on coordinated practice. Comparisons enabled by Figure 1 highlight Policy gaps and missed opportunities to build Police expertise and facilitate the collaboration required in holistic services.

Figure 1: Comparison of ASA Policy with Practice Recommendations in International Literature

Factors which Mediate Police Expertise	Literature Recommendations	NZ Police Policy
Intra-agency Factors	Specialist sexual assault police teams	Consider specialist units
	Specialist police training	Specially trained officers
		Police supervision of staff suggested
	Specially selected officers	Officers with appropriate attributes selected
		Sufficient staff
		Look after psychological wellbeing of staff
	Collection of statistical data	Collection of statistical data suggested for development of systems
Interagency Factors	Evaluation: Define goals and missions; Ongoing evaluation of joint services	
	Seamless specialist services	Liaise with specialist agencies
	Regular interagency meetings	
	Interagency protocols	Local agreements
	Social opportunities	
	Integrated data collection	
	Joint training	Joint training
	Advisory committee	
	Introductions for new staff	
	Joint community education	
	Attend conferences together	
	Specialist sexual assault police teams	
	Providing interagency staff roster	
	Providing agency organisational chart	Knowledge of specialist agency functions
	Departmental liaison person	
	Representatives attend other organisation's meetings	
	Multi-agency centre	Ensure appropriate facilities

Police Expertise

In recognition of the requirement for police expertise, the ASA Policy and overseas literature suggest many intra-agency factors which affect Police ability to provide expertise in responsiveness. These include staff deployment, selection, sufficiency, wellbeing, supervision, special training, data collection, and ongoing evaluation. What is not addressed is police rotation although the impact of frequent turnover, not only on expertise in sexual assault investigations but also forming relationships in partnerships, was often mentioned as important during participant observation. All of these factors were examined and findings are presented below.

The New Zealand ASA Policy recommendation to consider specialist units is in keeping with international recommendations. Gaining expertise in these relates to both workplace stability and the consolidation of experience and to working consistently with other specialists in Police and partner agencies (Crawshaw, 1998). Working in specialist squads is also more likely to result in opportunity, time, and interest in keeping sexual assault investigation knowledge current. Police themselves recognised the need to keep up to date with relevant literature, but that working in generalist squads made this unlikely.

'I would love to look at some of those books. I would love to. We don't have time to read the books.' (CIB 8C)

The finding is that most District Commanders have yet to implement specialist units. In the 20 Areas visited, there was widespread variation in the way that personnel who investigated sexual crime were organised, both within and across Districts. Most usually (12 out of 20 Areas), generalist CIB investigated adult sexual assault. At the opposite end of the spectrum, five Areas had officers dedicated to sexual assault investigations and these investigations included child sexual abuse. Numbers in those teams were small which meant that if dedicated officers were unavailable, the default position was for generalist squads to investigate. Since officers were on rotation they were also only temporarily on specialist teams. Mid-spectrum, some Areas had approximations towards specialisation, such as an Area with a 'Person's Squad' which investigated all offences-against-the-person. In six other Areas, historic complaints by adults who were sexually

abused in childhood were investigated by specialist child abuse teams (CAT) instead of generalist CIB.

Since data-gathering, media reports have signalled a limited move to specialisation in Auckland. In accord with Ainsworth's (1995) comments about Police changing only when forced by public inquiries, media have linked this move to the initiation of a Commission of Inquiry into Police Conduct. The Inquiry was initiated after negative publicity about police conduct in 1980s investigations of other police who had been accused of rape (Dominion Post, 29.5.2006).

A second area where actual practice did not meet ideal practice was in the absence of formal screening criteria in the selection of officers who investigated sexual assault. The ASA Policy mentions neither personality nor aptitude as desired attributes for sexual assault work and this reflects earlier findings on screening (Beckett, 2000). Knowledge and skilled-based criteria are mentioned but these were not a feature of selection in practice.

'I think there has been haphazard approach to adult sexual abuse in places and they basically get who they are lumped with as an investigator. We know certain investigators are not suitable for the sort of work. One - for experience and two - lack of empathy and all sorts of reasons....' (CAT Manager 1)

Experience of CIB interviewed ranged from three to eighteen years, and from ten cases to 'hundreds' of cases. Experience was not a factor in selection for placement in sole CIB stations where there was no immediate backup or supervision. The two sole CIB stations were staffed with officers who had taken up these positions with only eight months and four years CIB experience. Since the ASA Policy mandate to select officers with 'appropriate attributes' for investigating sexual assault has not been met, this too is a lost opportunity to improve investigations.

Evaluation is important to shaping practice and developing expertise (Hornibrook & Myers, 1996). Despite Sexual Assault District Coordinators (SADCs) being mandated to assist with victim surveys and to monitor all sexual violence complaint files, regular formal evaluations were not found at station or District level. All CIB who were asked about formal evaluation replied that there was none. This contrasts markedly with London Metropolitan investigations which the Metropolitan Policy mandates will be

evaluated at three specifically identified points. Although this tenet of the New Zealand Policy has not been met, some informal mechanisms for evaluation were found at frontline level. One officer mentioned his recent efforts to contact victims after the court case. Two officers replied that evaluations were not conducted but would be helpful.

'No. For most people that will actually be of use to know what they could have improved on. I don't think anybody has actually thought to go down that path.'

(CIB 1)

A further two officers mentioned feedback from support/advocacy agencies, and positive correspondence from victims was mentioned by another two officers. If consistently obtained and formally collated, these victim evaluations have the potential to make investigations more victim-centred through feedback as to how interactions with investigators were perceived. In implementing this, it is possible that forms which currently register 'victim contacts' could be extended to include their responses to those contacts.

Formal training is also limited in its ability to develop Police expertise. Although the New Zealand ASA Policy mandates specially trained investigators, it does not define 'specially trained'. A point of reference is the three week training for London Metropolitan Sexual Offences Trained Officers. For most New Zealand CIB, formal training on sexual assault investigation comprises only four hours during their initial recruit training and four hours during their CIB Induction course (Beckett, 2000). Some CIB have had this training augmented with a week-long ASA course at the national Police College. With places for 20 detectives, these courses were held biannually in 2003 and 2004. In 2005, College courses increased to five and in 2006, extra courses were held in Districts. Since approximately 120 CIB are inducted annually, CIB with this training remain a minority.

A: '...it is all very well saying that we are introducing a Policy and this is what we are going to do, we are going to have training on it, but six months down the track the Policy has been introduced, where is the training?'¹⁴... It is happening but it doesn't happen frequently enough. Like the College, it is looking to have a class of 20 and that that is from all over the country.

Q: There have been three so far?

A: How many is that? That is 60 out of how many CIB investigators? So it is like anything - a lot of the time so they pay lip service to training and capabilities.'

(CIB Supervisor 4)

Notwithstanding its strong victim orientation, the ASA course needs to be developed further. For this to happen the course will need to be formally evaluated and trainees will need to be examined for knowledge transfer. At present, the only evaluation is trainees being asked, prior to departing the College, for their opinion of each session. A more useful evaluation of the course would be after CIB have had the opportunity to implement the knowledge gained on the course and reflect on its usefulness. In addition, the course does not sufficiently convey the social meaning of rape or the significance of both the police role and police responses to victims. Further, in contrast to the three days training at the Metropolitan's Hendon Police College there is no practical skills training for interviewing victims.

Rotation also has an impact on expertise in sexual assault investigations. Since it was determined by system-centred imperatives such as staffing and the perceived need for wide-ranging policing experience, I found that little thought had been given to the victim-centred need to build and consolidate expertise. Some police found that too frequent rotation impaired even meeting system requirements.

'We struggle to comply with the Policy at all times, because we have such a high turnover of investigating staff.' (District Commander 2)

This 'high turnover' was usual. In all Areas, officers were frequently rotated. For CIB-in-training, rotation through squads was as rapid as six monthly, while annual rotation was frequently suggested as usual on completion of training. Two years on Southern's Person's Squad was the longest rotation mentioned.

¹⁴ The Policy had been in place for five years at the time of this interview.

Eastern mentioned staggered rotations as a way to mitigate the effects of loss of experience caused not only by rotation through CIB squads, but also resignations and transfers. However not all Districts had staggered rotation, as the almost total loss of a combined child and adult team shows.

A: 'I am getting a new CAT team in the next couple of months.'

Q: The whole team is changing?

A: All bar one.

Q: How will that be?

A: It is difficult getting used to different people that you don't know.

Q: How long does it take to get a good process up and running with the new guys?

A: A couple of months.' (CYFS 10)

This almost total loss of experienced staff has implications for supervision and on-job training.

It was also evident that working in a generalist squad for six months would not give individual CIB sufficient experience of sexual assault cases to consolidate the requisite skill for specialist sensitive interviewing in particular, or the investigation in general.

'It really takes 6 months to 18 months to start getting your head around the whole [adult sexual assault] operation. ... I couldn't agree to six months myself - that it was a realistic rotation period and I can't see a realistic need for it.'

(CAT Manager 1)

This view was substantiated by asking how often individual CIB investigated a sexual assault complaint. In Counties Manukau and Canterbury which had the two highest sexual assault statistics, both respondents estimated they would investigate sexual assault approximately once every six months.

Caring for the psychological wellbeing of staff is important not only for staff wellbeing but is also important in maintaining police expertise. This is because it prevents the loss of experienced staff through burnout. Also important is that it contributes to a lesser likelihood of victims suffering from police compassion fatigue. In attending to the psychological wellbeing of staff, the Policy mandates recourse to the Trauma Policy.

However, most CIB reported that the Trauma Policy was seldom or never invoked and that psychological counselling was rarely accessed. In addition, police only informally debriefed and had no formal peer review. The one exception was in Eastern District where Napier's CIB debriefed after every case with Victim Support's manager. Elsewhere, at the expense of experience and expertise, rotation appears to be used as the preferred means of preventing burnout. Surprisingly, Police regularly reported that dealing with rape victims was not stressful and as the interviews progressed this raised a question for me over the degree to which empathy for victims was felt.

Q: 'Rape and working with victims of sexual assault is not thought to be stressful?

A: Well it is not recognised as being. The administration probably don't recognise it, other than policies about how long officers should do that sort of work.... somewhere there is a direction about transferring people onto other types of work....' (CAT 12)

There are other ways to avoid burnout. Redefining Police goals can lessen burnout, as happened in London where the Metropolitan Police defined successful police interventions as those which contributed to victim recovery. Treating victims well gained positive feedback from victims as well as small gains in legal successes which also provided positive reinforcement for investigators. Other rewards can also be built into the job structure, such as assigning prestige to sexual assault work on the basis of its rigorous training in evidence gathering (Blair, 1985), and linking this to promotion. Lastly, working closely with partner agencies in a team environment provides palpable support so that police do not feel isolated in doing the work (Campbell & Ahrens, 1998; Epstein & Langenbahn, 1994). In this research, partnership maintenance meetings were frequently interpreted as outlet forums for police.

*'Some of those *** meetings that you sat in on really just end up by being debriefing meetings for the police.'* (DSAC 2)

In contrast to police, DSAC, support/advocacy agencies, and CYFS social workers recognised that stress management was important and understood the role of support and the peer review which is a characteristic of SARTs (Lonsway, 2001). For instance, SafeCare crisis interventionists and Napier Victim Support debriefed after every case. Wellington HELP reported regular debriefing and Palmerston North Victim Support

volunteers received monthly supervision with more available if needed. Even in smaller areas, DSAC had established support through rural coordinators, telephone and email contacts, and a network of DSAC peers to approach for mentoring. Along with normalising appropriate responses and improving quality assurance, this gave an opportunity to debrief and was routine.

'We are getting stricter and stricter about peer review. So we encourage it and it is probably happening with almost all cases.' (DSAC 11)

That these safety valves were seldom accessed by police may be a reason for problems reported in their responses to victims.

The findings so far show that not only does the ASA Policy need to be strengthened but also that its police-specific tenets have not yet been implemented. Intra-agency mechanisms such as specialist squads, specialist training, specially selected officers, supervision, evaluation, and caring for the psychological wellbeing of staff are important to building police expertise but have not been given a chance to do so.

Non-Government (Community) Partner Organisations

Along with intra-agency factors, police ability to develop expertise in responsiveness to victims also depends on interagency factors and in particular, the extent to which medical/forensic and support/advocacy agencies are able to partner police. New Zealand volunteer community organisations have emerged from a focus on improving services. Having that motivation, where difficulties existed for agencies in partnering police, these were expected to relate to the capacity issues which are perennially problematic when women attempt to ameliorate the social conditions in which they live.

'Generation of resources has been a long time problem for the women's voluntary sector and facing the same problems of over-work and under-resourcing is a daunting prospect for many groups.' (Jones, 2004, p.6)

Since the history of RCCs confirms longstanding and widespread capacity problems for women's community organisations, these are considered here in analysing their ability to partner New Zealand police. Specifically examined are the organisation, funding support, staffing, training, and facilities of DSAC and specialist support/advocacy organisations.

Medical Forensic Services - Doctors for Sexual Abuse Care (DSAC) and Police Medical Officers

In contrast to government involvement overseas, New Zealand Government has had no role in initiating or implementing coordination, training, or accreditation for the medical/forensic work necessitated by sexual violence (Hornibrook & Myers, 1996). For that reason, a voluntary association of doctors supported by a national office was established on the initiative of a few female General Practitioners (GPs) (DSAC, 1996, 2002, Shand & Milford, 1993)

'It was formed in 1988 to advance knowledge and improve the standards of medical care of those affected by sexual abuse in response to the fact that female doctors were increasingly seeing people who had been sexually assaulted and who would present in their surgeries, and who had either had no care, or little care, or inadequate care. And then the realisation that there were no standards or policies or protocols for the medical profession around the medical care of victims of sexual assault.' (DSAC National Coordinator, 2003)

Accordingly, DSAC aimed to provide specialist medical/forensic services and expert court testimony nationwide.

In getting started, an initial two-year seeding grant from government departments enabled a DSAC National Coordinator to be employed. The seeding grant also enabled specific projects including the first edition of From Recognition to Recovery (DSAC National Coordinator, 2003). However, since 1990 apart from Accident Compensation Corporation (ACC) funding for an updated version of this manual there has been no further government funding either for DSAC or any medical/forensic service development.

'There is a lack of recognition, particularly I feel from health services - from DHBs¹⁵ - that this is a health issue and that's where I see most of the funding should be coming from.... If we just did the forensic care and not the therapeutic care the cases would take half the time, but you know ethically that is not possible. You can't separate the two.' (DSAC 2)

Yet all aspects of medical/forensic care have an impact on the health of victims. Immediate and follow-up physical care has an obvious relationship to health. Less obvious is that medical attention informed by the psychosocial consequences of rape mitigates later psychological and somatic consequences of rape (Astbury, 2006; Bard & Sangrey cited in Winkel et al., 1991; Koss, 1990; Gilmore & Pittman, 1993; Green, 1988; McCombie et al., 1976; Roberts cited in Lees & Gregory, 1993). Even less obvious is that skilled forensic examinations and expert witness testimony have therapeutic potential in contributing to the proving of guilt, thereby restoring the victim's world view and perceptions of safety.

While the Ministry of Health has yet to understand the need to comprehensively fund medical/forensic services, others in official positions do understand this as Health's obligation.

*'I would still challenge *** District Health Boards and things like that by saying that their role is in that field and in talking of preventive health, you are talking Health, you know, like you can't worm your way out of thatand ideally ... that's where it needs to be picked up and run and coordinated. ... Like there would be organisations that would be better served by actually pressurising the statutory body that they think is the most appropriate for their needs and getting them to come on in. ...That's were it needs to sit because you know, the statistics prove that sexual violence, with women, is a major dollar. It costs heaps.'*
(SCC 2)

That ongoing 'pressurising' has been forthcoming in 'hundreds of political meetings over the years', but has been ignored.

¹⁵ District Health Boards

'It [specialist medical/forensic services] is continually at risk until these positions for the people that are doing the work and doing the educating and supporting the peer review are salaried positions under Health. I mean, we don't depend for cancer care on a bunch of doctors having a professional voluntary organisation providing a service for New Zealanders. Why should we for sexual assault?' (DSAC 2)

Rather DSAC's work has been enabled through self-funded projects, registrations, and the Geddes Philanthropic Trust (DSAC National Coordinator).

Many aspects of DSAC work would benefit from government funding. Training is comprehensive and includes: regular peer review; a buddy system; access to a teaching video; and national seminars at which internationally-recognised speakers address medical and psychological care (DSAC, 2002). In addition, the national office provides educational and research support through a: liaison directory of sexual assault services; journal club; general practice guide; medical manual; and quarterly newsletter. Despite this specialist training, District Health Boards (DHBs) appear not to recognise adult sexual assault as requiring a specialist medical response. Yet in contrast, Courts materially recognise DSAC-trained doctors as expert witnesses and Police fund basic forensic training weekends annually (DSAC National Coordinator). Funding for associated costs, such as travel, training venue, and accommodation continue to be covered by DSAC and its members.

Accreditation through a subcommittee which meets three monthly is a DSAC member-funded rather than a Health-funded venture. Yet DSAC members have concerns about the ongoing ability to set, maintain, and monitor standards even though these are DSAC's core business.

'That requires a lot of work from a small group of people and it's never been funded. To encourage our doctors to go for accreditation needs an infrastructure to support that and if doesn't get funded sooner or later, we will run out of doctors that are prepared to do that for nothing.' (DSAC National Coordinator, 2003)

In addition to concerns about ongoing ability to provide training and accreditation systems, and reflecting much earlier international concerns (Bryant & Cirel, 1977), DHBs have not routinely provided suitable premises and equipment for initial examinations or follow-up services.

‘There is no one responsible for making sure there are doctors trained up to do this work or make sure that there are adequate facilities. DSAC are not service providers, so the funding of provision of sexual assault services is extremely variable throughout the country.’ (DSAC 6)

‘They haven’t got a computer with email. Their camera failed the other day. They took photos of injuries to a vagina and they didn’t come out all. I think because of funding they just have not been able to move into the 20th century.’ (CAT Manager 1)

This was in spite of the Ministry of Health contracting and funding DHB’s sexual health services to include medical examinations of sexual assault victims (DSAC 8C; 6; 7; Tier Two specifications).

‘It is actually in the sexual health service specifications that Health Boards put out but there aren’t many sexual health services which take it on.’ (DSAC 6)

Only three sexual health services were found to regularly meet their DHB-specified obligations. Most doctors reported that DHBs did not provide funding for either sexual assault work or specialist facilities for examinations. Only nine of the twenty Areas had access to DHB medical facilities. In most Districts GPs still needed to use their own rooms for examinations. This meant that in contrast to working with permanently accessible equipment as in the specialist SARC premises, DSAC-trained doctors work from Police-provided portable medical examination kits. The multipurpose nature of premises raises issues of contamination and decontamination when compared with overseas practice. Notably SARCS are decontaminated after each patient and thoroughly decontaminated every six months (Metropolitan Police Sexual Assault Policy). These shortcomings continue despite DSAC’s lengthy and ongoing public advocacy and lobbying of government for the premises which would enable holistic care in concert with Police and support/advocacy agencies (DSAC, 1996, 2002; Shand & Milford, 1993).

Since DSAC-trained doctors voluntarily meet the sexual assault service needs which the Ministry of Health has neglected, most are paid for only part of the work they do. Medical/forensic examinations are financed by Police unless at the time of examination a woman is unsure about reporting to Police. In this situation, a contract in place with ACC enables funding of examinations by doctors who are ACC-accredited. Paid work also includes expert court testimony which is paid for by the Department of Courts (DSAC 2). In most Districts, unpaid time includes being on call for medical/forensic examinations. Exceptions found in this research were: the three Auckland Districts where doctors are paid by the DHB for two and a half days a week; the Eastern District where Police Medical Officers are paid a retainer; and Rotorua where Police paid DSAC-trained doctors an on-call allowance until DSAC coverage was lost in 2004. Unpaid time also includes on-call time for court, court preparation work, and training. It is evident that most of the financial support in DSAC's development of an expert medical/forensic response comes from the legal systems rather than the Health budget.

Notwithstanding the lack of funding and organisational support, operational coverage by DSAC-trained doctors continues but with difficulties in the adult field which derive from recruitment difficulties. Contributing to these are doctors' family commitments, antisocial hours and nature of medical/forensic work, and doctors' concerns regarding their skills, role, and treatment as expert witnesses in court. Additionally, lack of adequate remuneration for: being on call for examinations and court appearances; court attendance; report writing; and medical assessments is problematic. Many of these concerns are reflected in O'Shea's (2006) nationally-based study of Ireland's services. In addition, medical/forensic examinations often present as acute issues and create conflict with private practice responsibilities. This conflict is mitigated somewhat in Wellington, Whangarei, and the three Auckland Districts, where if an examination was required during normal working hours this could often be incorporated into sexual health service schedules.

Auckland, Wellington, Canterbury, and Eastern Districts were all reported as having DSAC rosters. In other Areas visited, police called through their lists of DSAC-trained doctors. Areas which are not able to be covered by DSAC are served by Police Medical Officers on retainer to Police. Police Medical Officers often have at least some DSAC training, but many are male and this may pose a problem for some women (Jordan, 1998). When no specialist was available a variety of other medical practitioners were contacted through after-hours clinics, GP practices, Family Planning or Sexual Health Clinics (DSAC 5A). Coverage relates not only to numbers of DSAC-trained doctors but also to distance. Victims of sexual assault were invariably reported as having to travel to where doctors were available in order that other patients were not disadvantaged by doctors' travel requirements. In sometimes occupying hours of travel for police, victim, and support/advocate, these trips were exhausting for the victim and disadvantageous in removing her from familiar surroundings and support base.

Ultimately, despite DSAC's endeavours, 24-hour specialist medical/forensic coverage has not been possible nationwide. It has been particularly difficult for volunteer doctors to respond during normal working hours, and since most DHBs do not meet their Tier Two specifications victims are often subjected to lengthy waits. In conflict with their Policy, this means police regularly interview before the medical/forensic examination.

'If they say they can't be here for a couple of hours, the staff might start a statement and then take a break for the medical and then continue it on afterwards.' (CIB 9)

In contrast to Metropolitan Police practice, interim measures for evidence collection were seldom found, meaning that victims were unable to wash, change clothing, drink, or urinate while waiting. That police and victims are placed in this position by DHB neglect is untenable and indefensible.

Figure 2 below summarises the funding and availability of specialist medical/forensic services and highlights the lack of resource support from DHBs. Rather, specialist medical/forensic services are only available because individual doctors have volunteered to provide them and had the ability to do so, often at some personal cost.

Figure 2: DSAC Coverage and Funding

District		Funding	Coverage
Northland	Kaitaia		
	Kaikohe		DSAC-trained doctor in Rawene or Kaikohe
	Dargaville		One DSAC doctor in Dargaville. Otherwise Whangarei.
	Whangarei	As for Central	Two DSAC-trained doctors
Northshore/ Waitakere/ Rodney Auckland City Counties Manukau		DHB funding for: 50% working week; limited nurse time; daytime premises. Department of courts pays for court time but not on call for court	Daytime DSAC cover for Monday, Wednesday, and half of Tuesday. A/H 10 DSAC on call – episodic coverage difficulty
Waikato			Four DSAC-trained doctors; occasionally recourse to DSAC-trained Police Medical Officers
Bay of Plenty		Police fund examinations; \$100 weekly retainer; some funding for training	Roster. (Since data-gathering, Rotorua DSAC capacity lost.)
Eastern		PMOs receive retainer. As for Central	Five Police Medical Officers - two are DSAC trained
Central		Police; ACC for non-forensics; Ministry of Justice for court time	No DSAC for adults; two Police Medical Officers with some DSAC training
Wellington		Police, ACC and Wellington Independent Practitioners Association	Good coverage also DSAC nurses
Tasman	Nelson Motueka	As for Central	Two DSAC-trained doctors; two pending; not rostered
	Blenheim		Two DSAC doctors
	Greymouth Westport	Police; Sexual Health for non forensics; travel and accommodation costs paid by Police/DHB 50/50; DHB facilities	One DSAC doctor – otherwise 4 hour trip to Christchurch or Nelson
Canterbury		Independent Practitioners Association; Police	6-8 doctors also DSAC nurses
Southern		As for Central	Five DSAC-trained doctors rostered; nurse available

Support/Advocacy Services: Victim Support and Specialist Agencies: Partnership Capacities

In some Areas, sexual assault support work is done by the Police-affiliated Victim Support. Victim Support was established in New Zealand in 1990 in response to the 1985 UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. This included acknowledgement of the rights of victims to: be treated with compassion by criminal justice authorities; be kept informed of occurrences; be duly compensated; and have access to the best available support services (Maloney, cited in Easteal, 1993). In New Zealand, the declaration also resulted in Victim of Offences Acts (1987, 2002) which placed obligations on officials to treat victims in certain ways.

Victim Support are located in or adjacent to police stations and coordinate a range of volunteer support for victims of all crime, including referrals to other agencies. Victim Support was available in all stations visited, although one group had disaffiliated from the national organisation and become Support for Victims. However, this organisation still worked closely with police and remained housed in the police station.

Because the argument of this thesis is for specialist services, specialist agency capacity to partner police is discussed in greater depth. New Zealand specialist agency origins reflect those of their counterparts overseas in being grassroots and resource-poor. As Campbell and Ahrens (1998), Gilson (1997), and Harvey (1985) found for agencies overseas, these origins have contributed to local level adaptations and variations in specialist support/advocacy agencies here. This similarly renders redundant any attempt to encapsulate the agencies in one overarching description. The first of many similar RCCs formed in Auckland in 1975 aiming to: empower and support rape victims; study the nature and incidence of sexual offences; provide education to change attitudes to rape; and instigate legislative change (Lloyd, 1976). A separate development was of HELP organisations, the first being established in Auckland in 1982 with the aim of providing services in conjunction with police.

While New Zealand specialist agency structures are variable, there is philosophical congruence with feminist RCC aims in the US, Britain and Australia. All of New Zealand's agencies aim to prevent rape and to provide cost-free specialist services to all women who have been victims of sexual violence, regardless of whether legal processes are invoked. Crucially, the specialist nature of these services means that support/advocates have knowledge of the range of victims' reactions. Combined with their knowledge of and skilled support through potentially victimising aspects of legal processes, this awareness enables support/advocates to mitigate any negative effects which might accompany these processes. Although they are only varyingly available, the following is a composite of the services which can be provided in supporting victims and their supporters through the legal processes. It was developed by asking specialist agencies what they do and triangulating this data in interviews with police, participant observation, and through source documents describing services.

Before the initial statement/report taking, support/advocates explain the legal and medical processes, and the assistance and support they can provide throughout these. If support is declined, contact details are left to assure later access. If support is accepted, crisis intervention, practical support, and counselling skills are available irrespective of whether charges are proceeded with. During the medical/forensic examination, assistance includes providing moral support and practical assistance, such as organising equipment, if no nurse is available. Afterwards, responsibility is assumed for organising replacement clothing. If there is stand-down time before the main interview, support/advocates along with police ensure that systems are in place to ensure the victim is safe and supported. This can include organising transport to safe accommodation and remaining with her until other company is arranged.

Assistance during the formal interview includes moral support and advocacy, and these interventions are based on specialist knowledge in interpreting victim presentations and statements. Specialist knowledge enables modifications to police questioning or proceedings if police and victim are at an impasse or the victim is felt to be under undue stress.

During the ongoing investigation, support/advocates provide support by: accompanying the complainant on trips to the crime scene; being available as an alternative contact; and fielding enquiries as to case progression. Ongoing physical and psychological safety is ensured through counselling referrals and later, checking for compatibility between victim and counsellor. Assistance with applications for ACC funding is available, as are referrals and assistance with securing other services, for instance through Work and Income New Zealand (WINZ) who assist with long-term alternative accommodation and income.

In the event of a prosecution, support/advocates, often in conjunction with police, prepare the complainant for Court by familiarising her with the courtroom and court processes. During trial proceedings, a supportive presence is provided at court. Assistance is also available in preparing Victim Impact statements. Lastly, support/advocates prepare the victim for a not guilty finding and help her deal with the psychological ramifications when this happens. Regardless of the outcome, they ensure the victim is debriefed after court. Ideally, the same support/advocate provides assistance at all stages of these processes.

The findings on New Zealand's support/advocacy service capacity reveal that many of the funding issues which beset medical/forensic services also compromise the ability to offer support/advocacy services. While many agencies offered the full services provided overseas, all agencies had the constant funding problems which are still found in overseas studies (Ullman & Townsend, 2007). This contributed to difficulty in providing a full range of support services throughout the processes. Some agencies have had to drop some services, expand beyond sexual assault work, or simply close. Consequently, the range of services offered between support/advocacy agencies is wide. At one end of the spectrum agency 5A offered: a 24/7 crisis line; information about options within the legal process; support and advocacy throughout all legal processes; a go-between for the victim and police; assistance with domestic relocation; victim and family counselling; pamphlets; a reference library; and referrals. In contrast, despite being based in a large city, agency 6 offered only coordination of and support during the medical/forensic examination; coordination of counselling; pamphlets; and a 24/7 crisis line.¹⁶

Due to these funding problems, agency crisis lines seemed particularly vulnerable, with their loss implying the loss of alternative reporting forums.

*'With [regards to] funding, we couldn't actually keep the 24-hour crisis line going. So I think that impacted on what referrals we got, and then we only had *** in here three days a week trying to get volunteer money to bring in other people other days of the week, so it is a matter of being accessible and we are not as accessible as we should be.'* (5C)

This is a persistent finding, also mentioned by Jordan (1998) in commenting on difficulties for some victims in being unable to access support when they needed it.

Other services were also vulnerable, as indicated by the manager of an agency which had taken on the work of a specialist rape-responsive centre which had been forced into closure.

¹⁶ This organisation has now extended support to encompass other legal processes.

'The thing that underpins the work, which is always a difficulty, is the funding... What price the safety of women and children in this country? They will spend \$3 million on a ticker tape parade for Peter Jackson and \$4 million for a whole year's worth of work for Refuge. There is no understanding of it. It is criminal! It is frustrating that we could do a better job if we had better funding. We could do more. We need an outreach worker. We are only scraping the surface really. We are waiting for people to report to us. We are not doing nearly enough preventative work, and even our support work [pause]. If we could employ another two people, the number of contacts that we make with the women would be more [pause] It would be just a far better service, but underpinning the whole lot of our ability to become stronger, is the funding.' (Manager 8E)

Agencies also spoke of a 'frustrating amount' (Manager 1) of time being spent on accessing funding. This translated to 50% of one manager's time (Manager 6), while many other agencies reported employing specially designated fundraisers. Having to spend this time was frequently reported as impacting on core business.

A: '...we had a discussion yesterday about how much energy and time gets taken up with talking about money and how to procure it so that the real work doesn't get done....

Q: 'How much agency time is spent in fundraising?

A: Heaps! We have leadership team meetings once a week and at the moment they are stretching to twice a week and often go to seven or eight o'clock at night. And they are inevitably about money and how to get more of it.

Q: Which stops you from doing your core business?

A: Yep, and we have a Business Manager whose sole function really is to look at the budgets and cash flow and all that money stuff, and we have a funding person who's job it is to do grant applications so there's a lot of hours that go into chasing money.' (2)

Despite the time and energy that went into securing funding sources, funding was unable to be taken for granted.

'You never know from one month to the next, or one funding round to the next what we will, or if we'll get [pause] Somehow, I wouldn't say they were reliable. ... Many times over the last 10 or 11 years we've come within two weeks of closing...and yet we are the first port of call for schools and colleges, nurses, and hospitals.' (Manager 1)

One agency described their list of potential sources as 'pages long', indicating just how piecemeal funding was and how much time was spent trying to access it. These difficulties appear unchanged in New Zealand since at least 1983 (Vanderpyl, 2001; Young, 1996). The variety of sources were a combination of government and non-government organisations including: CYFS, ACC; WINZ; DHBs; local councils; Police diversion schemes; Police Officers' Guild ¹⁷; lottery board, sausage sizzles, annual street collections; Community Organisation Grants Scheme; business donations; charitable trusts; suffrage day; mail-outs; telemarketing, Lions; and women's sporting tournaments. These variable funding sources limit the relevance of theoretical concerns expressed overseas about funding from government agencies compromising radical activity (Campbell & Martin, 2001; Gilson, 1997; Jones, 2004; Mathews, 1994; Mawby & Gill, 1987).

Even the government-mandated Victim Support was expected to find a percentage of its own funding.

'We provide a 24 hour service seven days a week, and we have got one paid person to coordinate all of that [funding] in 5A.' (Manager)

Pecuniary issues also led to human resource problems. Although many support/advocacy managers had been in their positions for a number of years, finding and keeping volunteers was constantly challenging, as has also been found by Ullman & Townsend (2007). Only three of the eighteen agencies were fully staffed by fully paid employees, yet the need for paid workers in the interests of providing a professional service was acknowledged (Manager 4). All other agencies were staffed by a combination of paid and volunteer workers.

¹⁷ The Guild is the Commissioned Officer equivalent of the Police Association.

Funding issues also affected the ability of some New Zealand support/advocacy agencies to remain single function. Concerns have been raised overseas regarding the ability of multipurpose agencies and those embedded with other community agencies to focus on sexual assault work (Byington et al., 1991; Martin et al., 1992; O'Sullivan & Carlton, 2001). For that reason, it was important to examine the issues around multipurpose agencies in New Zealand. Blenheim's Sexual Assault Resource Centre, Motueka's Women's Support Link, and Kerikeri's Mid-North Family Support Group are the specialist multipurpose agencies. These organisations are all located in smaller districts where survival of their services was dependent on broadening of the client base, as has happened elsewhere (Ullman & Townsend, 2007). This has been recommended in Britain.

'Certainly in areas where the number of rapes per year would not justify a SARC, consideration should be given to whether a wider remit would garner greater supports.' (Lovett et al., 2004, p.78)

Correspondingly, Women's Support Link and Mid North Family Support Group broadened to incorporate domestic violence, and the latter has broadened further to include other community issues which affect men. However, unlike their overseas counterparts, many of which have become embedded with state or other community organisations, all New Zealand groups remain independent and community-based.

In contrast to O'Sullivan and Carlton's (2001) finding that multipurpose centres heard from the fewest rape victims, in incorporating domestic violence Women's Support Link reported that this had resulted in many more disclosures of sexual assault. I had expected this because centres which incorporate responsiveness to domestic and sexual violence create a net-widening effect as those reporting domestic violence also disclose sexual violence as a feature of such violence. Since *'it goes hand-in-hand with domestic violence'*, Blenheim's Sexual Assault Resource Centre had incorporated sexual violence into pre-existing domestic violence work when the local Rape Crisis collapsed (Manager). Similarly, in District 10 where the specialist agency had folded, a domestic violence agency now also responded to many women who made associated complaints of sexual violence.

Also in contrast to O'Sullivan and Carlton's (2001) concern about 'siphoning off' sexual assault resources, comparison between New Zealand's multi and single function specialist agencies showed that these offered a similar range of rape-related services. Rather than being siphoned off, multi-function specialist organisations' services more closely resembled single purpose specialist services than they resembled services of the embedded and multi-function Victim Support. This is important since in seven Areas, four of which have specialist agencies, police access Victim Support's services even for victims of sexual violence. In contrast to Victim Support, Blenheim's multi-function Sexual Assault Resource Centre offered specialist 24/7 crisis intervention as well as: practical and crisis intervention support through all processes; written resources; counselling for family and friends; information about court and medical processes; and referrals to other counselling services. Of particular concern is that no Victim Support group offered a 24/7 rape-specific crisis line which meant that there was no alternative reporting forum and no readily accessible professional support if victims chose not to report to Police.

With agency resources in question, the ability to provide expertise in responding to clients was clarified. Overall, the motivation to improve services and the commitment to maintain the organisations against the odds were also manifest in the dedication to the training which underpinned those services. Some agencies began the process by screening crisis interventionists, and finished induction training by assessing learning outcomes. Buddying of new crisis interventionists was common. Topics covered in training included: code of ethics; categories of rape; myths; advocacy; crisis phone response; grief and loss; support work; gender socialisation; effects of rape; policy; philosophy; listening; maintaining boundaries; history and structure of the organisation; meeting the police and DSAC doctor; police, medical, and court procedures; debriefing; stress management; and supervision. Due in part to this extensive training, many support/advocates had 'textbook' knowledge in interview.

Training of support/advocates was also ongoing.

'Our training is ongoing. We have to forever up-skill.' (5A)

National and DSAC conferences were frequently attended, although limited funding compromised attendance at these and other training opportunities.

‘We would go to every training that was offered if we could, but the logistics of the travel and accommodation....’ (5D)

For counsellors attached to support/advocacy groups, the qualifications were professional and gained in tertiary institutions. Many were also ACC-accredited which meant that under 2007 guidelines, the first 30 counselling sessions were funded by government.¹⁸ In addition, as Vanderpyl (2001) has also found, many crisis interventionists were also professional counsellors.

‘All these women have been to the Auckland Institute of Technology. They have paid for the training themselves. The collective has supported them with travel and accommodation funding, and for specialised workshops, specialised training.’ (5D)

Other agencies had professional counselling as an integral function which meant potential for transfer of knowledge within agencies. As Campbell et al. (1999) concluded RCCs are well-placed to train police about the mental health effects of rape and systems interventions.

In summary, as with medical/forensic services there was substantial dedication and commitment to improving support/advocacy services, but also funding issues and difficulties in recruiting volunteers which hampered the ability to provide nationwide coverage. Although formal national training and accreditation processes were not found amongst support/advocacy organisations, training was important, ongoing, and conducted at local levels. What needs to be understood now is why, despite their longstanding dedication to improving services, these two groups of specialists have been unable to achieve the recognition, funding, and support from official bodies which is requisite to guaranteeing that essential services are not constantly compromised. One answer appears to be in the variable implementation of national coordination between the three crisis intervention organisations, and this is discussed next.

¹⁸ Increased from 10 sessions in 2006

National and Regional Coordination: Role in Mediating Service Provision

There are two principal arguments for why national coordination of Police, medical/forensic and support/advocacy organisations is important in establishing specialist holistic sexual assault services nationwide. Firstly, national coordination can lead to resource-sharing as well as disseminating knowledge of, and training in, standards of service delivery both within and between agencies. As Blair (1985) found in the US, without national coordination, in some Areas good practice is unlikely to be known, developed, implemented, or evaluated, and the potential for service variability is limitless. Secondly, if national coordination is achieved between and within all three services, this will provide strong national voices in lobbying for the greater government involvement which I have argued as vital in leading development.

Yet when I examined New Zealand's services, I found that there was no national coordination between all three crisis intervention organisations. However, in approaching the Police Executive in October 2004, DSAC have taken the initiative to begin coordinating police and medical/forensic services on a national basis (personal knowledge). That DSAC is the organisation which has taken this step is due to its own exemplary model of national coordination and consequent ability to speak with one voice. DSAC have achieved this through establishing: an elected executive with president and treasurer; a DSAC national office with a project coordinator and secretary; regional coordination in 20 regions; and coverage of most of the country (DSAC, 2002). DSACs national coordination is also managed through an annual general meeting of the 23 regional coordinators, national peer review, and regional peer review meetings. This national model is unique amongst sexual violence service providers in New Zealand and internationally. It has been described by an Australian doctor at a DSAC-hosted national conference in Canterbury as being the envy of Australia's medical/forensic doctors (conference attendance, June 2003). As such, it provides an exemplar of good practice in New Zealand, not only in national coordination but also in its training and accreditation processes.

In contrast, specialist support/advocacy agencies have struggled in the past and continue to struggle to maintain national coordination. A national collective of RCCs was maintained for 10 years but its gradual disintegration culminated in formal dissolution in 2002 owing to differing opinions over decision-making processes. Motivated in part by an Auckland HELP funding crisis, recognition of the need for a national voice has inspired initiatives to re-establish national coordination. At the 2005 'Heal the Hurt' Conference, agencies agreed to form a national steering committee to establish a national alliance, the National Network for Ending Sexual Violence Together (NNEST) (personal attendance). While this committee is operational and the process has begun, its meetings remain difficult due to the local commitments and limited resources of its members.

Unlike medical/forensic and support/advocacy organisations, until very recently Police did not have national coordination of adult sexual assault services. According to the New Zealand Police Statement of Intent (2005/2006), the ASA Policy has been the 'specific intervention programme' to reduce sexual violence. However, the Policy has never mandated a coordinator to oversee its implementation on a national basis. Rather, where coordination has been considered it has been mandated at District level as the responsibility of District Commanders.

District-based coordination has relied on District Commanders appointing the Policy-mandated Sexual Assault District Coordinators (SADCs). SADC Policy-defined responsibilities include: liaising with support agencies and medical staff; ensuring local training; ensuring sufficient staff; supervising and evaluating staff; monitoring all complaint files and therefore evaluating service; and disseminating information. These responsibilities placed SADCs in a strong position to provide District-wide coordination. In addition, if the 12 SADCs were to meet regularly, this coordination could have provided much of the framework for the national coordination required to ensure the ASA Policy and national directives were known and followed. It would also have ensured the upward communication of District-based problems with Policy compliance.

Despite its potential for national coordination, I found that the SADC position has not been implemented as mandated. Firstly, there has been only one attempt to bring SADCs together. This was through a two day seminar in May 1999 which was intended to provide education and information for SADCs. In a wasted opportunity, since few SADCs had been formally appointed to the role, the seminar was attended by District representatives from a variety of ranks who were simply nominated to attend (personal attendance). The failure of the seminar to consolidate the SADC role was apparent in 2003/2004 when interviews with SADC were sought. In the still regular absence of identifiable District SADCs, I was usually referred instead to Crime Service Managers (CSMs). Only Counties Manukau and Canterbury had CSMs who operated in a District-wide SADC role and both did so in conjunction with their pre-existing CSM responsibilities. Neither had achieved all eight SADC functions described in the Policy, but both had undertaken to ensure at least a degree of partnership maintenance.

In the 10 other Districts, CSMs varied considerably in their knowledge of the SADC role with most acknowledging that no formal attempts had been made to ensure it was filled. In these Districts, the SADC role devolved to CIB supervisors meaning that to the extent SADC coordination possibilities could be implemented this was only within Areas rather than District-wide. Yet it was common for those in charge of local CIB to be supervising these staff without having received any Policy training.

'I'm not that familiar with the adult Policy it would be fair to say. I guess there is no training given on the Policy itself. Well not that I am aware of anyway. I have never been trained in the Policy.' (CIB Supervisor 5C)

Even CIB supervisors who were nominated as SADC respondents for this research were unfamiliar with the Policy.

Q: 'How aware are you of what is in the Policy?'

A: It doesn't mean a lot to me. We just [pause] just each crime is taken on its merits and its face value. Like, as every woman comes in she is just trusted and we go from there and we just use everyone who is available to us to investigate her complaint.

Q: How easy is the Policy to adhere to in that case?

A: I don't really know the Policy, so I wouldn't know... I don't know the detail of the Policy, so I wouldn't know how easy it was to adhere to.' (CIB Supervisor 7)

The SADC role was described in the ASA Policy which meant that those SADCs who were unfamiliar with the ASA Policy were also unlikely to know their SADC obligations. One of these obligations was to disseminate Policy knowledge. This seldom happened and in common with some of their supervisors, many CIB investigators were ignorant of Policy expectations.

'I am aware that we are supposed to work in partnership in accordance with the Adult Sexual Abuse Policy, but with regards to whether individuals or investigators are fully aware of that Policy is a different story.'

(CIB Supervisor 4)

This was also clear during the 2005 ASA course for experienced detectives which provided the ASA Policy as pre-reading.

'I know for sure the protocol has got a lot of people talking because a lot of them haven't seen it.' (CIB 8C)

Accordingly, I found that only those who had attended the course were versed in ASA Policy requirements. Many other CIB appeared not to know even of its existence.

'I would hazard a guess and say that a lot of staff here wouldn't even know that there is an Adult Sexual Abuse Policy.' (CIB Supervisor 6)

In her Commission of Inquiry Report, Bazley (2007) too has commented that ASA Policy knowledge was not routinely held.

Not only has Policy information dissemination not been coordinated nationally, Police failure to achieve national coordination of sexual assault services through SADCs means that services have never been evaluated nationally. Yet national evaluations are necessary to the maintenance of standards and improvement of services (Edelson & Bible, 2001; Gilmore & Pittman, 1993; Hornibrook & Myers, 1996). There has also been no national audit of ASA Policy implementation since its inception. Nor has the Policy been evaluated in its relevance or practicability in New Zealand's frontline conditions. In short, nothing has been instituted by Police to inform either progress or even the need for progress. Failure to coordinate their sexual assault services on a

national basis has had direct and identifiable outcomes for nationwide quality assurance in police practice.

In the absence of government commitment to improving services through national coordination, service improvements have relied on the focus, motivation, commitment and capacity of individual organisations. These factors are all recognisable in DSAC's systems which were formed specifically from concern for the adverse circumstances and effects of medical/forensic examinations and the wish to mitigate these. The failure of Police and support/advocacy organisations to replicate the national and regional coordination which have assisted DSAC in providing exemplary systems for care needs further explanation.

As already argued, the implicitly caring nature of the GP role lends to the focus on, motivation, and commitment to provide a response based on principles of care. GP ability to commit considerable personal time to medical/forensic work and advocacy for improved systems has been attributed to the relative financial security of medical professionals (DSAC National Coordinator, 2003). Further underscoring the need for strong financial support, the commitment to developing not only national coordination, but also a specialist body of medical/forensic knowledge, also derives from the paid nature of medical/forensic work within the legal system.

Support/Advocates have had similar focus and motivation to GPs, but in contrast to the material recognition of medical/forensic services, support/advocates have not been paid for their services by New Zealand's legal system. This discrepancy highlights the higher value placed on medical/forensic work due to its more easily recognisable value within the legal system and suggests the legal systems' continuing system-centred focus. In contrast again, support services have not been recognised as crucial to victims and therefore often crucial to legal system outcomes. Since there is no direct payment for services and since other financial support for support/advocacy services is piecemeal, one aspect of their difficulty in achieving lasting national coordination is time and material resource constraints. The irony of this is in RCC work being both the catalyst for and lynchpin around which legal/forensic service quality has improved internationally.

Additionally, RCC feminist origins have made for organisational decision-making processes which have not assisted national coordination, as evidenced in the collapse of

New Zealand's national collective of RCCs. The collectivist style of feminist organisations developed in part as a reaction against the uses to which power could be put in hierarchical male organisations. Through conflating hierarchy and the misuse of power, feminist organisations have unnecessarily lost the leadership possibilities which hierarchical structures provide, by attributing to hierarchy the power to corrupt. The misuse of power resides within individuals and the corruption of individuals can be resisted by formal processes for communication and accountability. As Vanderpyl's (2001) case study shows, in the absence of legitimate power through hierarchy, individuals claim power in illegitimate ways. This makes decision-making considerably more difficult, issues harder to manage, and decisions harder to implement. In this scenario, within-agency decision-making is difficult, let alone achieving national coordination. For the very different reasons discussed already, Police leadership has also been slow to recognise the possibility of hierarchy in developing the structures within which quality assurance in processes can be gained.

In contrast to medical/forensic and support/advocacy services, as a government organisation Police are funded and have an inbuilt infrastructure to coordinate nationally, and SADCs are pivotal to this. Several reasons were given by police for the failure to achieve national or even District coordination in the interests of improving sexual assault service responsiveness. One reason for District Commanders failing to meet the Policy obligation to appoint SADCs was that the Office of the Commissioner had provided no extra funding to enable the Policy to be implemented.

Q: 'Any extra resources to implement the Policy?

A: No.

Q: What about for staffing allocation?

A: No.

Q: It has not changed your staffing allocation?

A: ...For that Policy, no.

Q: How is it to be implemented with no extra resources?

A: That's a very good question. That was an issue that we raised when we became aware of the Policy and the way it was framed. How do you expect us to implement this fully?

Q: Who raised the question?

A: Well the Districts did, myself and other Crime Managers. How exactly do you

expect us to implement this? And the clear message was, within your resources you manage it. So we have carried on managing it within our resources.'
(CSM 12)

'We don't have the staffing to be able to look at those District coordination roles in terms of things like sexual abuse... We have no District view on any of those. ... I would be interested as to how many Districts actually have Sexual Assault District Coordinators.' (CSM 8)

Police crafting policy, but overlooking its material requirements, has been reported subsequently (Bazley, 2007). In prior New Zealand research on Police, Miller Burgering (1994) found similarly that new policy in the child abuse field was not accompanied by allocation of resources to enable its implementation.

Geographic spread was also given as a reason why SADCs had not been appointed (CSM 5). It was implied that having a whole-District SADC was unworkable.

A: 'It would make sense to me that in a District like this, that each of these Area CIBs would naturally assume the role of that liaison person'.

Q: It is all station by station?

A: ... I would see it more probably at Area level or station level.' (CSM 5)

Yet geographic spread creates an even greater requirement for District-based coordination of services, particularly if quality assurance is to be achieved in rural communities. In Australia, State-wide systems have been argued as facilitating good practice while still allowing for necessary local level adaptations (Carmody, 1997). This was due to the state-wide data collection which enabled the particular needs of rural communities to be known and met (Hornibrook & Myers, 1996). This needs assessment and follow-up representations for resources is a vital role for SADCs. If this coordination is possible in Australia's much larger states where a 'tyranny of distance' operates, aided by electronic communication it is also possible in New Zealand's Districts which are all much smaller.

Lastly, although not stated as such, there appeared to be an element in some Districts of just not getting around to appointing SADCs.

A: 'I can't say there has been any major specific work undertaken on that basis, although obviously we are aware of the general Policy, and so on...Almost by default I suppose I fall into that category of District coordinator role. As the Crime Manager the investigation responsibility ultimately rests with me, so I fall into that category I guess.

Q: Was there an attempt to appoint somebody in that role?

A: Not in the time that I have been here no.

Q: How long?

A: Five years. I would expect most likely it would be representatives from the three Areas. (CSM 12)

This tardiness in compliance with policy has also been found by Carbonatto (1997) in respect to initial police responses to a new Domestic Violence Policy.

That Policy coordination requirements have not been implemented comprehensively warrants some organisational analysis. Unlike DSAC and RCCs, both of whose origins and interest in national coordination derived solely from a focus on improving sexual assault services, Police is a generalist organisation with sexual violence as just one focus. In accord with the findings of this research, Miller Burgering (1994) found that coordination of responses to sexual crime had low priority. Discussing coordination in responding to child abuse, her finding was that this too had not been assigned resources by Police leadership. Taking this cue, middle management was less likely to perceive collaborative practice as important, and given the competition for resources was more likely to prioritise practice with more immediately tangible outcomes. As a result, development of effective relationships with specialist support services was not a standard achieved across the organisation. Similarly, given that the Office of the Commissioner has largely neglected the implementation requirements of the ASA Policy, this is likely to have given District Commanders their steer on the importance of sexual violence.

That as a prolific and serious crime sexual violence does not feature higher in Police leadership priorities is likely to relate to Police prioritising what appear to them to be the contemporary public concerns. As Young (1996) has said, rape has not been prominent on the public agenda. Making Police prioritisation of sexual violence responsiveness even less likely is that at 83.5%, Police has a much higher representation

of men, particularly in the top echelons where priorities are set (Police News, 6.2007). As the history of the anti-rape movement shows, the awareness and energy which has driven improvements has been that of women.

Congruent with these comments, the negative publicity which culminated in the Commission of Inquiry appears to have acted as a catalyst to strengthening coordination (Ainsworth, 1995). Recent signs of this are in the interest displayed by the Office of the Commissioner in how sexual assault services are coordinated. A questionnaire about coordination was sent to Districts in August 2005 and all Districts have again been asked to appoint one identifiable coordinator (attendance at meeting). The 2005 creation of the national coordinator position gives reason for optimism that SADC positions may become reality and allow national coordination of Police sexual assault services. If this happens, it will facilitate the national coordination between all three organisations which is vital to a shared vision, both of service requirements and the need to lobby government to fund and support the upgrading of services. That developing interagency liaison is also an aspect of this position bodes well for establishing combined national coordination.

Local Coordination: Factors Which Mediate Service Quality

Along with national coordination of and between crisis intervention organisations, local coordination is necessary in developing sexual assault services. Firstly, local coordination enables a shared vision of service requirements and in doing so, stronger motivation to push for the means to achieve these. In providing a combined voice, it also provides a stronger voice in lobbying for and maximising the support and resources of local government bodies in improving service responses.

At frontline level, local coordination is also necessary in the development of expertise. This is through the sharing of specialist agency knowledge and ideas with police, and in return the sharing of Police resources with specialist agencies. Local coordination also provides the synergy which underpins service development through adaptations to local conditions. At its most practical level of advantage, local coordination is vital to the provision of seamless victim-oriented services. For these reasons, local coordination was examined in order to comment on its current potential in the evolution of New Zealand services.

Figure 3 below shows the extent to which police work with specialists in coordinated services. As the chart shows, the most consistent coordination at frontline level was police working with DSAC-trained doctors and Police Medical Officers. In contrast, there was wide-ranging District and Area variability in police liaison with support/advocacy agencies, specialist or otherwise.

Figure 3: Interagency Liaison – Police Working with Specialist Agencies

District	Interview area	Main partner support agency	Specialist support agency	Support regularly accessed	Proactive inclusion of support	Medical partner
Northland	Kaitia	Support for Victims (KSV) Fresh Start (FS)**	No	No	No	As for Kaikohe
	Kaikohe	Victim Support (KVS) Kerikeri Mid North Family and Support Group (MNFSG)**	No	Yes	No	DSAC in Kaikohe, Rawene, Whangarei
	Dargaville	Support of the Sexually Abused (SOS)	Yes	No	No	DSAC in Whangarei, Dargaville
	Whangarei	Rape Crisis (WRC)	Yes	Yes	No	DSAC
Northshore/Waitakere /Rodney Auckland City	Takapuna Central	Auckland HELP	Yes	Yes	Offered by HELP in person	DSAC
Counties Manukau	Wiri	Counselling Services Centre (CSC)	Yes	Always	Yes	DSAC
Waikato	Hamilton Central	Victim Support (HVS)	No	No	<i>'We leave it up to the victim' (CIB)</i>	DSAC
Bay of Plenty	Rotorua	Victim Support (RVS)	No	Not all processes	No	DSAC*
Eastern	Napier	Victim Support (NVS)	Yes #	Yes	No	PMO
Central	Palmerston North	Victim Support (PNVS) Manawatu Rape and Sexual Abuse Centre (MRSAC) **	No	Often not offered	No	Police Medical Officer +
	New Plymouth	Taranaki Safer Centre (TSC)	Yes	Usual but victim's choice	No	DSAC
Wellington	Central	Wellington HELP (W/HELP)	Yes	No	No	DSAC
Tasman	Nelson	Rape Crisis (NRC)	Yes	Sometimes	No	DSAC
	Motueka	Women's Support Link (WSL)	Yes	Always	Yes	DSAC in Nelson
	Blenheim	Sexual Assault Resource Centre (SARC)	Yes	No	No	DSAC
	Westport	Westcoast Rape and Sexual Abuse Healing Centre (WRSAC)	Yes	No	No	DSAC in Greymouth
	Greymouth	Victim Support -specific people used for ASA (GVS)	No	Yes	No	DSAC
Canterbury	Christchurch	Safecare	Yes	SADC - always CIB - victim choice	Automatic callout	DSAC
Southern	Dunedin	Rape Crisis (DRC)	Yes	No	No	DSAC

*DSAC no longer available; #Manager ex Rape Crisis; +DSAC now available;

**specialist agency available but not accessed by police

The finding of police inconsistencies in liaison is at odds with the New Zealand ASA Policy tenet to liaise with specialist medical/forensic and support/advocacy agencies. An important reason why police and specialist support/advocacy agencies in particular do not work together at frontline level is because there is very little effort to maintain partnerships. In part, this was due to limited attention in this Policy as to how partnerships should be developed and maintained. Compared to the many suggestions in the literature for partnership maintenance, the New Zealand ASA Policy suggests only joint training; local agreements; and knowledge of specialist agency functions.¹⁹ These suggestions are scattered within the Policy rather than addressed in a discrete section underscoring the importance of partnership maintenance. In comparison to the London Metropolitan Policy, suggestions are also broad and unaccompanied by procedural mandates. As a result, it was possible to ignore Policy mandates when situational exigencies such as staffing shortages made compliance difficult.

'It is very difficult to arrange interagency get-togethers etcetera for a number of reasons. Like I've said, staff on leave, staff away on court cases, the nature of policing. Sure as eggs if you set an appointment for such and such a time on such and such a day ... there will be something that you have to rush off to.'
(CIB 5B)

When I explored the extent to which the three relevant Policy tenets were in fact implemented, I found that joint training between all three agencies was not regular. In four Districts, joint training was reported as not happening at all. One detective suggested the ASA course at the Police College was *'the closest thing'* since this included presentations from DSAC and support/advocacy organisations (CIB 3). Attending conferences together was in evidence at a conference organised by the Australia and New Zealand Association for the Treatment of Sexual Abuse in 2004, but at no other New Zealand conference attended by me during the research. Significantly, this was the only conference which addressed offender as well as victim issues which may signal that police have still to realise the importance of their role with victims.

Local agreements were found in the form of written protocols with specialist support/advocacy agencies in only 3 of the 20 Areas. This minority reflects findings in Lievore's (2005) study. However, as has also happened overseas, little correlation was

¹⁹ See Figure 1

found between these contracts and police contact of specialist agencies (Campbell, 1998; Gilmore & Pittman, 1993). For instance, Areas 8B, 5A, and 5B had the formal contracts between police and support/advocacy agencies suggested in the Policy, yet individual choice outweighed the force of these. In 8B, the agency was always accessed when victims reported, but in 5A, this happened only sometimes. In 5B, since the current CIB supervisor had chosen not to honour the agreement signed by his predecessor, the local specialist agency had not been called in the three years following his appointment (Support/Advocate). In other Areas, police reported informal understandings as dictating interaction. Policy recommendations for joint training and protocols have been of little use then in ensuring police develop and maintain partnerships.

As well as not meeting Policy tenets, New Zealand practice seldom met other partnership maintenance recommendations in the literature. This reflects Lovett et al.'s (2004) finding that contact between SARC staff and police was usually limited to the practical necessities of individual cases. For instance, during participant observation I found that DSAC-trained doctors and support/advocates occasionally attended each other's meetings, but police were never observed doing so.

In addition, regular interagency meetings between police and specialist organisations were reported in only 8 of the 20 Areas visited. The largest cities yielded five of the Areas in which formal regular meetings were found. Of these, the existence of SADCs in Counties Manukau and Canterbury meant meetings in these Districts had District-wide outcomes. In the remaining three Areas, common themes of workforce stability combined with frequent but incidental contact between personnel from separate organisations fostered the positive interpersonal relationships which contributed to formal efforts to develop professional partnerships.

For instance, in New Plymouth all organisations worked from a dedicated location. In Napier, police and the Victim Support manager not only had a longstanding partnership but also worked in proximity in a relatively small police station. In Motueka, it was the small size of the township which allowed the repeated incidental interaction (Station Supervisor) and development of the interpersonal relationships which enabled development of professional collaborations. The Motueka example is evidence of Epstein and Langenbahn's (1994) claim that although rural communities may lack the

specialist resources of cities, they are not resource-poor. As noted, committed individuals were able to initiate interest in making the necessary local level adaptations to provide specialist services and facilities. In allowing contact beyond professional duties, the common denominator between these three Areas appears to be the trust which developed from the opportunity to know and respect members of other organisations. As Lord and Rassel (2000) have noted, this is a strong argument for separate organisations to work in multi-agency centres.

In contrast, and reflecting Blair's (1985) finding of a relationship between staffing stability and effective partnerships, in the remaining Areas rapid police rotation was very frequently cited as problematic to any form of partnership maintenance.

'...the main thing would be the continuity with detectives. That is probably the biggest problem.' (DSAC 8C)

In urban Areas, the effects of rapid rotation on partnership maintenance were compounded by the size and generalist nature of CIB squads.

'CIB who deal with sexual assault or any job, they chop and change so much. Every time you have got a different one, so there is no point in going and building that rapport with somebody when in two months time they are going to be working in a completely different field.' (Victim Support 9)

Large generalist squads comprised of a transient CIB population meant that the work invested in developing workplace partnerships was seen as meaningless and there was little incentive to bother. Amongst other advantages, smaller specialist squads made meetings easier to organise:

'...because CAT is more specialised you have got a dedicated group. You've got a much broader range dealing with adult sexual abuse, and it is a lot harder to get everyone [pause] a lot more of those people to get together.' (CIB Supervisor 6)

One support/advocate in a rural community with a stable Police workforce reacted with dismay to the idea of investing time and self in relationship building in urban Areas where there was rapid turnover of police staff.

'It would be a heartbreak! ... I wouldn't even be interested in doing it I don't think. It would be too horrendous! It would drive you mad trying to keep up with that!' (Support/Advocate 8B)

There is little doubt that building the relationships necessary to effective partnerships is hampered by frequent turnover, particularly of police staff, and that if partnership maintenance work is to be conducted workforce stability will greatly assist.

Workforce stability is also important in establishing other partnership maintenance measures such as social interactions, integrated data bases, and departmental liaison people. The ASA Policy does not mention these measures and I found them to be irregularly and infrequently implemented. Joint social functions such as end-of-year celebrations, were frequently said to no longer happen because of increasing workplace demands. Interdepartmental liaison was found at frontline level but only in the form of a Police liaison officer meeting with Victim Support for general concerns. Similarly, integrated data bases consisted only of Victim Support daily accessing the Police occurrence book in order to make contact with victims in general.

Due to there being little effort to maintain partnerships, most police knew very little about what specialist support/advocacy agencies did. Despite the Policy requirement for police to have knowledge of specialist agency functions, some police were unable even to give a basic idea.

'I don't know a hell of a lot about them.' (CIB 3)

Reflecting Mawby and Gill's (1987) survey results, many understood that support was provided but the forms this took were seldom fully known. Since most police have yet to appreciate what can be offered, this suggests a likely reason for some police Areas choosing not to access specialist agencies

Figure 4 below shows the extent to which partnership maintenance measures have been implemented. Rather than demonstrating the care required in collaboration the findings are characterised by lost opportunities for developing and maintaining partnerships.

Figure 4: Partnership Maintenance between Police, Medical/Forensic, Specialist Support/Advocacy Agencies and Victim Support

District/Area	Regular meetings	Formal protocols	Interagency training	Department liaison person	Social occasions	Joint data base
Northland Kaitiaia	No	Yes - police and Fresh Start	Fresh Start and VS	No	No	No
Kaikohe	VS attend station meeting	No	DSAC with VS and Police	Police with VS in general		
Dargaville	No	No	SOS train VS; Police train SOS about Police role	No	Informal	Occurrence book accessed
Whangarei	Rarely	No	DSAC train Rape Crisis		No	No
NorthShore/Waitakere/Rodney	As for Auckland City	No	ASA Course	CIB supervisor	No	No
Auckland City	Some areas between CIB supervisor; DSAC; HELP	No		Detective Senior Sergeant	No	No
Counties Manukau	Yes	No – ‘Taken for granted’	Police and CSC	SADC		No
Waikato	No	No	No	Police with VS in general	No	No
Bay of Plenty	VS attend general station meeting	No	No	Police with VS in general	No	No
Eastern	Yes	‘Common sense’	Not for sexual assault	Police with VS in general	Yes	No
Central Palmerston North	VS attend station meeting only	No	RC train VS. Police train VS	Police with VS in general	No	No
New Plymouth	Yes	No				No
Wellington	Some Areas e.g. case study meetings between HELP, DSAC, and CIB	No	RC, HELP train police at RNZP College	No	No	No
Tasman Nelson	No	Yes	No	No	No	No
Motueka	Yes	Yes	Yes	Informal	Yes	No
Blenheim	No	No	‘We have done’ (CIB)	No	Offered	Occurrence book accessed
Greymouth	Anticipated	No	No	Police with VS in general	No	Occurrence book
Westport	No	No	No	No	No	No
Canterbury	Yes - with SADC	No	DSAC train police. Police train Safecare	SADC on Safecare Board	No	No
Southern	No	No	RC train VS	No	No	No

Importantly, the minimal investment of time in partnership maintenance corresponded with minimal synergy in partnerships and therefore little consideration of how services were given or partnerships could be developed. Evidence of stagnation is in the failure to develop physical facilities to accommodate the service integration which has been argued as very important to service quality. Advances overseas include multipurpose facilities which have sometimes been built to victim-oriented specifications (Lovett et al., 2004). Had partnerships been more advanced when the ASA Policy was formulated in consultation with partner agencies, it is possible that multipurpose facilities could have been considered. However, the Policy refers only to District Commander responsibility for ‘appropriate’ venues for police interviews and for ensuring medical surroundings are: comfortable, adequately equipped, non-threatening, and always available. ‘Appropriate’ is not defined in relation to police interview venues and support/advocacy venues receive no official mention.

As noted, site visits revealed that medical/forensic examinations were seldom able to be conducted in specialist facilities, let alone specially designed facilities.²⁰

Support/Advocacy funding difficulties are manifest in their facilities. CIB confirmed that interviews were often conducted in their own offices instead of designated interview rooms. These were usually also the venue for my own interviews and were accessed by approaching the public counter and negotiating various floors and corridors past a variety of other offices and common rooms. Some offices had glass walls, in which case curtains or blinds could be drawn for privacy. Ironically, this simultaneously signalled that a ‘sensitive’ interview was in progress.

In recognising privacy as a therapeutic necessity, the limited privacy in police environments was mentioned by support/advocates.

²⁰ See Figure 5

A: 'You go back to the police station which is not so good.

Q: Are they private facilities?

A: Oh, I wouldn't say that ... I guess there wasn't on Monday anyway. It was in an office with three desks. The police sat in front of the computer and took her through her statement.

Q: So for the main interview, not necessarily private, people coming and going?

A: Well, there were, but it was people from the crime scene.

Q: Not actually sealed off?

A: It's a big room upstairs sort of at the end of the building, but the crime scene people were coming in and out. ...It wasn't terribly conducive.'

(Support/Advocacy 1)

This 'coming in and out' has been reported before (Jordan, 1998).

Some police also acknowledged their concern that the interview rooms mandated by the Policy seldom existed.

'It is really hard for us to work too. I mean it is not something we like either, because for us who are actually dealing with those cases it is really frustrating! It is really embarrassing! You take the person into a room like that. It is a disgusting room! It is dirty. It is marked. There's scribble. There's graffiti. To be honest, it is an embarrassment to take people into that room. ...' (CIB 8A)

As Jordan (1998) has reported before, scant attention has been paid to the physical environments in which adult rape victims are processed in New Zealand.

Figure 5: Facilities for Processing Sexual Violence Complaints

District/Area	Police interviews	Medical examination	Support/Advocacy interventions
Northland Kaitia	CIB office; interview room; or community resource room	Kaikohe/Whangarei/Kaitia	CBD premises
Kaikohe	'Soft' interview room	Kaikohe medical rooms, Rawene (50kms way) or Whangarei	Police station
Dargaville	CIB Office	GP rooms or Whangarei Sexual health rooms	CBD
Whangarei	CIB office	**Sexual health services	CBD premises
Northshore/Waitakere/Rodney	CIB office	* Auckland Hospital# 17-19 years are seen at Te Puruhau	Converted house
Auckland City	CIB office	*Pohutakawa/Auckland Hospital#	Converted house
Counties Manukau	CIB office or at CSC	*Pohutakawa/Auckland Hospital# or *CSC	CSC: Converted flats
Waikato	Shabby interview room	Police station or GP rooms	Police station
Bay of Plenty	CIB office	GP rooms	Adjacent to police station
Eastern	Some 'soft' interview rooms	GP rooms	Police station
Central Palmerston North	CIB office	GP rooms	Police station
New Plymouth	Kimiora	*Kimiora	Kimiora:Converted CYFS house
Wellington	CIB office	Private A + E	CBD Office
Tasman Nelson	Soft room for interview	Nelson medical rooms	Shared community house
Motueka	CIB office	Nelson medical rooms	Shared community house
Blenheim	CIB office	Hospital or GP rooms	Converted house
Greymouth	CIB office	Greymouth hospital	Police station
Westport	CIB office	Greymouth hospital	Community house
Canterbury	CIB office	*Cambridge Clinic	Converted garage
Southern	Child's interview room	GP rooms	CBD premises

**now done in GP rooms; *specialist facility; +multi-agency facility; #moving to Greenlane; after hours care currently at children's multi-agency centre.

Figure 5 shows that with only two exceptions, the three services worked from separate facilities which victims had to travel between. The exceptions, Central's Kimiora and Counties Manukau's Counselling Service Centre were both standalone facilities and could cater for all crisis intervention services. However, both being converted houses neither was custom-built to accommodate the particular needs of rape victims. The Counselling Services Centre was the permanent location of a support/advocacy organisation which had equipped and made their facilities available for police interviews and medical/forensic examinations. Although this meant that victims did not have to travel between venues, these facilities were not regularly used by police and medical/forensic services. In contrast, in the acute phase of adult and child sexual

assault investigations, all essential services were regularly called in to Kimiora from the outset, although this was only with the victim's permission.

In this research, Kimiora was New Zealand's closest approximation to ideal practice. Kimiora houses police on their year-long sexual crimes rotation. It is a specialist facility, containing a reception area; interview room with recording facilities; three offices; lounge; kitchen; medical/forensic examination room; and showering facilities. According to police,

'The Policy stipulates a safe environment and that is what we have got here.'
(CIB Supervisor)

The service is also specialist in being provided by DSAC-trained doctors and specialist support/advocates. However, police based at Kimiora are not on call so specialist police cannot be guaranteed to conduct the initial investigation. This may instead be conducted by CIB from two other squads based in the local urban environs.

Replicating Lovett et al.'s (2004) analysis of the SARCs, I found that given its sole function, the Kimiora facility was a far more relaxed venue than the busy stations and offices of CIB. This impacted favourably even on me as an interviewer, making me feel more at ease. In accord with Quina and Carlson's (1989) recommendations, privacy and safety were integral features since, like the Counselling Services Centre, Kimiora was invisible from the road. It was also accessed from a common driveway which meant it was not obvious from the road which building was being accessed. In addition, offenders were never processed at this site which gave a perception of safety and prevented issues of DNA contamination.

While Counties Manukau's Counselling Services Centre was visited as part of the original research design, my visit to New Plymouth's Kimiora was recommended by two CIB. This suggested their recognition of multi-agency centres as the systems ideal. Yet despite this recognition, Kimiora has been neither replicated nor used as a systems model by other Districts or even within the District. Rather only *'the odd one has come through'* to see how the operation worked (CIB Supervisor). This is disappointing, but not surprising given the lack of national and local coordination which I have argued as necessary to recognition and dissemination of good practice. In discussion about why Kimiora was the only multi-agency centre, I was told that it had had 'strong advocates'

in the community (CIB Supervisor). In the absence of a national framework for evidence-based practice then, individuals were attributed with making the difference.

Summary and Interpretation of the Findings

Across New Zealand Police Districts and Areas, a significant feature of the findings is variability in most aspects of sexual assault services. This is the result of limited local and national collaboration between the organisations in both the giving of services and the building of partnerships. Since partnership maintenance measures have been largely neglected, the synergy of collaboration has also been absent and there has been uneven understanding across the organisations of the need to develop specialist services. One manifestation is that there has been little coordinated push for research and development either by putting sexual violence on the public agenda, or by directly encouraging government responsiveness from within the systems. As a government entity, Police are arguably best placed to achieve the latter, but are hampered by their own lesser focus on sexual violence in comparison to support/advocacy and medical/forensic services. Without an evidence basis for the need to advance services, variability is a persistent theme and this leads to service gaps.

Many measures which the international literature and ASA Police Policy identified as ensuring quality assurance in systems of responsiveness to adult sexual assault victims, have not been implemented in New Zealand, including:

- ongoing Police service evaluation either through solicited victim feedback or through established procedures for supervision
- national coordination of Police sexual assault services
- national coordination and consistency of support/advocacy services
- specially selected police officers
- interagency coordination through: joint community education; advisory committees; introductions for new staff; providing departmental liaison people; providing an organisational chart of the agency; defining goals and missions; and combined statistical databases

Very infrequently found were:

- District coordination of Police sexual assault services
- specialist police teams
- knowledge of support/advocacy agency functions
- looking after the psychological wellbeing of staff
- specialist police training
- special facilities including interview rooms
- specialist support/advocacy accessed at the time of initial complaint
- integration of the three crisis intervention services in one-stop-shop facilities
- interagency coordination through: interagency training; formal interagency protocols; and regular interagency meetings

Consistently found were:

- DSAC coordination; training; and peer review
- support/advocacy training

Considerable variability was found within the government organisation - Police. This finding accords with Jordan's (1996) finding of variability in individual police practice. Systems variability was significant between Police Districts and between policing Areas within most Districts, leading to extremely variable knowledge of officers and practice at all levels. This degree of variability signals a failure by Police leadership in providing the coordination necessary to support CIB in their professional requirements when responding to victims of sexual violence. Setting standards for sexual assault investigation, but failing to ensure that the Policy could be complied with has set investigators up for failure. Some means for police to develop victim-oriented practice, such as training and working with specialist medical/forensic and support/advocacy agencies have been explicit within the ASA Policy, but compliance with these measures has not been ascertained. Variability was evident but to a lesser degree between support/advocacy agencies and related to coordination and funding difficulties. Variability was a theme of much lesser importance in relation to medical/forensic services, and again related to funding difficulties.

Generally, there is an inverse relationship between variability and quality assurance in services. To the extent that there is collaboration to establish the philosophical and practical aims and requirements of service provision, informed rational organisation of services is possible. In the absence of this background work, positive controls such as evidence-based policies, staff selection, supervision, training; and quality assurance audits are not implemented and services are defined by situational exigencies. Service quality can be as variable then as the individuals who give it, and in the absence of legitimate controls can be negatively influenced by de facto or situational factors such as culture or resource inadequacies.

Not all variability is problematic. Some variability is created by necessary local level adaptations to permanent local features of the New Zealand context and can be vital in responding effectively. Rural adaptations, such as some support/advocacy agencies becoming multipurpose, allowed agencies to make the best of available resources and minimised disadvantage to victims in small communities. Similarly, in smaller Areas where CAT teams adapted to fewer complaints by also investigating historic and adult sexual violence complaints, this consolidated sexual crime investigative expertise and limited the prospect of being seconded for generalist work.

While some permanent features of the community necessitate adaptations, other features causing variability are appropriately subjected to quality assurance processes. Required in achieving this regulation is appreciation that some service provision is problematic, and being in a position and having the will to correct this. Government has recently perceived that the state of services is problematic. However, apart from the largely ignored 1983 Rape Study there is still a dearth of research to establish practice requirements for New Zealand conditions. As with other countries, there is also a paucity of research evaluating contemporary sexual violence services (Astbury & Duvvury, 2007). There is also minimal funding and organisational assistance targeted at sexual assault responsiveness. Yet as noted, when this funding is available it is frequently accompanied by setting of standards (Campbell & Martin, 2001; Mathews, 1994; Mawby & Gill, 1987). It is also accompanied by the evaluations necessary to ensuring accountability to those common standards (Carmody, 1988; MCASA, 1997). The very prevalent variability in New Zealand's services signals that there has been little political will to make a difference in rape-responsiveness.

In the absence of official involvement, the will to create change has been apparent at the level of individuals. It has sometimes been evident on a large scale, as in the formation of DSAC by female doctors. On a medium scale, it was evident in two Police Districts, where despite having no extra resources to implement the ASA Policy, senior officers had committed to District-wide measures to improve interagency liaison. On a local, but no less significant scale, a not-infrequent finding was of women who had struggled to maintain support/advocacy community organisations, sometimes for decades. Again, their development of training meant that standards were set for work in crisis intervention. A strong subsidiary theme of the findings then was the impact of individuals making a considerable positive difference by developing, strengthening, and stabilising services. In Areas which lack the commitment of such dedicated people, gaps in both services and service quality remain.

Chapter Six: Improving System Responses to Victims Through Police Collaboration with Support/Advocacy Specialists

Contributing to the variability in partnerships, a strong theme which emerged during this study was of police treating the incorporation of specialist support services for victims as a choice rather than an obligation as expressed in the ASA Policy. Only some police in some Districts chose to work with specialist support/advocates. This was in contrast to police routinely choosing to work with available DSAC-trained doctors, having understood their expertise in medical/forensic examinations and court testimony. As noted previously, improvements in internal Police processes will only take police part of the way to achieving good practice. Also necessary is for police to similarly recognise the necessity for specialist psychosocial interventions to work directly and consistently with specialist support/advocates in providing services.

In this chapter then, I discuss the partnerships between police and support/advocacy specialists in more depth. Firstly, New Zealand CIB responses to the concept and reality of working with specialists are discussed in order to gauge the acceptability of expanding and consolidating partnerships. Following this, a synopsis of the ideal manner of incorporating support for victims is given and contrasted with the reality of how various Police Districts have elected to deal with the issue of support for victims. Empirical evidence is then given for disadvantage to victims when police access Victim Support rather than specialist support/advocacy organisations. However, there is more to gain than the direct benefits of specialist advocacy and support for individual victims and for police in their investigations. Synergy has been said to reside in specialist holistic systems and since there is evidence of this being similarly the case in New Zealand, examples of synergistically-derived advantage are given. The second part of this chapter analyses the factors behind some police Areas not working with specialist support/advocacy agencies even when these were available to provide victims with specialist support.

Police Choice over the Support Received by Victims

Grounds for specialist support and advocacy becoming intrinsic to legal processes when these are dealing with acutely traumatised victims are well-established in international literature. The need is also recognised in the Police ASA Policy in that the stated rationale for police liaising with a specially trained person from a sexual assault crisis counselling agency is to enhance protection of the victim and to reintegrate the victim into the community. In this study, CIB respondents confirmed the practical applicability of incorporating specialist support in New Zealand. Having collated from participant observation the support/advocacy functions in New Zealand, and from the literature the benefits of partnership with specialists, I discussed these functions and benefits with CIB respondents. A large majority of CIB agreed that in theory partnership with specialist support/advocates would advantage police and victims in all the ways identified in the literature.²¹ Even more encouraging was that CIB who already regularly worked in partnership with specialists confirmed that there were real gains for victims and police throughout investigations.

Benefits for police included extra resources to augment their own services and help meet ASA Policy requirements. Overall, the feeling was that:

‘We can’t do it on our own. We need the community to help us there.’ (CAT 12)

Resonating with O’Shea’s (2006) findings, CIB also agreed that if there was expertise in the support, victims were more likely to go through the court processes.

‘If your victim is supported and well-supported then they are more likely to be able to take a case to prosecution. ... It is not easy to be able to go to court.’
(CAT Manager 9)

Investigations benefited along with benefits for police and victims. In that respect, CIB also agreed that support/advocacy knowledge of repeat offending patterns could be formally shared with police thereby increasing crime prevention possibilities.

²¹ See Chapter Two

That CIB who worked with specialists did indeed feel positively was reinforced at an ASA course curriculum meeting where an officer declared that police could not manage without HELP (CIB 3; personal attendance). This contemporary police understanding reflects the long-held views of others working in the field, both in New Zealand (Jordan, 1996; Miller Burgering, 1994) and overseas (Bard & Ellison, 1974; Campbell & Ahrens, 1998; Carrow, 1980; Ledray, 2001). The discussion which follows underscores the benefits to police and victims of working with these specialist support/advocates rather than using Victim Support, family, or friends to support victims as remains persistent practice in some Districts. Instead, specialist support for victims through interventions which are incorporated in a timely and appropriate manner is argued as the means to achieve practice ideals.

Receiving the benefits of specialist support has been noted to depend on how and when services are accessed. Early intervention is recognised in the ASA Policy as important in ensuring maximum protection for the victim. Ideally, as soon as police receive a complaint specialist crisis interventionists are contacted in order to offer their own services (Bryant & Cirel, 1977; Jordan, 1998; Gilmore & Pittman, 1993; Lovett et al., 2004; O'Shea, 2006; Mawby & Gill, 1987). Many factors operate to make this manner and timing of offering support ideal. Firstly, when victims meet crisis interventionists at the outset of reporting this obviates the necessity for repeat explanations and revisiting of the trauma (Bryant & Cirel, 1977). As Bard and Ellison (1974) also established, if crisis interventionists are present from the beginning, victims are more likely to feel that these interventionists understand what they have gone through. This facilitates the building of trust and the later ability to maximise support. This has been empirically validated in Scott and Hewitt's (1983) study with the finding of a much stronger long-term counselling relationship when the counsellor is involved at first reporting. Ongoing engagement with clients went up 30% to 86% due to clients feeling that counsellors had been present when they needed them most (Wood in DSAC, 1996).

Secondly, real choice about receiving assistance is contingent on victims meeting support/advocates in order to know whether they can work together (Support/Advocacy Managers 8B; 8E). The disclosures and the significant level of intimacy of the partnership between victim and support/advocate make it crucial that this meeting occurs. Notwithstanding their knowledge, expertise, and commitment to victims, support/advocates are as diverse as any other group of professionals. Victims must have

a real option to refuse help or request other support if philosophical or other incompatibilities exist as have been reported by Jordan (1998).

Real choice is also contingent on having full knowledge of forthcoming processes, options within these, and assistance available. Because most New Zealand police have only minimal knowledge about support/advocacy functions, real choice is only possible if support/advocates offer this knowledge and their support in person, and victims are able to question them further (Support/Advocacy Manager 8E). An added advantage in specialists giving this information is that their knowledge and expertise in dealing with rape effects enables them to judge when giving information is helpful or traumatising. In this study if agency members were not already present when the offer of support was made, in accord with O'Shea's (2006) observation, victims were said to decline having someone called in out of reluctance to inconvenience anybody (CIB 3). As Hester and Westmarland (2005) have found then, there are many benefits in victims having the same advocate over time. These also accrued for police in having a defined point of contact and contact details when assistance was required as the case progressed.

Although the benefits of early and full partnership with specialists were agreed by police interviewed, the reality of the incorporation of support services for victims does not always reflect this ideal. With the exceptions of Rotorua, Hamilton, and Greymouth, I found specialist services to be available in every Area visited. That longstanding community-based RCCs were found in most Areas is significant testimony to their very need. Yet CIB uptake of their services was variable and appeared to be little related to agency accessibility or service capacity. Some agencies which offered all the requisite services were either not accessed for victims (5B, 5C, 5D, 7, 9, 10) or seldom approached (8A, 8D, 8E, 11), meaning that specialist agencies were only regularly accessed in half the Areas visited.

That this is possible owes to Police leadership failure to ensure implementation of the national ASA Policy. This has left Districts, Areas, and stations relatively free as to the incorporation of specialist support into the investigation processes, even when signed local level agreements exist. This finding reflects earlier British findings where the lack of police referrals caused agency frustration, criticism of 'lax attitudes' in the referral process, and the suggestion that Headquarters should apply disciplinary charges for not referring.

‘Our research on the referral process provides unequivocal evidence that discretionary referral is an inadequate solution.’ (Mawby & Gill, 1987, p.198)

Along with whether specialist services were incorporated, I also found discrepancies in when and how support, specialist or otherwise, was incorporated as the investigation progressed. It was evident that in some Districts, discretion over the timing of introducing agencies to victims was retained by police. This is in keeping with observations about processes being Police rather than victim-centred (Blair, 1985; Boles & Patterson, 1997; Campbell & Raja 1999; Jordan, 1998). At one end of the spectrum, in District 1 specialist support was gained proactively and automatically from the outset of reporting. This pre-empting of individual police discretion accords with Mawby and Gill’s (1987) recommendation for mandatory automatic referral with the onus on victims to refuse. In other Districts, police accessed specialist agencies only sometimes and at varying points in the legal processes. At the other end of the spectrum, in District 10 the non-specialist Victim Support was approached only after the initial statement taking and only with the victim’s agreement.

The manner of incorporating support was also controlled by police rather than specialist support/advocates in most Areas, with police choosing to offer support to victims on behalf of agencies in 13 of 20 Areas visited. This in particular highlights the inequality in the relationship between Police and community organisations identified by Campbell (1998), and evident in Spott (1980) and Martin et al.’s (1992) writing. Some police appeared to believe that giving victims the choice to meet support/advocates equated with re-empowering after a traumatic event in which disempowering was a central feature. Yet such choice is only truly empowering if it is informed (Support/Advocacy Manager 8E; VAWSU, 2005). As Gilmore and Pittman (1993) have explained, explanations from a counsellor/advocate at the outset are important to regaining the control which is paramount to recovery. This is particularly important because profoundly negative long-term impacts are possible from decisions made by victims who are immediately post-trauma and still in shock.

Other identifiable problems accompany police explaining the functions of agencies and benefits of accessing support. As noted already, police respondents were seldom able to explain agency functions; the support they offered; or how this was given. In addition, the way some police offered support was wanting and likely to be implicated in lesser uptake.

'We would say, "Well look, do you need any support person here, any counselling here? Do you want us to facilitate this through your GP, through his surgery nurse?", or whatever, but invariably we just want to get on with the job.' (CSM 7)

Given the well-documented increase in victim sensitivity in the acute aftermath of rape (Burgess & Holmstrom, 1974), the police impatience expressed above is not likely to be missed by victims. Depending on whether police or agencies offered agency services, this made a palpable difference to their uptake. Congruent with Lovett et al.'s (2004) finding that proactive offers of support were appreciated rather than perceived as an invasion of privacy, agencies which offered their own services volunteered that this support was very seldom rejected (CIB 3; Manager 8E). This should reassure those officers who told me that their decision to offer the services of support/advocates was made out of respect for victims' privacy. Given that support offered by police was more likely to be declined, the greater risk to victims was not having specialist support when their privacy was lost later in a public courtroom.

Despite: their own national protocol; local partnership agreements; identified benefits of early specialist involvement; and their own limited knowledge of rape effects, I found that police also retained control over who supported victims. This finding is in keeping with Kelly's noting of a police tendency not to 'cede power' to those who have less status, and police abuse of their power in 'dominating' multi-agency groups (cited in Jones, 2004). The outcome of police retaining choice over who would support victims was that in Areas where police did not work regularly with specialists, either Victim Support was contacted on behalf of victims, or family and friends were allowed to give support. Yet problems have been identified with victims accepting support from within their social circle, particularly when this is the primary or sole source of support.

Firstly, accepting social support can irrevocably alter the balance in social relationships (Manager 8E). As Blythe & Vernon (1992) have stated, it is important that victims have control over 'who knows'. To the extent that information is in the hands of professionals rather than friends, the victim retains control over its later release and avoids the potentially far reaching consequences of others' indiscretion. Secondly, family and friends often undermine recovery by failing to validate victims' experiences (Notman & Nadelson, 1976). Worse, they can sometimes stigmatise victims for their victimisation (Renzetti et al., 1990).

Difficulties can also relate to family and friends struggling to manage the personal impact of victims' disclosures of intimate rape details (Ahrens & Campbell, 2000). The intensive and ongoing support often required in the aftermath of rape may be unmanageable for family or friends. The supporter's time constraints may be a factor in this. Not knowing how to help is another (Lievore, 2005). Many of the victims' family and friends will find themselves in the situation I was in, of knowing nothing about the psychological ramifications of sexual violence or the forthcoming legal processes, and having little to offer other than friendship. For all these reasons, specialist support has been particularly valued by victims (Campbell et al., 1999; Lievore, 2005).

'Rape Crisis services were perceived by most survivors as far more supportive than police, family, or friends.' (Easteal, 1994, p.196)

In offering this expertise, specialists also offered an effective alternative to the victim needing to disclose within her social circle.

There are also worrying implications for victim advocacy and support when Victim Support is accessed instead of a specialist agency. In respect of advocacy, concerns have been raised overseas about the possible domestication of support/advocacy agencies if these amalgamated with or accepted funding from state agencies (Byington et al., 1991; Campbell & Martin, 2001; Mathews, 1994; Mawby & Gill, 1987). In New Zealand, the sustainability of specialist agency philosophies relates to their history, their independence, and to specialist training which frequently emphasises feminist philosophy in relation to rape victimisation. These safeguards for victim advocacy are not available in Areas such as 5B, 5C, 5D, 7, 9, and 10 where only Victim Support is accessed. As a government-instigated entity, Victim Support does not have the historical basis for the strong ideological commitment to support and advocacy which is

the legacy for RCCs of their origins being in community injustice. Given that the safeguards of a feminist ideological basis and historical knowledge do not underpin Victim Support's practice, concerns also derive from Victim Support's location in or adjacent to police stations and reliance on police for referrals. Compared to specialist agencies then, Victim Support does not have the power which knowledge, ideological commitment, and independence confer and this places them at a distinct disadvantage in their relationship with Police.

Importantly, the arguments that historical origins and body of knowledge allow the independence of thought which protects victim advocacy are strengthened by findings in the Eastern District. In Eastern, an effective victim-supportive partnership between Victim Support and police had much to do with the manager's history with the now defunct local Rape Crisis and her extensive knowledge of rape-related issues. In contrast to Nelson's (1995) concerns about the possibility of losing victim-centred ideology when agencies work closely together, this underscores the protection which historical knowledge gives to victim-centred ideology even when organisations occupy the same premises.

Otherwise, in this study evidence was found of a compromised ability to advocate due to Victim Support's subsidiary position. An essential element of psychosocial support is advocacy and this is contingent not only on the ability to recognise secondary victimisation in police processes, but also to respond effectively if these are recognised. In District 10, Victim Support volunteered that their presence in interview was contingent on their silence.

'We can't speak or ask any questions ...so we are just there to hand her a tissue, pat her back, and just let her know that we are there and everything is okay....'
(Victim Support Manager 10)

When asked whether she had ever advocated for a victim during interview the 11 year veteran replied:

'Only once ever in my time here. She was so tired she couldn't keep on going. She had had everything done and I said, [pause] "No no!" He wanted it done now.' (Victim Support Manager 10)

Overseas literature suggests that police are reluctant to work as equal partners even with specialists. Campbell (1998) has reported RCC perceptions of their power disadvantage, and the need for the self-imposed restrictions on advocacy which had previously been suggested by Spott (1980). Yet in contrast to Victim Support's acquiescence to police dictates, there are several indications of the relative determination of New Zealand's specialist agencies in advocating for victims. For instance, early tensions which resulted from disagreements over police interactions with victims were reported by several police interviewed. Their comments were sometimes accompanied by the unsolicited acknowledgement that RCC interventions had improved responses to victims, and that as a result the partnership had improved.

*'If there have been failures *** are very quick to tell us about it and that is the beauty of the arrangement that we have got. ... We did go through a period probably five years ago where failures tended to be documented. We sort of became a little bit confrontational. ... Now we tend to sort things out in a very much more pragmatic way for the victim.'* (District Commander 2)

Contemporary examples of RCCs advocating for victims were readily available. In one District, an RCC respondent reported calling for timeout and '*lots of words*' to be had after an officer used an inappropriate tone to a client. The officer's apology to both client and advocate ensured that the partnership remained intact, as was evident in more proactive involvement of the RCC by police (Support/Advocacy 5A). In another District:

'We make sure it doesn't happen here. We do talk quite seriously and severely to the police if anything sneaks to our notice if women haven't been treated very well. And if she feels that she hasn't we will go and ask for an explanation.'
(Support/Advocacy 8B)

These examples are evidence of Harvey's (1985) claim that knowledge of historical roots empowers RCCs to challenge flawed official decision-making.

It is also more difficult for Victim Support to support sexual assault victims adequately because its volunteers lack the knowledge and skill base of contemporary specialist agency workers. This lack of training and expertise was formally acknowledged by Victim Support at the 1999 SADC seminar where it was stressed that if approached

their policy was to refer on to the most appropriate agency (seminar minutes, May 1999). Victim Support's initial preparation for volunteers in supporting sexual assault victims was a brief nationwide training conducted in 1998. While source documentation suggests that all volunteers currently receive four hours training in supporting sexual assault victims (Neale & Gray, 1990), in the current study it was evident that most volunteers receive considerably less (Managers 5A, 8E, 10). However in the Areas where Victim Support were the only agency accessed to support sexual assault victims, the giving of this support was usually restricted to only a few volunteers (Victim Support Managers 7, 8C, 10). This allowed some to gain experiential qualifications usually, but not always, in conjunction with more training than other volunteers. Ironically, this was often from the local specialist agency. In District (9) selected personnel received extra training, but only about legal processes in general.

'That all comes in, in our initial training. We learn all about that, and it is not specifically with victims of sexual assault. It is victims.'

Victim Support Manager 9)

In no District did I find training which even approximated specialist agency training about the specific psychosocial consequences of rape.

Accordingly, in Areas where police only accessed Victim Support, there was empirical evidence of disadvantage to victims. In District 9, the manager's Police counterpart expressed little confidence in the support given and acknowledged that while he offered it to victims he did not endorse its uptake. The result was that it was declined by an estimated 30% of victims (CIB Supervisor 9).

'Their personnel vary in ability hugely. Trying to say I would go to this organisation in this case doesn't work because their service varies probably a hell of a lot more than ours does.' (CIB Supervisor 9)

In another District, it was also evident that good practice might not be known by Victim Support volunteers.

*'The other thing is if the police call in Victim Support for a rape case... they will say, "Have a cigarette and a cup of coffee". The first rule is nothing until after the medical, so there they go - lack of training. ... It is almost what they don't say. ...If it is a young woman we will say to her, "Don't discuss it with your friends because *** is a very small town and the gossip will go around." We talk to them about all the things that are putting safety barriers around them, whereas Victim Support actually just say, "If you don't want to call your mother in have you got a friend whose mother you could call?" ... It is just managing the situation sensitively and downplaying it and a lot of that will in the end affect the outcome for the client.'* (Support/Advocacy Manager 8E)

In this situation, the specialist respondent understood that immediate decisions about involving family or friends may be cause for regret later when the emotional response was not so overwhelming.

Others commented more broadly on Victim Support's difficulty in supporting victims of rape.

'One of my patients said they did try and be very helpful, but she just didn't think she wanted them involved and they didn't seem very experienced in that regard...they don't have so much skill.' (DSAC 7)

This was similarly evident in Britain after Victim Support's inception.

'In the early days of Victim Support services the victims of sexual assault were excluded from the ambit of their work because of the complexity of the issues involved.... A network of volunteers of different backgrounds and abilities is unlikely to be as skilled in assisting victims to overcome the unique symptoms of sexual violation.... ' (Blair, 1985, p.83)

Proficiency and advocacy issues which limited Victim Support's ability to support rape victims were compounded by structural issues which made it impossible for Victim Support to give continuity of coverage throughout the legal processes. As mentioned, continuity is vital to effective support. It also limits the attrition of victims which can be caused by their being referred elsewhere (Campbell & Ahrens, 1998; Lovett et al., 2004). As a generalist and primarily a referral agency, Victim Support did not provide

the comprehensive range of specialist services offered by specialist agencies, including the counselling which all but one specialist agency incorporated.

Victim Support's lesser expertise and inability to provide a full range of specialist services also impacted on police willingness to engage police in the partnership maintenance measures which are crucial in establishing effective processes (Edelson & Bible, 1998; Carmody, 1988; Epstein & Langenbahn, 1994; Hornibrook and Myers, 1996; Regan et al., 2004; Waryold, 1996). One example of effectiveness is police routinely contacting support agencies to give support from the outset of investigations. A feature of all Areas in which there was early proactive incorporation of specialist agency support was regular meetings for caseload or partnership maintenance. Apart from Napier, these did not take place at all in Areas where Victim Support was the partner agency. Congruent with the inroads made by RCCs overseas, this suggests that specialist knowledge is the precursor to the ability to insist on the forging of true partnership (Harvey, 1985). Again, this analysis is supported by the exception of Napier Victim Support's effective partnership with police which included input into the processes through debriefing after cases.

For police, the corollary of Victim Support's lesser efficacy in providing services was that there was little point in investing time to develop partnerships which would have little to offer in improving systems of responsiveness.

Q: 'Who does the work to maintain the partnership with Victim Support and what is done? Is there a regular meeting or interagency training?

A: We don't do anything to foster the relationship. ... It almost seems like two groups that have a common client rather than an involvement in getting to a common goal or any thing else.' (CIB Supervisor 9)

Since there was no dialogue over good practice requirements, rather than at the outset of the complaint, police contacting of Victim Support in particular was made at various points during the investigation. In one District, it was reported as:

'...only there sometimes, but always at court after the police have decided to charge.' (Victim Support Manager 8C)

This meant that not only did victims not receive the positive benefits of early support, but there was little protection against negative police practices.

For instance, in District 10, Victim Support was not brought in for the initial interview and this seems to have contributed to police ease in manoeuvring complainants out of the legal system. Victim Support's manager reported that only 4 of an estimated 44 cases were referred to them. When I asked if family and friends gave support instead, the unexpectedly revealing answer was:

A: 'Could be or they are not [pause] they can't find, the police can't find [pause] They are not happy with the investigation, and they have maybe not had enough proof or something, or they don't feel it is [pause]

Q: Do the police call you for the initial statement?

A: No. What they do is they listen to the person... her story - if it sounds credible, and then go to their senior and then it goes to us.' (Manager 10)

Of concern given the credibility comment, is that possibly only 4 complaints out of 44 were treated as genuine. The loss to victims was not only the prospect of justice, but also the prospect of referral for support as has been similarly a concern in Australia (Gilmore & Pittman, 1993). The above scenario underscores the need for timely and effective advocacy. It also lends weight to the arguments above that police are readily able to control input by Victim Support, due to its lack of: an ideological basis; training; independence; and ability to provide all needed services. Police partnerships with Victim Support not only seem unlikely to achieve ideal collaborative practice but will also not contribute to the development of police practice.

However, not only will these aims not be met when Victim Support is the police chosen partner agency but in some Districts where police did access specialist services, they resisted regular meetings. This thwarted establishing the grounds on which a combined service could be conducted, and rendered unlikely the possibility of establishing practice ideals in these Areas also.

'The police here tell me that they are too constrained with time and commitments already to really get involved with those sorts of things.'
(Manager 8E)

As a result, in some Areas where specialists could have provided continuity of coverage, police chose to irregularly access specialists and good practice was only variably approximated. Where specialists were unable to make inroads in partnership, again this allowed police to maintain control over the support victims received.

For some victims, this meant discontinuity of support because police approached Victim Support as well as specialist support/advocates, interfering with and compromising the comprehensive care given by specialists. In one instance, Victim Support was approached to procure a Victim Impact Statement, even when police were aware that a specialist agency was already involved.

‘So that instead of us doing it, again because we know the history and we know the case and things, they send another agency just to get the Victim Impact Statement. And are so many times I say to them, “Please don't do that. Come back to me. We are trained to do it. We will do it well”. And we have done really good VIS for the rape case victims. They should be confident in our ability to do them properly and they just don't think.’ (Support/Advocacy Manager 8E)

As also recognised by a Victim Support manager, such discontinuity requires victims to repeat details of the assault *‘again and again’* (Manager 7). This has also been recognised as problematic in the VAWSU report (2005). The cost of police doing this was to the victim's privacy and peace of mind through having to revisit the rape and describe its effects to yet another stranger.

Evidence presented so far suggests that in the absence of genuine partnership, and without the checks and balances brought to investigations by independent specialists, generalist police retain control over the processes and outcomes of complaints. The cost to victims has been shown to be the possibility of having: no support; discontinuity of support; unhelpful interventions; loss of privacy; evidence compromised; and unchallenged attrition from the legal system. These findings are supported by Campbell's (2006) research in which reduction of attrition and negativity towards victims were found when specialist RCC advocates were involved. It is apparent then that women who live in Areas where police have developed working relationships with effective specialist organisations may have markedly different experiences of reporting rape to those who do not.

There is value in police control at frontline level being relinquished in favour of national development of the 'genuine cooperation and coordinated working relationships' evident in some Districts. This national oversight is particularly important because Districts which have established holistic services with specialists have seldom achieved these District-wide. Neither have they been achieved easily or overnight.

'I mean years ago when I was in Auckland City, HELP [pause] we didn't like HELP... We are talking in the early nineties. Nowadays they are a good tool for us, and they offer good support, provide good support, and I am happy to get HELP in at the first instance with every case.' (CIB Supervisor)

Where the foundations for working partnerships have been laid, the predominant mechanism has been regular meetings. These have increasingly been appreciated as an investment.

'I meet with them (DSAC) and the HELP centre once every six weeks Any problems that are developing, or issues, we are on top of pretty quickly. We have a very good relationship with the HELP. It's an excellent relationship with the HELP centre actually.' (CIB)

Due to these meetings, evolution in the partnership between HELP and police is evident.

'I want to pick up the phone and I want to sort it out and we have gotten to a stage where we have that relationship ... And the other thing that has emerged, particularly over the last couple of years, we are routinely getting letters of praise ... And they are referred on to staff and that has helped, I think, cement our relationship.' (District Commander)

In some Areas then, RCC persistence has led to police understanding of the benefits of holistic services and this has allowed police boundaries to become more permeable. In Areas where RCCs have gained little traction in forging partnership, Police leadership must draw attention to the benefits of partnership with specialists and ensure that these become genuine through the partnership maintenance measures discussed in Chapter Two.

Synergy in Police Partnership with Specialists

Along with benefits to support and advocacy, in accord with Hornibrook and Myer's (1996) assertion that holistic systems made for a whole that was greater than the sum of the parts, synergy was found to reside in police collaboration with specialist agencies. For instance, specialist presence during police interviews was both informative as to victim presentations and mediating of police style. Partnership with specialists contributed positively to police belief in the veracity of complaints. Specialists' partnership with appreciative police also had a positive impact on the viability of specialist organisations.

Impact on the Interview Process

The formal interview for the main statement has provided many of the documented concerns in respect of secondary trauma in New Zealand (Anstiss, 1995; Jordan, 1998) and elsewhere (VAWSU, 2005). As an intensive and prolonged interaction between police and sexual violence victims, it can also make or break the prospect of taking cases to successful conclusions. This has been recognised by many including the Criminal Profiling Unit, CYFS Managers, and some CIB who now promote audio-taped 'cognitive' interviewing as a kinder and more effective style of information collection.

The implementation of 'cognitive' interviews has been in abeyance while Police have researched and are now attempting to resource 'best practice' in general investigative interviewing techniques. The provision of an evidence basis is a welcome advance but I have some concerns about the processes. Significantly, interviews of sexual violence victims have not been distinguished from others despite these victims having special needs in interview (Home Office, 2001; Jordan, 1998; Winkel et al., 1991). A related concern is that since the core focus group for this research was comprised only of police, no specialist support/advocate was included (NZ Police, Ten One, 2005). This is regrettable since sexual assault investigations are an important and regular aspect of police work and as Bayley has identified, 'outsiders' can assist the Police in identifying 'best practices' (cited by Bazley, 2007). Also not included were Criminal Profiling specialists who have worked with cognitive interviewing and can be considered specialist in this field. The research processes have not been inclusive then and its findings have yet to be generally implemented (CIB 6).

The current research confirms that the interview for the main statement taking can be problematic. As with other aspects of ASA investigations, the interview is variably conducted. Many statements are taken over several hours by a question and answer format, and simultaneously handwritten or typed onto computer (CIB 8). This to-and-fro nature of the question/answer/clarification style of interview is often cited as an exhausting process. In some Areas, interviews were not infrequently undertaken immediately before or after the medical/forensic examination despite Police instructions to consider waiting until the following day. Not only was the process lengthy, it required victims to revisit traumatic memories haphazardly. This might continue over subsequent days as police checked on detail with the victim. The style of interview was criticised by a former evidential interviewer for children who currently monitors police interviews of teenagers.

*'...I will ask you a question and then I will take you right back to the beginning again and then I will write the question down and then I will write the answer down. ... I wouldn't be wanting to go through that. I want to tell my story once, have someone ask me questions to clarify, and then if they don't, write it up. And then tomorrow show it to me One of the things that I sort of compare is when the police consider doing a written statement of the...14 or a 15-year-old victim, versus doing an evidential interview. The evidential interview might take an hour for the child like from yo to go. It is kind of a low key process. If that same child was to be interviewed by the police it would take three, four, or five hours because their process for taking the statement is so much slower than doing the narrative type story.'*²² (CYFS Manager 8A)

Potential for other problems accrued from this interview style. The nature of the questioning, in revisiting the event with the victim, invited contradictions between accounts which in being discoverable could be used to discredit the victim in court. Another problem was that the statement was taken in the form of words able to be written while the victim was talking and sometimes these were not the victim's own. This made the finished product the detective's account of the victim's account.

²² Synonymous with cognitive interviewing

'I think they still get written out pretty much in the language of the interviewer.... There is an issue there in terms of integrity of what is being said.'
(CYFS Manager 8A)

The language used was not the only way of altering the truth of the victim's account. If the statement was not available verbatim, in being de-contextualised the account could be substantially altered in meaning. Replies were also often a product of the way questions are asked.

'I have sat in with the police while they have taken statements from teenage girls and I have just thought my God, you are basically putting the words in that child's mouth. ... No one knows what question they ask. They just know what subsequently got written down. ... They are nothing if not leading.' (CYFS Manager 8A)

Consequently, no matter how professional or sensitive officers were, the prevailing style of formal statement-taking provided the potential for immediate or future secondary victimisation.

Other factors compound these concerns. Few officers were sufficiently familiar with rape trauma effects to interpret victim presentations; many were influenced by the spectre of 'false' complaints; and most appeared to be overworked and under pressure including at the time of interviewing. These influences made some officers less sensitive in their questioning.

'There are other ways of finding out the truth without being totally interrogatory and threatening. You don't have to shout people down or make out you don't believe them.' (Support/Advocacy Manager 8A)

That no officers have had practical skills training for sensitive interviews means there is little to mediate personal style and therefore the variability which Jordan (1998) found in the way rape victims were treated. The expression of personal style in interviews defines the absence of professionalism which has also allowed a poorly informed interview technique, and an exhausting and sometimes badly timed process to continue. Again, this is the result of leadership failure to inculcate professionalism through:

interview procedures informed by research; training, and registration of those trained; and subjecting interviews to quality assurance monitoring.

This view is supported by the close attention of Project Sapphire to the detail of interviews. The extent of this was evident at the 2005 'Tackling Rape Issues' Conference where a senior officer gave evidence of leadership in preventing secondary victimisation. While he acknowledged he could not tell officers what to *think*, he asserted his obligation to tell them what they must *do*. Referred to was the significance of even a misplaced sigh or raised eyebrow during interviews. In contrast, Police systems-centred processes, suggested by Boles and Patterson (1997) and Campbell and Raja (1999), persist in New Zealand.

'...Police are still very driven around their own process and their own need to get information ...I just don't think it is particularly focused on the victim or taking care of the victim through the process really.' (CYFS Manager 8A)

Yet the difficulties identified with the current format of, and conduct in, formal interviews can be mitigated somewhat through police and specialist partnership in interview. Such partnership is currently mandated for victims under 17, yet in determining the need for support age alone is insufficient as an indicator. As the Home Office (2001) has reported, the nature of events which victims are interviewed about also heightens vulnerability in interview. Moreover, it is particularly pertinent to structure a support role into generalist CIB interviews with sexual violence victims since adolescents as young as 14 are reportedly interviewed by generalist CIB (CSM 1).

The benefits of partnership in these interviews with adults were agreed by many CIB interviewed. They were also volunteered by some support/advocates.

'I have helped police officers with statements when they have gotten stuck. I've leaned over and said, "Ask this." ... I knew what the officer was trying to get at and they are not trained in communication, where I am. He did it and got the answer ... So I know I could do it and I could do it in a way that supports the client. ... That sole purpose for that person of Rape Crisis is to train and do interviews and support women through that part of that process, because I believe statements, police statements and interviews, can be done in a more supportive way. And I feel if they are done in a more supportive way, then they will get more details in their evidence, ... The more the rapport that they build with that person, the better it is going to be. ... and I think that it would also cut down the amount of time that police have what they consider wasted time with women ...'. (5A)

This specialist has identified her current role in: recognising distress; supporting and advocating for victims; and assisting police with questions. Debriefing after interviews has also been supportive of police in reducing stress (Hornibrook & Myers, 1996). Apart from directly supporting victims, police, and the aims of the interview, where these activities do occur their synergy is in transferring expertise and knowledge to police (Campbell & Ahrens, 1998; Lord & Rassel, 2000; Lovett et al., 2004) and improving the quality of investigations (Bard, 1974; Blair, 1985). However, support/advocates can play a greater role than some currently do if consideration is also given to specialist involvement with planning interviews in conjunction with police. Also, although their input has been overlooked in determining best interview practice, when this practice is implemented support/advocates may have a role in its fine tuning. For other benefits of their inclusion to emerge, this will require a greater investment in partnership processes than the regular meetings and occasional interagency training found in some Districts.

Impact on Belief in False Complaints

Estimations of the prevalence of false complaints range widely between academics, DSAC, and support/advocacy organisations at one end of the scale, and many police at the other. In this study, some police volunteered figures of up to 85% of complaints being false while partner agencies in the same Districts found false complaints to be unusual. In academia, the figure of false complaints has been cited as 3% (Young, 1983). In New Zealand, police belief that many complaints of rape are false has been

suggested as influential in the initial evaluation of rape complaints (Anstiss, 1995; Jordan, 2001(b), 2004). That the belief in false complaints was important to outcomes for victims was also evident in this research. Many police raised false complaints as a factor in their willingness or otherwise to pursue rape investigations.

That working with specialists can moderate police belief that many complaints of rape are false has been suggested by Blair (1985) who remarked on the paradigm shift undergone by US police when working in multi-agency sexual assault units. Further support comes from London where police work closely with victim-supportive agencies in the SARC and Metropolitan Police cites false complaints at only 3%. My own hypothesis that partnership would mitigate police false complaint beliefs developed inductively during the research, as it became evident that support/advocacy faith in victims had the power to moderate police attitudes in general. Increasingly positive perceptions of victims were reported by an agency with a longstanding and increasingly close partnership with Police.

'I think generally the feedback that I get from workers that are liaising more closely with the police than I do is that they are much more pleasant, respectful, even empathetic...More often than not counsellors will come back and say, 'He was great, she was great - they really listen....' (Crisis Coordinator 2)

Police belief is also theorised as having been moderated by understanding of rape victimology and victim presentations which has been conveyed incidentally through working with specialists. As Carmody (1997) has identified, in being an act of resistance to dominant discourses, the presence of RCC advocates has successfully challenged a variety of professionals to rethink their beliefs. This is particularly likely in Districts where the work relationship is based not only on the caseload, but on establishing true partnership through regular meetings which facilitate opportunities to discuss cases and work practices. This analysis is supported by others who have argued the necessity of formal contact to negotiating the responses which most benefit victims (Edelson & Bible, 2001; Carmody, 1988; Epstein & Langenbahn, 1994).

Evidence that CIB who worked with specialist agencies had comparatively positive attitudes to rape victims was available even prior to empirical data-gathering. It was notable first when the Royal New Zealand Police College ASA course was being developed through consultation in some of the Districts. Where partnerships with specialist agencies existed and were valued, victim-supportive ideas were expressed by police, and in language congruent with that of their partner agencies. Later, during data-gathering some CIB directly confirmed having learnt about the psychosocial impact of rape through working with specialist agencies. These officers were much less likely than other CIB to suggest that the majority of rape complaints were false. For instance, in the Wellington District where partnership maintenance meetings were regular, an officer was quoted as saying that:

‘...unfounded allegations were made occasionally, but the vast majority of rape claims were truthful.’ (Dominion Post, 3.2.2005)

Equally important, knowledge transfer meant if complaints were proven false, the response to complainants was more understanding of the complex circumstances which might lead to such a complaint being made. This understanding replaced the evident influence of mythology in the reasons police have given for false complaints. For instance, Jordan (2004) has reported attention-seeking, malice, and revenge as reasons given by police for false complaints. Greater understanding was evident in a media release about false complaints which featured comments by officers who worked closely with, and received training from the local support/advocacy organisation. One of these officers was also on this support/advocacy organisation’s board. The officers commented that:

‘...false complaints of sexual attacks [were] rarely malicious’.
(Hutt News, 9.2002)

Rather, those who made complaints which were deemed unfounded were described as possibly naive or vulnerable and often needing police or other help.

Further evidence for attitude transfer came in the form of comments made by a CYFS respondent about the difference in contemporary CAT police beliefs. Having worked for years as mandated partners with CYFS, CIB were said to now seldom disbelieve children.

A: 'I think there is some work to be done with the police personnel around adult victims because they still hold on to that mythology that people are lying, that it is false. There is still a lot of that.'

Q: You can't shake them though?

A: Well, we have with the children. Like I can't think of the last time a police officer said to me, I don't think, a young child is a liar. I mean some of the teenagers there are moving into adulthood so some of those teenagers are going to get a hard time, but the children...it is not what we are hearing about the children...I wonder though if you are asking too much.'

Q: But they have done it for the kids?

A: Well they have but they are working very closely with interviewers.'

(CYFS Evidential Interviewer 9)

The hypothesis that CIB who were not in a position to absorb the knowledge of specialists were more readily inclined to believe that victims lie about being raped is also supported by the very different responses of CIB in four Areas where Victim Support was the partner agency. Firstly, in a metropolitan Area of District 7, the CIB respondent's comments indicated little awareness of the wide range of victim presentations and consequently an apparent belief that women must be 'perfect' victims in order to be credible. Precedent for this interpretation is in international literature (Campbell & Raja, 1999; Independent Police Complaints Authority, 1988; Kerstetter, 1990; Hanmer et al., 1980; Stanko, 1985; Myers & LaFree, 1982; Sanders, 1980; Williams & Holmes, 1981). This officer's (mis)interpretations of victim presentations led to speculations about the veracity of complaints and the victim's motives in reporting.

A: 'It is really strange you know, like a lot of woman come in and they are pretty collected about it, even what has happened. I look at it and I think by crikey if it happened to me would I be that sort of collected.'

Q: Still in shock?

A: Perhaps. Perhaps they are just nasty. ... Yes they do see that the consequences of making a complaint is [sic] going to be this and I want that to happen. Bugger him! I want it to happen. I want this man. I want blood and I want something to happen.' (CIB Supervisor 7)

Such suspicions about victims' motives have also been found by Gilmore and Pittman (1993); Jordan (1998); Katz and Mazur (1979); Myers and LaFree (1982); and Sanders (1980).

However, not only should women be neither angry nor too calm it seemed that women who acted '*really upset*' because '*that is the sort of perception that women have as to how women do react when they come in*' (CIB Supervisor 7), also ran the risk of being discredited. This officer's belief in the existence of response parameters which demonstrate that rape has happened is significant, given that the possible range of victim responses has been taught in Recruit and CIB Induction courses at the Royal New Zealand Police College for at least a decade (Beckett, 2000). The displacement of this training with cultural understandings from the field underscores the importance of working with specialist agencies in the operational arena.

In the 5C Area, their own unadulterated practice encouraged CIB belief in false complaints. Since the available specialist support was not accessed, not only were practices leading to belief in false complaints unchallenged, there was also no direct challenge to the resulting police perspectives on false complaints. As with the District 7 CIB supervisor, 5C's supervisor had not attended an ASA course. This meant that while substantially experientially qualified, he had neither the workplace input from specialist agencies nor the theoretical training which might counter his exposure to police cultural beliefs and workplace practices supportive of belief in false complaints. At the outset of our interview, he initiated discussion about false complaints by suggesting that 85% of rape complaints were false and as Jordan (1998) has also found, volunteered that his practice was to ask victims early in the investigation if their report was genuine.

'I always put to them at the end [of the interview]. I say, "Look, there is going to be a huge investigation. There's going to be thousands of dollars spent. There's going to be a lot of time and resources put into it with staff etc. If it is not true tell me now before it snowballs and you are going to get in trouble if it is false." And I only ever put that to them if I am... if there are inconsistencies and I am pretty sure. I would hate to put it to a real victim, you know, that I don't believe them, that you are lying.' (CIB 5C)

This reflects the discouragement of prosecution which has been found internationally (Feldman-Summers & Palmer, 1980; Kerstetter, 1990; LaFree, 1989) particularly in the way the discouragement has been framed (Ullman & Townsend, 2007). It is also evidence of tactlessness in interviews (Burgess & Holmstrom, 1983; Feldman-Summers & Palmer, 1980; Katz & Mazur, 1979; Madigan & Gamble, 1989). As Martin has shown happens, in this case it related to organisational goals (Ullman & Townsend, 2007). At my suggestion that such questioning might result in attrition of genuine complainants from the legal system the reply was:

'I don't believe so. I really don't. Usually when they give their explanation or when they say, "Yes. It is false." they usually give a reason for it. So you know it is not just attrition. That it is, you know, that it is a false complaint for these very reasons, so it all makes sense at the end of the day.' (CIB 5C)

With further questioning about shock or tiredness as causal in the inconsistencies mentioned, the CIB respondent replied that he did not feel that the '*inconsistencies in their stories*' that he '*looked for*' could be put down to this.

'Well, that is another thing. A lot of them are not in shock. They come in and then it's like "Oh I have been raped." It's not, you know, your classic victim, real victim, who is absolutely traumatised and in shock etc, but you have to take all that into account.' (CIB 5C)

The practice of second guessing victims' complaints of rape was reportedly common.

'They say to them from the start "All that you need to do is tell the truth and if you are not telling the truth we would like you to say so now.", but they are never nasty to them.' (Victim Support Manager 5C)

The local specialist organisation also noted that it was commonplace to question victims about the veracity of their complaint (Support/Advocacy 5C). They had received this information from a complainant and from a detective who, in mentioning the practice had reiterated the same percentage of false complaints mentioned to me by the supervisor. Interestingly, the Victim Support manager had also initiated discussion about false complaints but with a very different perspective on the numbers.

A: *'You get to the stage where you just about know whether it is false or...*

Q: *Get many of those?*

A: *You get a couple, but not often. But mostly they are real.'*

(Victim Support Manager 5C)

Dismayed by the suggestion that so many complaints were false, the 5C specialist organisation had drawn their own conclusions as to the relationship between this police perception and the demand that women acknowledge if they were not telling the truth. Their question was:

'Do people just retract it because of the system?'

One respondent went on to say:

'...I can't believe that there would be that many false. I can believe that people would actually say "I have made a false complaint", because they didn't want...to be going through the system... the court system and waiting years to get to trial.... You are already in a crisis situation and then for the first 20 something hours they have got to make all these decisions that could affect their lives for two or three years to come. ... So you can imagine a person who was in real crisis having that presented by the people that you think would [pause] especially as it has been such a big decision to go the police. So you can understand that some people would say, "Well no, nothing happened."

(Support/Advocacy 5C)

As suggested, this outcome is likely when police explain the many significant consequences of reporting and have led the victim to believe they may doubt the validity of her complaint. Research indicates that rape mythology engenders feelings of culpability in victims (Shapcott, 1988). Self doubt about their role in 'causing' the rape, combined with not receiving validation from police, will be destabilising of the confidence to proceed through the legal system. When told how costly and time consuming an investigation will be, many may also feel they are being told they are not sufficiently worthy to incur this cost. The monumental experience of talking about a usually intensely private experience during public proceedings, but without feeling supported by those in charge of the processes, will prove too daunting for many. Not feeling supported, and worse, having confidence in expected support actively

undermined, will provide a signal to make a tactical withdrawal. Heightened vulnerability and suggestibility has been found in the immediate aftermath of rape (Ledray cited in Schneider, 1982). A quick and easy exit by those who are in this stage will be to say ‘*No, it’s not true because....*’ This is rendered more likely by police questioning credibility while simultaneously appearing to withdraw support.

It may be then that police themselves are contributing not only to victims’ withdrawal from the system, but also to the method by which victims exit. This line of questioning, having given victims an exit strategy, many were said to quit the processes by agreeing that their account of rape was false, and in doing so added to the self-fulfilling prophecy already in operation for CIB. The outcome of victims withdrawing in this way would not only be reinforcement for police in their belief in a high percentage of false complaints, but therefore in their belief that this type of questioning was valid.

Unchallenged police practice also occurred in District 9. There, discussion about false complaints was initiated by all three police respondents with the same example given independently by two CIB. Given that they worked in different squads, this common story suggested the possibility of ‘false’ complaints taking on a folklore quality and having an undue influence on general belief about the veracity of complainants. In this District, police also challenged victims, but exacerbated the secondary victimisation by first enlisting the compliance of Victim Support or a complainant’s family member. In ensuring the silence of the victim’s supporter, it may well have seemed to the victim as if their support person was colluding with the police or at least held similarly sceptical views.

A: ‘I have been in a position where we have wanted to confront women about issues that [pause] where there are conflicts of evidence say. Things don’t appear to be consistent and often depending on the relationship, what we would do is actually brief the support person first.

Q: A Victim Support person?

A: Yes, or a relative. Not normally a friend. But yes, I have had several times where there has been a relative or official support person, and we have actually separated them from the victim and said, “These are the issues. That is how we intend to address them.” Just give them a bit of a heads-up before we speak to victims so they don’t say [pause].’ (CIB Supervisor 9)

This practice reflects Martin's finding of harmful treatment of victims due to unique organisational goals (cited in Ullman & Townsend, 2007).

Such practice needs to be rethought by CIB. The advocacy role should not be manipulated by police since it provides checks and balances for police perceptions of, and responses to, the victim. In the above scenario, advocacy will be undermined if the support person no longer feels able to intervene for the victim when she is 'confronted'. The forewarning may also create the perception of an unworthy complainant and result in half-hearted support or withdrawal of support. A traumatised victim is unlikely to accurately represent her outrage at a line of questioning which signals that she is thought a liar, particularly if there is no reaction from her supporter. Instead, she is likely to feel abandoned by her support person and wonder if she also doubts her. Potentially, the forewarning places the supporter in the invidious position of becoming tacit support for police in challenging the victim, and complicit in the resulting secondary victimisation.

Also important are the possible outcomes for the relationship between the victim and her friend or relative. Hardgrove's (1976) reference to family having to deal with their own already 'conflicting feelings' underscores the care which is required when family members are involved. This reference highlights prior destabilising effects which may be exacerbated by the suggestion that a victim has lied. Moreover, depending on a support person's discretion, damage may be done to other relationships. Respectful treatment is unlikely to provoke a negative reaction from support people such that they need to be debriefed beforehand. If the victim is informed that the evidence does not seem to fit with her statement and invited to give clarification, then this is unlikely to be met with resistance from a support/advocate.

The history, knowledge, and preparedness of specialist agencies to confront police if necessary, render it less likely this tactic would be sanctioned by a specialist agency. From what follows it would appear that through being based in the police station, Victim Support was also influenced by the false complaint folklore evident in this station. Yet CIB should not take Victim Support's silent acquiescence as confirmation that all their practices are acceptable.

A: 'I don't always agree with how CIB have to question the victims and really sometimes how they can hound women. But I do understand that they have to do it because you can have girls who come through, or women that come through, that made the story up to get back at somebody, and that is that whole, no I don't believe you...

Q: Do they tell them that they don't believe them?

A: No. Not in those words. Not straight words like that. But you know to really bring it across that this victim is legit they have to do quite a bit of hounding and quite a bit of questions [sic] ...and so when they get a victim who comes in that actually has been raped they have to go through that same process because of all the women out there that have spoilt it for them. But there is nothing the police can do about that otherwise they would end up by wasting a lot of their police time, which really, we are lacking so many police these days that they haven't got time to be mucked around.

Q: How does the hounding manifest?

A: It is just what volunteers have come back to me and said. Or like we have actually had victims that have actually gone home and they have had to call in to try and coax the victim to come back again, because they have gone, "Well F. U.! They don't believe me and I am going home." Yes, so I am not sure on the strategies that they do it. You know, I suppose someone who is that vulnerable, someone who has been raped is going to be very vulnerable and they have to then come forward and lose even more of their privacy and more of themselves and they have to go over it, over and over again. But to be hounded and to make it seem like this person who is supposed to be someone to protect you is making it seem like they don't believe you is pretty hard.' (Victim Support Case Coordinator 9)

Having a select number of people from Victim Support sometimes doing sexual assault support work, but only if called in with the victims (un)informed permission, does not equate with proactive support from a specialist agency knowledgeable in issues of rape trauma. Beyond their own personal distaste for unnecessary distress incurred to women reporting rape, unqualified supporters are unlikely to be able to define what is wrong with the practice described above.

Lastly, in District 10 police were said to sometimes directly accuse victims of making false complaints.

‘ “You are lying” – straight out discrediting them, discounting them. Often they will come from the police station over there and they will say, “I have just been to the police and they don't believe me. They say I am lying.” ’ (Counselling Agency 10) ²³

In contrast to these four Areas, all of which accessed Victim Support, these responses were never matched in Areas where partnership with specialists was established and maintained.

At the other end of the spectrum, in the Motueka Area the specialist Women's Support Link worked with police on every rape case. This was in a partnership forged from goodwill and understanding of the work victims required from both organisations.

‘We have got a fantastic rapport with the Women's Support Link here. They know exactly what they are doing.’ (Station Supervisor)

Women's Support Link suggestions, including critical comment, were heard, understood, and responded to in a way which fostered communication and showed that police were able to incorporate alternative viewpoints.

‘Because they are so open to our suggestions and our input we could approach them any time.’ (Women's Support Link A)

‘We have been to police sometimes and just said that we didn't think that was very well handled, and they do deal with that. (Women's Support Link B)

Significantly, the station supervisor who had worked in this Area for the last five years stated that during this time there had been no false complaints of sexual assault. Evidently, partnership with specialists makes a positive difference to police knowledge about rape and attitudes to rape complaints.

Impact on Viability of Specialist Organisations

Not only does effective partnership advantage police and victims, it also accrues benefits for specialist organisations. As a fully-funded government organisation, Police are in a position to provide logistical, informational, moral, and sometimes limited

²³ This agency had stopped offering crisis intervention when Police chose to use Victim Support instead.

financial support for partner organisations. Accordingly, when police appreciation of the partnership with specialists in holistic service delivery is translated into tangible support, this can make a difference in the services which specialist organisations are able to maintain and develop.

It is pertinent then to identify what has happened to the specialist organisations which police did not collaborate with. In all main centres visited, specialist care in the acute stage after rape has been offered by community organisations. Yet in three of those centres, Hamilton, Rotorua, and Palmerston North, police used only Victim Support. Reported as a direct result of police choosing to replace them with Victim Support, the Rotorua Sexual Abuse Centre had ceased to operate an acute service. Similarly, the services of the Hamilton Victoria Trauma and Recovery Centre have been reduced to ongoing care. Respectively, these outcomes substantiate concerns about the loss of community-originated services through government channelling funding into its own institutions (Mawby & Gill, 1987), and the exacerbation of service variability through government redesign of service structures. However, loss of acute services is not always the case. An exception has been Palmerston North's Manawatu Rape and Sexual Abuse Centre which remains a strong alternative reporting forum. This owes much to support from its local community and local council, possibly through having diversified to include care of men and children.

Of the two Districts examined more intensively, all smaller centres offered specialist rape-responsive organisations except Greymouth where the specialist organisation had changed its focus. With the exception of Motueka, in these smaller centres police either irregularly accessed the support offered by specialists, or, as in Kaikohe and Kaitaia, did not access the specialist organisation at all. As a result, the Mid-North Women's Support Group became the more generalist Mid-North Family Support Group, while Fresh Start continued in its original form but supported victims at later stages after sexual assault. As with Dunedin's referral through Victim Support, often this was through onward referral from the Police-associated Support for Victims.

A comparison between two Districts which differ widely in respect of partnership demonstrates the benefits of collaboration for specialist organisations. Firstly, in Auckland where meetings continue to consolidate partnership, having appreciated that they cannot manage without HELP the Police Officers' Guild has made occasional

financial contributions (District Commander). In addition, in 2004 when HELP was again in straitened financial circumstances, Auckland's acting District Commander assisted efforts to bring public attention to the benefits of HELP's work yet difficulties in surviving (personal knowledge).

In contrast, in a District where the CSM did not function as SADC, this lack of police oversight of sexual assault responsiveness meant potential for support was lost. In District 9, although oversight of the District's partnerships was an acknowledged part of the CSM's role, he reported no knowledge of specialist sexual assault agencies and took no responsibility for partnerships with them (CSM 9). Yet this CSM was also District Family Violence Coordinator and as such volunteered his understanding of the strong link between domestic violence and some sexual assault. Notably, in the Area closest to his District's Headquarters, the local specialist agency had reluctantly abandoned its crisis intervention services due to the ongoing struggle for funding and associated difficulties in finding and retaining volunteers. The limitation of its functions to education and counselling left acute responsiveness to Victim Support and removed these specialists from partnership with police.

Had police built a partnership with the specialist agency, withdrawal of its acute services may have been avoided, particularly in District 9 where support for partner agencies was said to be strong. The CSM's response to the loss of specialist services surprised me since in his District:

'... interagency collaboration is well-advanced. If you are looking for support for various things, it seems to be much easier to do it down here' (CSM 9)

In that regard, police collaboration was implemented through Intersect '9' a partnership of Regional Managers from the Ministries of Social Development and Education; CYFS; Probation; City Council; District Health Board; Housing New Zealand; and Te Puni Kokiri which operated to assess, prioritise, and address community risks.

Police membership on this body provided a potential avenue for lobbying for resources on behalf of community organisations. The CSM appeared particularly well-placed to achieve this due to his membership on a working party which changed Intersect '9' funding allocations from projects to collaboratively-decided community risk factors. The reason given by the CSM for not supporting the local specialist agency was that

sexual assault was not a District priority, and correspondingly not in focus. Significantly, priorities were said to be ultimately determined by government and with respect to statistically-based arguments about risk.

'We are measured in terms of overall crime and Commissioner's Risk Indicators and sexual crime is not specifically mentioned under that.' (CSM 9)

District 9 priorities were offending related to youth, Maori, families at risk, and drugs (CSM 9). Reflecting the political will of the day, and in contrast to the un-enforced Police ASA Policy which mandated partnership with specialists, police partnership with Maori through the establishment of a Regional Intersectorial Forum was mandated by statute (CSM 9). Although sexual violence poses a significant risk to women, it does not receive this government-mandated level of response.

Contrasts in outcomes for the support/advocacy organisations between these two Districts underscore the truth of Hornibrook and Myers' (1996) contention that collaboration makes for a whole which is greater than the sum of the parts. Strength derives from solidarity between agencies, and this applies nationally between similarly focussed agencies such as RCCs. From the evidence above, local solidarity between the three crisis intervention agencies also has the ability to exert political pressure, an effect which has been remarked on overseas (Epstein & Langenbahn, 1994; Martin et al., 1992). This works through agencies gaining central government support to remain solvent, and through establishing a culture in which partnership becomes valued and standard.

The continued existence of community organisations as specialists in crisis intervention for rape victims is at least partly reliant on their regular uptake by police. Given the contemporary difficulty of recruiting and retaining volunteers, the trend is towards specialist organisations, especially in urban centres, becoming more professional. The funding required to maintain professional specialist organisations makes Police support, as in the Auckland example where police assisted in addressing inadequate government funding, even more important. As Schauben and Frazier (1995) have reported, systemic issues related to funding inadequacies contribute significantly to stress and make it harder for agency personnel to work with victims. Police support is one factor of importance to agency morale and viability, and may be mobilised through Police

understanding that if the losses to specialist services continue as described, the cost will be loss of historical knowledge, experience, and expertise (Harvey, 1985).

Irregular Development of Partnerships: Analysis

In order to break down barriers to collaboration and improve services for victims of sexual assault it is important to identify the impediments to New Zealand police collaborating with specialist agencies. Since all but two support/advocacy agencies were willing to work with police it is influences on *police* decision-making which are important to understand and these influences are located in both organisations. In respect of support/advocacy organisations, capacity issues have been noted and these influenced police decision-making. In respect of police, many factors such as the continuation of historical beliefs and cultural imperatives are implicated. These factors are accessible to change by police. The second category is comprised of current aspects of the Police environment which are less amenable to Police-instigated change strategies. Important are police workload and the court disposition of cases.

From my collation of evidence into District case studies, I determined that the biggest difference to whether police worked in effective partnerships with specialist community organisations was made by within-District leadership. In Districts where CSMs were committed to working in aspects of the SADC role, this neutralised the impact of factors such as historical beliefs, culture, workload, and court disposal of cases to the extent where District-wide partnerships were possible. Correspondingly, in Districts which have no SADC, leadership has devolved to CIB or station supervisors some of whom have made Area partnerships possible. In Districts which lack this leadership, the four interacting variables work against partnership development.

Specialist Agency Availability and Capacities

In contrast to the US and Britain, amalgamation with state or other community agencies in order to survive has not been a feature of New Zealand RCCs. Here, the retention of independence means that funding issues have slightly compromised the availability of support/advocacy agencies on a national basis, leaving police in a small minority of Areas without a choice as to accessing specialist services. However since most agencies (15 of 18 visited) are at least partly staffed by volunteers, specialist services do remain widely available.

Yet, although New Zealand is well-covered with specialist support/advocacy organisations, in the absence of amalgamation the variability which relates to the grassroots nature of agencies persists (Campbell et al., 1998, Harvey, 1985; Mawby & Gill, 1987). As with overseas this variability relates to agency structures, but in New Zealand it has also impacted in limiting the services which are able to be offered. The composite of services described in Chapter Five was achieved by some community organisations, but only in varying degrees by others. Critical to this, 24 hour accessibility remains a problem for some agencies. Adaptive responses include operating answer-phones or independent message taking services, for instance through the local hospital. When contact is not immediate, some callers including police may be dissuaded from waiting or persevering. Others have also found answer-phones problematic (VAWSU, 2005). The compromised capacity to provide services was an important determinant then of police decisions about partnership.

Overseas literature describes impediments to enacting partnerships due to RCC reluctance to relinquish any degree of autonomy because this might compromise the ability to critique state practice (Byington et al., 1991; Campbell et al., 1998; Jones, 2005; Mathews, 1994; Mawby & Gill, 1987). This is not the case in New Zealand since all but two specialist agencies visited articulated willingness to work with police in providing crisis intervention services. However, this near universal willingness to work in partnership has not been found within New Zealand Police and this requires closer examination.

Police Cultural Imperatives

Systemic features of Police contribute to difficulties in building partnerships. Police have wide discretion (choice) which is mediated by police cultural imperatives and these sometimes override legitimate controls such as policy (Ainsworth, 1995; Goldsmith, 1990; LaFree, 1989; Lee, 1992; Malloy, 1983; Mastrofski & Parks, 1990; Van der Heyden, 1997; Wasby, 1978). Contributing to this and supporting cultural resistance to change is that historically, internal regulation has been able to be undermined by the very low visibility of policing at frontline level. In the past, this has resulted in police work being regarded as unsupervisable and therefore largely unsupervised (Lundman, 1996). This view is no longer tenable, with regular supervision outlined in the London Metropolitan Policy indicating that closer oversight of cases is possible (Project Sapphire, 2002). Yet it is apparent that in New Zealand Police leadership have failed to displace the influence of culture with such supervision. In addition, the failure of Police leadership to train, resource, and enforce service provision standards has also been shown in frontline CIB having the option to ignore policy requirements.

Argument about the ability to apply discretion based on cultural rather than bureaucratic imperatives during unsupervised work is particularly relevant to sexual assault investigations due to the sensitive nature of the disclosures (Police Policy & Planning respondent cited in Beckett, 2000). It is also relevant to New Zealand analysis in that the lengthy vacuum in standard setting prior to the ASA Policy allowed cultural beliefs to develop a strong foothold. This facilitated successful resistance to ASA systems of regulation and accountability. In addition, since in the many years following ASA Policy formulation, little attention has been given to implementation or auditing of its procedures, supplanting longstanding police choice in respect of working with ‘outside’ agencies has proven to be a long-term project. Similar police intransigence and circumvention of attempts to develop a ‘professional ethic’ have been demonstrated in Australia (Gilmore & Pittman, 1993).

Partner agencies also identified that police culture was implicated in CIB reluctance to work with ‘outside’ agencies.

'I actually feel that perhaps Rape Crisis isn't utilised enough by the service here and that is because, I think, of the culture that is within the Police Department in dealing with community-based organisations, and in particular probably the CIB branch. It is really huge especially in small stations... 'I have worked really hard in developing a relationship with the team in CIB and some are easier than others, but I have had the advantage of being in the station to do that where an external agency has a huge difficulty.' (Support for Victims Manager; similarly CSM 5)

Analysing why CIB are generally reluctant to work with community organisations is complex. Goldsmith (1990) has theorised subversiveness to policing ideals through adherence to group practices and ethic as enabling the autonomy to get on with the job. 'Invariably just wanting to get on with the job' has been found in this research, indicating that system-centred factors take precedence in CIB not wanting to be hampered through having to incorporate support.

This system-centred approach is evident in District 9 and Area 8E. In District 9, the explanation for not contacting specialist agencies was that in contrast, *'Victim Support makes it easy'* (CIB Supervisor 9). This related not only to their accessibility in being located in the station but also to ease of referrals through Victim Support having access to occurrence books and offence reports which recorded reported crime (Victim Support Manager 9). Similarly, in 8E police were said to opt for convenience by using Victim Support for some interventions even when the specialist group was already involved with the complainant.

'They will ring Victim Support because they happen to be on the premises ... It is convenient for them. They don't think about the client.'
(Support/Advocacy Manager 8E)

This police privileging of workplace requirements over victims' needs resonates with Boles and Patterson's (1997) finding that victim responsiveness was rare, and Martin and Powell's finding that police subjugated victims' needs to the requirements of evidence gathering (cited in Campbell & Raja, 1999). With the strengthening resolve of community organisations to ensure victim needs are met, ongoing police system-centred decision-making has contributed to interagency tensions, creating partnership difficulties at this level also.

‘Outside agency’ personnel also suggested that systemic reasons are implicated in police decisions about support. Again, some related to work pressure.

A: ‘We are not always called in and they have an obligation to call somebody in and they do not stick to it and that makes me very angry because I think they are self-serving.

Q: Do you know why they don’t?

A: I believe that it is a professional jealousy thing almost. I believe that they think they can handle it without anybody else coming in for support, that they can be all things to this woman, but in fact they can’t. The women tell us that they can’t. I would have thought that they would not have the time, if they haven’t got the time to come to the meetings. ...They probably only call us in for about 50%. We very often read about it in the paper’ (Manager 8E)

In this research, some police appeared to particularly dislike working in partnership with feminist agencies. Given the Police role as the ‘legitimate’ funded government organisation in contrast to the support/advocacy role as the powerless grassroots ‘other’, there was little political imperative for police to work with RCCs. Within this framework, the need for support/advocacy organisations to monitor police interactions with victims for practice contributing to secondary victimisation was also implicated in police reluctance. Officers being challenged in their own conduct towards women while investigating other men accused of sexual violence located ‘gendered power relations’ squarely between police and feminist agencies and with an ongoing cost to partnership.

Unsurprisingly, in Areas which were described as more conservative there was evidence that earlier radical challenges to mainstream presumptions about rape still featured in police perceptions of RCCs. Accordingly, clichéd judgements formed from rape mythologies and old circumstances worked against contemporary partnerships with some RCCs.

‘Police officers can tend to be stressed anyway and it is quite easy for them to misinterpret and if they shut people out they can be quite good at leaving them out for ever and a day.’ (CIB Supervisor 8E)

In one District, the specialist agency had to constantly dispel myths which contributed to their image.

'I'm assuming that I don't have to explain to you that feminism doesn't have to equate to man-hating. We have to do that regularly.' (Manager 7)

Notwithstanding these 'regular explanations', many comments indicated that negativity towards feminist RCCs remained a significant feature of this Area.

A: 'Some people still have an aversion to the words I think...Rape Crisis. It [the aversion] is quite big in the city here.'

Q: Why?

A: The words that are said back to me are because the women are lesbian. Still! ...They do a really good job! ... We are working really hard at dispelling that myth constantly.... We say, "They work very well with male clients". ...That doesn't fit the picture. So yes, we still deal with that quite a lot and I guess that some of the more long-term CIB staff would live with that too.'

(Victim Support 7)

Such descriptions were commonplace historically (CSM 7; Oerton cited in Vanderpyl, 2001). In reinforcing cultural differences, they functioned to resolve the dilemma for police of having to work with feminist agencies. Their currency impacts on contemporary police and is destructive to the possibility of partnerships and developing holistic services in some Areas. In arguing for partnerships, it is crucial to identify that although a few RCCs may be more critical or separatist in philosophy far more often this is not the reality. Progressively, specialist agencies have professionalised their services (Vanderpyl, 2001), and relinquished the common 'Rape Crisis' label. Most agencies are now represented through titles which disclose their particular forms of support and advocacy for men, women, and children.

That the clichés were able to persist was due to the limited knowledge of most police about specialist agency functions. This worked against partnership through police not only having little information to counteract negative images of RCCs, but also through police having few positive messages on which to base inclusion of RCCs in service provision. As argued already, occasionally it was police lack of knowledge about victim trauma and the interventions required, which caused misunderstanding about support/advocacy intentions. This is supported by Gilmore and Pittman's (1993) identification that police lacked the specialist knowledge to assess the requirement for crisis intervention.

Many factors contributed to police having little knowledge about the wide range of support offered by their local agency, even in Districts which regularly operated in partnership. Police-related reasons include the frequent rotation which limited the opportunity to gain positive information about support/advocacy organisations. In addition, the generalist nature of most CIB involved in rape investigations meant that individual police were seldom in contact with support/advocacy agencies. These police factors meant that in the absence of a senior officer ensuring partnership maintenance, support/advocacy agencies would need to make repeated efforts to promote their services, yet this was handicapped by time and resource constraints. In one case, it was also handicapped by agency diffidence in promoting themselves and their availability to police in case this resulted in police, rather than victims, contacting them. Congruent with the views of some police, this was for symbolic reasons related to re-empowering victims through protecting the woman's right to choice about support/advocacy involvement (Support/Advocacy 11).

Police knowledge was also sometimes limited by support/advocacy agency 'patch protection' and reluctance to share knowledge. This appeared to operate in a very small minority of agencies, none of which were interviewed in this study. One SCC (2) cited '*undermining each other*' as a reason for some RCCs '*losing credibility with outside organisations*' and for some SCCs preferring to support family violence organisations (SCC 2). One example in this research was an agency being invited, but declining to participate in consultation to build the Police ASA course. Instead, it unsuccessfully attempted to undermine this consultation by contacting other organisations to also boycott consultations (personal knowledge). If successful, this would have denied police a greater appreciation of what this and other support/advocacy organisations offer. One explanation is that many support/advocates have longstanding engagement in developing service capacity yet have received minimal recognition for this. This meant that if new initiatives received recognition, resentment was a possibility. Congruent with this analysis, Vanderpyl (2001) too has found 'inequalities in influence' to be an ongoing issue for the RCC which she had studied.

In a metropolitan Area which accessed Victim Support only, the CIB supervisor was surprised at the comprehensive nature of services that specialist support groups offered elsewhere. When apprised of these he acknowledged his support for the concept.

Q: 'In other centres one person goes through all the processes.

A: That would be good! That would be ideal if that was set up and if there were enough competent people doing that, that would be far better than the Victim Support initial role and contacting the other agencies. Yes I agree. ...It builds a lot stronger relationship initially.

Q: So you would be in favour of that?

A: Yes definitely! ...It would be more direct and more consistent.'

(CIB Supervisor 9)

This positive response reinforces the argument for organisations to be brought together in order to share information and break down perceived barriers to partnership (Bard, 1976; Campbell & Ahrens, 1998; Hardgrove, 1976; Martin et al., 1992).

Along with police cultural beliefs about feminist organisations, police belief that there are many false complaints also impacts on willingness to work with support/advocacy agencies. This 'belief' has been recognised by Police psychological services personnel as '*impacting on the energy given to the first interview*' (cited in Beckett, 2000). It is similarly likely to impact on the energy given to implementing bureaucratic measures aimed at quality assurance, such as the ASA Policy mandate to work with specialist agencies. If police feel complaints are unworthy, they are unlikely to want their challenges to victims to be challenged in turn by victim-supportive agencies. In some Districts then, police chose not to work with specialists, arguably because it was harder to dismiss cases as unfounded when working with partners who were likely to recognise secondarily victimising police practices and act on those concerns. This view is supported by a counsellor reporting in 2001 that police frequently separated women from their advocates in order to accuse them of making false complaints.

The analysis so far is that police wish to 'get on with the job' and sometimes to dismiss cases and that in specialist agencies rendering both more difficult, some police have discredited some agencies and some victims in order to justify avoiding collaboration. It is evident then that some police cultural imperatives serve functional purposes.

Heavy Police Workload

The question is why police might wish to 'get on with the job' and 'dismiss cases'. Examining why the workload needs to be managed in these ways will shed light on

situational contingencies outside police control which must be addressed in order to facilitate change. In this research, beyond evidence-related issues I found two main reasons for police seeking case attrition. Both relate to New Zealand police being seldom able to achieve positive reinforcement from working on adult sexual assault investigations. This is in contrast to Metropolitan police who do work in holistic systems, having redefined success and dropped case wins as their main priority. Firstly, heavy workloads render it impossible for police to adequately investigate all cases of reported sexual assault. Secondly and related, is that police are seldom able to successfully prosecute adult sexual assault complaints.

In respect of the relationship between workload and need to dismiss cases there is considerable evidence that Police has been under-resourced by Government. For some time, researchers who have examined New Zealand police responses to sexual assault have commented on heavy CIB workloads (Jordan, 1996; Miller Burgering, 1994; Young, 1983). More recently, media attention has focussed on insufficient Police staffing and government agreement that an extra 1000 police are required (Dominion Post, 25.7.2006). Given that at the end of June 2006 the service employed 7763 police (NZ Police, Ten One, 2006) this means that government believes Police have been nearly 13% understaffed. Some police feel the deficit is greater.

‘...the comparisons between New Zealand Police, Australian Police, probably Britain and the United States. In order for us to be on par with any of them we would have to increase our Police force by 30%, so we are grossly understaffed!’ (CAT Manager 1)

Despite British Police being more adequately resourced than New Zealand Police, Lovett et al. (2004) have recently expressed concerns about heavy police workloads in Britain. This places concerns about New Zealand Police understaffing in sharper perspective.

CIB in particular was frequently said to be still under-resourced and overworked.

'They know if they make it [ASA Policy] mandatory then they are going to have to find some more staff. It would be a great day, but we are talking money so they are going to have to go back to the government and say listen, "We have got this Policy that we have agreed to with other agencies. We need another 200 detectives". ...Police is a great job. I love being a detective but the resources seem to be getting thinner and thinner. It is quite depressing!' (CIB 8C)

These comments have been reinforced by the Police Association President, claiming that CIB, owing to '*...growing backlogs of unassigned crime files*' were on the road to disaster (Dominion Post, 7.8.2006). The article stated that 60% of CIB surveyed felt they were:

'...sometimes asked to carry out investigation tasks for which they were not adequately trained'. (ibid)

In the current research, some police related staffing levels to the adequacy of adult sexual assault investigations (CIB 8C, 9). Their analysis has recently been endorsed at judicial level in a finding that '*significant resourcing problems*' had contributed to a haphazard police investigation of rape (Dominion Post, 19.9.2006).

While prior research, media comment, and respondent feedback suggest that all CIB are overworked, the perception of particularly heavy workloads, often attributed to sexual assault complaints, was most regularly volunteered in Districts 10, 9, and 5. In District 10, the CSM, a CIB supervisor, Victim Support, and CYFS all mentioned high reporting rates and understaffing.

*'They are under resourced ... I am sure that *** had the highest level of unallocated and uninvestigated Police cases, the second-highest uninvestigated sexual assault cases on children's cases.'* (CYFS 10)

In 5C sexual abuse was described as 'epidemic' (Support/Advocacy 5B; DSAC 5A) causing CIB to be '*...terribly backlogged with historic and child sexual abuse inquiries*' (CIB 5; similarly CIB Supervisor 9; Support/Advocacy 5C). This was to the extent that CIB needed to be seconded from elsewhere (CSM 5). In another District, CIB general workload was such that a senior detective had reported to his District Commander that

‘serious criminal investigations, including sex attacks on child victims were shelved’ because most CIB had more files than they could manage (Waikato Times, 3.7.2006).

These three Districts have already been discussed as Districts not working with specialist agencies and officers having suboptimal practice in responding to rape victims. The more frequent suggestions of heavy workload and understaffing in these Districts in particular are suggest another reason for avoidance of partnership with specialists. Hence:

‘The more agencies and the more groups who meet together, the more that we are going to realise that we are not doing half the work that we are supposed to be doing and there are a lot of people out there who need our help and we are not going to have the facility to do that.’ (CIB 8C)

Harwin and Barron support this officer’s view with their recognition that in advancing knowledge of needed responses, multi-agency collaborations would cause *‘dilemmas created by increased workload’* (cited in Jones, 2004, p.6).

There is a relationship then between particularly heavy workload, not using specialist support, and suboptimal practice. It is evident that under-resourcing has necessitated creative but victimising practice in achieving workload attrition. This analysis is supported by Blair’s (1985) identification of sexual assault cases as being particularly prone to dismissal since there is often less evidence than for other crimes. As he has also noted:

‘Discretion between cases capable of proof in court and those with insufficient evidence...allows police to husband the scarce resources of investigative units....’ (Blair, 1985, p.54)

If support/advocacy specialists are not involved with sexual assault victims there is less likelihood of challenges to the negative practices used by police in the dismissal of cases.

In Areas such as 5, 9, and 10, such practice was only possible because senior police had not forged partnerships with specialist agencies and as a result were unaware how specialist support/advocacy services could instead lighten CIB workload. Police who

did not work closely with specialist organisations were also less aware of the consequences to victims of such negative practices and less readily able to believe that many complaints were false and should be dismissed. Ultimately, the perception that partnership will make heavy workloads heavier rather than lighter has influenced the choice of these police to avoid using specialist agencies which might mitigate unwarranted attrition of cases.

Court Dismissal of Sexual Assault Cases

Police have other reasons to wish for attrition and not to be challenged in this by partner agencies. From the outset of reporting, investigators are aware of both the considerable volume of work required to investigate each rape complaint, and that this will be of limited avail. Congruent with this is the view that law enforcement agencies:

‘...often measure the success of their investigative activities by the number of cases that they are able to close. With sexual assault cases this means of evaluation does not include the victim's needs and more specifically often omits victims whose assaults do not meet the definition of sexual assault established by the law enforcement department.’ (Lord & Rassel, 2000, p.69)

A comparatively low rate for resolution of sexual crime in general means that lesser work satisfaction is to be had from investigating rape. In this research, police frequently expressed their dislike of working on adult sexual assault investigations.

‘They are frustrating cases because 8 times out of 10 you are on a hiding to nothing.’ (CAT Manager 7)

In addition, the limited likelihood of gaining sexual assault convictions at court also places CIB in an invidious position in bringing prosecutions. In by far the majority of cases, police find themselves on the losing side of the adversarial court battle. As found by VAWSU (2005), many respondents mentioned the seeming inability of juries to base decisions on the evidence alone, particularly in provincial and rural settings (District Commander 12; CSM, 10; CAT Manager 7, 9; CIB Supervisor 8B, 9, 12; CIB 8C; CAT 4, 12; CYFS 9, 11; DSAC 6, 8A, 11, 12). In Dunedin, male students were seldom convicted due to the impact a conviction would have on what was regarded as their bright future (CSM Southern). In smaller Areas jury fear of retribution, particularly if a

gang member was involved, was mentioned as a concern (Support/Advocacy Manager, 8D; CYFS 11). That this is a valid concern has been recognised in attempts to legislate for defendants' loss of right to jury trials if intimidation occurs (Dominion Post, 23.6.2004).

As Young (1983) has noted, police response to the difficulty in gaining convictions has been to search for evidence beyond the prima facie case required to charge offenders and take a case to court. In that respect, caught between complainants and the court system, police operate as apologists for inadequate legislative and court responses to rape victims by filtering many victims out of the system.

A: 'The police have never been in the habit of taking cases to court where they are going to lose it ... often we know that victims have been raped but there just is insufficient evidence because there is only their story ...

Q: What about putting the human face before the jury?

A: We often do for the serious cases. I can give you many examples where we have and we have lost.

Q: All of them?

*A: Yes... if she is from a low socio-economic background; they present poorly; they are uneducated ... They look and judge the complainant as-a-whole instead of taking that incident in isolation and say "Okay well she is this or that but on this particular night, hey this definitely happened to her and we need to convict on the basis of that... We went for about 18 months and lost every child sexual abuse case and every adult sexual abuse case in ***.' (CSM 10)*

The processes required to achieve this attrition discomfort some police.

'We don't go to court with something we are not 100% happy with and it just seems so hard on the victim to be put through that, but if we weren't doing the scrutiny then it would need to be done in court. But it seems pretty harsh for it to be done twice.' (CIB Supervisor 9)

Acknowledging that police style in achieving attrition can be victimising of complainants, the considerable focus on and public criticism of the Police has deflected attention from the role of the courts in forcing the police hand in achieving this attrition. Most respondents in this study critiqued court processes when asked what needed to be

done differently for rape victims. Of the 113 respondents, 100 suggested 401 improvements ranging over many domains from public awareness to funding shortfalls. Of these, 216 (54%) comments were strongly-worded expressions of dissatisfaction with the court processes. This was particularly noteworthy since the research was introduced as being concerned with systems in the *pre-court* phase. The accounts of victim treatment which accompanied their reasons for suggesting change were disturbing. One respondent reported a '*very negative effect*' on victims whose cases had gone to trial, having recognised that '*a couple of*' clients had '*flashbacks to the trial more than to the rape*' (DSAC 7).

Defence questioning in particular received resounding disapprobation. According to one respondent:

'... sometimes it is just disgusting. His lawyer is making out she is a liar... and "You liked it ... but you enjoyed it didn't you? ... It was consensual and then you decided that you had changed your mind and it wasn't". It is sleazy! You go and listen. Sometimes they are in tears those girls. ... He will ask her one question and she will answer it, and he will ask her it again. He might have asked her four times and I am thinking ... she has answered you. What's the matter with you?' (Victim Support Manager 10)

Unsurprisingly then, 22% of respondents volunteered that they found defence lawyers discourtesy and disrespect to be unnecessary to the legal proceedings and hugely problematic for recovery. This treatment has been reported previously by McDonald (in DSAC, 1996) and subsequently by VAWSU (2005). Evidently, rape myths which locate culpability with victims are still used to justify defence practice despite the intentions underlying statutory changes (Davies, 2004; Schwendinger & Schwendinger, 1983). No wonder then that court practice has variously been described as '*particularly devoid of empathy for victims*' (Harvey, 1985, p.3) and '*humiliating and fundamentally lacking in justice*' (O'Shea, 2006, p.31).

Police cannot but be affected in their attitudes towards the veracity of complaints when the courts continually find against rape complainants. In addition, the need to reconcile cognitive dissonance is an important reason for police needing to believe many complaints are false. This is created firstly by the heavy workload and consequent inability to respond adequately to many complaints, and secondly by being on the losing

side of those cases which are taken on. Cognitive dissonance is also a reason for the negative attitudes of some police not only to working on rape cases, but also to complainants and their supporters.

‘Some young ones still have that same attitude. They look at the way they are dressed and they make quite sexist comments about the woman...really derogatory comments about them. ...because it is tough work, there are no two ways about that, they have a mechanism of trying to deal with that, and part of that is making these sort of comments. They put it up as a protection for themselves. ...Because they want, and we find that with the children, a conviction - that is what they want. That's why they are careful about what they take on and what they won't and if they don't think they are going to get a conviction they won't go far with it.’ (CYFS Manager 4)

Reinforcing this analysis, recently there has been considerable negative political and media comment about police conduct in sexual assault investigations. As noted, the catalyst for criticism was exposure of alleged police corruption in shielding their own members from prosecution for alleged rape in the 1980s (New Zealand Herald, 1.3.2004; Waikato Times, 24.5.2004). As it has been reported, it appears that it is not hard to subtly or otherwise dissuade traumatised victims from continuing with a rape complaint, let alone when the alleged perpetrator is an officer. More recent media commentary has shown greater depth in questioning whether Police has the capacity to do the work required and to a standard required (Dominion Post, 16.2; 30.3; 6, 7, 9, 11 & 12.4.2005).

Negative attitudes are unlikely to change until Police is adequately resourced and no longer required to protect the reputation of the courts by proactively ensuring attrition of complaints as argued. Given the propensity for recidivism amongst rapists, victim attrition is a very short (sighted)-term solution to resourcing problems, since:

‘...young offenders are more amenable to change if identified and provided with treatment early enough in their sexual offending career.’ (Ministry of Justice, 2004, p.55)

As well as missing the opportunity for early correction of antisocial tendencies, police abandonment of cases the courts may reject means that the real incidence of rape

remains hidden from court and public view. Yet if the courts too are unable to manage the flow of cases, they can become a powerful ally for Police in applying pressure for government to increase responsiveness to the issues of prevention, services, and redress.

While heavy workloads and court dismissals are currently outside Police control, in some Districts, police cultural imperatives have been set aside, enabling effective sexual assault services to be provided through partnerships. Equally important in understanding police choice about working in partnerships is analysis of how some Districts have achieved this. As the only nationwide fully government-funded agency, Police has funding for all the work it does, including advocating for improvements to services. The Police voice is therefore currently the strongest and has the most influence over whether partnerships happen. In the prior absence of a national coordinator, those police who have championed partnerships with specialists have been interested CSMs providing leadership through acting in some aspects of the SADC role. Having an effective champion for holistic service delivery has therefore operated at District level through CSMs and occasionally at Area level through CIB supervisors. If detectives worked in Areas where these senior officers had established routine working relationships through promoting liaison and regular meetings, organisations worked in concert and offered a more seamless service. Otherwise, police partnership choices were influenced by situational contingencies and operated at individual level.

There is some evidence to suggest that a greater volume of sexual assault reports may operate to increase CSM responsiveness in the SADC role. In Counties Manukau and Canterbury which consistently recorded the highest and second highest figures of sexual violence, CSM's were correspondingly the most active in promoting and working in partnership with DSAC and support/advocacy specialists. The relative longevity of both CSMs in these roles may also have contributed to effective partnerships in both enabling CSM knowledge of how agency services might preserve limited police resources and allowing the development of mechanisms for partnership maintenance. However, I believe the most important determinant of CSM commitment was the personal dedication and commitment of these officers to this work.

In District 9 where the CSM did not prioritise partnership with specialist sexual assault support/advocacy agencies, the CSM cited top level justification in the form of the Commissioner's Risk Indicators.

'If you look at the Statement of Intent that the Police put out every year, that gives you a good feel for what the Commissioner is getting as his messages from the Minister of Government [sic] as to what to focus on... It is all output driven ...unless the issue is huge and demonstrable and present then the District Commander is obviously going to focus on those things that the Commissioner has indicated in the Statement of Intent that he wants to focus on' (CSM 8)

Other CSMs also offered statistics on sexual crime as the justification for not prioritising sexual assault and therefore not building partnership with specialists.

Yet as an indicator of risk, Police statistics on sexual assault are a superficial and imperfect basis on which to plan responsiveness. Firstly, in accord with international studies, New Zealand Ministry of Justice victim surveys have consistently indicated a large dark figure of sexual crime. Secondly, in Districts 12 and 5 which recorded respectively the third lowest and lowest sexual assault statistics, unsolicited comment was offered as to the large volume of sexual crime.

'I think there is about 20% that would get to the police.' (Support/Advocacy 5)

The ability to rely on official statistics in planning was also questioned by an officer.

*A: 'I think our stats prove that *** District has got one of the higher volumes of child abuse.*

Q: That is not reflected in the figures on the net?

*A: Actually I get those stats from the evidentials and the diagnostics ... [from] our interviewers over in ***. You can read those [official] stats anyway you want and they are absolute rubbish.... The Police is far too stats driven. The government has got something to answer for there.'* (CAT 12)

In terms of the real incidence of sexual assault across the country, caution is evidently necessary in interpolating from the recorded statistics. This view is endorsed by recent Police Association rejection of the *'statistics-led philosophy of District Commanders'* which was said to affect *'the priority given to investigating serious crime'* (Dominion Post, 7.8.2006).

There is a seeming paradox then between recorded statistics of sexual violence and frequent CIB comment that sexual violence was prevalent and second in seriousness only to murder. The latter of these comments indicates that other indices should determine how resources are used. The qualitative effects of crime as well as the quantitative effects are important in determining whether to work in partnership and in respect of rape these have been shown to be enormous in the lifelong physical and psychological health consequences to individuals and therefore to society.

With respect to quantitative measures, as indicated by the comments of one CSM in discussing the multi-agency Kimiora, most sexual violence is under the Police radar. In accord with O'Shea's (2006) analysis of higher reporting rates to multi-agency centres, his view was:

'...they, I think, have a higher reporting regime because they are so much better.' (CSM)

This would become more evident to police if they regularly worked with the specialists to whom victims sometimes report instead.

Conclusion

Sexual violence has considerable potential to destroy victims' lives. However, its multitude of destabilising effects can be mitigated through a holistic response which incorporates psychosocial support and advocacy. This is possible, but not yet achieved because although New Zealand is well-covered by community organisations specialising in support/advocacy responses, police do not work comprehensively with them. A number of factors are implicated in this. Poor uptake of the various training opportunities means that rape mythology still informs police and that many police do not fully understand the traumatic psychosocial consequences of sexual violence. Also, most police appear not to know what specialist support/advocates do, and how their work can limit these consequences while simultaneously assisting police in their workload and investigations.

Even though police 'don't know what they don't know', a situation of power imbalance between Police and community organisations allows frontline New Zealand police to make the decisions about partnership. Police base these decisions not on victim but

system-centred considerations such as philosophical incompatibilities with ‘outside’ agencies. A more resonant explanation is that some specialist agencies are unable to be always available. Yet police leadership can play a role in frontline police using and supporting these agencies so that they remain viable. In addition, police leadership can achieve professional and equal partnerships with specialist community organisations if they ensure that the partnership maintenance measures which redress the power imbalances are enacted. Although partnership maintenance measures also close service gaps and provide services which met victim needs, currently, in not understanding the need for care in collaboration, these are ignored by most police, even those working with specialist support/advocates. These factors are all within police capacity to change if police leadership take time to consider what policing means in the context of rape trauma.

If as a result Police do opt to ‘protect victims from the effects of crime’, police leadership must first liaise with government to remedy under-resourcing issues so that partnership development is possible. Frontline CIB are unlikely to take the time to meet with support/advocacy agencies while they remain understaffed. CIB also resist partnership because this compromises the attrition of victims which is necessary in managing workload. This suggests their own powerlessness in achieving the systemic changes required in responding professionally to all complainants of sexual violence. Perceptions of powerlessness were sometimes expressed directly.

‘How many people come around and talk to the police and ask them what they think of the job...? The reason why people are talking is because nobody does come and ask them. Very few bosses are prepared [to].’ (CIB 8C)

For police leadership to advocate for improved resourcing they will need to hear and be responsive to CIB frustrations regarding systemic shortcomings which affect their ability to investigate complaints. Achieving professional satisfaction is their entitlement, just as a professional response is the entitlement of complainants. Both are the responsibility of Police leadership.

Chapter Seven: Confirming The Need for Greater Government Commitment to Service Developments

Men's sexual violence happens in the broad social arena for which governments have total responsibility. This has been recognised in UN covenants and is reflected in the US, Britain, and Australia where governments have increasingly met their obligation to develop sexual assault services by providing the required funding and support. Because 1990's research suggested that successive New Zealand governments have not similarly kept pace with overseas service developments, in Chapter Seven I discuss aspects of current government responsiveness.

In the first part of this chapter, I identify the various government departments which respond to aspects of sexual violence. Following this, I argue for greater government contribution. In doing so, I refer to ongoing issues for sexual assault services in New Zealand as well as the political responses to these. The possibilities for improving responsiveness through central and local governance structures which are well-placed to coordinate and support sexual assault services are also discussed. In this the need for and benefits of involving local government structures are demonstrated and supported with evidence of gains made overseas when, with central government funding support, local governance structures have been invoked in sexual assault service coordination.

In suggesting what government should offer, examining services already provided for child sexual abuse victims will enable comment on the level of state involvement which is both necessary and possible. Since children's services are found to be collaborative, specialist, and government-funded, these provide a benchmark of what can be achieved in New Zealand. The difference in government responsiveness implies discrimination against women and needs to be explained. With recourse to feminist theory, explanations from respondents will be discussed in arguing against ongoing disadvantage, and for adequacy in responses to women.

Contemporary Service Issues and Government Responses

In New Zealand, many Government departments have responsibility for the needs created by sexual violence. They include the: Police; Ministry of Justice and its Crime

Prevention Unit; Ministry of Health; the Ministry of Social Development which is currently merging with the Child, Youth, and Family Service (CYFS); and the Accident Compensation Corporation (ACC). As noted, at operational levels problems exist when separate organisations interact to provide a holistic service (Astbury, 2006). At the level of New Zealand government, the departments mentioned still lack the effective coordination which Campbell and Ahrens (1998) have indicated is necessary to comprehensively support frontline services.

‘There is currently no coordinated approach to sexual violence across government ... Various agencies provide funding for sexual violence services, but no one agency has overall responsibility for managing responses to sexual violence or reducing sexual violence.’ (Ministry of Justice, 2004, p.62)

This reflects Hornibrook and Myers (1996), and Jones’ (2005) findings of sexual violence responsiveness being passed from one department to another and prioritised by none. One respondent suggested that in the adult field responsibility was:

‘...fragmented, it was all over the place. You know you would think that with money that is invested the government would be wanting to have that kind of coordination - ensuring that there would be no gaps.... (CAT 12)

This fragmentation was confirmed during a recent Ministerial address to support/advocacy agencies which had met to discuss renewing their national coordination. The Minister lamented the difficulties in achieving a ‘whole-of-government’ approach due to the poor communication between government departments. The silos which resulted caused ‘enormous frustration’ for Ministers (Tizard, 12.5.2006). This had evidently continued despite a two year old proposal to establish an Interagency Steering Group on Sexual Violence with responsibility for development, implementation, monitoring and review of a coordinated approach to sexual violence (Ministry of Justice, 2004). As a result, anomalous situations have arisen such as the Ministry of Justice (2004) identifying RCCs as a collective providing support/advocacy and education/prevention services, while police only variably allow RCCs to provide that support. Even more anomalous is that the national collective had dissolved two years prior to its identification by the Ministry of Justice as a collective. In addition, in 2004 the current research was finding prevention activities to be greatly curtailed by the lack of government support for RCCs.

Lack of interdepartmental cohesion around sexual violence responsiveness has also limited the prospect of developing national coordination within and between acute service organisations at operational level. Since the need has not been fully appreciated, government funding for this has seldom been forthcoming. Consequently, attempts to achieve inter-organisational national coordination remain at operational level, and as noted, commenced with DSAC's approach to the Police Executive in order to open dialogue. Significantly, DSAC's own national coordination has allowed this through giving a national oversight and enabling its members to speak with one voice. However, reaching the maximum benefits of such coordination necessitates the inclusion of support/advocacy agencies and this requires them to achieve the national structure currently sought.

Along with slow progress in developing national coordination, without direction and oversight from coordinated departments, progress in developing services is slow. Rather than through the Ministry of Health, the momentum in medical/forensic responsiveness is through DSAC's research and development initiatives and ongoing attempts to ensure specialist coverage nationwide. The Ministry of Health's contribution, but only in a few Areas, is to make DHB facilities available for examinations, yet their use has yet to be guaranteed and is currently under review (personal correspondence; attendance at DSAC Regional Coordinator meetings, 2005 & 2006). Correspondingly, despite longstanding community service, support/advocacy agencies still struggle to gain recognition of the destructive consequences of rape to the wider community. Since their work is little- recognised, nationwide most also struggle just to survive. This applies even to the government-mandated Victim Support.

'The work I take home, the work I do in weekends and out of hours. ...if you want to be able to service the community better then put the funding in rather than wait until it becomes a crisis situation and then think, oh maybe we need to do something. ...How can I consciously take a holiday or a day's leave even and know that I am getting paid for that while I have to ask a volunteer to give up even more of their time than they already give to come in and do the office work for the day?....' (Victim Support Manager 5A)

In a unique response to minimal government support, another Victim Support had disaffiliated from the national body and as with some New Zealand RCCs, now relied totally on volunteer input. This was because funding was deemed insufficient for the work, yet was accompanied by bureaucratic expectations which displaced time and energy for victims.

‘Victim Support wound up... because basically financially it could not afford to carry on. ... We personally felt that the time that we spent doing victims’ support was better with the client than sitting on the side of the street trying to raise some money at a sausage sizzle. The responsibilities that we have under the Victim of Offences Act, there has got to be resourcing that goes with it. ... It was just absolutely ridiculous what they asked and the accountability back... you spend most of your time filling out bits of paper - for what?’ (Manager 5B)

These comments are strongly reflective of international concerns about the trade-offs, such as reduction in the time and commitment for original goals, in order to receive funding (Byington et al., 1991; Campbell & Martin, 2001; Jones, 2004; Mathews, 1994; Mawby & Gill, 1987). In this case, a cost-benefit analysis privileged working for victims over meeting the expectations which accompanied inadequate government funding.

A parallel situation has arisen in respect to ACC contributions to counselling sessions for victims. Many specialist agencies which include counselling have elected to provide services without recourse to ACC funding, due not only to time lost through bureaucratic record-keeping requirements but also to the unrealistic and sometimes counterproductive expectations of early counselling sessions.

‘There are no ACC accredited counsellors currently in our town. ... Their system is abusive to both counsellors and survivors and so this collective chooses not to go down that road so far.’ (Support/Advocacy 5D)

Following a recent review, ACC-paid counselling sessions for victims have trebled to a more realistic 30 sessions (Tizard, 12.5.2006).

From the foregoing, it is evident that government has yet to ascertain how those agencies which provide services manage to do so. That it has yet to establish even whether there is nationwide coverage of services, reflects overseas concerns about the dearth of evidence-based services (Astbury, 2006; Bryant & Cirel, 1977; Dartnall, PlusNEWS, 2007; Gilson, 1997). Since one of the two support/advocacy agencies and one District's specialist medical/forensic service were again compromised respectively in 2004 and 2005/2006 (personal knowledge), this indicates ongoing deficits in government financial support.

There are recent signs of government interest in adult sexual violence. This has been ad hoc and reactive to issues which the media have made public, validating Young's (1996) thesis that for change to occur sexual assault must be on the public agenda. Firstly, there has been the 'Commission of Inquiry into Police Conduct'. Secondly, in 2005 the Crime Prevention Unit initiated a national survey of support/advocacy services. On this occasion, the issue was the near collapse of Auckland's HELP due to inadequate financial support which happened despite a 2005 pre-election Labour Party pledge to ensure 'sufficient and well-resourced crisis services' for victims of sexual violence. However, despite being designed to establish support/advocacy response capacity and funding requirements the survey cautioned support/advocacy agencies not to expect funding to accompany any new initiatives. Further research into support services was conducted in 2006 through the Police sexual assault national coordinator position. This research also surveyed forensic coverage. The Ministry of Health too has surveyed DHB provision of sexual assault services. What is evident is duplication of resources through the lack of a strategic plan and coherence in some of this research (McCall in Bachar & Koss, 2001).

In March 2005, a New Zealand parliamentarians' Population and Development group held an 'Open Hearing into the Prevention of Violence Against Women and Children' to consider domestic and sexual violence issues. However, it did so in a manner which obscured the difference and therefore significance of sexual assault issues. Community agencies which deal with general aspects of men's violence were asked to address this forum but agencies specifically responsive to sexual violence were not (personal attendance). This domestic violence overshadowing of sexual assault has been found overseas at operational level (Byington et al., 1991; Mawby & Gill, 1987; O'Sullivan & Carlton, 2001; Regan & Kelly, 2003; Ullman & Townsend, 2007). Evidence of it at

national level in New Zealand is likely to relate in part to the better national and local coordination between Women's Refuge and Police which Lovett et al. (2004) have also noted in Britain.

The reactive and uncoordinated nature of this research will not expose the underlying issue of the structural malaise of current service organisation. Until research becomes more strategic, until it uncovers the extent of rape's social costs in New Zealand, and until the need for specialist services supported by permanent funding streams and structured national coordination is understood, the gaps in responsiveness identified at the 1996 Rape Symposium will remain.

Possibilities for Coordination by Local Bodies

Along with the need for national solutions to collaboration issues and service gaps, there is a need for services to be coordinated and supported at local level and this requires the input of local governance structures supported by central government. The need for local Councils to act in a coordination role has subsequently been underscored by the Ministry of Justice (2004) articulation of the necessity for relevant ministries to work with local governance bodies and local crime prevention partnerships in reducing violence.

International precedent exists for researching the possibility of local body coordination of services funded by national government and supported by statutory endorsement. For instance, US Government funding enabled the Maryland Coalition Against Sexual Assault (MCASA) to explore the possibility and requirements for Maryland's County Councils to be involved in sexual assault service provision. The foundation for the increasing devolution of service provision from national to state and then to local level was that people living in communities knew best how to solve their own problems (MCASA, 1997). Benefits derived from developing locally coordinated efforts.

'...because it is only through a coordinated effort, an effort that creates within a local community an intolerance for violence against women, that this type of violence will ever end.' (MCASA, 1997, p.1)

The MCASA research identified specific tasks and functions of council involvement and these related to both the provision of services and to preventing sexual violence. Essential Council functions included: creating a shared vision; needs assessment and planning; information gathering and sharing; monitoring and evaluation; policy and procedure development; collaboration on specific projects; and resource development. Specific tasks of the Council included: coordination between agencies, departments, and systems; promotion of prevention strategies; and improvement of agency responses to sexual assault in every agency. Recognising the newness of Council involvement, MCASA found that 72% of Councils would not or could not provide leadership. On that basis, and underscoring the need for government backing, MCASA articulated the need for Councils to have support in capacity building.

Emphasis on local responsiveness is further supported by Boles and Patterson (1997) who theorised that for the criminal justice response to be effective it must also be community-specific and community-responsive. This view is mirrored by those of New Zealand's Safer Community Council (SCC) respondents in the current research.

'I do believe it is about local communities doing it for themselves. ...People know their own communities.' (SCC 12)

It was differences in communities and the local knowledge of the different solutions required which made local coordination important.

*'What would work in *** would never work in ***. We have a different population. We are different socio-economic area. It just wouldn't work.'*
(SCC 4)

This implies a requirement for the individual community needs' assessments suggested by Boles and Patterson (1997) and MCASA (1997) in conjunction with inventories of existing services in the community such as the Crime Prevention Unit survey. Together these studies suggest many benefits in having centrally-funded local body input into strengthening and coordinating services in New Zealand. Although the absence of a national support/advocacy structure is a problem for inter-organisational national coordination, this does not prevent local bodies providing support for local community agencies, promoting them, and assisting their coordination with police. As Boles and Patterson (1997), Bryant and Cirel (1977), and MCASA (1997) have identified, local

bodies have established credentials in harnessing the expertise and resources of communities. Accordingly, local council input into addressing violence against women has been described in Britain and the US (Bryant & Cirel, 1977; Kelly & Lovett, 2005).

Local organisations which seem most relevant in these capacities are the 74 local councils and the government-established and funded Safer Community Councils (SCCs) which are associated with most of these. These SCCs were the product of the 1999 Roper Report which also found that crime prevention was best achieved at community level. In some Districts, Ministry of Justice funding for SCCs is variously augmented with police District and local council funds. This means that the priorities of all funding bodies dictate the focus of particular SCCs (SCC 2, 4). However all SCCs have a crime prevention and community safety orientation and were established to work within the community in a leadership role with the providers of crime prevention initiatives (SCC 7).

In 2001, Cabinet signed off seven areas of initiative in the SCC crime reduction strategy, and subsequently SCCs have been reviewed by the Crime Prevention Unit with a view to achieving more quantifiable crime reduction strategies. Frustratingly, none of the seven areas deal specifically with sexual crimes, despite national surveys of crime victims revealing that an epidemic one in five females endures some form of sexual interference or assault (Ministry of Justice, 2004). Rather, sexual crime has been included under a broader family violence focus, even though this does not subsume all elements of sexual violence. Regardless, there are possibilities in advocating for local councils and Safer Community Councils to respond proactively to issues of sexual violence. Along with their central government Crime Prevention Unit sponsorship, SCC credentials include local council associations and therefore ‘a lot of networks out in the community’ (SCC 4; similarly SCC 6). With these credentials, their crime and safer community focus, and their knowledge of local community resources, SCCs are particularly well-placed to work towards coordinating and developing sexual assault services.

Findings on existing services confirm that there is a need for and many potential benefits in local Councils and SCCs supporting sexual assault service development. This is in ways which emerged from this research as well as the various ways suggested by MCASA (1997). Firstly, in respect of local councils there is opportunity for these to use their resources in assisting with the accommodation needs of support/advocacy agencies. The quality of support/advocacy premises is important to recovery. This is premised on

the symbolic messages of unworthiness which rape conveys to a woman, and that if services are given in facilities which reflect unworthiness the benefits of these will be undermined no matter how expert the crisis intervention. On that basis, thought given to surroundings is a significant aspect of the consideration required in rape-related responses and this has been alluded to by respondents in Jordan's (1998) study.

While custom-built multipurpose facilities are pivotal in providing victim-centred holistic responses, New Zealand agencies almost invariably worked with insufficient resources and in shabby premises. That this can be a barrier even to providing services has also been reported by support/advocates overseas (Ullman & Townsend, 2007). Here, market rentals were found to be usual, even when the landlords were local councils or government organisations. Occasionally rent was lower. For instance in District 6, peppercorn rental was paid for council-owned community accommodation, but this had a leaking roof, torn carpet, and tissues stuffed into window frames to prevent draughts.

'None of the windows shut... We do get very very cheap rent but I think in lieu of that we get no maintenance... What we have taken to the Council recently is that they have made the link between decrepit buildings and community groups.'
(Support/Advocate 6)

An exception to the normal burden of finding and funding suitable accommodation was found in one District. Unsurprisingly, in this District local body responsiveness was already evident in proactive coordination of liaison between police and community organisations (SCC 7; personal attendance at meeting).

'I think we pay \$2.20 a week and that is for this office, plus the counselling room, plus the use of the lounge. ... and our children's centre ... we pay \$12 a week for, and that is where we run our children's programme ... The Council have given us a five-year lease on the building, and this is permanent, and that is recognition for the work we do by the Council.' (Support/Advocacy 7)

As this Council has shown is possible, rather than taking non-profit and often volunteer support/advocacy work for the community for granted, this can be supported through provision of appropriate accommodation.

Along with meeting accommodation requirements, a function which could be filled by local councils working in conjunction with SCCs has been signalled by MCASA's recommendation that councils promote prevention and intervention. A second basis for local body involvement then was in using pre-existing networking mechanisms and resources to assist support/advocacy agencies in disseminating rape-prevention knowledge to the community. Rape education and prevention has been found to be difficult for New Zealand RCCs, but as similarly found by Clark (2002), Koss & Oros (cited in Harvey (1985), Lievore (2005), and VAWSU (2005), some women do not recognise sexual violence for what it is.

'The majority of them won't report to the police... because of the spousal abuse they don't report...a lot of them are not aware that they are actually being abused, and they think it is the norm.' (Support/Advocacy 4)

Supporting MCASA's recommendation that councils also promote intervention, the need to disseminate information about the existence, function, and availability of local support/advocacy agencies is suggested by a 2001 national survey (Ministry of Justice, 2003). Since this revealed that only 8% of sexual violence victims accessed victim services, assistance in promoting support/advocacy organisations has potential to increase victims' self-referral. Given their networks and resources, local bodies can reduce the considerable amount of effort and funding contributed by support/advocacy agencies in informing the community about their services. Currently this work involves: formal community education; directory listings; direct approaches to Police, Victim Support, and other emergency services for referrals; street appeals; posters in hotels and restrooms; newspaper advertising; networking with other community agencies; word of mouth; street signage; annual pamphlet mail-outs; cinema campaigns; and media releases. In addition, pamphlets are placed in doctors' surgeries, hospitals, libraries, police stations, schools, sexual health clinics, and Family Planning offices. Assistance with promotion will allow agencies to use their limited human and material resources for the core work of rape-prevention and supporting victims.

‘What tends to often happen with community groups and organisations, they get overburdened with administration tasks, and a lot of them are volunteers that sit on boards and things like that. They are being asked to manage employment issues. They are being asked to manage a whole lot of financial issues and administrative issues. That really can be quite a burden on volunteer members in any organisation really.’ (SCC 2)

In addition to informing the community of their presence, local body involvement in promotion of RCC services is likely to encourage self-referral through altering the sometimes negative public perception of RCCs demonstrated in this research. Evidence for this is in Byington et al.’s (1991) finding that RCCs affiliated with publicly-funded mainstream organisations were more likely to be supported by the community. Suggesting local body assistance for tasks which are necessary but unrelated to the core business of agencies is because the ‘*constant state of fiscal uncertainty*’ amongst agencies is compensated for by ‘*constancy of community support*’ (Harvey, 1985, p.116).

In respect of SCCs, their safer community function suggests a third possibility for official body support. Since in most Areas acute services are provided by three disparate and independent organisations with largely unregulated interagency processes, service gaps are a finding of this research. Notwithstanding the benefits of partnership maintenance, few police, medical/forensic, and support/advocacy personnel manage even regular meetings. With better partnership processes, victims are more likely to be referred and less likely to fall into service gaps. As O’Shea (2006) has recently found, the scope of multi-agency services is also limited without coordination assistance. SCCs can assist the development of local sexual assault service partnerships then by regularly bringing the services together and in doing so create greater effectiveness and efficiencies.

In particular, as suggested by MCASA (1997), local body assistance can be of considerable benefit to police networking with allied community professionals. Many factors which make police liaisons with community services more difficult, including culture, frequent rotations, and workload, have been identified in this research. In addition, Kelly and Lovett (2005) have commented that community organisations find it difficult to work with police due to police lack of coordination in respect of related

services. Better interagency networking has potential to increase referrals from police to community organisations through enhancing police knowledge about their functions (Campbell & Ahrens, 1998; Hardgrove, 1976; Mawby & Gill, 1987). This was recognised in the Metropolitan Police Strategic Plan which suggested forging links with Community Safety Units. Evidence of the need for this here was from an officer who had worked in a provincial city for 11 years and in the same role for over three years, yet who acknowledged gaps in his knowledge about where he could refer to.

‘I would like for police to have a greater understanding on how these other organisations work.’ (CAT 12)

In addition, since some police resist working with feminist RCCs, local body coordination of Police/RCC liaisons may have positive effects for partnership through police perceiving RCCs as having greater legitimacy.

Integrating police with the local community is also important to ensuring community agencies refer clients to police. As noted by NASASV (2000) and VAWSU (2005), and found in the current research, victims report sexual violence in many forums other than police. Health forums have been found to preponderate amongst these (Astbury, 2006). This too is reflected in the current research in the finding that help was frequently sought first from: hospitals; GPs; sexual health clinics; support/advocacy agencies; student health services; ACC; Women’s Refuge; and counselling centres. Consequently, facilitating police liaisons will improve legal system outreach through increasing not only referrals to police but also the third party reports which are made with victims’ consent (Bryant & Cirel, 1977; Epstein & Langenbahn, 1994; Hardgrove, 1976; MCASA, 1997).

In respect of third party reports, because sexual violence is characterised by recidivism, these reports can assist the profiling and resolution of some offending. Accordingly:

‘They are important in the event that the man is a repeat offender and a collective profile or modus operandi can be established to lead to his arrest.’
(Carrow, 1980, p.26)

Police confirmed that reports, particularly from support/advocacy personnel were helpful in this regard. Third party reports by support/advocacy agencies contribute not only to profiling of offenders but also to sexual offending statistics and therefore to targeting of resources. All support/advocacy agencies wished to do more rape-prevention work, yet as noted resource constraints prevented even their collection of statistics. Given the crime reduction goals of the Crime Prevention Unit and the impoverished nature of the support/advocacy agencies, collaboration between these agencies, police, and SCCs seems not only workable but necessary in building a statistical database.

In respect of referrals, evidence of the need for better referral rates to police was in CIB acknowledgement that ‘not many’ referrals come from support/advocacy sources. Support/advocacy agencies confirmed this with estimations of the proportion of their clients who were not referred to police. These ranged from ‘*probably frequently*’ (8B); ‘*the majority of them*’ (5B); four out of the four over the previous weekend (10); to 80% (5A; 8E; 5D); 70% (7); and 30% (2; 4). Although this information was not solicited from doctors, they too believed that many did not report to police.

‘I would say less than 50% is reported because of what we see here at the sexual health clinic.’ (DSAC 5A)

A frequent reason for victims not reporting was:

A: ‘Mostly fear, fear of not being believed, fear of court cases quite often, and the system.

Q: The legal system?

A: Yes.’ (Support/Advocacy 7; similarly 5D)

These reasons have been suggested by Clark (2002), Lievore (2004), VAWSU (2005), and reported by the Ministry of Justice (2004). One implication of both victim reluctance to report and low referrals is that medical and support personnel are not themselves confident or able to reassure victims that legal system involvement can be both managed and a positive step for victims. Yet police discretion as to case disposition allows decisions as to case dispositions to be made in consultation with victims and this victim input into justice outcomes may assist victim recovery. If local bodies facilitate the suggested partnership maintenance measures, regular meetings will

improve information flow about both police procedures and community expectations of police. Medical and support organisations may then become more confident to reassure victims as to their ability to retain control during legal processes and be more prepared to refer and make third party reports.

This confidence is also contingent on regulation and monitoring. O'Shea (2006) has advocated for standardising referral pathways and according to Carmody (1988), in NSW joint responsiveness is regulated by official interagency guidelines. MCASA has also suggested that Council functions should include monitoring and evaluations. If local bodies also mediate the drawing up of victim-oriented protocols, and evaluations are conducted to ensure that community organisation confidence is well-placed, this too will also assist referrals and third party reports becoming more regular. Given the factors which have been identified as hampering collaboration in New Zealand, local bodies have a significant opportunity to rectify these and reduce underreporting through contributing official input to the creation of protocols for interagency liaison.

Demonstrating the possibilities, an early example of local body coordination of services has been described in the US where government funding enabled a Polk County multidisciplinary response (Bryant & Cirel, 1977). Enabled by this funding, a Polk County Central Administration Board was established to administer a Rape/Sexual Assault Care Centre. The Board was able to coordinate a broad base of community support for the centre through incorporating the expertise and resources of 75 community organisations. Through the centre's work in education, prevention, and consolidating the relationships between agencies, improvements were shown in willingness of victims to press charges as well as Police clearance and conviction rates. The authors credited inspiration for this Polk County response to Iowa feminists who, in having strong and established political clout, were able to move local authorities to establishing an administrative board which coordinated services and prevention activities. Underwriting this possibility were UN covenant-inspired legislation requiring government and state funding, included funding for research.

Given the possibilities made evident by the Polk County example, I decided to replicate aspects of the MCASA research in order to ascertain the capacity and willingness of SCCs to be a source of organisational support for an integrated community response to sexual assault. My interviews with SCC respondents in seven different Districts

revealed that without government support and Crime Prevention Unit leadership, there was currently little possibility of this becoming a regular nationwide function. Firstly, notwithstanding the direction given through political predetermination of focus areas, the variability which permeates all other aspects of the New Zealand findings was also in evidence in respect of the funding, organisation, and operation of the SCCs.

'You don't have to follow the same paths, because each Council is different and each city is different.' (SCC 2; similarly SCC 4)

Variability also resulted from performance issues.

'The Crime Prevention Unit are going through now and doing a review of all their Safer Community Councils because some of them just weren't delivering. ... Some councils didn't do very much at all - took the money and didn't do anything in the way of crime prevention, and other councils did heaps.' (SCC 2)

As is indicated above, SCCs were not coordinated nationally, although one conference organised not by the Crime Prevention Unit but by the Wellington City Council was reported (SCC 8).

Secondly, reflecting the foreclosure on developing sexual assault services which resulted from the steer given to Police through 'risk indicators', SCC interest was also pre-empted by the predetermined areas of focus. Accordingly, no Crime Prevention Unit funding was used for specific rape-prevention work or for coordination of the three sexual assault crisis intervention services. Instead, the inclusion of sexual assault under a family violence umbrella meant that again specific sexual assault service requirements were overshadowed. While some communities have SCC involvement in regular meetings to address general issues of violence, action on sexual assault was never a feature of any of the meetings I attended in Districts 2, 3, 6, 7, or 8. Yet not all sexual violence is domestic and community responses to family violence will not totally subsume issues relating to sexual violence.

When I asked about SCC willingness to provide leadership in coordinating the city's response to sexual assault if technical assistance were provided, replicating MCASA's findings some replies indicated unwillingness to consider even the possibility.

'No. It is not local body business. It is Police business, and it is Crime Prevention Unit business, and by proxy it gets into city council business, but it is not there as a core business.' (SCC 2)

Since Crime Prevention Unit business is SCC business, this reply indicates that when multiple funding streams are involved it is possible to be selective about functions and priorities.

Because the activities of the various SCCs are compatible with funding and coordinating rape-related services in at least three respects, the incorporation of a specific adult rape focus would not require a paradigm transition. Firstly, some local councils and SCCs already work closely with police and others in coordinating services and projects (CSM 9; Manager Child Support/Advocacy Agency 1).

'The council has \$60,000 attached to it, 40 for coordination, 20 for projects. The constitutional partnership is the Police, Iwi, and the city council, plus four representatives from the community.' (SCC 7)

SCC coordination with Police is at the levels of District Commander, Area Controller, and Family Violence Coordinator (SCC 2, 3, 4, 6, 7, 8 & 12). Some of these relationships already include joint initiatives and, as suggested by Bard (1976) and Hornibrook and Myers (1996), the mutual exchange of information and statistics from which prevention strategies were targeted.

Secondly, notwithstanding that responding to violence was said not to be local body core business, through Te Rito policy²⁴ SCCs are responsive to women in situations of domestic violence. There is precedent then for such responsiveness and some SCCs do liaise with Police Family Violence Coordinators to support and coordinate anti-violence networks.

²⁴ Family Violence Strategy

'... we've got the domestic violence centre (District 2) being the key agency that we work with, and we deal with the police and Victim Support from the Police ...because domestic violence is the main driver and we are the funders of it, the CPU²⁵ ... gives us money. ...we oversee the project and give the domestic violence centre the money to do the project.' (SCC 2)

Women's Refuge in District 9 is similarly supported, and this had produced quantifiable benefits in this and other Districts.

'It is great because family violence is now looking good. They have had 100% compliance on things and...we have had a 24% increase of reporting in family violence in our area.... Family violence is increasing, but people have the confidence to report, and that is because the police have picked up their game.' (SCC 7)

Thirdly, some SCCs had also already coordinated sexual assault services - albeit only for children.

A: 'It started off as strengthening (Area in District 3)... then went nationwide [to] Strengthening Families and that was looking at families that were involved with a number of different agencies and how those agencies could work together

Q: Did that start with the city council?

A: Mmm.

Q: So there was rationalisation of services?

A: There was and somebody was taking responsibility...so I think from there, there has been stronger relationships built and better understanding.' (CYFS 3, similarly CYFS Manager 4)

In some Districts, this involvement had been in setting up facilities specifically for child sexual abuse victims. For instance, in Napier the SCC had established the 'Protect All Children Today' Centre in which the evidential interviews were conducted (CAT).

The greater involvement of SCCs in children's issues may be partly due to CYFS maximising government expenditure through rationalising resources. To that end CYFS partially fund many support/advocacy agencies and at least one network of agencies

²⁵ Crime Prevention Unit

working against violence in general (SCC 8). Significantly, these links to community agencies, and consequent CYFS appreciation and respect for agency work has led to Council uptake of the direction given by the antiviolence network. This direction was that building partnerships between groups already working in the field would be more efficient than adding yet another government layer of services.

'We very much tried to focus our attention on those existing organisations that have been offering a service for a long period of time, as opposed to actually trying to establish new organisations.' (SCC 6; similarly SCC 8)

This is in contrast to the British SARCs which sidelined specialist RCCs from mainstream acute services (Lovett et al., 2004). The parallel in this research is the withdrawal of some specialist agencies after the formation of Victim Support and subsequent police uptake of their services.

When local SCCs already work with police in responding to the sexual abuse of children and some forms of violence against women, there is evident arbitrariness in the view that it is not local Council business to fund and coordinate local adult sexual assault services. There is similar potential then, in SCCs organising networks which include liaison with SADCs when police are in these roles. International precedent for this is in the Metropolitan Policy mandate for Police liaison with Borough Coordinators.

Since a paradigm shift was not required, some SCC respondents were more prepared to consider a coordination role.

'But I think that it is a good idea. I don't see why statutory agencies aren't collaborating more and why local authorities can't play a greater role and be forced to play a greater role.' (SCC 7)

For this to happen, reflecting Lovett et al.'s (2004) position that establishing SARCs outside London would require a strong steer from government, government support was said to be necessary.

'I still think there is an opportunity to take on that role, but it will be at a political imperative.' (SCC 2)

In contrast with Lovett et al.'s (2004) optimism about government support, that optimism was not present amongst some SCC.

'It won't happen unless the government takes an about-face and I don't think it will.' (SCC 8)

One reason for this pessimism is that the real parameters and social significance of sexual violence have been obscured due to underreporting to the criminal justice system. Consequently, the community and those in its governance systems have been able to regard official responsiveness to sexual violence as adequately addressing the problem. This is reflected in the usual response given by SCC respondents for why government and local bodies have not put their weight behind establishing comprehensive systems.

'Our stats show that it is not a huge issue - reported stuff. This is where we come unstuck. It's like if people would report it then we can get some evidence-based stuff happening around it.' (SCC 12)

This echoes the response of some police, but is only a partial argument for government failure to develop sexual assault responsiveness. Police seeking attrition of complaints suggests that even awareness within official systems of the real parameters of rape will not necessarily trigger an appropriate response until, as Young (1996) has suggested, the government's hand is forced through public pressure. Yet public pressure is unlikely without continued vigilance for, and deconstructing of, real and symbolic factors which are rape-supportive, prevent rape reporting; and reinforce gender inequality. Women's relative powerlessness and the influence of rape mythology influence police and public thinking in respect of the worth of rape victims, undermining attempts to make government appropriately responsive. Yet evidence that with government support coordination of services in New Zealand is possible and leads to systems which promote quality assurance is demonstrated next with reference to the findings on services for child sexual abuse victims.

Comparison with Services for Children and Youth

The finding of this research is that when sexual crime against children comes to official attention in New Zealand the response is very different to sexual violence experienced by women. The following description of children's services will demonstrate the contrast in child and adult services and the comparative benefits for child victims in receiving government-funded and nationally coordinated services. In doing so, it will counter the usual arguments that New Zealand is too sparsely populated and has insufficient reporting to warrant comprehensively structured services. As Miller Burgering made clear at the DSAC Symposium:

'We need to evaluate the protocols and the practices that we have. I have come from the child abuse field for the last 10 years and that has shown us that we can do that sort of thing if we put our energy into it, if we have support from our hierarchy. Therefore other changes will also have to be made, such as leading by example, putting resources where they need to be to make a symbolic statement of commitment as well as giving the resources to do the job... '
(DSAC, 1996, p.164)

The ensuing discussion will evaluate the reasons given by respondents for discrepancies in the way women and children are treated. On the basis of the similarities in the psychosocial consequences of the crime for these two populations, arguments are put forward for a comparative system of responsiveness to replace the variable responses women currently experience. Discussing the issue through these steps will indicate what can be achieved for New Zealand women if there is political will to match services with need.

Organisation of Responses

In contrast to New Zealand governments' haphazard involvement with funding and coordination for adult sexual assault support services, services for children under 17 are mandated to the Ministry of Social Development's Child, Youth, and Family Service (CYFS). In addition, in a wrap-around effect, police often work with other government departments to ensure that all ongoing needs are met (CAT Managers 1, 2).

A national Memorandum of Understanding underpinned by the paramountcy of the child governs the partnership between Police and CYFS. The memorandum's policy point six states that:

'A multidisciplinary approach will be developed and sustained. This approach will include a police officer and a social worker as the core members of the team.' (Miller Burgering, 1996, p.9)

After a CYFS national audit of the CYFS/Police partnership in 2002 this Memorandum of Understanding was augmented by mandated local level agreements (CYFS 10), although in some Areas I found these to be not yet formalised between Police and CYFS. This reflects Lovett et al.'s (2004) finding that a strong steer from government is required in implementing national protocols.

Under the protocols, notification of child sexual abuse is immediate and routine regardless of whether the first agency contacted was Police or CYFS. Also by protocol, CYFS are expected to provide a Serious Abuse Team response (CAT Manager 7). Evidential interviews are conducted by an interviewer and observed by a monitor using either video or a one-way mirror. Monitors may discreetly make suggestions during the interview. The monitor and interview roles are varyingly occupied by Police and CYFS personnel who are trained together on evidential interviewers' courses at the Royal New Zealand Police College. In contrast to adult services, this CYFS involvement means that as an integral part of the investigative response, support and advocacy services are always available.

Police and CYFS also work in conjunction with medical/forensic examiners who are often DSAC-trained paediatricians and in some Districts, notification to medical/forensic services is similarly automatic. An additional feature of the medical/forensic examination of children is a general medical assessment (CAT Manager 1, CYFS 3). Also, the psychological effects are formally conveyed.

'...as far as children go we get reports from psychologists and that sort of thing, so you start to learn a little bit about it that way.' (CIB Supervisor 6)

In contrast to examinations of women, government funding covers children's medical/forensic examinations (DSAC 5A, 11). Firstly, the facilities for examining children are either included in purpose-built multi-agency centres such as those in Christchurch and Auckland, or specially assigned DHB or CYFS facilities. In addition, medical/forensic examiners, usually supported by a nurse, are funded by DHBs to do the examinations for children and youth and medical follow-up (DSAC 5).

Serving the three Auckland Districts, a multi-agency centre modelled on US facilities houses victim-centred facilities and specialist personnel for responding to all forms of child abuse. These include medical, psychological, police, and CYFS personnel amongst others (CAT Manager; personal visit). Catchments include Auckland's Counties Manukau District if the abuse is sexual and a medical examination is required (CAT Manager). In contrast to other Districts, the multi-agency centre responds to youth up to 19 years. Elsewhere although the usual upper age limit for CAT management is 17, child victims as young as 14 are occasionally processed through the adult system (CSM 1). In Christchurch, the centre houses police and a CYFS worker. Along with seamless services for victims, these multi-agency facilities ensure incidental interaction and the collegiality and opportunities to communicate which accompany sharing premises.

In responding to child sexual abuse, another example of facilitating communication through sharing premises was found in the Northshore/Waitakere/Rodney District. Congruent with Waryold's (1996) recommendation of engaging a departmental liaison person, at police instigation a CYFS social worker was relocated on a long-term basis to a combined District Headquarters/police station (CYFS, 3). The departmental liaison function was augmented by the social worker being involved in regular weekly meetings with police, which again resonates with suggestions for facilitating communication (Carmody, 1988; Edelson & Bible; 2001; Hornibrook & Myers, 1996). In addition, her role in training police achieved the positive results for collaboration which have been noted by Littel (2001). Noting the fatal consequences of a child having 'fallen between the gaps' due to prior difficulties in communication, the initiative was positively evaluated in its effect on interdepartmental communication by the liaison person and another social worker (CYFS 3). The initiative also enabled resolution of similar tensions to those found in the adult field, where without such liaison they have persisted in some Areas.

'It broke down those barriers of the police spectre of hairy-legged, roman-sandled people which they have teased me about ... and us thinking of them as stereotyped macho men who don't care. So actually having someone physically there for that two years has worked really well.' (CYFS 3)

In respect of the Police response, in contrast to the usually generalist nature of CIB who investigate women's complaints, all child sexual abuse investigations are conducted by CIB in specialist child abuse teams (CAT), the rotation for which is usually two years. In some Districts, particularly in Areas where the population base is smaller, the work of specialist CAT teams sometimes includes responding to adult complaints. Regardless of Area size, in many Areas historic complaints of childhood sexual abuse made by women are investigated by CAT teams (CIB 6, CAT Manager 3).

In contrast to adult sexual violence investigations, evaluation was an attendant measure in child sexual assault investigations and, significantly, the need for evaluations was linked to the specialist nature of the work.

'We don't have performance measures specific to sexual violation. We certainly do for child abuse because that is their core business.' (District Commander 2)

Others respondents commented similarly on the ability to regulate Police internal standards due to:

'...the relative priority that child and adult sexual assault is given by Police.'
(DSAC Regional Coordinator 12)

CAT team members have specialist training for investigating child sexual abuse and this has been in place since 1999 (course coordinator). This course is comparative to the course available for adult sexual assault investigators (personal attendance). However, in contrast to just one course in the adult field, two other specialist CAT courses are also taught. A week-long CAT Managers' course incorporates peer review and discussion of service-related problems and structured contact between Managers is maintained through email in a system similar to DSAC's support for doctors (CAT Manager 1). The third CAT course is an evidential interviewers' course which is attended by CYFS and Police evidential and diagnostic interviewers. All trainees are assessed on their interview skills and their degree of readiness to interview is reported to their managers

in the Districts. In addition to this, interviewers are expected to be released for one day every three months for regional peer tape review. Police and CYFS personnel also spend three days on nationally-based peer tape reviews. These are conducted by:

‘... small cross regional groups to maximise the opportunity for national standardisation of practice’. (CYFS Course Coordinator)

The week-long interviewers’ course and accompanying evaluations are particularly significant in the light of there being no specialist training for interviewing adult victims. In addition, joint training enabled opportunities to share perspectives and understandings of the requirements in improving workplace coordination (Carrow, 1980; Hardgrove, 1976; Harvey, 1985; Littel, 2001).

Benefits of government support to formalise partnership between the organisations were also in evidence, particularly in the majority of Areas where the mandated local agreements had been implemented. Firstly, respondents commented that working through this process had enhanced understandings between CYFS and police personnel (CYFS 3, 9, 10). This resonates with the lessening of interagency hostility as personnel got to know each other which Bard (1976), Hardgrove (1976), and Martin et al. (1992) suggested. The process had also facilitated an appreciation of the role, knowledge, and experience of the other organisation’s members and this had encouraged further joint training and working together.

‘...they have got a wealth of knowledge over there and let’s share what we have got, and it just works so much better when it is a joint approach taken from the beginning.’ (CYFS 10)

Establishment of local level agreements also resulted in more congruence in philosophy about what made for a quality service. This benefited the work by creating the very ability to establish systems for interagency communication and cooperation (CYFS 3, 5). One such system was the regular interagency meetings at which recorded commitments made to the other organisation resulted in accountability and reduced the prospect of clients *‘getting lost between us’* (CYFS 8). Importantly, with this information came the comment that:

'I don't know how you do it with volunteer agencies and counsellors who work independently ... It is definitely not the same sort of level of mandate that the government organisations can put on themselves.' (CYFS 8)

This comment highlights the need for, and positive aspects of, accountability. It also suggests that systems of accountability may be easier to implement when services are provided by professionals and is another argument for state sponsorship of services. The meetings had also created forums where information sharing had become *'quite significant'* (CYFS 8).

Overall, in accord with Epstein and Langenbahn's (1994) findings that the partnership created more effective and less intrusive services and similarly Hardgove's (1976) finding of less duplication, the partnership was said to create:

'...better efficiency, better communication therefore the planning is more focused and really how it should be. There is greater collaboration between both the police and the social workers and also now ...the DSAC doctors and nurses ... If the police and the other agencies have better liaison, the police will obviously be taking those complaints and situations a lot more seriously ... Police are more focused and motivated. The social workers are more motivated.' (CYFS 5)

A parallel for this CYFS Manager's view that police and social workers were 'more motivated' through sharing caseloads is in Epstein and Langenbahn's (1994) analysis of a re-energising of discouraged professionals.

While the response to children is far more structured (DSAC 2, 12; CAT 12) and reflective of international literature describing practice requirements for both women and children, some problems of coordination and staffing are yet to be addressed. This was noted by some in the field.

'I certainly wouldn't be saying that the process for the children is where I would want to see it either. In actual fact, I think there is still much more that could happen. That would be for the children as well, so it is not that that goes completely smoothly.' (CYFS 8)

A finding in common with the adult field was that in a minority of Districts, the regular formal meetings mandated between CYFS and CAT Managers were not always able to be held due to time constraints (CAT Managers 1, 2, 7; CYFS 3). For that reason, although systems for notification are well-established, ongoing coordination to progress cases remained problematic in some Areas. Police and CYFS have no common computer database on which updates to cases can be recorded and accessed. Communication was by email and phone with 'telephone tag' cited as a frustration (CYFS 4, 10; CAT 4, 7). As a result, some CAT and CYFS respondents, even those who had regular meetings, expressed their unsolicited wish for shared premises (CYFS 5, 12).

'If we were working in the same building as Child, Youth, and Family the biggest advantage of that would be we could sit down with the supervisors once a week and just keep on top of each of these cases ... whereas at the moment we play phone tag. We expect things to get done, they don't get done. Vice-versa, sometimes we are the same.' (CAT Manager 7)

Although the Memorandum of Understanding addresses police turnover, this too was cited as a 'huge' problem by CYFS personnel, particularly when rotation within Police was not staggered (CYFS 3). Also mentioned as a difficulty was that in some Districts CYFS personnel were generalist rather than from the mandated and specialist Serious Abuse Teams (CAT Manager 7). Additionally, although CAT investigators are specialist and the Memorandum of Understanding requires CAT work to be prioritised, their availability was sometimes noted to be a problem by both CYFS and CAT members. This was because it was common for CAT members to be siphoned off for major investigations (CYFS 6, CAT Manager 3). Lastly, in many Districts, CAT members regularly did other work and were unable to have a total child abuse focus (CAT 7, 11, CYFS 5).

'I could argue that we should do because there is more than enough work for us to be focused on child abuse work, because of the other agencies, the families that we are involved with constantly. And we are expected to do other work, which we do but sometimes it hinders our ability.' (CAT Manager 7)

Occasionally as much as 50 % of time was given to other investigations.

Apart from staffing issues, the differences between child and adult responsiveness are substantial and include many nationally-mandated features of good practice which were not found in adult systems. This view of the findings is reinforced by responses from senior government officials working in the field.

'I think the services provided to children and young people is [sic] of quite a good standard both legislatively and from a fiscal point of view. There is a huge gap in my personal opinion, between how we manage the future of this nation, which is the young people and what they are confronted with, and those that are already there. And one of the driving concerns really for me is around the female assaults, where if they have already become victims in one sense and then they become secondary victims to process, and I am not sure whether there is sufficient funding, one for education and two for awareness and providing at least emotional support for victims at the earliest possible point, like in the first 24 hours.' (CYFS Manager 7)

Similar ideas were expressed by other CYFS managers (5, 11) and a CAT manager (1).

Importantly, although it cannot be said that the Memorandum of Understanding had a total uptake, its implementation through two equal government agencies meant that variability in practice was significantly reduced and quality assurance more likely. On that basis, features routinely facilitating good practice in the child abuse field were:

- total government funding for services
- national coordination of government agencies
- national and local protocols
- multi-agency facilities or designated purpose-built facilities
- national specialist training of all three agencies
- mandated social and psychological support from specialist support agency
- nationally and locally based specialist joint training
- specialist teams

Found to be variable were:

- within-District teamwork, meetings, and interagency coordination
- attention to local protocols
- staffing levels

In comparison to the services available for women, for children there is almost routine implementation of the services necessary to quality assurance. One notable exception is gaps in ongoing counselling services for children. Significantly, responding to a question about what other facilities or equipment might be needed many CYFS and CAT respondents stated that they had all the necessary resources.

‘One of the things that we are able to do, it quite surprises me as we learn more about services in the adult field, is that we are able to put money to our plans. We are able to resource what we are doing in the name of child protection. ... For children or teenagers we can have a pretty flexible plan and resource it and I suspect that it is not the same for adults.’ (CAT 11)

Figure 6 demonstrates this attention to quality assurance in children’s services.

Figure 6: Responsiveness to Child Victims of Sexual Crime

District	Children's facilities	Local written protocol	Interagency notification	Organisation of interview
Northland	Specialist services unit for interviews – includes psychologist and therapist	Yes	Immediate and routine	CYFS interviewer Police monitor
Northshore/ Waitakere/ Rodney	Multi-agency purpose-built unit	About to be signed	Faxed - Routine	Combined and conducted at multi-agency centre
Auckland City	Multi-agency purpose-built unit	Yes	Routine	Combined and conducted at multi-agency centre
Counties Manukau	Purpose-designed rooms in Police premises	Done but still in type	Immediate and routine	Multi-agency centre for Medical Forensic; CYFS for evidential interview
Waikato	Manawai specialised premises with video unit and other specialist services e.g. psychological services	Yes	Immediate and routine	CYFS do all evidential interviews. Police or CYFS monitor
Bay of Plenty	Video unit leased on independent premises until CYFS renovations completed	Yes	Routine	CYFS interviewer Police monitor
Eastern	Specialist PACT Centre	Yes	Immediate and Routine	CYFS interviewers Police Monitors
Central	Self-contained purpose-designed rooms in CYFS premises, aimed at providing for privacy and ensuring confidentiality.	Yes	Routine but sometimes delays	CYFS interviewer Police monitor
Wellington	As for Counties Manukau	About to be signed	Routine	Police interview and monitor evidential interviews
Tasman	Evidential interviewing suite in CYFS premises	Yes	Immediate and routine	Variable combinations CAT/ CYFS
Canterbury	Multi-agency purpose-built unit	Yes	Fax - immediate and routine	Combined CAT/CYFS
Southern	Two separate designated CYFS facilities. Also special video unit at police station.	Yes	Immediate and routine	CYFS interviewers

Analysis of services shows that in contrast to systems for women, thoughtful planning, partnerships between organisations, and official resourcing of services have greatly benefited the systems of responsiveness to sexually abused children in New Zealand. The remainder of the chapter discusses respondents' explanations for discrepancies between official systems' responses to women and children.

Analysis of System Discrepancies

The development of systems of responsiveness for sexually abused children suggests recognition within New Zealand of the need for holistic services for sexual crime. It also confirms that New Zealand has the ability and the structures to provide effective and comprehensive services. Yet Government has abrogated its moral obligation for leadership in respect of both research and services for adult victims. In this, it has abandoned victims to the vagaries of situational responses by police, many of whom have been unable to respond as they would have wished.

That the will to implement needed systems improvements does not exist for women who have been sexually violated was raised during the current research by CYFS managers and police. These respondents recognised that children have CYFS and Police but in contrast women sometimes only have police who in *'purely looking for evidence'* (CYFS 10) were not about *'welfare'* or the *'human element'* (CYFS 7, 10; CIB 4).

'The problem I see if you talk about funding adult women and adult men, adult men and adult women aren't really represented by a Government agency, but CYFS aren't there for them. They just get to fend for themselves, except for ACC maybe. (CAT Manager 1)

While not suggesting that CYFS take on a support/advocacy role for women, as a Child, Youth, and Family Service, the *family* aspect of CYFS brief suggests an obligation to contribute to a woman's recovery when she is a primary caregiver. The effects of sexual violence can be severe and can impact on women's ability to adequately focus on and care for their children. In addition, the constraints of the mothering role make it far more difficult for women to seek out and use support services. If these women are not adequately supported, this can have later repercussions on children and costs to the community.

'That has always been a concern to me. ...I mean, so often, they are therefore using drugs and alcohol and other strategies to block out and to lessen the impact of their experiences They aren't able to parent, and they are kind of classed and tagged, if you like, as dysfunctional, and as not being able. ... CYFS and the police and everybody - we all seem to be reluctant to become involved with the adults.... You know the police are all about prosecution. They are not about welfare ... If there was the funding and the support possibly those adult victims wouldn't become [pause] it wouldn't reach the stage where they become so low, so dysfunctional.' (CYFS Manager 5A)

Some CYFS managers understood that it was appropriate for CYFS to contribute to the care women received after rape so that children were not simultaneously victimised by their mother's experience.

'We do see a lot of mothers of children who have been raped ...which has a major impact on their parenting, and I mean, even though we are there for the child you have got to look holistic - at the bigger picture. And when you are dealing with the parent who might not be providing adequate parenting because they are stuck on their own issues, that is very real... and while the majority of our resources are for our children, we should be able to look at putting more resources into helping the parent as well - the rape victim or the abuse victim.'
(CYFS 11 Similarly CYFS Managers 5A, 6, 7; CIB 5D)

Pertinent to this argument is that CYFS is mandated to protect children by all possible means. Recognising this CYFS already partly fund many supportive community agencies. Until other government departments combine to structure accessible holistic responses, it may be that CYFS can also support women in accessing and using both these community support services and government support services such as ACC and WINZ.

It should also be remembered that CYFS support for children may need to be more direct than supporting a parent. That children can also be direct or indirect witnesses to marital rape was raised in 2005 at the Tackling Rape Issues Conference in London. In this respect their *'fears, anger, sadness, confusion, terror, worry, guilt, and loss...'* needed to be addressed. (Cited were Epstein & Keep, 1995; Hendessi, 1997; McGee, 2000; Mullender et al., 2002)

The necessity to augment human rights arguments for totally government-supported services for women is disturbing in its implication that the value of women-as-people is secondary to their value when objectified as the primary caregivers of children. This is particularly when agencies are established to advocate for women, as in the following US example.

'The program's services to child victims have helped to legitimize the Lexington RCC to the larger community and enabled it to raise the issue of rape and sexual violence generally in community education, professional training and preventive education programs.' (Harvey, 1985, p.75)

The need to further legitimise RCCs and the discrepancy in implementing practice ideals both necessitate analysis of official decisions made, or neglected to be made, in responding to adult victims. What does seem apparent is that current discrepancies between services for children and women in New Zealand reflect the evolution of service developments overseas.

'Over the past decade there has been widespread formation of multidisciplinary teams to address child abuse in the community. In fact most multidisciplinary protocol in this country was developed to address crimes against children.' (Boles & Patterson, 1997, p.36)

Correspondingly, in New Zealand the multi-agency Kimiora was originally established to meet just the needs of children.

'Primarily I think it was for the children for the interview because they needed the interview facilities for the kids and I think that is how it all came up. Back then there was, particularly in the child sexual abuse, there were some strong advocates here in New Plymouth for that and I have no doubt they were behind getting things moving ... this was mid to late eighties and early nineties.' (CIB)

Along with other evidence which has shown the difference individual champions can make in improving services, this suggests that increasing the awareness of service deficits will contribute positively to the pace of improvements to adult services. Yet as argued in Chapter Three, more awareness of deficits is only a first step in emulating overseas efforts to close the gaps between the quality of child and adult services. Since

women in general and rape victims in particular remain at some distance from power, it is also necessary to persuade the broader community, and through them government, to care about what happens to adult victims.

That was evident in the grounds which were given in this research for adult female victims not having equal entitlement to the quality of care established for child victims. In an attempt to understand where the barriers to achieving effective services for women lay, I asked respondents why they thought sexual assault responsiveness was only comprehensively defined for children and why there was a discrepancy in government-provided services. Three main themes were apparent in the responses. The first was of the perceived greater vulnerability of children to predatory sexual behaviour (CIB 5A, 7, 8, 8B, 8C, 8D, 12; CSM 8, 11; CYFS 3, 7, 9, 10, 11; CAT 11, 12; DSAC 2). Size was one reason given, as was children's greater ignorance of threatening situations and inability to handle and extricate themselves from these. These are real reasons for rigorous attempts to protect children and rightly considered. However, these answers do not suggest women's invulnerability or lesser requirement for effective responses. Alternative discourse around women's suggested lesser vulnerability is possible and necessary in achieving understanding that women too are vulnerable to men's violence, and that the need for effective systems interventions does not stop at 17. Although age is a factor in determining who a perpetrator will choose as victim, the reasons for aggression do not reside within victims. Rather, the agency for forced sexual activity and its outcomes resides in men (Griffin & Griffin, 1981; Kelly, 1989; Lonsway, 1996). As a result, vulnerability is constantly fluctuating and defined by individual circumstances. Apart from limiting their experiences of life, women have little control over that vulnerability.

Adolescence, at which the cut-off point for mandated support is placed, is a time of heightened vulnerability. Evidence of this is in the 2001 National Survey of Crime Victims in which 26% of 17-24 year olds, compared to 14% of under-17s reported having been victimised, causing the Ministry of Justice (2004) to acknowledge that sexual violence is more often experienced by youth. Similarly, in Britain 16-19 year olds were reportedly over four times more likely to be raped than females from any other age group (Myhill & Allen, 2002).

There are many explanations for adolescent vulnerability. One is that gender socialisation practices act to limit female agency while simultaneously promoting male sexual assertiveness (Henderson in DSAC, 1996). In addition, experimental relationships with males are beginning at a time when adolescent females are adjusting to their developing sexuality and just beginning to define their own authentic wishes in relation to sexual activity. At this point, they are also critiquing their own family's values but often without the maturational development to have replaced those values with their own. With skill also yet to be developed for avoiding or managing the many forms of sexual coercion, this too means there is greater risk of having personal agency overridden (Gavey in DSAC, 1996). Exacerbating adolescent vulnerability are diminishing parental protection; loss of the protection afforded symbolically and otherwise by statutory proscriptions of sexual activity; and peer pressure to experiment with drugs, alcohol, and sex.

Unsurprisingly then, reflecting New Zealand Ministry of Justice 2001 findings, in this research adolescents were reported to comprise a large proportion of complainants (CIB 8A; DSAC 5A, 11; Support/Advocacy 1). Given the relatively greater confusion which surrounds the newness of their sexuality and the development of their own social mores, significantly some respondents suggested that most false complaints emanated from adolescents.

'Teenage girls can tend to [pause] seem to perhaps fabricate things ... but that is the only group that I would say in particular, where we might find complaints that we think are not necessarily completely true.' (CAT Manager 9)

What this may signal is that when adolescents report being coerced into sex, police with their primary focus on applying the law in an either/or paradigm, are an exceedingly blunt instrument in dealing with such complaints. Legal processes which are abandoned before court may confound adolescent confusion by consolidating the message from the rape experience that the right to decline sex is not to be respected. At this vulnerable stage of maturation, debriefing from this experience is an important reason to mandate specialist support. Assisting police to view adolescent complaints within a different paradigm is a reason to provide specialist advocacy.

On all of these grounds, mandated support is inappropriately withdrawn when a girl reaches 17 years of age. The arbitrariness of relating this decision-making to age rather than need is highlighted by the reality that services in New Zealand are variously apportioned depending on geographic location. Although most Districts have a cut-off point of 17 years of age for CAT responsiveness, in some situations children as young as 14 years are dealt with by the same structures which respond to women. Such practice presumes that a girl who has been raped can manage the legal system without the quality assurance in responsiveness which accompanies specialist support and advocacy.

'17 is the demarcation line, but 14, 15, 16-year-olds, depending on how they present could be picked up, and are usually picked up by regular CIB staff.'
(CSM 1)

In the three Auckland Districts, the converse is true with the multi-agency centre responding to adolescents up to 19 years of age and recently temporarily housing examinations for women (DSAC 2). Reflecting services described overseas (Boles & Patterson, 1997; Epstein & Langenbahn, 1994), often the same police, medical/forensic and support/advocacy systems were found to respond to women and children. This reinforces the argument that service provision is arbitrarily determined.

Arguments of entitlement to effective holistic services on the grounds of vulnerability can also be applied to adult victims, as indicated by the prevalence of women's experiences of sexual violence. However, women's vulnerability is for different reasons which as noted, have little to do with women themselves. The vulnerability of contemporary women relates to patriarchal power to define not only social reality, but also woman through rigorous application of rigid gender roles. A tool in this power is the negative definitions of women which fit them for men's purposes by impacting on ego maintenance in a manner which can limit resistance. In respect of rape particularly, these negative definitions are now understood as the rape mythology which has had profound impact in mediating legal redress and preventing understanding of the need for effective responses.

Men have also attempted to control women through controlling resources.

'One of the big things that I find is that financial dependence has a huge impact. You say to women, "You need to move out of this relationship." "Well I can't afford to. Who is going to pay the mortgage? Who is going to pay the power?" And for the initial few months, they can't see past that. It is not until later that they think, yes I can do these things on my own.' (CYFS 4)

Other factors can make some women more vulnerable to sexual violence. Rothschild has also identified as an at-risk group those women who have been sexually abused in childhood, and due to a constantly heightened flight arousal response have learnt to distrust their instinctive reactions to situations of danger (Rothschild seminar, 2004). Some of these women are doubly at risk having removed themselves early on from sexually abusive homes, but having been sexualised, using prostitution as their means of survival (Chesney Lind & Shelden, 1992; Dobash & Dobash, 1992).

Commonalities in the experience and aftermath of sexual offending justify a similar quality of response. Importantly, since features such as control and disempowerment are intrinsic to sexual violence irrespective of the victim's age, aspects of the psychosocial consequences can also be similar. As predominantly an event between people known to each other (Dobash cited in Gordan & Riger, 1989), sexual violence can cause psychosocial issues in close relationships, related for instance to loss of trust. Respondents with experience in both child and adult services volunteered that their experiences had taught them that:

'In terms of the impact on the victim and the type of offending there is not a hell of a big difference obviously.' (CAT Manager 1)

This is not to suggest that all issues affecting women and children are the same or that there are no maturational differences in coping mechanisms.

As already noted overseas, where adult sex crimes investigators received training from the Child Abuse and Exploitation Investigation Training Program this was also:

'...because of the similarity in the issues and laws concerning child sexual abuse and adult sexual assault'. (Epstein & Langenbahn, 1994, p.22)

Respondents in this research agreed.

'I think the investigation of adult sexual violation, and believe you me I have done hundreds of them, is really no different.' (CAT Manager 7)

For this reason, in New Zealand and overseas responsiveness to adults and children was often by the same teams.

'In some communities the child abuse multidisciplinary team and the interagency council will consist of many of the same agencies and have considerable overlap in personnel.' (Boles & Patterson, 1997, p.36)

The second theme in the explanations for privileging of children's services was the perceived greater innocence of children. In this argument, children could not be responsible for, or lie about, their victimisation. Therefore, if claims were made these were to be believed and children supported throughout the processes. This argument for a more vigorous support of children indicates the persistent effects of the dominant rape mythology discourses which blame adult victims and encourage belief in a preponderance of false complaints. Some respondents understood that mythology was causal in the service disadvantage for women (Child Support/Advocacy 1; CYFS 3). Other respondents conveyed the influence of rape mythology on themselves by replying that women 'put themselves' in risky situations (CIB 5A, 7, 12; District Commander 4). Yet Kelly (1989) has argued a continuum of male violence which places women in many situations of risk in everyday social life, and that without overt signifiers of risk, women have little information about which men may be harmful to them.

What was not stated explicitly, but which is argued as a conclusion to be drawn from the contrasting beliefs surrounding innocence, responsibility, and credibility, is that children's value-as-people is more evident. Lending to this argument was the frequent response that working with adult victims was not as stressful as working with child victims (CIB 5A, 5B, 8B, 8E, 10, 12) which suggested the possibility of more feeling for violated children (CYFS 10).

The efforts of patriarchal systems in devaluing women-as-people have been discussed, and these continually evolve. Contemporary challenges for feminists are in deconstructing messages through mainstream media which, in continually portraying young women as sexually available devalue women-as-people by indicating that their principal value resides in this availability. At societal level, official systems which

respond inadequately to women's sexual victimisation reinforce the messages that women-as-people are less worthy than women-as-sexual-beings. In other words, women's value-as-people and the corresponding right to say no is in conflict with their role and apparent obligations in relation to sexual availability. The low conviction rate of the few who are tried is evidence of the apparent appropriateness of overriding women's choice in sexual matters. This has been endorsed by Justice Morris's comments about a woman's 'NO!' adding to the interest value of sex and merely signalling the need for a man to keep trying (New Zealand Herald, 06.1996).

Unsurprisingly then, the third theme emerging from responses to the question about privileging of children's services, related to the symbolic and educational effects of that privileging by government. In something of a circular argument some respondents replied that children were entitled to quality services because official systems had recognised the need and supplied them (CIB 7, 12; CYFS 10, 12; CAT 11, 12; CSM 11; Support/Advocacy 7).

'Possibly because there is CYFS. CYFS exists as a statutory agency for child protection. There is not an agency that parallels that for adult and so however good or bad we do it there is an agency there that is set up for children. ...and I think apart from Child, Youth, and Family being there, there is also the Children's Commissioner. So there are a lot of agencies set up for specifically children.' (CYFS 10)

Family Courts were also mentioned in this regard (CAT 11). The valuing of children who have been violated is argued then as a flow-on effect of prioritisation by official systems, and in itself is an argument for greater government involvement in improving all forms of responsiveness to women.

For governments to understand this, their longstanding tradition of reinforcing gender inequality by overlooking women's needs in public policy must be deconstructed. As Carmody (1997) has identified, exploration of the gendered nature of social policy is very recent. This has been reinforced at official levels, with comment that '*orthodox economics is often gender-blind*' (Ministry of Women's Affairs, 1996). Accordingly, the argument that government and local councils contribute to perceptions of women's lesser worth is supported by noting that the regular imbalance in public spending operates as a symbolic discourse about women's worth.

In New Zealand, examples of public expenditure on sport and recreation which greatly privilege men's activities are readily apparent in gendered analysis. As noted by a support/advocacy manager (8E), in 2002 government expenditure on a homecoming welcome for an Oscar winner was \$3 million. This was in comparison to the \$4 million for Women's Refuge for the whole of 2002 and the \$1.75 million contributed to sexual assault support services in 1996 (Minister of Justice in DSAC, 1996). In addition, \$25 million of taxpayers' money has been spent on the latest America's Cup campaign (BYM News 12.5.2007), and \$175 of a \$385 million proposal to upgrade a rugby park, is expected to come from taxation and rates (Dominion Post, 28.11.2006). Comparative spending on women's sporting facilities which would lift the profile of women's sport and bring comparative commercial gains is not in evidence. Unsurprisingly then, Article 13 in the sixth CEDAW report on the status of women in New Zealand states that women and girls participate in physical activity at a lesser rate than men and boys (Ministry of Women's Affairs, 2002/2003).

Services for men are markedly privileged over services for women in New Zealand, even when services for women are necessitated by men's antisocial behaviours. For instance, public hospital and ACC expenditure is heavily weighted towards treating men's injuries arising from sport, aggression, and road trauma (Ministry of Justice, 2006; Spier, Luketina & Kettles, 1991). In contrast, most DHBs have not met their Tier Two specifications by providing sexual assault services for female victims of men's violence. The question then is why Health resources are not equally available to respond to the immediate physical and psychological consequences of men's sexual aggression towards women. This is particularly important given the health consequences to individual women and long-term costs to the community, financial and otherwise, of women's incapacitation through sexual assault when inadequately responded to (Koss, 1990).

Similarly, throughout the criminal justice system, including at Police, Court, and Corrections levels, funding is drained by the need to address men's offending. For instance in 2004, 82% of all convictions involved male offenders (Ministry of Justice, 2006). The largest inmate category is comprised of those convicted of violent crime, and men predominate in this category (Corrections New Zealand website, 2007). While I would not argue against the punishment, deterrence, and denunciation roles of the court and corrections processes in respect of sexual violence, there is a taken-for-granted prioritisation of police, court, and corrections processes over prevention and services for

victims. Public spending on these is of more worth to women, particularly when police and court processes seldom benefit women and sometimes cause great harm.

Articulating these imbalances consolidates the argument that appropriate targeting of resources to address social problems is unlikely until funding decisions are no longer obscured by gender-neutral language, and funding decisions which prioritise men's activities lose their taken-for-granted nature. Given the imbalance in spending on men and women, to demand that funding is targeted to preventing men's sexual violence and addressing its effects is a modest demand. It is modest because in the demand being reactive to social injustice, it does not begin to address the equal funding for women's leisure and sporting activities which would signal social equity.

In case women's human rights still do not qualify them for a more equal return from taxes, a pecuniary argument can be made for greater government interest in sexual violence. Internationally, the cost of rape is enormous. For example, New Zealand costs for 2003/2004 were estimated at \$1.2 billion with each rape costing \$72,130 (Roper & Thompson, 2006). An Irish Government paper has conservatively estimated that rapists cost the Northern Ireland economy at least 30 million pounds a year, with each rape costing 79,000 pounds (McGuigan, Belfast Telegraph, 4.2.2007). Proactively funding both rape-prevention and effective service interventions would therefore benefit society as-a-whole.

'Where Government can exercise control is over whether expenditure takes place within a policy framework directed towards a more effective, integrated and preventative response. There are short and long-term savings to be made if interventions protect from subsequent abuse and/or the impacts of victimisation.' (Kelly & Lovett, 2005, p.12)

Notwithstanding these human rights and efficiency arguments, overseas research indicates that strong and influential champions are still needed in effecting that government response (Ahrens et al., 2000; Bryant & Cirel, 1977; Campbell & Martin, 2001; Gilson 1997; Kelly & Lovett, 2005; Lord & Rassel, 2000; O'Sullivan & Carlton, 2001). In London, my speculation is that one behind-the-scenes champion has been the Metropolitan Police Commissioner, Sir Ian Blair, whose 1985 comparative evaluation of US and British investigative services concluded strongly for the benefits of specialist holistic services. The SARCs have been promoted and partially sponsored by

Metropolitan Police, whose Policy advocates and sets out the groundwork required for partnership. In New Zealand also, the value of such championship was apparent in Miller Burgering's (1994) finding that the impetus for a comprehensive New Zealand-wide multidisciplinary approach to sexually abused children emanated from pressure groups.

In the current research, police also identified the importance of influential champions to future sexual assault service developments (CAT Manager 1; District Commanders 2, 6; DSAC Regional Coordinator 12).

'I think adults generally have to take responsibility for themselves so it is more individual. Whereas for children, I think groups, whether it be social workers or whoever, even in non-government organisations, probably fight for more stuff for the children.' (CYFS 9)

This gives further support to Young's (1996) suggestion that sexual violence towards women is characterised by relative public silence. So too does the view that sexual assault services would improve:

'As soon as we get someone saying this is an outrage that [adult] sexual abuse victims aren't getting the same resources thrown at them, it's an outrage because burglary is getting them. If they say burglary is mostly about property and here we have rape victims, not being given sufficient resources and things aren't investigated in a timely way ... I imagine that the Police would refocus and that is what we're always doing is we are refocusing as we need to.'

(CAT Manager 1)

The state of adult services indicates the need for championship. Placing adult rape on the public agenda is unlikely to be victim-instigated since rape mythology and criminal justice responses have persuaded women that to be raped is to be responsible for this and undeserving (Clark, 2002; Ministry of Justice, 2004).

A: 'I have been involved in this area for 13 years, and have been scrapping for kids' rights for a long time through that, whereas I am not sure how adult woman would actually do it. Rape is a very individual secret thing so would you want people to know that you belong to that group of people who have been raped trying to [pause]

Q: Are you saying that adult woman are not necessarily going to align themselves because they will be seen as victims?

A: You would have to be a very strong person to reach that point where it is okay to do that.' (CYFS 9)

Rather, most are silent, even to the point of not reporting to Police.

In New Zealand, exposing the variable quality of the services which victims encounter has been undertaken by academics, notably Jordan. That Police have had no role in this at national level relates to many things such as: having insufficient national coordination; being generalist and system-centred, and despite an ideology of independence, taking their steer from government. This contrasts with Britain where having comparatively analysed US and British systems and recommended adapting US systems to London, Blair's later role as London Metropolitan Police Commissioner placed him in a powerful position to enact change.

DSAC has also attempted to place the unmet needs of adult sexual assault victims on the public and government agenda. Given that advocating for patients' needs is the ethical duty of doctors, it is regrettable that those members who are also employed by DHBs are, like police, limited in social change activities. What this manifests is the concern expressed by RCCs about working within state services (Byington et al., 1991; Campbell & Martin, 2001; Mathews, 1994; Mawby & Gill, 1987). Other attempts to contain DSAC's political advocacy for appropriate victim services have been made by suggesting incorrectly that this alters the appearance of objectivity when giving evidence (Criminal Law Symposium, 2004). This suggestion is based on not understanding the difference between advocating for the provision of appropriate medical/forensic care and advocating for victims at trial.

Since improvements overseas have related significantly to RCC advocacy, the role of New Zealand's support/advocacy agencies will be discussed in more detail. Advocacy to improve responsiveness can be conducted both at national level and at the level of individual organisations. At national level, the disunity which has been discussed has prevented agencies from becoming a government lobby group. At individual level, funding issues have made it difficult not only to lobby government directly for funded service improvements but also to place sexual violence on the public agenda in order to create the momentum for social change.

On being asked about political and preventative work most agencies expressed awareness of the need and their desire to be involved, but also frustration at their inability due to both funding and volunteer shortfalls. Although many agencies did rape-prevention work through education, only a very few agencies did some monitoring of the judiciary and effects of legislative change but this was only ad hoc. No agency was proactive in the field of further statute revision, although some agencies made submissions to Select Committees on request. The range of activities which have had to be abandoned is evident below.

A: 'We had a program called CAP that went into schools, but it died from lack of funding four years ago.'

Q: Does this organisation give feedback to the Victims' Task Force or central Government agencies?

A: We have done in the past, but not so much now. Again, because we don't have the manpower - comes down to funding. If we had funding for another part-time Manager, or whatever, we could do just that.'

Q: Any advocacy come from here for legislative change?

A: Not really, and that's probably because of lack of time.'

Q: What about judicial monitoring?

A: We would certainly be watching and saying that's dreadful, but we probably wouldn't be doing much about it. It comes down to sheer person power. If I could get a trustee on board, who would do that it would be wonderful! We would love to, absolutely love to!' (Support/Advocacy Manager, 1)

Interwoven with funding issues and making a palpable difference to support/advocacy agency ability to advocate for systems improvements was whether agencies worked with police in acute service provision. Analysing the impact of this on RCCs' social change activities has been complex given the variety of support/advocacy organisational structures and their forms of partnership with police. Of the 21 specialist agencies in the Areas visited, 19 made themselves available to work with police in providing acute services. Police chose to work with 13 specialist agencies of which only 6 were always accessed to provide support. Only 7 of the 13 partnerships benefited from partnership maintenance measures, albeit limited. Nonetheless, all 13 agencies reported similarly low levels of engagement in social change activities, suggesting that once in partnership the degree of closeness made little difference.

However, seven of the eight agencies which never worked with police were at the politically active end of the spectrum. At the other end, in being generalist and government-instigated, no Victim Support accessed by police for crisis intervention work with rape victims was found to have a social change function. That one of the eight agencies not working with police, the Mid-North Family Support Group, is not involved to a similar degree in rape-related social change activity is also likely to be because they are the most generalist specialist agency. What can be said then is that social change activities were most often generated by community-instigated specialist organisations which never worked with police in delivery of acute services.

Since agencies which work in partnership with police are aware of the need for social change activities and regret that they cannot be more involved, their lesser social change activity has little to do with domestication and attendant loss of radical perspective as has been the concern (Jones, 2004; Mawby & Gill, 1987; Vanderpyl, 2001). Instead, it relates more to the time and resources which are lost when working to legal system time dictates alongside police. Campbell and Martin (2001) and Mawby and Gill (1987) have found too that immediate service commitments take priority over rape-prevention and other political work. Rather, not providing support and advocacy through the initial police investigative processes enables agencies to use their limited resources in social change activities instead. As Campbell et al. (1998) and Mathews (1994) have suggested there are benefits in at least some agencies 'standing outside' in order to remain radical.

In New Zealand, only two specialist agencies have chosen to 'stand outside' by not working alongside police during legal processes. Accordingly, while also supporting victims Wellington Independent Rape Crisis reported the broadest base of political activities. These included: media releases; community, school, police, medical, criminology, and law school education; monitoring judicial rulings; advice to government departments on request; and feedback to the Broadcasting Standards Authority about media presentations. Similarly, the Auckland RCC had a radical focus in being involved solely with education. Notably however both agencies have another specialist support/advocacy organisation in close proximity working and maintaining partnership with police. This renders sustainable their decisions to maintain separation and have a major or total focus on social change activities, an option not available in most places.

Ultimately, due to: only two agencies electing to remain separate; many others who police 'push outside' becoming more generalist; inadequate resources and support/advocacy disunity, New Zealand's agencies in being less politically active than their overseas counterparts have had little traction in improving services. Reflecting both the degree of activism and the early contrast in US and British government responsiveness noted by Blair (1985), the inability of most agencies to engage in radical work may be one factor in government neglect to develop responsiveness in this area. However in contrast to advances in some US States, the corollary of all New Zealand RCCs being grassroots, independent, and funded by a variety of sources is that along with being able to choose their involvement with police in giving services, they are also at a distance from power. For those groups who are politically active, this means that their voices are muted, lending to the argument for feminists to occupy positions at top level in state organisations and influence decision making.

Despite there being minimal political activity from the three crisis intervention organisations, there was considerable support from respondents for government to accept its moral obligation to develop services. Respondents were asked their views on the transportability of the dual government responsiveness model to the adult sector. All but two (CIB 9, 10) were positive, and significantly neither worked with a specialist agency. Many replied that government support would enable a full range of 24-hour support/advocacy services to be available (CYFS 3, 7). Others suggested that government itself should mandate, support, and professionalise support/advocacy

services (CIB 8A; CSM 8, 9; CYFS 3, 7; 9; CAT 12; District Commanders 2, 4) in conjunction with a memorandum with Police (CYFS 3).

A: 'I just see the value in two statutory agencies working together.

Q: Because they are equally powerful?

A: Yes absolutely. They are probably the two most powerful agencies and that are actually working together for the better [pause] good of victims - in this instance children and young people. Why could that not translate across into adults, they are equally of value in this society?' (CYFS 7)

The vulnerability of support/advocacy agencies was another reason given for government support.

'Police may be reluctant to begin to build up a relationship with a group which may not be there next year, so I think if it is going to work then in fact some organisation, whether it be government or whatever, needs to take the responsibility for funding the agency permanently. ...If they were going to be realistically funding an agency so it could be permanent then I think you may get more of a cooperation or collaboration with the police, so the funding is vital.' (CYFS 9)

Amongst the community of those directly involved with services for child and adult victims, it is apparent that greater government input would be welcome.

Conclusion

Governments in the US, Britain, and Australia have made sexual assault service development possible by providing research, funding, and support. When victims' needs are considered and responses are structured around these, the move is toward holistic care and this has been positively evaluated. Unlike some government and local body systems of responsiveness overseas, and unlike its responsiveness to children, the New Zealand government has yet to respond with structured holistic services for women who have experienced sexual violence. It is possible that this owes much to the belief that all issues of men's violence to women are addressed through the growing attention to family violence, even though sexual violence occurs in forums outside family. Feasibly, the greater political influence of children's issues also operates to keep family violence

on the public agenda. Given that it is not addressed by government as a discrete field, the unique consequences of sexual violence are yet to be understood and to receive comprehensive attention.

In June 2006, family violence overshadowing of sexual violence was analysed at a community network meeting. Drawing a circle within a circle the STOP member represented apparent official belief that sexual violence issues are subsumed by those of family violence. In contrast, her depiction of two overlapping circles representing some shared interests is closer to the reality of the relationship. What this highlights is that before improvements to sexual assault services can occur, that which is necessary to change must be clearly defined in order to be targeted.

Very recent New Zealand Government initiatives such as new funding for research and a Sexual Violence Task Force have specifically targeted sexual violence. If these initiatives translate into developing permanent structures for research and responsiveness, Safer Community Councils could be pivotal in developing responsiveness at both national and local levels. As with the national coordination possibilities of Police Sexual Assault District Coordinators and DSAC Regional Coordinators, with their links to the Ministry of Justice at national level and to councils at local level, SCCs are critically placed as coordinators in a national framework. Given their safer community role and their pre-existing collaboration with Police and community agencies, an extension of their current function also makes local coordination of sexual assault services a strong possibility without much of a paradigm shift. With central government funding and tactical support, these SCC structures are ideal coordinators of holistic practice.

Chapter Eight: Summary, Recommendations, and Conclusion

Chapter Eight brings the many elements of this research together in responding to the contrast between literature on good practice in sexual assault responsiveness and empirical findings in New Zealand. In this response, the meaning and significance of the findings are considered, and recommendations are offered which suggest how the barriers to implementing effective structures can be overcome through a government-led response.

Summary of Findings

In New Zealand, it is clear that an anomalous situation has arisen in which official responses to sexual violence are nationally coordinated and becoming increasingly structured - but just for children. In contrast, overshadowed by family violence, sexual violence against women has been only sporadically at the forefront of political consciousness and Government has only recently acknowledged its ownership of the problem. This in spite of New Zealand's acceptance of its obligations under UN covenants which demand effective prevention and adequate systems of care should men not be able to be prevented from raping women. It is also in spite of New Zealand governments' own surveys showing that 20% of females report sexual victimisation. Lastly, it is in spite of repeated attempts by medical/forensic professionals to make government responsive to service shortfalls.

Since government leadership in this field has been lacking, government departments with responsibility for the various outcomes of sexual violence have never combined to develop a national strategic plan around this issue. Individual departments have also not been led in developing national strategies for their own responsiveness and some departments have ignored their responsibilities. There is no permanent research capacity to provide evidence of New Zealand's requirements or to ascertain what works well overseas and could be adapted to conditions here. Consequently, there has also been no attempt to fund or support comprehensive structures for regional coordination of services, let alone develop multi-agency centres. In comparison to the thoughtfulness given to some services overseas and to New Zealand services for children, systems

addressing sexual violence remain variable and ad hoc rather than comprehensive and rationally structured.

Because sexual violence has only recently arrived on the current Government's agenda, it has not previously been signalled to Police leadership as a priority area. This is tangible in Police leadership having yet to finalise a national structure to coordinate their own responsiveness or to audit Policy implementation in the interests of quality assurance. Options to improve services at local level which were available internally and through partnership possibilities were seldom taken up. In the presence of factors such as heavy workload and court dismissals of complaints, shortcuts were taken and variability and gaps in services were very evident.

Since successive governments have had minimal evidence basis on which to respond to service gaps, the community organisations which have responded to these gaps by developing medical and support services have not been comprehensively supported in this. This has meant service gaps as specialist agencies have struggled to provide services. The lack of official standing of support/advocacy agencies has enabled police, some of whom were already influenced by philosophical differences, to overlook partnership possibilities and deny victims specialist support. Nonetheless, improvements are evident in the three separate crisis intervention systems and these have been achieved by committed individuals.

In New Zealand's recent history the strongest push for better coordination of and support for services has been from DSAC. DSAC has also provided an exemplary model of both national coordination and quality assurance in responsiveness. This model is particularly important to succession planning. Remembering that many of the advocates for systems improvement have long-term involvement, some since the 1970s, of concern is their likely departure over the next decade. Without well-established and well-maintained structures such as the DSAC model, the risk is the loss of knowledge and expertise as women move increasingly into the paid workforce and the pool of volunteers diminishes. Of equal concern is that attrition of committed advocates will be accompanied by reduction in the impetus towards improving systems. Accordingly, government must act promptly to safeguard the systems and expertise already developed by activists. A permanent evidence-based national structure is needed to future-proof sexual assault responsiveness.

The Way Forward

In achieving this national structure, the following recommendations take the suggestions of each chapter and in building on them are more prescriptive in relation to service development. The recommendations were guided in their construction by Wilson and Wright's (1993) analysis of what makes for usefulness.

Firstly, responding to the need for recommendations to be realistic and based on the findings, and congruent with fourth generation naturalistic enquiry, recommendations are informed by the views of those working with child and adult sexual assault victims. Stakeholder views were solicited through an open-ended question about what needed to be done differently for adult victims. Further underscoring their feasibility, recommendations are also informed by overseas precedents in service developments. These were discussed with respondents who were asked whether elements of overseas practice could usefully be adapted to New Zealand conditions. Discussions included the suitability of incorporating 'ideals' such as: national coordination; the SARCs; specialist police teams; combined child and adult sexual assault police teams; and local interagency councils into New Zealand practice. Given these discussions, recommendations aimed at addressing gaps derive from filtering literature-identified practice ideals through the views of practitioners. It is a combination then of literature, data-gathering, consultation, and analysis which has produced recommendations aimed at comprehensively implementing specialist holistic victim-centred responses in New Zealand.

Wilson and Wright also suggest that recommendations must be action oriented; politically aware; influence policy within and beyond the service; and provide strategic directions. These suggestions confirm the need for recommendations to indicate the leadership which governance structures should provide. Having argued the futility of trying to comprehensively implement specialist holistic practice without the structures which support its development, the necessary central and local government input is discussed first and followed by recommendations for Police systems. Structuring the discussion around these frameworks also accommodates Wilson and Wright's suggestion that recommendations be grouped and prioritised according to wishes.

Achieving National Coordination

As Kelly and Lovett (2005) have argued, a long-term government-led national strategy is necessary in responding to sexual violence. Figure 7 below suggests a minimum framework in creating an effective system of responsiveness in New Zealand.

Figure 7: Proposed Structure for National and Local Responses to Sexual Violence

New Zealand Council for Sexual Violence Responsiveness (NZCSVR)

Since New Zealand services have developed ad hoc and outside the auspices of government (Hornibrook & Myers, 1996), a major finding of this research has been variability in responsiveness. Some service variability has been the product of necessary local level adaptations, but much simply reflects neglect to ensure that adequate systems are in place. Unnecessary variability needs to be addressed at national level through the national coordination and funding of at least the three systems which respond to victims in the acute crisis phase. O'Shea (2006) has recommended similarly in suggesting a National Steering Committee for Ireland. Importantly, this has been the foundation for the incorporation of other related systems as has happened with some SARTs overseas (Littel, 2001).

As argued in Chapter Seven, if an effective rape-centred rather than systems-centred response is to be achieved on a national basis, government must facilitate this issue-centred response. While overseas governments have been comparatively proactive, no country has achieved national coordination or a national standard of integrated sexual assault services through government oversight. Given our: small population base and geographic size; national and local governance structures; national Police and medical/forensic structures; nationwide community organisations; and the will to take advantage of these, New Zealand Government has the opportunity to be the first to provide a nationally-structured response.

As Hornibrook and Myers (1996) and Jones (2004) have ascertained, the achievement of an issue-centred response is contingent on establishing which government departments have responsibility for sexual assault services. It is also contingent on bringing these departments together so that sexual violence is addressed on an issue-centred basis.

'Seems to me to be the better way to manage things in the future is to have a more coordinated response [provided] by government agencies under one roof. ... Hopefully, it is not going to take us 10 years to catch up on that and the policy advisers at the highest level and the ministers should be keeping an eye on that sort of thing, saying this is good practice, this is a great model.'

(CSM 8A)

Suggesting stronger issue-based interdepartmental liaison around sexual assault has precedent in international study (Victoria Health Department study cited by Smith, 2004). It also has precedent in the Inter-Ministerial group on sexual violence which was established to develop national protocols in Britain (Lovett et al., 2004).

Interdepartmental liaison will require within-department ownership, as demonstrated by permanent positions occupied by departmental appointees whose sole focus is addressing sexual violence. Managing interdepartmental liaison between appointees will necessitate appointing a New Zealand Council for Sexual Violence Responsiveness (NZCSV) under the auspices of an Ombudsman. Without an NZCSV, government response to sexual violence as a discrete issue is unlikely. The lack of departmental collaboration confirmed by Labour Government Minister Tizard (2006) and more recently, Maori Party Member of Parliament Harawira (Dominion Post, 5.2.07), will limit the prospect of coordinating sexual violence responsiveness and inhibit the prospect of service development.

Maintaining a grounded responsiveness will necessitate representation from national coordinators of the three crisis intervention organisations on the NZCSV. Consideration should also be given to having direct victim representation. At this top level of planning police, medical/forensic, and support/advocacy representation is necessary to safeguarding of empirically-derived historical knowledge and accessing the accumulated wisdom of those working in the field. Those with direct experience know what already works, where gaps remain, and where interventions are counter-productive. Their representation on the NZCSV may enable future protection against problematic by-products of government interventions and changes to funding streams. Past problems include changes to funding distribution to RCCs, which have been identified by them as having a divisive effect. Competition for funds has had a similar effect elsewhere (Ullman & Townsend, 2007). As found in this research, also problematic has been the loss of some specialist groups which accompanied a new layer of responsiveness in the form of Victim Support. Preventing such duplication is an expressed goal of the 2004 Ministry of Justice Action Plan.

An important role of the NZCSV will be to mobilise Health responsiveness since as O'Shea (2006) too has determined, the Ministry of Health has a significant role to play within a coordinated government response. This is because sexual violence has potential

for significant physical and psychological health consequences which last well beyond criminal justice system involvement. Since secondary victimisation can delay or prevent recovery, it is in the Ministry of Health's economic interests to ensure that DHBs provide dedicated and standardised facilities for examinations (Ministry of Health, 2006). Currently adult facilities are provided variously by GPs and only occasionally by DHBs. Standardising physical facilities under Health auspices will ensure that all sexual assault interventions can take place away from busy police stations and within a care-based paradigm, as has been increasingly achieved in London Havens.

Timely access to specialist medical/forensic personnel remains problematic. One option is to pilot having permanently designated additional physician hours in selected emergency departments with the proviso that medical/forensic examinations for victims of sexual violence are prioritised if there is prior notification. From my own work experience in emergency departments, the lengthy waiting times mean that while specialist examiners are not employed in this work, other patients will benefit. Implied in this is that Health funding will be necessary in training emergency medicine professionals to the level developed voluntarily by DSAC and currently funded by them. Consideration can also be given to making medical/forensic examinations a regular part of emergency medicine training. Permanently designated facilities are crucial and having permanently available physician time does not imply that these must necessarily be located in emergency departments.

Precedent for Health to lead the way in developing sexual assault services is in Australia, where services have developed under the auspices of the Government Health Service (Hornibrook & Myers, 1996; Lovett et al., 2004). In the Eastern District, the Ministry of Health has indicated willingness to provide leadership in achieving collaboration between Health, Police, Education, and the local Council in respect of family violence (DSAC Regional Coordinator; SCC). The Ministry's recent request for DHBs to outline their sexual assault services may signal that the need for similar leadership in the sexual assault field is also understood (Ministry of Health, 2006). The Ministry may yet take responsibility for developing medical expertise for these specialist examinations and subsequent expert court testimony.

Other government departments with representation on the NZCSV are those which have an operational role in responding to issues of sexual violence. These include: Police; MSD; Justice and its Crime Prevention Unit; and CYFS. In addition, the Ministry of Women's Affairs has a role in research and policy development. In time, as with some SARTs, departments which are offender-focussed, such as probation and corrections, may also collaborate to plan services.

The work required of the NZCSV is extensive. The role of these combined government departments and national organisations is to fund and plan the dual requirements of responsiveness to sexual violence - prevention and services. Prevention activities are multilayered and include alertness to and eradication of sexist beliefs in society in general and in the justice system in particular. They also include determining the many possible venues for anti-rape education, and developing and ensuring its implementation. NZCSV planning and implementation of services includes assisting the Crime Prevention Unit to establish and support local interagency councils through SCCs. In this respect, NZCSV functions include building SCC capacity in the manner identified by MCASA (1997) and for the specific functions and tasks which it proposed.²⁶ MCASA's proposal for monitoring, and evaluating a national protocol for multi-agency victim-centred systems to operate under will need to be preceded by the NZCSV writing of this policy.

Precedent for a joint training centre for all organisations has been set in the US in the form of the Florida Interdisciplinary Rape Science Training Institute (Harvey, 1985), and in a more limited fashion, through joint CYFS/police training at the Royal New Zealand Police College. During the research period, a support/advocate (2) suggested combined training for police and adult support agency personnel at this college, an idea which has support overseas in Kelly and Lovett's (2005) suggestion of linked training. The NZCSV could consider implementing a national training centre, possibly at the college by extending its resources and facilities. Since CYFS and police personnel already undertake joint training at the college, there is evidently no logistical reason for joint training at national level not to be held for crisis intervention organisations which respond to adults. This has been suggested overseas as being part of the maturation process of agencies (Ullman & Townsend, 2007). If national training and accreditation in crisis intervention can be achieved, the opportunity may present for specialist

²⁶ See Chapter Six.

support/advocacy assessment of the effects of the trauma on the victim to be presented as expert testimony in court.

Continuing the training theme, another potential for the NZCSVR is in ensuring that collaboration and knowledge-sharing are facilitated through funding and organisation of regular rape-specific conferences in New Zealand. O'Shea (2006) has recommended that Ireland holds such conferences biannually. DSAC, the Taranaki Safer Centre, and the Australia and New Zealand Association for the Treatment of Sexual Abuse have organised conferences during this research period. Initiatives such as these need support, since as noted they take energy and resources from the core functions of these community organisations. The conferences which I attended in Melbourne and London were invaluable and continue to pay dividends, not only from the knowledge gained but more particularly from the networking enabled. New Zealand networking is crucial as is developing responsiveness to New Zealand's idiosyncratic features.

Appointing an Ombudsman/Commissioner

As with the advantages of having one identifiable body with oversight of the single issue of sexual violence, there is a need for leadership in the field from identifiable individuals with authority to effect change. The virtues of having an influential champion have been highlighted by Bryant and Cirel (1977). As noted, New Zealand RCCs have been too far from power, too impoverished, and too disconnected to successfully advocate for the degree of responsiveness achieved through the activist work of RCCs in the US. DSAC advocacy for service improvements has been energetic but as noted, occasionally undermined for others' political reasons and hampered by the employment issues of individual doctors. Although New Zealand's Kimiora was the result of strong local advocacy, this was originally established only for children. Accordingly, respondents identified that while many issues have patrons, sexual violence has no single identifiable influential champion such as the Children's Commissioner who, although independent, was said to work very closely with CYFS (Victim Support Manager 7; SCC 7; District Commander 4, 6).

There is much potential in having a Sexual Violence Commissioner/Ombudsman and many roles are possible. For instance, overseas precedent exists for having one identifiable overseer for all relevant services. Littel (2001) recommended:

‘...pooling resources to hire a person who oversees multidisciplinary efforts to create statewide policies, or jointly advocating for the expansion of local victim services’ (Littel, 2001, p.27)

In New Zealand, this policy development could be achieved through pooling Departmental resources to create a Chief Executive Officer of the NZCSV. Littel’s advocacy suggestion could be expanded to championing rape-prevention and adequate resourcing of effective interventions at national levels. This would incorporate proactive monitoring of quality assurance through ensuring protocols are negotiated, implemented, and observed between agencies. In addition, respondents suggested a ‘Complaints Authority’ role through an independent Ombudsman with specialist knowledge having oversight of individual victim’s complaints.

Creating a National Research Body and Suggesting its Future Research

Evidence-based planning has not been a feature of New Zealand’s sexual assault responsiveness. At frontline level, statistics have not been collated individually let alone collectively (DSAC National Office; CAT Manager 9) and government has had little knowledge of the parameters of sexual violence. Service gaps were recorded in a 1983 Rape Study but were noted in 1996 not to be addressed and this remains the case. In subsequent research, government has reacted to issues without a cohesive research strategy, causing costly duplication and with the exception of the Commission of Inquiry findings, no identifiable outcomes. Kelly and Lovett (2005) have expressed similar frustration with the style and outcomes of some British research.

However, Government has just established a Sexual Violence Task Force and made \$900,000 available for sexual violence research (NZ Press Association, 28.2.07). This will be led by the Ministry of Women’s Affairs and conducted over the next two years in conjunction with Police and the Ministry of Justice. While it aims to establish effective interventions, significantly, prevention is not a focus of the research (Key Informant, Ministry of Women’s Affairs). It is heartening to note that the Task Force includes significant support/advocacy representation but disappointingly, DSAC is not yet represented. Since the Task Force has had just an inaugural meeting, this oversight may be remedied in time for DSAC to contribute its existing overview of New Zealand services and role model of effective national coordination. This latest initiative shows the

beginnings of understanding that the needs of stakeholders, including governments, are better met employing finite resources in providing a structured evidence basis of need.

For permanent and rational advances to be made, the recent reactive research initiatives must be just the beginning of phasing in a proactive and permanent research capacity. Challenges in sexual violence responsiveness develop and change over time and the ability to accurately articulate and remedy evolving issues is contingent on always having a contemporary New Zealand-wide evidence basis for these. These arguments for a permanent national research body are bolstered by the 1993 UN Declaration recommending government research. National data collection has also been identified as a priority in Australia (NASASV, 2000) and Ireland (O'Shea, 2006). New Zealand falls behind Australia and the US in not having the permanent sexual assault research capacity which has advanced rape-responsiveness in those countries.

Beyond its research capacity, there are synergistic advantages to developing a permanent research body focussed specifically on sexual assault. A New Zealand Centre for the Study of Sexual Violence (NZCSSV) is a potential focus point for networking between relevant government agencies and community organisations. A specific sexual assault research capacity will also contribute towards countering the overshadowing of sexual assault issues by domestic violence issues. Correspondingly, contemporary knowledge will assist in maintaining government interest in ongoing development and sustaining of effective systems (Lovett et al., 2004). Lastly, a designated single-focus research body will make a symbolic statement about government's intention to safeguard women's right to public and private safety.

NZCSSV collaboration with overseas research bodies such as ACSSA will enable: information-sharing around recent research; new prevention initiatives; and the means for improving responsiveness. An examination of Australia's ACSSA format, capacity, and contribution to sexual assault responsiveness is suggested as a first research endeavour in developing our own research body. Regular ACSSA and Sexual Violence Research Initiative email correspondence provides notifications of contemporary research and international conferences. Along with conducting New Zealand research, the NZCSSV can tap into these conferences by sending representatives to assess the transportability of new ideas and practice. The potential for actively collaborating in international research is exciting and endless.

The practical function of a permanent national research body on sexual crime is in providing the data which is required in planning services, allocating resources, and developing policy (NASASV, 2000). Having all data collected by one body will provide opportunities for cross referencing information and working out connections which might otherwise not become apparent. As O'Shea (2006) has said, lack of comparable data makes this important. The role of the NZCSSV will be to make decisions in conjunction with the NZCSVR on what needs to be known, and to plan and coordinate the collection of new data. In addition, it will be involved in conducting pilot studies prior to the implementation of initiatives suggested by the data. For instance, the NZCSSV could monitor and evaluate a pilot study of a District-wide SCC-led board which provides coordination of services in the Wellington Police District. Auditing policy implementation and monitoring the effects of policy will also be NZCSSV research functions. What needs to be known is considerable and some suggestions for NZCSSV research are considered next.

Most importantly, the NZCSSV needs to undertake research into the parameters of sexual violence in New Zealand. At present, Police crime statistics are of major importance in determining Police services, but given its underreporting, rape is unlikely to be represented in the Commissioner's Statement of Intent. Since adequacy of services relates to the articulation of need, the parameters of both sexual violence and underreporting need to be known. Surveys such as New Zealand crime victim studies will indicate parameters of unreported rape but as noted by the Ministry of Justice (2004), for data to be relevant surveys should be more frequent than five yearly. Regardless, as NASASV (2000) has identified, the incidence of sexual violence is not accurately reflected by either Police statistics or victim surveys. Kilpatrick and Ruggiero (2004), in noting the difficulties of research aimed at establishing underreporting rates, suggest that RCCs collate statistics of those who only use their services. These statistics could be augmented by DSAC data collection, and this will require NZCSSV analysis of the support required by both organisations to do so.

In order to effectively target prevention initiatives and services, the NZCSSV must isolate variables associated with sexual violence, such as age; location; perpetrator/victim relationship; and the part played by alcohol and drugs. Data on complaints which are held to be untruthful, or not held to meet the legal definitions, is necessary in understanding and managing these. Also necessary is New Zealand data on

the social, long-term health, and pecuniary costs of sexual violence. Once understood, this is likely to spur proactive efforts toward rape-prevention.

In conjunction with the parameters and patterns of rape, and as has been achieved in Ireland in 2007, the NZCSSV must evaluate service capacity. The current research and recent surveys provide only a partial picture of New Zealand's services and are only a beginning point in what must become regular data collation on service capacity and this information must be regularly collated. Service capacity must also be evaluated in comparison to established principles of best holistic practice and improved accordingly, rather than limited by current facilities and equipment. For instance, if through the current Wellington pilot project it is determined that a recorded narrative 'cognitive' interview is good practice, recording and transcribing equipment are not routinely available to implement this (ASA Course Coordinator; CIB 8C). Of concern then is that resource deficits may work against a decision to incorporate the cognitive interview or like format.

NZCSVR planning of prevention activities should complement current educational endeavours in schools and the community. This requires the NZCSSV to conduct an inventory on what is already done and to ascertain what works well. At present, prevention work in schools is done by police, support/advocacy agencies, and stopping violence organisations. However, as found by Campbell et al. (1998), this education is currently contingent on schools' permission and this is sometimes declined to support/advocacy agencies (Support/Advocacy 8D; CYFS 11). This warrants NZCSVR research and analysis. One possibility is to examine the 'legitimising' of RCC education endeavours by including them in the contemporary Ministry of Women's Affairs review of sexuality education for secondary school students (website, 2006).

Lastly, the unfavourable comment about courts made by the majority of professionals interviewed warrants NZCSSV enquiry as to how to improve court experiences and outcomes both for victims and professionals. This is necessary since analysis in this research indicates that the decision-making of professionals at earlier points in the criminal justice system is negatively affected by the belief that 'it all falls down in court' (CYFS Manager 9). Schwendinger and Schwendinger (1983) suggest that conservative court practice consciously undermines the victim-protective effects of legislation. A starting point in improving courtroom conduct is similar analysis of the extent to which legislation governing it in New Zealand is implemented in the intended spirit.

Amongst other benefits, recommendations of a New Zealand Centre for the Study of Sexual Assault, Commissioner/Ombudsman, and New Zealand Council for Sexual Violence Responsiveness will facilitate national coordination between the three crisis intervention services. National coordination of each of the services will strengthen their ability to advise the NZCSVR as to service gaps, its NZCSSV as to research requirements, and simultaneously strengthen the NZCSVR in its ability to support and develop the services. An NZCSVR will provide further inspiration for support/advocacy agencies to expedite their national coordination in order to have a voice at this forum. This interplay is necessary to reducing service variability and enabling the markers of quality assurance to be identified and disseminated.

Local/Regional Coordination of Services

Recommendations so far have focused on the national framework necessary to effect improvements in services. Local or regional coordination of services also needs to be addressed. Paradoxically, this became clear during discussions about national coordination when many respondents expressed strong belief in the need for local level adaptations. As demonstrated in the creation of DSAC regional coordinators and the attempt to create Police Sexual Assault District Coordinators, local coordination structures are pivotal. These not only have a function in ensuring effective interventions at local level, but also enable national coordination and thereby central accountability. Their value to upward and downward communication flow is underscored in DSAC's successful national coordination and dissemination of information and training standards in comparison to findings in relation to Police.

Motivated again by the benefits of working from pre-existing structures, New Zealand Police Districts are a viable basis for determining the parameters for local service coordination. As the only totally government-supported entity responding in the acute phase, District Commanders' sphere of influence has official sanction and funding. Within each District, Police has District-wide within-Police networks, as well as District-wide coordination with other local organisations. Basing local partnerships around Police Districts also reflects the reality that when rape is reported to Police, all crisis intervention collaboration occurs around Police-based procedures. Victim complaints to police can have more far reaching consequences than those made in the first instance to medical and support personnel, yet Police do not have inbuilt support

mechanisms for complainants. For that reason also, it is particularly important to ensure that a support system for victims envelops police processes.

The structure of other organisational networks does not conflict with accommodating to the pre-existing Police structure. Along with Police District Headquarters, local councils are also located in the bigger centres of each District. This allows the option of both a government-funded or council-funded permanently accessible location for meetings between local/regional coordinators from SCCs, Police, support/advocacy agencies, DSAC, and other relevant regional managers. DSAC's regional/local coordination structure currently does not match geographically with Police Districts, but there is no logistical reason why DSAC regional coordinators could not be those DSAC doctors based in the same cities as Police District Headquarters as is often the case already. These suggestions do not imply that the processes become police-centred so much as they imply that pre-existing government facilities are appropriately used in processes which facilitate quality assurance.

In bringing the relevant parties together, Interagency Councils have also been suggested as the means to both gain a broad base of community support and tailor the response to local community need (Bryant & Cirel, 1977; Boles & Patterson, 1997; MCASA, 1997). Bryant and Cirel suggested very wide membership but this should be tempered by the need for effective decision-making processes. Membership should include all local organisations to which the victim may report, or be in contact with for follow-up services. Irrespective of the possibility that those who have traversed the justice system as victims are represented amongst these organisations, it is crucial that independent victim/survivors are also members of Interagency Councils. Victim/Survivors are primary stakeholders and their independent representation symbolises the importance of, and respect for, their voices. All organisations which might be involved in prevention must also be incorporated. Particularly important are the media. Their representation on the Interagency Council will expose the media to rape-as-a-serious-social-issue as well as improving understanding of the real issues faced by victims. This media education may lead to more balanced and considered reporting and this will help to counteract rape mythologies.

In addition to the more specific suggestions made by MCASA (1997) and Boles and Patterson (1997) bringing frontline level organisations together is aimed at: facilitating the referral process and limiting gaps; contributing information on the real incidence of rape and the range of services offered; and assisting in the growth of partnership. Bringing regional/district managers of government departments together is aimed at ensuring that local service requirements are known and resourced. In this research, I found partnership maintenance measures to equate with investment in service improvements. Formalising these through an SCC-coordinated interagency council which incorporates specialist crisis interventionists will reduce service gaps within and between organisations, respectively by developing specialist care and improving referral processes. Both mechanisms, in limiting the long-term health consequences of rape and secondary victimisation will enable time and financial savings at all levels.

Establishing Multi-Agency Centres

MCASA (1997) also identified the need for policy and procedure development; collaboration on specific projects; and resource development. In being premised on victim-centred rather than system-centred requirements, the development of multi-agency centres would facilitate the implementation of these recommendations at local level. Precedents for these is found in some US states (Littel, 2001; CSM 8A), British SARCs, the Victoria Centre Against Sexual Assault (Attorney General Media Release, 26.04.07); New Zealand's Kimiora, and the children's multi-agency centre in Auckland (personal visits to Haven Camberwell, Kimiora & Te Pua Waitahi).

There are useful additions to multi-agency facilities which have not been mentioned in descriptions so far. Firstly, a meeting room is needed for the recommended interagency meetings and training. Secondly, with the proviso that all three agencies have their own confidential programmes for sensitive agency-relevant complainant details, a combined computer database is suggested. This idea was endorsed in discussions.

'That would certainly speed things up. I don't think it would be that hard to set up.' (CAT 4)

All three organisations can then access and update individual files and monitor the contemporary status of actions taken on these. This would better manage agency communication in the hiatus between regular caseload meetings and reduce reported

frustrations with inability to make contact. Strong and enforceable protocols which protect victim privacy will be required if this is to be implemented. Lastly, a resource library which includes internet facilities will assist in meeting the need for evidence-based practice. Collaboration with like research bodies overseas such as ACSSA can also be conducted through communication and consultation over internet at multi-agency centres.

During discussions about whether and how multi-agency centres for adults could work in New Zealand, including all six District Commanders, the vast majority of respondents agreed with developing such centres in New Zealand. Respondents suggested multi-agency centres would result in improvements in: interagency cooperation; reporting rates; pooling of ideas and knowledge; training and support for new personnel; job satisfaction; and protecting sensitive information by keeping it within four walls. Other suggested advantages were: a more victim-centred system; fewer work distractions for police; the comprehensive facilities provided by one-stop-shops; and that such facilities would encourage other professionals into the work. Reflecting my own view, respondents also believed that multi-agency centres were advantageous in being user-friendly systems away from police stations and uniforms.

Other respondents initiated discussion of the efficiencies created by being able to access partners in the same building (CYFS 3, 4, 6, 7; CAT 7). Most worked in the child abuse field in mandated partnerships and understood the requirement for systems which facilitated rather than hampered communication with partner organisations. These respondents spoke of their frustrations with 'telephone tag' and acknowledged too the difficulty of separate computer systems which meant that a common file could not be accessed by both organisations. One CSM was particularly strong on this.

'The best way to achieve the lessening of revictimisation is making people feel that we are on top of our game [pause] that they are getting a decent deal, is multi-agency under one roof where they can go through a chain of specialists... Look at us at the moment, you have got four different agencies, four different intelligence databases, four sets of recording systems, one piece of information that goes in one end and doesn't get to the other partner that really needs to know about it. ...we need every agency under that one roof talking to one another around the table.' (CSM 8A)

This CSM also listed other advantages such as: saving the victim from having to repeat her account; reducing the risk of revictimisation; rationalising funding; reducing police rotation; and less conflicting information given to the victim by different parties. Combined, these respondents' comments echo many of the practical and synergistic advantages to multi-agency partnerships which have been identified in prior research.

Findings specific to the current research indicate other advantages. For instance, ease of communication with other agencies was one important factor for police in deciding who to be partnered with. This will be no contest in specialist multi-agency settings. In this regard, the antipathy of some police toward feminist organisations is likely to fade as ongoing contact and mutual influence breaks down barriers when organisations are in closer partnership.

'The more we talk and the more we have to do with each other the better we get along.' (CIB 8A)

Feminists and police may also find that their ideological distance has lessened over the intervening years, as predicted by Bard (1976), Hardgrove (1976), and Martin et al. (1992). Acceleration of ideological compatibility is more likely to happen within government-supported national structures where there is greater accountability for bringing unprofessional responses to any aspect of the professional arena. As suggested by respondents, venues for interagency coordination will also contribute a community of professionals able to advance practice through shared experience. This has been demonstrated empirically.

'... by the end of the evaluation period the three SARCs were exploring ways to learn from and integrate the good practice of the others, partly facilitated by the evaluation process and interim reports. This has culminated in the three SARC Managers recently setting up a regular discussion group where expertise and good practice are shared.' (Lovett et al., 2004, p.71)

Importantly, such networking will facilitate professionals in advocating nationally and locally for improvements to related structures such as the courts which are currently failing both victims and the crisis intervention services.

There is also symbolic value in providing separate multi-agency premises. Firstly, in removing interventions from the impoverished premises of support/advocacy organisations and from busy police stations, most of which have yet to provide suitable interview rooms, a positive statement is made about the worth of those who have been victimised. In addition, sexual violence has been described by one DSAC regional coordinator as *'yukky work and no one wants to do it'* (12), which he qualified by listing the many difficulties of working in the field. It is also apparent that an important reason why Police do not prioritise sexual violence responsiveness is because successive governments have not proactively given this steer. Government recognition of the serious problem of sexual violence through provision of an NZCSVR and NZCSSV, combined with coordinated local level responsiveness in specialist multi-agency centres will alter the status not only of victims but also of work conducted in the field. Official attention to coordination, funding, and facilities will contribute to the desire to work in this field (CIB 8C; CYFS 6). This is particularly important given the currently volunteer nature of much of the work and the contemporary comments from support/advocacy and DSAC-trained doctors about difficulty attracting and retaining volunteers. There are many synergistic properties and practical advantages to multi-agency centres then.

However, in the need to consider all issues when setting up multi-agency centres a very small minority of respondents raised issues with implementing these, only one of whom was in outright disagreement with their implementation. This respondent rejected the concept because multi-agency centres might not offer sufficient downtime between processes, causing victims to feel that they were on a conveyer belt. Although three positive respondents (Support/Advocacy 7; CIB 3, 5D) also expressed this as a potential problem, the combination of victim-centred environment and protocols will counter this possibility in most cases. The other five of the six respondents who disagreed with multi-agency centres did so based on their perception that there were insufficient reports to justify such centres for adults, rather than on factors intrinsic to the multi-agency concept (DSAC 8A, 10; Support/Advocacy 8B; CIB 10, 12). However, Kimiora's location in a mid-sized city indicates that multi-agency centres are viable even outside large cities if they adapt, for instance by catering for both children and adults.

Continuing with this theme, several respondents suggested variations of the multi-agency model. For instance, some suggested that multi-agency centres incorporate a fourfold service in responding to women and children who were victims of sexual and domestic violence (District Commander 2, CIB 5C, 8C; CSM 8A, 9, 11, 12, SCC 7, CYFS 3, 7; DSAC 7; Victim Support 8C; Support/Advocacy 8E, 10). This was based on their view that the issues of sexual and domestic violence were closely interlocked. In New Zealand, variations on this four part model exist. Some support/advocacy agencies combine to provide adult and child sexual assault services (2, 5E, 6, 7). Other organisations combine adult sexual assault and domestic violence responsiveness (5E, 8B, 10). Likewise, CYFS combines child physical abuse and sexual abuse responsiveness.

In considering this, a WHO project analysed Malaysian, British, Canadian, and American multi-agency centres which respond to adult and child victims of sexual and domestic violence. The WHO finding was that such integration was strongly supported in areas where there was low reporting of rape, but only cautiously supported where rape statistics were higher due to concerns about losing a specialist focus on sexual violence (Kelly, 2000). In New Zealand, I found that domestic violence overshadowing of sexual violence services operated at political level and influenced attention to, and resourcing of, services. However, at frontline level, I found that some rural centres have only remained viable through having a dual focus, and that net-widening has been another benefit. Finite resources mean that a dual focus is a pragmatic adaptation to lower reporting rates in smaller areas. No matter the area size, a specialist sexual assault focus is protected by providing sufficient resources for responding to needs created by both domestic and sexual violence, and by defining and adhering to suggested structures. Congruent with the argument for local communities to make decisions about services based on their own needs assessments, Interagency Councils are best positioned to decide which combination of multi-agency services is suited to the community.

The location of multi-agency services is also an Interagency Council decision. O'Shea (2006) has suggested that this decision should be based on sustainability, travel times, and reporting rates. Reflecting the health implications of sexual violence, many multi-agency centres are hospital-based. London's Havens are located in hospital grounds. Many US SARTs are hospital-based (Littel, 2001). Australia's CASA House is in the Royal Women's Hospital in Victoria (Gilmore & Pittman, 1993). Given Australia's distance

issues, a suggested adaptation was a geographically mobile satellite service for crisis counselling and follow-up of complaints from more isolated communities (Hornibrook & Myers, 1996). Auckland's multi-agency centre is very close to the grounds of a main hospital but Kimiora is a separate facility altogether. In addition to O'Shea's suggestions, the location of services should also be based on local need and the need to have multi-agency centres which are separate from Police premises, private, and safe.

A significant proviso in the development of multi-agency centres is that services already developed by community organisations are incorporated. These should not be replaced with a new level of services engineered by Government as has happened in the creation of the British SARCs. Preserving local level adaptations is supported at theoretical level by post-modern discourse highlighting the multiplicity of social realities, and at empirical level by the finding of variable Police Districts comprised of different communities. Local adaptations enable rather than prevent quality assurance by mobilising resources from the local community and in ways best suited to the community. Official support for DSAC and RCC work to be ongoing within multi-agency centres is evidence of respect for both these community-based organisations and the community from which they originate. Importantly, DSAC work is evidence of the possibility of maintaining quality assurance in the presence of local adaptations.

Not only do RCCs and local doctors know their own community requirements, original support/advocacy organisations are the keepers of victim-protective foundational philosophies and knowledge. Particularly as the state becomes more involved in service provision, a feminist and victim-centred perspective will be necessary in maintaining the philosophies which underpin rape-responsiveness in multi-agency centres. Another consideration for multi-agency centres to incorporate the original service providers is practical and concerns the waste of resources if specialist skills and knowledge are lost to multi-agency centres.

'The bottom line is you get a good agency that is doing good work in the community and they are priceless. They are priceless to us. They are priceless to victims.' (CYFS 12)

It is also important at the initial level of multi-agency centre development and in ongoing consultation during meetings to consolidate service provision. The joint formulation of protocols between Police, DSAC, and RCCs and the ongoing evaluation

which accompanies these, is the best means of ensuring that processes are not only appropriate but that there is quality assurance within them. Meeting on neutral ground places the crisis intervention organisations on a more equal basis for negotiating how services are organised. Protecting the involvement of these original service providers may be achieved by Kelly and Lovett's (2005) suggestion of a 'National Service Agreement' between statutory and community service providers.

Improving Police Systems

The recommended structures for funding and support discussed above will significantly advance and consolidate the medical/forensic and support/advocacy processes which already receive a considered response from DSAC and support organisations. Notably, in respect of these processes, respondents' recommendations focussed almost exclusively on the need for them to be better funded and supported. In contrast, recommendations aimed at improving police responsiveness focussed predominantly on improving Police systems and processes. Respondents identified that attention was necessary in a wide range of domains including: policy; leadership; coordination; facilities; partnerships; and staff selection, supervision, training, accreditation, and allocation, especially in terms of rotation and specialist squads.

For improvements to be instigated, Police leadership must understand the need to professionalise the response to sexual violence. Re-examining the ASA Policy both in its contribution to policing philosophy and in its comprehensiveness is timely and a first step. A second step is a much more in-depth audit of Policy implementation than has been conducted by Police to date. The current research has begun this in 20 Areas in respect of SADCs, training; specialist squads; facilities, debriefing; evaluation; and partnership implementation. The recent appointment of a national coordinator should assist with these steps. However, of concern is that the hierarchical Police organisation advertised the national coordinator position at the rank of Senior Sergeant. Had the Executive sought a more senior officer, this would have given greater confidence that it understands the significance of sexual violence and will address deficiencies in professionalism.

As signalled by the Inspector rank of the national family violence coordinator, the national sexual violence coordinator will need to have substantially more traction than the rank of Senior Sergeant might allow. This is because SADCs, through whom District coordination will be conducted, are expected to be Inspectors (attendance at

consultation forum, August 2005). It is also because the National Coordinator must be able to implement at least some decisions on a national basis. In addition the coordinator rank needs to be appropriate not only to accessing top levels of the Police structure, but also to regular top level liaison with current national representatives of DSAC and future national representatives of support/advocacy agencies. In this regard, Mawby and Gill (1987) have identified that having a Chief Superintendent in the liaison role enhanced the working relationship between police and volunteers. National Coordinator effectiveness will need to be closely monitored then to ensure that unlike the Policy, the new role is not merely 'window dressing'.

If an NZCSVR, NZCSSV, SCC-implemented Interagency Council, and multi-agency centres are implemented, police responsiveness will be improved through the gains made in national and local leadership and research endeavours. In the interim, Police must take the initiative by building its own effectiveness in the following ways.

Fulltime Sexual Assault District Coordinator (SADC) Positions

To a considerable degree, Policy-mandated SADC duties are unattended due to having simply been added on to the pre-existing duties of some police. This was evident in this research, and in two Police audits (ASA Policy Progress and Evaluation Report, August 2005; May 2006). In the latter report, three Districts have still to nominate District-wide representation. Until the potential of this role is understood, it is likely that Areas will continue to conduct their own limited coordination activities.

Beyond enabling the eight policy-mandated duties, there are many reasons to develop and consolidate SADC roles. Most importantly, the national coordinator will be powerless to achieve national coordination and Policy compliance without local structures to enable oversight of Policy implementation in the Districts. One respondent pointed out that the current situation allows for devolution of standard setting within the Police, making it very difficult to achieve a national standard. This position is well-supported by the findings of this and other research (Ainsworth, 1995; Goldsmith, 1990; LaFree, 1989; Lee, 1992; Malloy, 1983; Mastrofski & Parks, 1990; Van der Heyden, 1997; Wasby, 1978). As the respondent understood:

'In the end there has to be some kind of a standard that the CIB commanders are accountable for and they need to be performance-managed against that standard and that would need to be agreed obviously at a national level. ... What is the point of having the Policy if you are not going to audit it?'
(DSAC Regional Coordinator 12)

Importantly, the enforcement of national standards *is* compatible with protecting local level adaptations since both operate differently on practice. National standards are intrinsic to practice and define both professional practice and the parameters of local level adaptations. Ideally local level adaptations operate only to support good practice by defining local need and harnessing local community resources in ensuring that it is met. This signals another role for SADCs, in conjunction with other Interagency Council members, in analysing the need for and impact of local level adaptations. Transparency around the factors which create the need for adaptations will protect necessary adaptations. It will also expose where resource shortfalls have created the need for renegade local level adaptations which disadvantage victims, and this can pre-empt resource allocation reviews and alternative constructive responses. SADCs' local knowledge will also support other research which is done under the auspices of the NZCSSV and this has been recognised in the Borough Coordinator role articulated in the London Metropolitan Policy. SADC effectiveness in this pivotal communication role will be assured if SADCs do this work from the position of District or Area specialist squad supervisor when these squads become reality.

Developing the expertise of CIB and uniform police is another potential role for SADCs. Along with CIB training, training for uniform police to whom the initial complaint of sexual assault is made is mandated by the Policy. Until recently, uniform police have had only four hours training in dealing with sexual assault complaints and this was during recruit training. SADCs can oversee the District-based training for dealing with initial complaints which was developed in late 2005 for delivery to communication staff, watch-house staff, and uniform police (personal involvement). In respect of CIB training, this is in constant catch-up mode, partly because of the difficulty in releasing investigators for the week-long course in Wellington (Course Coordinator, 2005). This could be ameliorated by having SADCs coordinate specialist CIB training in the Districts at intervals which fit with local workplace commitments. Incorporating local specialist partners for this training was suggested by me in respect of the frontline staff training

package and has been adopted in theory if not always in practice. Its benefits include: developing police knowledge of local specialist resources; extending training resources; tapping partner agency knowledge; and promoting a closer relationship with partner organisations. Maintaining quality assurance in training has been raised as a potential problem in respect of the devolution of some training to the Districts (ASA Course Coordinator). This can be managed through annual SADC courses at the Royal New Zealand Police College and by setting nationally-based examinations for investigators. At present, little is done to assess training outcomes (personal knowledge). Annual courses will provide opportunity for networking and peer review between SADCs as well as the opportunity for networking with the national: coordinator for sexual violence investigations; Crime Manager; and Training Commander.

Practice variability is evidence of the need for supervision. The London Metropolitan Police has set case supervision at three mandated intervals and this is another potential function of SADCs as specialist squad supervisors. Beyond supervision of cases, supervision should also encompass caring for the welfare of staff involved in sexual assault investigations and troubleshooting of problems. The need for this is evident in reported comments which have suggested that upward communication is rarely solicited.

Essential in establishing the SADC office is to provide a forum for feedback from victims who may have some unease about the conduct or disposition of their cases. An overarching Complaints Authority has been suggested as part of the Ombudsman/Commissioner's role. Whenever possible, hearing local dissatisfactions within-District will allow for more timely and effective resolutions. In the absence of an official avenue for hearing grievances, at present both the media and Police partner organisations are the repositories of information about unresolved dissatisfactions. This situation is unhelpful to police relationships with the community and their partners. Having no structured complaint process also does little for victim recovery from secondary victimisation. Given the volume of very public criticism which has been directed at Police in respect of rape investigations, Police need to consider whether in-house procedures would be a more efficacious arrangement. Complaint forums are a vital aspect of service evaluations, although notably the latter are not currently intrinsic to Police systems of responsiveness to sexual violence.

The value of harnessing Police support for community organisations has been suggested in this research. Where through their needs analyses SADCs find that local police have no support/advocacy partner or a struggling partner agency, they may have a supportive role in the development of new agencies, or the resurrection of agencies which have withdrawn from crisis intervention. There is potential for this to happen under the auspices of the District Interagency Council, and through SADC consultation with geographically proximate support/advocacy organisations or local agencies with a compatible focus. Similarly, where DSAC-trained doctors are unavailable, SADCs can actively support approaches to DHB representatives on the Interagency Council to fund recruitment and training.

Given the many opportunities for SADCs to improve service delivery, this role is pivotal and worthy of the total focus of an officer in each District. At present, there is no Policy requirement for Police to create SADC as specialist positions, yet this research has shown that Crime Service Managers to whom the role has fallen are already preoccupied with very busy roles.

'I don't interface. I am dealing with a high-level overview. I don't know of any difficulties and I have certainly had none advised to me by the staff of any difficulties (sic)...' (CSM 8)

It will require senior police to develop District sexual assault services and attend to problems of service implementation. Without the weight and influence of rank, it is unlikely that solutions will be implemented and accepted.

*'It has got to be somebody with District-wide influence?
It does. ... The District Crime Manager is the logical choice.'* (CIB 8C)

Replacing generalist Crime Service Managers with specialist sexual assault squad supervisors means that SADCs will be experienced senior detectives with a total focus on sexual assault investigations. This experience and seniority will be necessary given the duties which are expected to comprise the SADC role. These are: implementing policy by ensuring the provision of adequate staff and physical facilities for interviews; reviewing files; conducting research, collecting statistical data, and providing feedback to the national coordinator; taking feedback from rape victims; implementing District training; supporting partner agencies; and eventually, running specialist squads.

Given this overview of SADC role possibilities and that currently there is no provision for totally focussed SADC positions, this explains the many gaps in Police service delivery.

Specialist Squads

Specialist squads have already been suggested for New Zealand conditions (Crawshaw, 1998; Jordan, 1996), but while approximations were found in this research, they are not yet a regular District feature. Precedents for them are in Britain, the US and Australia. In the US:

‘Without exception every person interviewed in the US during the course of this study was quite certain that the specialist unit was the ideal model for the investigation of sexual crime.’ (Blair, 1985, p.75)

If these are implemented, other necessary changes will be addressed simultaneously including: less frequent rotation; debriefing; improving training and supervision; service evaluation; and working with specialist partners (Crawshaw, 1998; Harvey, 1984). A pilot in the Auckland District has already been positively evaluated on the grounds of its ability to achieve improvements in investigative results, and to enhance relationships with partner agencies in part through combined training (New Zealand News, 16.8.2006, Stuff.co.nz). These same benefits have been identified previously by Detective Chief Inspector Sturman in Britain (Orr-Munro, 2001).

Efficiencies are created by having all sexual violence investigated by specialist teams. If rotation through these teams is slowed and staggered, investigative expertise will develop through mentoring, peer review, and debriefing with police peers. Debriefing with other agency personnel already happens in some Districts. Specialist teams also have the opportunity and motivation to develop and use District-based libraries complete with computer databases. This need became evident during the research when in building a court case, a senior officer asked me about research on ‘normative’ post-rape victim reactions. Another officer, in lamenting his lack of time to develop theoretical knowledge about sexual violence, noted this would be less problematic in specialist teams. The evident commitment of both officers should be supported through Police commitment to ensuring the resources and opportunities which will allow officers to become more conversant with available research. Sexual offending databases

can also be developed and monitored for offending patterns in local communities in order to improve prevention possibilities. Respondents also commented positively about the idea of specialist sexual assault teams. Ideas not already mentioned included reducing the error rate and wastage and improving output quality (District Commander 2). Specialist squads were also thought to reduce distractions onto other work (District Commander 12; CSM 12) and increase the reporting rate.

Specialist teams too can be adapted to local conditions. In Districts with a smaller population but a wider geographic spread, there are variations which may be more appropriate to these conditions. One is a core group based in the same city as District Headquarters, but with satellites in smaller cities which are closely monitored by the SADC and accountable to this officer. Another alternative is to retain this core group but to include within it a geographically mobile squad, as suggested by Hornibrook and Myers (1996) in relation to support services.

A third variation for smaller Districts is specialist teams which respond to both child and adult victims of sexual violence, as recommended in the London Metropolitan Police Strategic Plan and now implemented in Victoria, Australia (Attorney General press release 26.04.07). This combination is suggested here for a number of reasons. Firstly, the main reason for some police respondents expressing opposition to specialist adult sexual assault teams was that Police statistics indicated the volume of work was insufficient. This argument has been rebutted, but until the NZCSSV presents its evidence on the parameters of adult sexual violence, a compromise position is to inject CAT teams with generalist CIB and create a specialist sexual violence responsiveness which is not age-dependent. Precedent overseas is in the Thames Valley Police Child Protection Unit which became a joint Child Protection and Sexual Crime Unit (Lovett et al., 2004).

In some Areas in New Zealand, combined teams have already been shown to work. In other Areas, historical complaints by women who have been molested in childhood are conducted by the CAT team. Further, in some Districts complaints by those as young as 14 are investigated by generalist CIB. Many medical/forensic and support/advocacy specialists deal with both children and adults. These practical examples indicate that the decision to divide services is arbitrary rather than evidence-based.

There are also theoretical grounds for addressing sexual violence holistically. Firstly, adult victimisation experiences and presentations to police may be affected by childhood experiences of sexual violence (Rothschild seminar, 2004). Having greater understanding of the effects of childhood sexual violence may assist in investigating the adult sexual assaults of those traumatised in childhood. Also, although age-related interview skill sets are different, similar sensitivity is required for responding to complaints of sexual crime. Sensitivity towards victims was said to be well developed in CAT teams, along with the empathy and positive beliefs about complaints which were an identifiable feature of responsiveness to children. Since more attention has been given to interview skills in the child abuse field, it would be advantageous to have these skills and accompanying sensitivity extended into the adult field.

'If there is serious sexual offending going on you use those CAT teams because they are trained for the interviewing for the kids. Their interviewing skills are very very good, to bring that woman out of her shell to tell you everything.'
(District Commander 6)

That expertise used for adults also meant a greater conviction rate.

'You will lose cases if you are not using the best practices because there are so many areas to challenge on. ... We didn't get a conviction, because we didn't have a specialist or a really good trained officer.' (CAT Manager 1)

Lastly, having CAT detectives working directly with adult complainants alongside generalist CIB may achieve attitude transfer.

With only two exceptions, police who were asked their views on injecting CAT teams with additional CIB to make up specialist sexual assault teams were positive about the idea. One of the respondents who expressed opposition simply preferred the status quo (CAT 11). The other based his opposition on pre-existing court rules, and the different style of interviews (CSM 4). Positive views were universally forthcoming from CYFS respondents. Other reasons were contributed by CYFS and police respondents for why specialist teams should cut across age. Firstly, the work was 'very similar'. Combining the responses to sexual violence would also ensure sufficient investigative staff and the viability of a CAT specialist response by increasing the numbers dealt with by one team. Again, this made it more likely that CAT members were not siphoned off onto

other investigations. In addition, extending the benefits of the '*significant expertise within the CAT team*' (CSM 11) would not only benefit women but simultaneously benefit children, especially when the sexual violence was domestic. Finally, one respondent suggested that such a combined team represented an '*ideal world*' scenario (CIB Supervisor 6). In developing police responsiveness then it appears that combined adult and child specialist sexual assault teams are a viable option.

Conclusion

Particularly since the early 1970s, feminists have identified sexual violence as obstructive to women's self-actualisation, undermining of its individual victims, and costly to society-as-a-whole. Since its effects are compounded by inadequate or inappropriate interventions, feminist researchers have also provided evidence that specialist holistic services, preferably fully integrated, can improve rape interventions and mitigate rape's serious impacts. What has now also been identified is that if this level of intervention is to be achieved, state leadership is necessary since the state alone has the ability to inspire, structure, resource, and coordinate the multilevel systems response required.

Disappointingly, New Zealand's sexual assault services have not benefited from the state leadership which has advanced services in comparative countries overseas, and accordingly frontline services remain largely unstructured, fragmented, and variable. Yet if state leadership can be mobilised, our small size and preexisting governance infrastructures place us particularly well to achieve specialist holistic services on a national basis. That being so and using this governance infrastructure as a basis, I have identified the minimal framework within which practice ideals can be achieved and without which specialist holistic practice is unlikely to develop regionally let alone nationally. However, because New Zealand has not even kept pace with international service developments, not only do the technicalities of systems development need to be identified, so too do the factors of our political and social environment which have prevented governments' development of such a model.

Developing an effective national model of responsiveness will depend on the ability to persuade government not only of the need for reform but also the political possibility of implementing it. Factors which have obscured the need and undermine the political

possibility are historical, and to do with men's control over women being achieved in part by misogynistic definitions of women. These definitions have left a deep imprint on the (sub) consciousness of society-in-general which will take some work to erase. But not only are women-in-general devalued, men's definitions of rape continue to devalue female victims. Although exposed among some audiences as rape mythology, in broader society these definitions appear more influential than hard evidence of the serious psychosocial harms and social injustices which accompany rape. The blunt truth is that policy in existing systems actively prioritises men's agency, and in undermining women's sexual autonomy maintains woman-as-sexual-resource for men. Preventing state-led reform then is politicians' own susceptibility to definitions which diminish women and minimise rape. Occasionally too there is political awareness that until the constituency, women included, cast off the shackles of misogynistic thinking, implementing feminist reforms is not conducive to remaining in power. Accordingly, reform will require government confidence that policy contributing to women's equality is politically safe to implement

In order to counteract discourses which imply women's lack of entitlement to the effort and expenditure in developing a national model of responsiveness, there must be appropriate valuing of women and greater awareness of the mechanisms in their continuing disadvantage. Greater public awareness of New Zealand government's obligations under United Nations covenants, and that under these international covenants governments elsewhere have implemented reforms, will encourage women's confidence in their equal right to state-provided services. Reinforcing this will be the understanding that current failure to resource effective systems is contemporaneous with the taken-for-granted privileging of men in public policy and expenditure. Also persuasive is that contributing state resources to ensuring effective prevention and interventions would substantially obviate the massive pecuniary and social costs which accompany the long-term effects of sexual offending. It is unlikely that the state will lead reforms in rape-responsiveness until it perceives that such issues are widely known and understood in the community as warranting considerable government input.

Yet the history of the anti-rape movement shows that it is only when feminists are strongly aligned and strategically placed that rape becomes an issue of significance for the community to take up and government to respond to. Again, the reasons that feminists are unable to achieve traction on their own are historic. Men's early monopoly

over definitions of social reality has had the ongoing effect of relegating women's alternative definitions to an 'other' or illegitimate status and this continues to undermine contemporary feminist voices. As successive government responses to the Rape Study, United Nations covenants, and the Police ASA Policy show, it is possible to make yet not implement policy even when this affects women's safety. That the recently-established Sexual Violence Task Force has interdepartmental government *and* community representation gives hope that this Task Force can bridge the gulf between feminist ideals *and* political pragmatism, and between writing *and* implementing policy. In this, the Task Force must first consolidate feminist attempts to make the effects of rape and rape mythology well-known in order to gain public and political acceptance of the need to publicly fund structured and effective systems of sexual violence responsiveness.

Overall, it will take the right people with the right knowledge at the right time and in the right place not only to translate current government interest into fully-funded, permanent, sustainable, and accredited systems, but also to fill the substantial service deficits at frontline level. Combined with recent public exposure of systems inadequacies, New Zealand's much touted government surplus (New Zealand Herald, 18.05.2006) makes now the right time to put public resources into comprehensive services. If the state takes the lead in developing the structure and providing the resources which support holistic systems, its Police organisation will have no legitimate reason not to comply with new systems initiatives, including working in partnership. When government is considering how gaps are to be filled, regardless of the restructuring required to progress this pre-existing community services must be the basis for new services so that these are built on a foundation of knowledge and expertise. Moreover, when the state formally recognises the value of specialist community organisations and places them alongside its Police organisation, as has increasingly happened between police CAT and CYFS social workers, equal partnership is more likely.

In her Commission of Inquiry postscript, Bazley (2007) expressed concern that highlighting knowledge of systems difficulties might dissuade women from reporting sexual violence to the criminal justice system. If reporting sexual violence is indeed held to be necessary, there is urgency to improve systems so that women's cost/benefit analysis of reporting allows them to make that choice. Women will feel safe to report and feminist suspicion about patriarchal motives will abate when the state is known to

be collaborating in holistic systems with the community specialists who have identified ideal practice.

Bibliography

Adler, Z. (1991). Picking up the pieces. Police Review, 99 (5116), 1114-15.

Ahrens, C. & Campbell, R. (2000). Assisting rape victims as they recover from rape: The impact on friends. Journal of Interpersonal Violence, 15 (9), 959-986.

Ahrens, C., Campbell, R., Wasco, S., Aponte, G., Grubstein, L. & Davidson, W. (2000). Sexual assault nurse examiner (SANE) programs. Journal of Interpersonal Violence, 15 (9), 921-943.

Ainsworth, P. (1995). Psychology and Policing in a Changing World. London: John Wiley & Sons.

Anstiss, V. (1995). Police Officers and Rape Victims: Attitudes and Interface. MSc Thesis. Canterbury University.

Andre Bertrand, M. (1990). Feminism and sexuality: A review of 'Towards a feminist theory of the State'. Social Justice: Feminism and the Social Control of Gender, 17 (3), 91-98.

Astbury, J. (2006). Services for victim/survivors of sexual assault: Identifying needs, interventions and provision of services in Australia. Issues, 6, 1-26.

Astbury, J. & Duvvury, J. (2007). Evaluating Sexual Violence Services: A Research Methodology for Exploring the Understandings of Service Providers. South Africa: Global Forum for Health Research.

Bachar, K. & Koss, M. (2001). From prevalence to prevention. In Renzetti, Edelson & Kennedy Bergen (Eds.), Sourcebook on Violence Against Women. Thousand Oaks: Sage.

Bard, M. (1976). The rape victim: Challenge to the helping systems. Victimology, 1 (2), 413-418.

Bard, M. & Ellison, K. (1974). Crisis intervention and investigation of forcible rape. The Police Chief, 41, 70-75.

Bazley, M. (2007). Commission of Inquiry into Police Conduct. Department of Internal Affairs, New Zealand.

Beckett, L. (2000). Preventing Secondary Victimisation: An Analysis of Police Training for Investigating Sexual Violation. MA Thesis. Auckland University.

Bennett (2007). Times online. Funding Cuts to Hit Rape Crisis Centres.
http://www.timesonline.co.uk/tol/life_and_style/court_and_social/article2173219.ece

Blair, I. (1985). Investigating Rape: A New Approach for Police. London: Croon Helm.

Blythe, J. & Vernon, C. (1992). Victim to survivor: Counselling for recovery from rape. In Breckenridge, J. & Carmody, M. (Eds.) Crimes of Violence: Australian Responses to Rape and Child Sexual Assault. Sydney: Allen & Unwin.

Boles, A. & Patterson, J. (1992). 'Looking Back Moving Forward': A Guidebook for Communities Responding to Sexual Assault. Thousand Oaks: Sage.

Boles, A. & Patterson, J. (1997). Improving Community Response to Crime Victims: An Eight-Step Model for Developing Protocol. Thousand Oaks: Sage.

Bond, J. & Phillips, R. (2001). Violence against women as a human rights violation: International institutional responses. In Renzetti, Edelson & Kennedy Bergen, R., Sourcebook on Violence Against Women. Thousand Oaks: Sage.

Brodsky, S & Walker, M. (1976). Sexual Assault: The Victim and the Rapist, Lexington Books, USA.

Brodyaga, L., Gates, M., Singer, S., Tucker, M. & White, R. (1975). Rape and its Victims: A Report for Citizens, Health Facilities and Criminal Justice Agencies. National Institute of Law Enforcement & Criminal Justice Law Enforcement Assistance Administration, US Department of Justice.

Brownmiller, S. (1975). Against Our Will. New York: Simon & Schuster.

Bryant, G. & Cirel, P. (1977). A Community Response to Rape: An Exemplary Project. National Institute of Law Enforcement and Criminal Justice, Washington: Department of Justice.

Burgess, A. & Holmstrom, L. (1974). Rape trauma syndrome. American Journal of Psychiatry, 131, 981-986.

Burgess, A. & Holmstrom, L. (1976). Coping behaviour of the rape victim. American Journal of Psychiatry, 133 (4), 413-418.

Byington, D., Martin, P., Dinitto, D. & Maxwell, M. (1991). Organisational affiliation and effectiveness: The case of Rape Crisis Centres. Administration in Social Work, 15 (3), 83-103.

Campbell, R. (1998). The community response to rape: Victims' experiences with the legal, medical, and mental health systems. American Journal of Community Psychology, 26 (3), 355-379.

Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference? Violence Against Women, 12 (1), 30-45.

Campbell, R. & Ahrens, C. (1998). Innovative community services for rape victims: An application of multiple case study methodology. American Journal of Community Psychology, 26, 537-571.

Campbell, R., Baker, C. & Mazurek, T. (1998). Remaining radical?: Organisational predictors of Rape Crisis Centres' social change initiatives. American Journal of Community Psychology, 26 (3), 457-483. InfoTrac Web: Expanded Academic ASAP Int'l Ed.

Campbell, R. & Martin, P. (2001). Services for sexual assault survivors: The role of rape crisis centers. In Renzetti, Edelson & Kennedy Bergen. (Eds.), Sourcebook on Violence Against Women. Thousand Oaks: Sage.

Campbell, R. & Raja, S. (1999). Secondary victimisation of rape victims: Insights from mental health professionals who treat survivors of violence. Violence and Victims, 14 (3), 261-275.

Campbell, R. & Schramm, P. (1995). Feminist research methods: A content analysis of psychology and social science textbooks. Psychology of Women Quarterly, 19 (1), 85-106.

Campbell, R. & Salem, D. (1999). Concept mapping as a feminist research method: Examining the community response to rape. Psychology of Women Quarterly, 23, 67-91.

Campbell, R., Sefl, T., Barnes, H., Ahrens, C., Wasco, S. & Zaragoza-Diesfield, Y. (1999). Community services for rape survivors: Enhancing psychological wellbeing or increasing trauma? Journal of Consulting and Clinical Psychology, 67 (3), 847-858.

Carbonatto, H. (1997). The Criminal Justice Response to Domestic Violence in New Zealand. Wellington: Victoria University of Wellington, Doctoral Thesis, Institute of Criminology.

Carlen, P. (1983), Women's Imprisonment : A Study In Social Control. London: Routledge & Kegan Paul.

Carmody, M. (1988). Sexual Assault Services Policy and Procedure Manual. NSW: Department of Health, State Health Publication.

Carmody, M. (1997). Submerged voices: Coordinators of sexual assault services speak of their experiences. Affilia: Journal of Women and Social Work 12 (4), 452-470.

Carrow, D. (1980). Rape: Guidelines for a Community Response, US Department of Justice: National Institute of Law Enforcement and Criminal Justice.

Chandler, N. (Ed). (2000). Best Practices for Establishing a Children's Advocacy Centre Programme (3rd ed.). US: Department of Justice.

Chesney Lind, M. & Shelden, R. (1992). Girls, Delinquency, and Juvenile Justice. US: Brooks Cole.

Clark, H. (2002). Sexual Assault and the Criminal Justice System: As told by Counsellor/ Advocates. Australia: CASA House.

Clark, L. & Lewis, D. (1977). Rape: The Price of Coercive Sexuality, Toronto: The Women's Press.

Clark, S. & Hepworth, D. (1994). Effects of reform legislation on the processing of sexual assault cases. In Roberts & Mohr, (Eds.), Confronting Sexual Assault: A Decade of Legal and Social Change. University of Toronto Press.

Code, L. (1991). What Can She Know?: Feminist Theory and the Construction of Knowledge, Ithaca and London: Cornell University Press.

Crawshaw, M. (1998, September). The Second Rape. Metro, New Zealand.

Crimes Against Children Research Centre (2001). National Evaluation of Children's Advocacy Centres. http://www.unh.edu/ccrc/projects/national_evaluation.htm.

Davies, M. (2004). Notes Toward an Optimistic Feminism: A Long View. Victoria University seminar handout.

Davis, R. & Henley, M. (1990). Victim service programmes. In Lurigio, Skogan & Davis (1990). Victims of Crime: Problems, Policies, and Programmes. Newbury Park: Sage.

Diamond, I. & Quinby, L. (1988). Feminism and Foucault: Reflections on Resistance. Boston: NorthEastern University Press.

District of Columbia. (2001)(a). Improved Child Abuse Investigations: Amendment Act.

District of Columbia. (2001)(b). Memorandum of Understanding and Interagency Agreement on Child Sexual Abuse Investigation, Prosecution and Prevention.

Dobash, R. & Dobash, S. (1992). Women, Violence, and Social Change. London and New York: Routledge.

DSAC (1996). (Eds. Broadmore, J., Shand, C., Warburton, T.). The Proceedings of Rape - Ten Years Progress? An Interdisciplinary Conference. Wellington.

DSAC (2002). (5th ed.) (Eds.) Shand, C., Broadmore, J., McDonald, J., Gellatly, R., Hurst, C.). The Medical Management of Sexual Abuse. New Zealand: DSAC.

Easteal, P. (1993). Without Consent - Confronting Adult Sexual Violence. Melbourne: Conference Proceeding.

Easteal, P. (1994). Voices of the Survivors. Australia: Pinifex Press.

Edelson, J. & Bible, A. (2001). Collaborating for women's safety: Partnerships between research and practice. In Renzetti, C. Edelson, J. & Kennedy Bergen, R., Sourcebook on Violence Against Women. Thousand Oaks: Sage.

Elias, R. (1990). Which Victim Movement? In Lurigio, Skogan & Davis. Victims of Crime: Problems, Policies, and Programmes. Newbury Park: Sage.

Epstein, J. & Langenbahn, S. (1994). The Criminal Justice and Community Response to Rape. US Department of Justice.

Feldman-Summers, S. & Palmer, G. (1980). Rape as viewed by judges, prosecutors and Police Officers. Criminal Justice and Behaviour, 17 (1), 19-40.

Ferraro, K. (1990). Culture, Feminism, and Male Violence. Social Justice, 17 (3), 70-84.

Galton, E. (1976). Police Processing of Rape Complaints: A Case Study. American Journal of Criminal Law, 4 (1), 15-30.

Garland, D. (1985). Politics and Policy in Criminological Discourse: A Study of Tendentious Reasoning and Rhetoric. International Journal of the Sociology of Law, 13, 1-33.

- Geis, G. (1990). Practices and prospects. In Lurigio, Skogan & Davis. Victims of Crime: Problems, Policies, and Programmes. Newbury Park: Sage.
- Gelsthorpe, L. & Morris, A. (1990). Feminist Perspectives In Criminology. Buckingham: Open University Press.
- Gilmore, K. & Pittman, L. (1993). To Report or Not to Report: A Study of Victim/Survivors of Sexual Assault and their Experience of Making an Initial Report to the Police. Australia: CASA House.
- Gilson, S. (1997). The YWCA Women's Advocacy Program: A Case Study of Domestic Violence and Sexual Assault Services. Journal of Community Practice, 4 (4), 1-26.
- Golding, J., Siegal, J., Sorenson, S. Burnam, M. & Stein, J. (1989). Social Support Sources Following Sexual Assault. Journal of Community Psychology, 17, 92-107.
- Goldsmith, A. (1990). Taking the police culture seriously: Police discretion and the limits of the law. Policing, 1, 91-114.
- Gordon, M. & Riger, S. (1989). The Female Fear. New York: Free Press.
- Green, W. (1988). The Evidential Examination and Management of the Adult Female Victim. California: Lexington.
- Greer, G. (1970). The Female Eunuch. New York: McGraw Hill.
- Griffin, B. & Griffin, C. (1981). Victims in rape confrontations. Victimology, 6, 59-75.
- Guba, E. & Lincoln, Y. (1985). Naturalistic Enquiry. California: Sage.
- Guba, E. & Lincoln, Y. (1989). Fourth Generation Evaluation. California: Sage.
- Haggis, J. (1987). The Feminist Research Process - Defining a Topic. University of Manchester Sociology Department Feminist Research Seminar.
- Hanmer, J., Radford J. & Stanko, E. (1980). Policing and Men's Violence. London: Routledge.

Hardgrove, G. (1976). An interagency service network to meet the needs of rape victims. Social Casework, 57, 254-263.

Harvey, M. (1985). Exemplary Rape Crisis Programmes: A Cross-Site Analysis and Case Studies, National Center for the Prevention and Control of Rape, US Department of Health and Human Services.

Hazelwood, R. & Burgess, A. (1999). Practical Aspects of Rape Investigation: A Multidisciplinary Approach. London: CRC Press.

Heidensohn, F. (1985). Women And Crime. Basingstoke: MacMillan.

Hekman, S. (1996). Feminist Interpretations of Michel Foucault. Pennsylvania State: University Press.

Hendon Police College: Sexual Offences Investigative Techniques Course.

Hester, M. & Westmarland, N. (2005) Tackling Domestic Violence: Effective Interventions. Home Office Research Study, 290.

Hindess, B. (1996). Discourses of Power: From Hobbes to Foucault. Oxford: Blackwell.

Hippensteele, S. (1997). Activist research and social narratives: Dialectics of power, privilege and institutional change. In Schwartz, M. (Ed). Researching Sexual Violence Against Women: Methodological and Personal Perspectives. Thousand Oaks: Sage.

HM Government report (2007). Cross-Government Action Plan on Sexual Violence and Abuse.

Hoffman, J. (2002) US National Sexual Assault Resource Centre, Email contact.

Holmstrom, L. & Burgess, A. (1983). The Victim of Rape: Institutional Reactions. USA: Transaction Books.

Home Office, Lord Chancellor, Crown Prosecution Service, Department of Health, The National Assembly for Wales (2001). Achieving Best Evidence in Criminal Proceedings: Guidance for vulnerable or intimidated witnesses, including children.

Home Office (2000). Crime Reduction Programme: Reducing Violence Against Women Initiative (2000). Guidance for Agencies: Collecting and Managing Data. Ascolto.

Home Office Violent Crime Unit (2004). Developing Domestic Violence Strategies: A Guide for Partnerships.

Hornibrook, J. & Myers, S. (1996). Northern Rivers Health Service: A Best Practice Approach....Sexual Assault - An Integrated Response Through Hospital Emergency Departments. Commonwealth Department of Health and Family Services.
<http://www.clinifo.health.nsw.gov.au/hospolic/sexassl/httoc.html>

House, E. (1993). Professional Evaluation. California: Sage.

Howe, A. (1994). Punish And Critique. London: Routledge.

Independent Police Complaints Authority of Australia (1988). Sexual Assault Victims and the Police. A Discussion Paper for Community Consultation.

Jones, H. (2004). Partners in Power: Multi-agency Responses to Violence Against Women. Internet Publication for World Feminism.
<http://www.worldfeminism.com/Feminism.htm>

Jones, H. (2005). Rape Crisis in the UK: Still under-funded and still overworked. Women's Studies Journal: Special Issue on Women and Violence.
<http://www.womenz.org.nz/wsj/call4pap.htm>

Jordan, J. (1996). Women, rape, and the reporting process. In Broadmore, J., Shand, C., Warburton, T. (Eds.), 'The Proceedings of Rape - Ten Years Progress? An Interdisciplinary Conference' Wellington, New Zealand.

Jordan, J. (1998). Reporting Rape: Women's Experiences with the Police, Doctors and Support Agencies. Victoria University of Wellington.

Jordan, J. (2001)(a). Worlds Apart: Women, Rape, and the Police Reporting Process, British Journal of Criminology, 41 (4) 679-706.

Jordan, J. (2001)(b). True Lies and False Truths. Doctoral thesis: Victoria University of Wellington.

Jordan, J. (2004). The Word of a Woman? Police, Rape, and Belief. New Zealand: Palgrave MacMillan.

Katz, S. & Mazur, M. (1979). Understanding the Rape Victim. New York: J. Wiley and Sons.

Kelly, D. (1990). Victim participation in the criminal justice system. In Lurigio, Skogan & Davis. Victims of Crime: Problems, Policies, and Programmes. Newbury Park: Sage.

Kelly, L. (1989). Surviving Sexual Violence. Cambridge: Polity Press.

Kelly, L. & Lovett, J. (2005). What a waste: The Case for an Integrated Violence Against Women Strategy. Women's National Commission, Britain: Department of Trade and Industry.

Kerstetter, W. (1990). Gateway to justice: Police and Prosecutorial Response to Sexual Assaults Against Women. Journal of Criminal Law and Criminology, 81 (2), 267-313.

Kilpatrick, D. & Ruggiero, K. (2004) Making Sense of Rape in America: Where do the Numbers Come From and What do they Mean? Atlanta: Centres for Disease Control and Prevention.

Kimmerling, R. & Calhoun, K. (1994). Somatic symptoms, social support, and treatment seeking among sexual assault victims. Journal of Consulting and Clinical Psychology, 62 (4), 333-339.

Koss, M. (1990). The Women's Mental Health Research Agenda - Violence Against Women. American Psychologist, 45 (3), 374-380.

Koss, M., Heise, L. & Felipe Russo, N. (1994). The Global Health Burden of Rape. Psychology of Women Quarterly, 18, 509-537.

Krahe, B. (1991). Police Officers' Definitions of Rape: A Prototype Study. Journal of Community and Applied Psychology, 1, 223-244.

LaFree, G. (1989). Rape and Criminal Justice: The Social Construction of Sexual Assault. California: Wadsworth Publishing Company.

Ledray, L. (1982). Counselling victims of rape: Their needs and a new treatment approach in Schneider, H. (Ed.), The Victim in International Perspective. Berlin: Walter de Gruyter.

Ledray, L. (2001). Sexual Assault Nurse Examiner Programmes. In Renzetti, Edelson & Kennedy Bergen, Sourcebook on Violence Against Women. Thousand Oaks: Sage.

Lees, S. & Gregory, J. (1993). Rape and Sexual Assault: A Study of Attrition: Multi Agency Investigation into the Problem of Rape and Sexual Assault in the Borough of Islington. Islington Council.

Lerner, H. (1983). Women in Authority – Psychodynamic and Interactional Aspects. USA: Haworth Press.

Leyland, J. (1987). Methodology and Epistemology: On the conflicts of doing feminist research into masculinity. Studies in Sexual Politics (16), 38-47.

Lievore, D. (2003). Non-reporting and Hidden Recording of Sexual Assault in Australia. Canberra: Australian Institute of Criminology.

Lievore, D. (2005). No Longer Silent: A study of women's help seeking decisions and service responses to sexual assault. A report prepared by the Australian Institute of Criminology for the Australian Government's Office for Women. Canberra.

Lincoln, Y. & Guba, E. (1985). Naturalistic Enquiry. California: Sage.

Littel, K. (2001). Supporting the Development of Multidisciplinary teams to Co-ordinate Community Responses to Sexual Assault. Sexual Assault Report, 5 (2).

London Metropolitan Police (2002). Project Sapphire: A Policy for the Investigation of Rape and Serious Sexual Assault.

London Metropolitan Police (2002). Project Sapphire Strategy: Improving Rape Investigation and Victim Care; Intelligence Options for the Investigation of Rape.

Lonsway, K. (1996). Preventing acquaintance rape through education: What do we know? Psychology of Women Quarterly, 20 (2), 229-265.

Lonsway, K. (2001). Coordinated Response to Sexual Assault: The Teamwork Approach. <http://www.womenandpolicing.org>.

Lord, V. & Rassel, G. (2000). Law enforcement's response to sexual assault: A comparative study, Women and Criminal Justice, 11 (1), 67-88.

Lovett, J., Regan, L. & Kelly, L. (2004). Sexual Assault Referral Centres: Developing Good Practice and Maximising Potentials. Home Office Research Study, 285.

Lloyd, A. (1976). Rape: An Examination of the Crime in New Zealand : Its Social and Emotional Consequences. Auckland: Wilson and Horton.

Lundman, R. (1996). Extra-legal variables and arrest. Journal of Research in Crime and Delinquency, 33, 349-353.

Lurigio, A., Skogan, W. & Davis, R. (1990). Victims of Crime: Problems, Policies, and Programmes. Newbury Park: Sage.

Madigan, L. & Gamble, N. (1989). The Second Rape. Maxwell McMillan International.

Malloy, E. (1983). The Ethics of Law Enforcement and Criminal Punishment. University Press of America.

Martin, P., Dinitto, D., Byington, D. & Maxwell, M. (1992). Organisational and Community Transformation: The Case of a Rape Crisis Centre. Organisational Change and Development. New York: Haworth Press.

(MCASA) Maryland Alliance Against Family Violence & Maryland Coalition Against Sexual Assault (1997). Maryland's Co-ordinated Community Response to Domestic Violence and Sexual Assault. US.

Mastrofski, S. & Parks, R. (1990). Improving Observational Studies of Police. Criminology, 28 (3), 475-496.

Mathews, N. (1994). Confronting Rape: The Feminist Anti-Rape Movement and the State. London and New York: Routledge.

Mawby, R. & Gill, M. (1987). Crime Victims: Needs, Services, and the Voluntary Sector. London and New York: Tavistock.

McCombie, S., Bassuk, E., Savitz, R. & Pell, S. (1976). Development of a Medical Centre Rape Crisis Intervention Programme. American Journal of Psychiatry, 133 (4), 417-421.

Milford, R. (1990). DSAC: Networking the '90s. New Zealand General Practice.

Miller Burgering, W. (1994). Reacting to a 'Discovered' Social Problem Through Organisational Adaptation. Doctoral Thesis Auckland University.

Mills, P. (1977). Rape Intervention Resource Manual. Illinois: Charles C. Thomas.

Ministry of Health (2006). Draft 4: Service Specification Services for Victims of Sexual Abuse/Assault. New Zealand.

Ministry of Justice (2003). Summary of the Key Findings of the New Zealand National Survey of Crime Victims 2001. New Zealand.

Ministry of Justice (2004). Safer Communities: Action Plan to Reduce Community Violence and Sexual Violence. New Zealand.

Ministry of Women's Affairs (1996). The Full Picture: Guidelines for Gender Analysis. New Zealand.

Ministry of Women's Affairs (2002/2003). CEDAW Report (6th): The Status of Women in New Zealand.

Myers, M. & LaFree, G. (1982). Sexual assault and its prosecution: A comparison with other crimes. Journal of Criminal Law and Criminology. 73 (3), 155-176.

Myhill, A. & Allen, J. (2002). Rape and Sexual Assault of Women: Findings from the British Crime Survey. Home Office Research Report 159.

Naffine, N. (1996). Feminism And Criminology. Philadelphia: Temple University Press.

NASASV - National Association of Services Against Sexual Violence (2000). National Data Collection Project. Australia.

National Advisory Committee on the Prevention of Child Abuse (1986). Guidelines for the Investigation and Management of Child Sexual Abuse. US.

National Children's Alliance (2000). (3rd ed.). (Chandler, N. Ed) Best Practices for Establishing a Children's Advocacy Center Program. US Department of Justice.

National Children's Alliance (2002). Building Partnerships that Protect our Children: Recommendations from the 2001 Child Protection Summit. US Department of Justice.

National Sexual Violence Resource Centre Newsletter (2002). Working Together and/or Apart. US.

Neale, J. & Gray, A. (1990). Victims' Task Force Evaluation of Victim Support Schemes in New Zealand to August 1990. Gray Matter Research Ltd.

Nelson, T. (1995). Collaboration, Co-operation - Can it Work?: Organisational Responses to a Rape Crisis. Proceedings from Melbourne Conference, November, 1995.

New South Wales - Police Service; Health Department & Office of the Director of Public Prosecutions (1995). Interagency Guidelines for Responding to Victims of Sexual Assault.

New Zealand Law Society (2004). Criminal Law Symposium. New Zealand: Wellington.

New Zealand Police (159, February 1998; 274, June 2005; 287 July, 2006). Ten One.

New Zealand Police (May 1999). Adult Sexual Assault Coordinators' Seminar - Minutes.

New Zealand Police (2005/2006). Statement of Intent.

Notman, M. & Nadelson, C. (1976). The rape victim: Psychodynamic considerations. American Journal of Psychiatry, 133 (4), 408-412.

Orr-Munro, T. (2001). Care in a Crisis. Police Review, 109 (5616), 22-24.

O'Shea, A. (2006) Sexual Assault Treatment Services: A National Review. Department of Justice, Equality, and Law Reform, Ireland.

O'Sullivan, E. & Carlton, A. (2001). Victim services, community outreach, and contemporary rape crisis centers: A comparison of independent and multi-service centers. Journal of Interpersonal Violence, 16 (4), 343-360.

Palumbo, P. (Ed.) (1987). The Politics of Programme Evaluation. Newbury Park: Sage.

Papineau, D. (1993). Philosophical Naturalism. Oxford: Blackwell.

Patton, M. (1987). How to use Qualitative Methods in Evaluation. Newbury Park: Sage.

PlusNEWS: The HIV/AIDS News Service (10/02/2007).
file:///A:/IRIN%20PlusNews%HIV-AIDS%20News%20and20andinformation%20ser

Popiel, D. & Susskind, E. (1985). The impact of rape: Social support as a moderator of stress. American Journal of Community Psychology, 13 (6), 645-676.

Porch, T. (1990). Attitudes of New Zealand Police and Social Workers Toward Child Sexual Abuse. Doctoral thesis: University of South Dakota.

Posavac, E. & Carey, R. (1997). Programme Evaluation: Methods and Case Studies in Chelmsky & Shadinsky (Eds.) (5th ed.) Evaluation for the 21st Century. New Jersey: Prentice Hall.

Pugh, A. (1987). My Statistics and Feminism. University of Manchester Sociology Department - Feminist Research Seminar.

Quina, K. & Carlson, N. (1989). Rape, Incest, and Sexual Harassment: A Guide for Helping Survivors. New York: Praegar.

Regan, L. & Kelly, L. (2003). Rape: Still a Forgotten Issue: Briefing Document for Strengthening the Linkages – Consolidating the European Network Project. Child and Woman Abuse Studies Unit, London Met University.

Regan, L., Lovett, L. & Kelly, L. (2004). Forensic Nursing: An Option for Improving Responses to Reported Rape and Sexual Assault. Home Office Development and Practice Report 31.

Rella, F. (1994). The Myth of the Other. Washington: Maisoneuve Press.

Renner, K., Wackett, C. & Ganderton, S. (1988). The social nature of sexual abuse. Canadian Psychology, 29 (2), 163-173.

Renzetti, C. (1997). Confessions of a reformed positivist: Feminist participatory research as good social science. In Schwartz, M. (Ed). (1997) Researching Sexual Violence Against Women: Methodological and Personal Perspectives. Thousand Oaks: Sage.

Renzetti, C., Davis, R. & Henley, M. (1990) Victim service programmes. In Lurigio, Skogan & Davis. Victims of Crime: Problems, Policies, and Programmes. Newbury Park: Sage.

Resick, P. (1993). The psychological impact of rape. Journal of Interpersonal Violence, 8, 223-55.

Roberts, J. & Mohr, R. (1994). Confronting Sexual Assault: A Decade of Legal and Social Change. University of Toronto Press.

Roper T. & Thompson, A. (2006). Estimating the Costs of Crime in New Zealand. New Zealand Treasury Working Paper 06/04.

Rossi, P. & Freeman, H. (1987). Evaluation: A systematic approach. In Stecher & Davis, How to Focus an Evaluation. London: Sage.

Sanders, W. (1980). Rape and Women's Identity. London: Sage.

Schauben, L. & Frazier, P. (1995). Vicarious Trauma: The Effects on Female Counsellors of Working with Sexual Assault Survivors. Psychology of Women Quarterly, 19, 49-64.

Schwendinger, J. & Schwendinger, H. (1983). Rape and Inequality. Beverly Hills: Sage.

Scott, D. & Hewitt, L. (1983). Short-term adjustment to rape and the utilisation of a sexual assault counselling service. Australia and New Zealand Journal of Criminology, 16, 93-105.

Shand, C. & Milford, R. (1993). From Recognition to Recovery, DSAC. New Zealand.

Shapcott, D. (1988). The Face of the Rapist. Australia: Penguin.

Shapiro, D. & Rinaldi, A. (2001). Achieving successful collaboration in the evaluation of sexual assault prevention programs: A case study. Violence Against Women, 7 (10), 1164-1185.

Smart, C. (1976). Women, Crime, and Criminology : A Feminist Critique, London: Routledge and Kegan Paul.

Smith (2004). Address at Home Truths Conference in Melbourne.

Spier, P., Luketina, F. & Kettles, S. (1991). Changes in the Seriousness of Offending and in the Pattern of Sentencing 1979 to 1988. Ministry of Justice, Wellington.

- Spohn, C. & Horney, J. (1993). Rape Law Reform and the Effect of Victim Characteristics on Case Processing. Journal of Quantitative Criminology, 9 (4), 383-409.
- Spott, J. (1980). Rape Victim (after the fact). Crisis Medical Examination and Treatment: Hospital Emergency Room and Victim Advocate Volunteer Services. San Francisco: Rape Prevention Books.
- Stanko, E. (1985). Intimate Intrusions. London: Routledge & Kegan Paul.
- Stecher, B. & Davis, W. (1987). How to Focus an Evaluation. Newbury Park: Sage.
- Ullman, S. & Townsend, S. (2007). Barriers to Working With Sexual Assault Survivors: A Qualitative Study of Rape Crisis Center Workers. Violence Against Women, 13 (4) 412-443.
- US Department of Justice (2006). Sexual Assault Law Enforcement Response. STOP Violence Against Women Grants, Technical Assistance Project.
- Van der Heyden, J. (1997). Opportunities for the New Zealand Police to Change its Organisational Culture. MBA Thesis, Victoria University.
- Vanderpyl, J. (2001). An unstable achievement: Conflicts in feminist collective organising. Women's Studies Journal 17 (2), 7-40.
- VAWSU (Violence Against Women Specialist Unit) (2005). Improving Service and Criminal Justice Responses to Victims of Sexual Assault. A report of a State-based consultation with adult victims of sexual assault, services and agencies. NSW. www.lawlink.nsw.gov.au/vaw
- Victim of Offences Act (1987) <http://www.victimsupport.org.nz/about/index.shtml>.
- Victoria Health Department (1996). Who carries the health burden of rape? The Victoria Health Promotion Study. Presentation by Smith C. (2004) at Home Truths Conference, Melbourne.

Vito, D., Longmire, D. & Kenney, J. (1984). Can Police Action Deter Rape?: Two Views, Police Studies, 6 (4), 30-36.

Walklate, S. (1989). Researching Victims of Crime: Critical Victimology. Social Justice, 17 (3), 25-42.

Ward, C. (1995). Attitudes Towards Rape. London: Sage.

Warren, C. (1988). Gender Issues in Field Research. California: Sage.

Waryold, D. (1996). Handling Sexual Assault and Relationships with Law Enforcement Officials. New Directions for Student Services. Spring (73), 79-88.

Wasby, S. (1978). Police training about criminal procedure: Infrequent and inadequate. Policy Studies. Special Issue 7, 461-468.

Weiss, K. & Borges, S. (1971). Victimology and rape: The case of the legitimate victim. American Journal of Obstetrics and Gynaecology, 109 (4), 480-486 .

Williams, J. & Holmes, B. (1981). The Second Assault: Rape and Public Attitudes. Connecticut: Greenwood Press.

Wilson, C. (2002). Police and the Sexual Assault Examination, The FBI Law Enforcement Bulletin, 71, 14-18.

Wilson, G. & Wright, M. (1993). Evaluation Framework for Women's Health Services and Centres Against Sexual Assault. Centre for Development and Innovation in Health, Victoria.

Winkel, F., Vrij, A., Kopelaar, L. & Steen, J. (1991). Reducing secondary victimisation risks and skilled Police intervention: Enhancing the quality of Police/rape victim encounters. Journal of Police and Criminal Psychology, 7 (2), 2-10.

World Health Organisation (2003). Guidelines for Medico-Legal Care for Victims of Sexual Violence.

Wyatt, G., Notgrass, M. & Newcomb, M. (1990). Internal and External Mediators of Women's Rape Experiences. Psychology of Women Quarterly, 14, 153-176.

Wurtele, S. (1999). Comprehensiveness and Collaboration: Key Ingredients of an Effective Public Health Approach to Preventing Child Sexual Abuse. Sexual Abuse: A Journal of Research and Treatment, 11 (4), 323-325.

Young, V. (1992). Fear of Victimization and Victimization Rates among Women: A Paradox. Justice Quarterly, 9 (3), 419-441.

Young, W. (1983). Rape Study. Victoria University of Wellington: Institute of Criminology. Wellington.

Appendices

Appendix One: Maps of Police Districts

(a): Map of North Island Police Districts

TASMAN DISTRICT

CANTERBURY DISTRICT

SOUTHERN DISTRICT

STEWART ISLAND

NEW ZEALAND POLICE

SOUTH ISLAND POLICE STATIONS DOWN TO CPC

SCALE 1:100,000

DATE 1997

APPROVED 1997

STNSMAP.DOC

Appendix Two: Sample Interview - CIB

Background of CIB Experience

1. How long have you been in the CIB?
2. Which different geographic areas have you worked in while investigating sexual assault crimes?
3. How many cases of adult female sexual assault have you investigated or had a part in the investigation of?

Client management

4. If you are aware of the way in which the victim has come into the system, could you tell me how this has happened?
5. Could you tell me about the Police procedure in this district for dealing with rape victims from the moment of reporting?
6. What physical facilities are available to use throughout your investigation?
 - for the reporting of the attack
 - for the forensic and medical exam
 - for the main interview
 - for liaising with the woman thereafter
7. I'm aware that in some Districts effort is made to give the victim some recovery time before the formal interview. Is this practice in your Area?
8. Could you tell me if there are any processes in place to support victims during this time and to bring them back in to the system and whose responsibility it would be to provide this support?
9. Given that this can be a stressful area for Police, do you have an automatic debrief or peer review for each case?

10. Do you receive or solicit formal client or any other evaluation in respect of how they felt about the handling of their case?
11. Could you tell me what you know about the kind of services support/advocacy offer victims of sexual assault from the time of reporting until their involvement finishes?

Liaison

12. During sexual assault investigations have you collaborated professionally with any groups who work in a victim support/advocacy role?
13. Could you tell me about the points during the investigation at which you work in partnership with other agency personnel?
 - a. DSAC
 - b. support/advocacy agency
14. If you are aware of the general feeling in respect of the policy requirement for partnership with the agencies, could you tell me how this requirement is perceived?
15. Are you aware of any problems that have arisen due to police not being able to meet the Policy requirement to liaise with a specialist support agency?
16. Could you tell me what protocols are in place to govern your interagency liaison?
17. Do you routinely call in a support/advocate or would you seek the victim's permission first?
18. In your experience, what percentage of women would you estimate agree to have a professional support person present?
19. Do you know what range of services the support and medical agencies provide to victims?

20. Could you tell me which of the agencies does the work to maintain the partnership at the local level and what does this entail?
21. Could you tell me if you are aware of any regular consultation between *any* of the sexual assault services at national level?
22. Could you tell me what benefits the victims receives from your partnership with a specialist support person?
23. How do you feel having a specialist support person for the victim might work to the Police advantage/disadvantage?
24. Are you aware of any problems with respect to Police liaison with DSAC or a support/advocacy agency?
25. Can you see any potential for hiring a fulltime forensic examiner, rather than approaching a DSAC-trained doctor or Police surgeon?
26. There are overseas examples of all agencies working together in 'Rape Suites', where every intervention that the victim requires is carried out in one place. How do you think that would work here?
27. What could be done differently to improve how rape victims are being treated by the legal, medical, and support systems?

Comparison with Child Sexual Abuse Investigations

28. Have you ever worked in the child sexual abuse team (CAT)?
29. Could you tell me what the major points of difference are in how you investigate child sexual abuse as opposed to adult female sexual assault?
30. Can you tell me whether there is any crossover in the work done by CIB in this District or others between child and adult sexual crimes investigations?
31. Could you describe the kind of liaison that you have with CYFS?

32. How do you think the kind of liaison that you have with CYFS would work if applied to adult sexual assault?
33. Could you tell me why you think the multidisciplinary approach for children's complaints does not apply to adult female victims?