Briefing Paper:

The Community Sexual Violence Sector in the Auckland Region

This paper provides a summary of information about sexual violence in Aotearoa and Tamaki Makaurau, including patterns of victimisation and perpetration, the common impacts of sexual violence, its costs and its potential prevention. [Pgs 1-10]

It outlines the services and interventions being provided within the Auckland region by specialist sexual violence community-based providers so as to prevent and respond to sexual violence. Information about collaboration and interfaces in service delivery is provided. [Pgs 11-18]

Information about opportunities for innovation and development are presented, and gaps and challenges in meeting the needs of the Auckland population are identified. [Pgs 19-25]

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Sexual Violence – Background information

Patterns of Victimisation

Sexual abuse is one of the key social problems undermining the health and well-being of our population today. It has a wide prevalence and can have a high impact. Aotearoa research suggests that up to 1 in 3 girls will be subject to an unwanted sexual experience by the age of 16. The majority of those incidences would be considered serious with over 70% involving genital contact.[1] Research has found varying rates for males but large scale international prevalence studies have tended to find a figure of 1 in 7 boys.[2] Aotearoa research has found that up to 1 in 5 women will experience sexual assault as an adult.[3] Repeat sexual violence is a serious issue, with over 25% of adults in victimisation surveys reporting more than one incident, and qualitative research finding that survivors with a history of repeat victimisation are particularly vulnerable to sexual violence and have high and complex needs.[4] Those who are most at risk of repeat victimisation are often those whose index incident of abuse was sexual abuse as a child or adolescent.

Risk for sexual violence relates to a range of factors such as gender, age and relationship to the offender. Recent Aotearoa research found:[5]

- *Gender* – women have a disproportionately higher risk of sexual victimisation over their lifetime (over 90% of participants in both relevant surveys);
- *Age* – the chances of being sexually assaulted are highest for young women (aged fewer than 25). In both samples, around 1 in 3 participants were aged 16 to 20 when they were assaulted, with around two-thirds aged under 29;
- *Repeat victimisation* – women who are sexually assaulted as children, adolescents or adults are more likely to be sexually assaulted as adults (range 43-85%). Women who are sexually violated by intimate partners are at risk of repeat sexual victimisation as well as other forms domestic violence;
- *Ethnicity* – Maori women are highly more likely to be sexually assaulted than non-Maori women;
- *Disability* – people with disabilities are at heightened risk of sexual violence. Some disabilities can be a consequence of sexual violence.

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[1] Mullen, P.E., Martin, J.L., Anderson, J.C., Romans, S.E. & Herbison, G.P. 1993. Childhood sexual abuse and mental health in adult life. *British Journal of Psychiatry,* 163: 721-732.

[2] For example: Briere, J.N. & Elliott, D.M. 2003. Prevalence and psychological sequelae of self-reported childhood physical abuse and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect,* 27: 1205-1222.

[3] Fanslow, J.L. & Robinson, E.M. 2004. Violence against women in New Zealand: Prevalence and health consequences. *The New Zealand Medical Journal,* 117(1206): 1-12.

[4] Ministry of Women's Affairs. 2009. *Restoring soul: Effective interventions for adult victim/survivors of sexual violence.* Wellington: Ministry of Women's Affairs: xi.

[5] Ibid: 12. This is a summary of two samples: the *Pathways* sample based on self-selecting qualitative interviews with 58 survivors and surveys of 17 survivors, and the *Attrition* sample of all sexual offences recorded by the New Zealand Police between 1 July 2005 and 31 December 2007.

Common characteristics and dynamics of sexual violence diverge from stereotypical views of the context in which sexual abuse occurs. The above research found:[6]

- *Victim-offender relationship* – rates of victim-offender acquaintance vary considerably across sample methods; in these samples current and ex-partners accounted for 25-45%, over 1 in 3 offenders knew their victims socially in some way other than intimately ('other known'), strangers and 'met tonight' (known less than 24 hours) accounted for 20-30% of relationships.
- *Partner status* – younger women are less likely to be in relationships and are more likely to be assaulted by strangers and 'other known' men; older women are more likely to be in relationships and assaulted by a partner or ex-partner, often in relationships where other forms of violence occur.
- *Location of assault* – most sexual assaults take place in private settings (two-thirds to three quarters); young women are the most at risk of assault in public places as their routine activities are more orientated to the public domain.
- *Alcohol and other drug use* – sexual violence and alcohol / drug use are strongly correlated, with alcohol commonly used to assist perpetration of assault, as well as chronically misused as a form of self-medication by those assaulted; this in turn can increase vulnerability to repeat sexual victimisation.
- *Other forms of violence* – most sexual violence does not result in physical injury because context, threats and psychological tactics are used to coerce victims.

Our most recent Crime and Safety survey found that sexual offences against adults had the lowest reporting rate of all crimes, with only 7% of offences reported to the Police.[7] A recent attrition study confirmed that sexual violence has a very low conviction rate, with only 13% of cases recorded by the Police resulting in conviction.[8] Cases involving people who are most likely to be victimised are the least likely to proceed through the criminal justice system or result in conviction.[9] Therefore the justice system responds to only a tiny proportion of sexual abuse.

Recent research on effective interventions found that 86% of adult survivors rated counselling as very important or important to their recovery, and that counselling was the *most useful* tool for recovering from sexual violence. [10] An equal proportion of participants (86%) also rated specialist sexual violence services as important or very important to their recovery, and all of the Maori participants who accessed kaupapa Maori services rated them as extremely valuable.[11]

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[6] Ibid: 14.
[7] Ministry of Justice. 2009. *The New Zealand crime and safety survey: Main findings report*. Wellington: 45.
[8] Triggs, S., Mossman, E., Jordan, J. & Kingi, V. 2009. *Responding to sexual violence: Attrition in the New Zealand criminal justice system.* Wellington: viii.
[9] Ministry of Women's Affairs, *Restoring soul*, above n.4 at xi.
[10] Ibid: 61.
[11] Kingi, V. & Jordan, J. 2009. *Responding to sexual violence: Pathways to recovery.* Wellington: Ministry of Women's Affairs: 161.

Patterns of Perpetration

An outstanding feature of this social problem is how much of it is hidden in our society. Abusers cannot be easily identified – they can be anyone from the most respected people in our communities to those struggling with life. Child sexual abusers come from all backgrounds, racial groups, income groups and can be from any sexual orientation. There is both considerable overlap between different categories of offenders and a high degree of variation in offending patterns.[12] Some offenders have large numbers of offences over a wide variety of sexual categories, whilst others may have few offences and / or are specific in their type of offence. Like patterns of victimisation, patterns of perpetration commonly diverge from stereotypical views of what offenders do. For instance, contrary to popular perception, incest offenders may also abuse children outside their families – nearly 50% of an international sample had done so.[13]

There are many different reasons why people sexually abuse children. Finklehor proposes four factors that need to be present for child sexual abuse to occur:[14]

- being sexually attracted to children;
- able to overcome internal beliefs that sexual activity with children is wrong;
- able to overcome external restraints that would otherwise prevent these sexual inclinations being carried out;
- able to overcome or prevent victims' resistance to the abuse.

Thus some offenders only commit acts of sexual abuse when a particular set of circumstances come together, others want to abuse and create opportunities so they can abuse. Many offenders have had some kind of bad experience/problem in their early childhood and may have difficulties relating to adults. International research and the clinical histories of clients at SAFE support the view that somewhat less than half of those who sexually abuse a child have been sexually abused themselves.[15] Sometimes children are molested by other children. The most common age for onset of sexual offending behaviour is during adolescence. In most cases the child victim or their family knows and trusts the person who commits the abuse.

Treatment of child sex offenders is effective. Without treatment, up to 25% of convicted child sex offenders will be re-convicted of another similar offence within 5 years. With a full treatment programme, the equivalent re-conviction rate was 5%.[16]

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[12] Dixon, H. 2010. *Characteristics of men referred to sex offender treatment programmes* (Unpublished working paper). Wellstop.

[13] Abel, G., Becker, J., Mittleman, M., Cunningham-Rathener, J., Rouleau, J. & Murphy, D. 1987. Self-reported sex crimes of nonincarcerated paraphiliacs. *Journal of Interpersonal Violence*, 2(1): 3.

[14] Finklehor, l., Hotaling, G., Lewis, I. & Smith, C. 1986. Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect,* 14(1): 19-28.

[15] For example: Marshall, B., Serran, G. & Moulden, H. 2004. Effective intervention with sexual offenders, in *Managing sex offender risk,* edited by Hazel Kemshall & Gill McIvor. London: Jessica Kingsley Publishers 111-136.

[16] Lambie, I. & Stewart, M. 2003. Community solutions for the community's problem: An outcome evaluation of three New Zealand child sex offender treatment problems. Department of Corrections.

Impacts of Sexual Violence

The degree of impact of sexual violence on individuals ranges from no apparent effects through to debilitating psychological and behavioural effects. Families, partners, friends and supporters can be seriously impacted by secondary trauma.

On children - Children can experience impacts such as anxiety, fearfulness, depression, emotional numbing and avoidance, withdrawal and loneliness, decreased confidence and self-esteem, sleep disturbances, sexualized behaviours, aggression, cruelty, self-injurious behaviours and suicidality. These impacts can effect healthy development and contribute to more medical and mental health problems across the lifetime.[17]

On adults - For adults, a history of sexual abuse has been correlated with many diagnosable mental health problems, problematic substance use, and many other 'social problems' such as teenage pregnancy and lower lifetime social economic status. Survivors also report significant life difficulties arising from loss of trust, sexual desire and / or confidence, of feeling stigmatised or ashamed, and fears of being alone, of being with men, and of their children being abused. For adults who experience adult sexual assault, up to 17% do not recover from PTSD and live lives of increasing terror and social withdrawal as triggers to the experience generalise across their lives.[18] Women with PTSD have more medical conditions and worse physical health status (physical functioning, role limitations, bodily pain) than women without PTSD.[19]

On Maori - The prevalence of sexual victimisation is highest for Maori amongst all Aotearoa ethnicities and the impacts on Maori are serious and widespread.[20] Mäori females are twice as likely to experience childhood sexual abuse than Päkehä females.[21] Sexual violence is one of the leading causes of trauma amongst Mäori females.[22] Maori may suffer all of the impacts listed above as well as additional and exacerbated impacts due to the confounding effects of colonisation, such as the high prevalence of poverty and poor health outcomes amongst Maori. Sexual violence negatively affects the mana of individuals and their whanau and Maori service providers also respond to this impact.

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[17] McGregor, K., Glover, M., Gautan, J. & Julich, S. 2010. Working sensitively with child sexual abuse survivors: what female child sexual abuse survivors want from health professionals. *Women & Health,* 50(8): 737-756.

[18] Petrak J. 2002. The psychological impact of sexual assault, in *The trauma of sexual assault: Treatment, prevention and practice*, edited by Jenny Petrak & Barbara Hedge. England; New York: Wiley.

[19] Frayne, S., Seaver, M., Loveland, S., Christiansen, C., Spiro III, A., Parker, V., & Skinner, K. 2004. Burden of medical illness in women with depression and posttraumatic stress disorder. *Archives of Internal Medicine,* 164(12): 1306-12.

[20] Morris, A., & Reilly, J. 2003. *National Survey of Crime Victims 2001*. Wellington: Ministry of Justice.

[21] Fanslow, J. L., Robinson, E. M., Crengle, S., & Parese, L. 2007. Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women. *Child Abuse and Neglect,* 31(9): 935-945.

[22] Hirini, P., Flett, R., Long, N., & Millar, M. 2005.Frequency of traumatic events, physical and psychological health among Mäori. *New Zealand Journal of Psychology,* 34(1): 20-8.

Traumatic and health impacts - People traumatised by sexual violence are vulnerable to further traumatisation from everyday events. This is because psychological trauma works much the same way as physical trauma to the body - for example, if you fall on the road and badly graze your knee, a slight touch to the graze can hurt as much as the original injury; if the graze is banged in a way which normally wouldn't cause injury, it can cause the wound to reopen and the graze to bleed, thus slowing down the healing process. To take the analogy further, if you actually got that graze through falling off your bike, the next time that you are riding your bike and hit something which causes a similar wobble, the level of fear felt will relate to the experience of pain that you had when you fell and grazed your knee.

In order to protect one's self from the danger of re-traumatisation, survivors seek to control their social world to avoid triggering and the associated pain of it. This can lead to social withdrawal which in turn can lead to less positive experiences of the world, which, along with emotional numbing, can lead to depression. Besides PTSD and depression there are a range of negative health outcomes for survivors that surface after a sexual assault.[23]

Fatal Outcomes:	Murder	Suicide	HIV - related
Non fatal Outcomes:			
Physical	Injury	Functional impairment	Physical symptoms
	Poor subjective health	Permanent disability	
Chronic conditions	Chronic pain syndromes	Irritable bowel syndromes	Gastrointestinal disorders
	Somatic complaints	Fibromyalgia	
Mental health	PTSD	Depression	Anxiety
	Phobias/panic disorder	Eating disorder	Sexual dysfunction
	Low self esteem	Substance abuse	
Negative behaviours	Smoking	Alcohol abuse	Drug abuse
	Sexual risk taking	Physical inactivity	Overeating
Reproductive health	Unwanted pregnancy	STIs & PID	Gynaecological disorders

Secondary impacts - Research has explored the ways that sexual assault impacts on families and found that seeing the harm that sexual assault does to someone we love is traumatic in its own right. Secondary victims experience the effects of trauma as well, and sometimes with similar symptoms to the survivor.[24] Studies of parents of child victims of sexual abuse have found that these parents suffer clinical levels of distress at up to three times the prevalence of the general population.[25] The 'ripple effect' of sexual abuse is also commonly described – like a stone dropped in a pond, the ripples spread widely, affecting every family member in some way.

[23] Heise, L., Ellsberg, M., & Gottmoeller, M. 2002. A global overview of gender-based violence. *International Journal of Gynecology and Obstetrics,* 78: 5-14.
[24] Morrison, Z., Quadara, A., & Boyd, C. 2007. "Ripple Effects" of sexual assault. *Issues Paper 7.* Australian Centre for the Study of Sexual Assault: Australian Institute of Family Studies. http://www.aifs.gov.au/acssa/
[25] Ibid: 11.

The Costs of Sexual Violence

Sexual violence has significant cost impacts on Aotearoa including the direct economic impacts that fall on government and the community and private sectors, the intangible and opportunity costs that fall on survivors, offenders and families, and the social, economic and health costs borne by families and communities.

Economic costs - The New Zealand Treasury measured costs associated with health, police, legal and social impacts and estimated that in 2003/4 sexual violence cost our country $1.2 billion or $72,130 per incident,[26] assuming 1% of offending. This makes sexual offending by far the most costly crime per incident, and with inflation and estimates of sexual offending incidents now at 5% of crime, could be costing Aotearoa $7.5 billion per annum. Costs increase without early intervention. One study concluded that for every missed intervention, potential health costs could increase by over $3,000 per victim and direct social and economic costs would be closer to $10,000 per victim.[27] Government research estimates the cost of imprisoning a sex offender to be around $300,000 a year.

Costs to survivors – The largest portion of this cost falls on survivors and their families. Costs associated with accessing recovery and support services can create barriers to recovery and are partially borne by survivors themselves. Most survivors (90%) in a 2010 study identified that the costs of accessing services such as travel costs, top up fees, childcare, and translation or disability services acted as a barrier to them getting counselling and therefore recovering.[28] Replacement of items associated with the offending, increased security and insurance costs, additional healthcare costs, loss of earnings and productivity, loss of career or educational opportunities, are all consequences of sexual violence that may fall on survivors. Sexual abuse is associated with lower lifetime socioeconomic status.[29]

The ripple effect - The costs of sexual abuse are also felt by families and community. Many survivors of sexual violence withdraw from society as a result of the trauma they experience. This can result in reduced socioeconomic status which further aggravates the experience of social exclusion and can impact on family outcomes. Research has identified that intrafamilial abuse may result in non-offending parents experiencing loss or change in income, changes in relationships with family and friends, dependence on government programmes, employment disruption and changes in where they live.[30]

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[26] Roper, T. & Thompson, A. 2006. *Estimating the costs of crime in New Zealand 2003/2004* (Working Paper). Wellington: The Treasury.

[27] Norton, M. Rape crisis support services in financial trouble: A recommendation of multi-sector funding alternatives (unpublished working paper). Auckland District Health Board.

[28] Julich S., McGregor K., Nicholas L., & Sturgess C. 2010. *Costs as a barrier to victim/survivors of adult sexual violence in their recovery and in accessing services and justice*. Auckland: Auckland University of Technology.

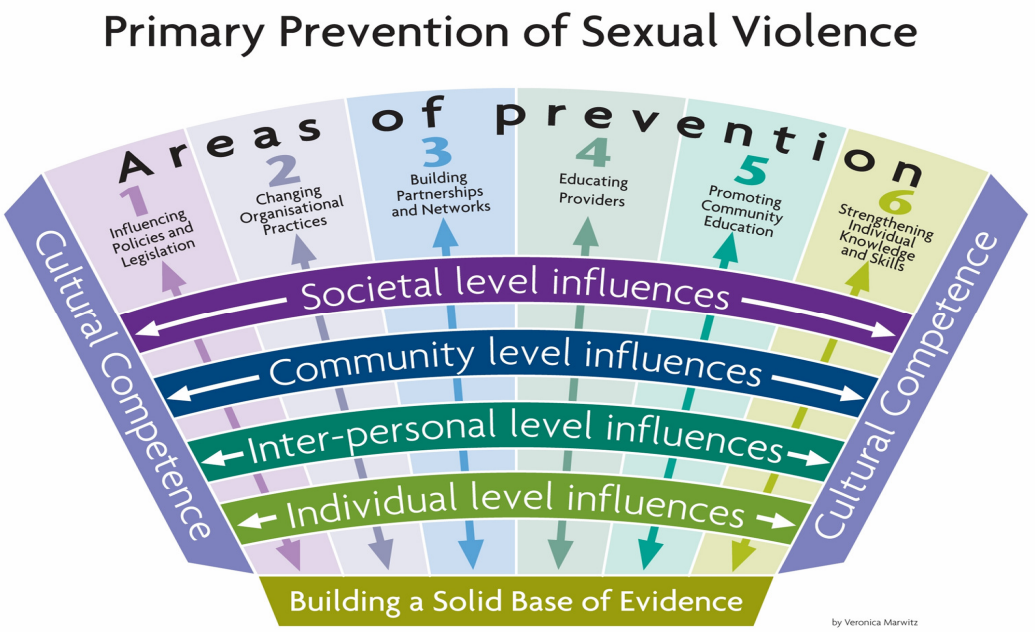
[29] Mullen, P.E., Martin, J.L., Anderson, J.C., Romans, S.E., Herbison, G.P. 1994. The effect of child sexual abuse on social, interpersonal, and sexual function in adult life. *British Journal of Psychiatry,* 165: 35-47.

[30] Elliot, A. & Carnes, C. 2001. Reactions of non-offending parents to the sexual abuse of their child: a review of the literature. *Child Maltreatment*, 6(4): 314 - 331.

Prevention of Sexual Violence

Sexual violence is preventable. The prevention of sexual violence requires a comprehensive approach that engages and involves a broad spectrum of the community. The primary prevention of sexual violence aims to prevent the first experience of sexual violence or engagement in sexually harmful behaviour. For prevention to be effective, it requires engagement by community leaders to spearhead a holistic approach that works to bolster protective factors and reduce risk factors at the individual, interpersonal, community and societal levels.

International trends and research reveal the effectiveness of prevention plans that cover the spectrum of prevention as outline in diagram below (for more information see Appendix A).[31] In addition, research reveals that the promotion of positive behaviour, such as respectful relating and bystander intervention skills, provide the most effective approach to preventing sexual violence.[32] Prevention has the ability to greatly reduce the cost of sexual violence in Aotearoa, and more broadly, strengthen the well-being of communities, families and individuals throughout the country.



[31] Cohen, L. & Swift, S. 1999. The spectrum of prevention: Developing a comprehensive approach to injury prevention. *Injury Prevention* 5: 203-207; Davis, R., Fujie Parks, L. & Cohen, L. 2006. *Sexual violence and the spectrum of prevention: Towards a community solution.* Pennsylvania: National Sexual Violence Resource Center.

[32] Carmody, M. 2006. Preventing adult sexual violence through education? *Current Issues in Criminal Justice* 18(2): 342-356.; Flood, M., Fergus, L. & Heenan, M. 2009. *Respectful relationships education: Violence prevention and respectful relationship education in Victorian secondary schools*. Victoria: Department of Education and Early Childhood Development.

Sexual Violence in Tamaki Makaurau

The density and complexity of the Auckland region population may lead to higher need for community based sexual violence services than might occur in some other regions of Aotearoa. Auckland has a confluence of population characteristics that are known to contribute to vulnerability to sexual violence.

Population size - Auckland is Aotearoa's most populous city; 31% of New Zealanders live in Auckland. Women are overwhelmingly the victims of sexual violence. Auckland was home to 678,009 women in 2006 and nearly a third of these women will experience sexual violence at some point in their lifetime.[33] Auckland has the fastest growing population in Aotearoa. Statistics NZ projections indicate that by 2031 there will be 985,300 females living in the Auckland Region, which is three and a half times more than Wellington.

Population by Gender and Region from Statistics NZ[34]

Year	**1996**		**2001**		**2006**		***2031***
Sex	**female**	**total**	**female**	**total**	**female**	**total**	***female***
Area							***Projected***
Northland	71,469	141,867	73,443	144,363	78,717	154,392	*86,900*
Auckland	**551,148**	1,077,207	**603,696**	1,173,639	**678,009**	1,321,074	***985,300***
Waikato	179,856	357,294	185,457	364,986	200,160	393,171	*236,600*
Wellington	212,628	416,019	220,020	427,542	235,488	456,657	*275,600*
Otago	98,733	193,131	100,191	194,487	107,244	209,850	*114,000*

Ethnic composition - Auckland has a population with a diverse range of ethnicities and ethnicity has a disproportionate correlation to sexual abuse. Maori women are at especially high risk of sexual violence and Auckland has a dense urban population of Maori that is greater than anywhere else in Aotearoa.[35] Pacific and migrant women are also at statistically greater risk of sexual violence,[36] and Auckland is home to more Pacific and migrant people than anywhere else in Aotearoa. Some sectors of society are more at risk of sexual violence than others, including women, young women, and sole mothers. Auckland demographic trends show that we have a growing population from these groups and that they are disproportionately from the ethnic groups that are also over-represented in Auckland. This contributes to a complexity of population that may disproportionately increase the risk of victimisation and the likelihood of high and complex need.

Young population - Young people are statistically at the highest risk of sexual assault; the age group 16-24 yrs being at the highest risk of sexual assault in any age group.

[33] Ministry of Justice, above n7.
[34] Department of Statistics: http://wdmzpub01.stats.govt.nz/wds/TableViewer/tableView.aspx
[35] Ibid.
[36] Ministry of Justice. 2009. *Te toiora mata tauherenga: Report of the taskforce for action on sexual violence*. Wellington: Ministry of Justice.

Auckland has a young population – young people make up 17% of the Auckland population and it is home to 34% of Aotearoa females aged 10 -24. High school students are particularly vulnerable to abuse in that they are both beginning to be at risk in their developing social worlds, while their often relatively powerless place in families means that they may still be at risk from family and family friends with access to the home. The Youth '07 study found that 1 in 5 female school students (19.9%) and 1 in 20 male students (5.4%) had already experienced one or more episodes of unwanted sexual behaviour from another person. About half of these episodes had occurred in the last 12 months and of these one-third of the students reported the abuse as severe (pretty bad, really bad or terrible). The majority (60%) of students suffering sexual abuse had not told anyone about it.[37] International students are also at high risk of sexual abuse and there are a significant number of international students in Auckland, particularly in the CBD.

Poverty may have a bearing on vulnerability for youth in terms of sexual violence. In Auckland a higher proportion of youth live in very deprived areas relative to the rest of NZ. Auckland has a higher proportion of young people who live in very deprived areas relative to the rest of NZ.[38] Within inner Auckland, the Avondale-Roskill and Tamaki-Maungakiekie wards are the two most populated and deprived wards in the City. A recent service analysis of youth clients at Auckland Sexual Abuse HELP found that most of the girls lived in the Western part of the City (Mt Roskill, Avondale, New Windsor, Owairaka). South Auckland is the most deprived urban area in Aotearoa and has a high population of Maori, Pacific, migrant and young people.

Youth offending - There is a high risk of offending in the youth population group. Increasingly, studies show young people as committing a substantial proportion of extensive (often termed 'serious') sexual offences. In a study that interviewed 497 women, nearly one third reported at least one incident of sexual abuse prior to the age of 16, of these nearly 50% of the perpetrators were under 25 years of age, while 50% of these were younger than 18. These findings led the authors of the study to state: "teenage offenders were a large and often quite violent group, who carried out one quarter of the offences".[39] Typically, fewer than 10% of young people who have completed a treatment programme repeat their sexually harmful behaviour. Studies have shown that young people who do not complete a treatment programme are around 13% more likely to repeat their sexually harmful behaviour than those who have completed a treatment programme.[40]

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[37] Clark, T.C., Robinson, E., Crengle, S., Grant, S., Galbreath, R.A. & Sykora, J. 2009. *Youth'07: The health and wellbeing of secondary school students in New Zealand: Findings on young people and violence.* Auckland: The University of Auckland.

[38] Auckland District Health Board. 2010. *Our healthy young people: Auckland city youth health improvement plan*.

[39] Mullen, R, Anderson, J, Roman-Clarkson, S., and Martin, J. 1991. *Otago Women's Health Survey (*Unpublished manuscript). Otago University Medical School.

[40] Nisbet, I., Rombouts, S., & Smallbone, S. 2005. *Impacts of programmes for adolescents who sexually offend*. Sydney: New South Wales Department of Community Services.

Community Sexual Violence Services in Tamaki Makaurau

Such a widespread, potentially debilitating and relatively invisible social problem needs an effective response. Fortunately the Auckland region has a range of specialist sexual violence services working hard to meet the growing needs of Auckland, including primary prevention and services to those who have experienced or perpetrated sexual abuse and their whanau. Our services interface well and there is no duplication of service delivery. Each of the agencies works with a defined client group and has particular areas of expertise within these client groups. Service delivery areas are based on geographical location and community need. There is a strong referral culture and services collaborate to address what gaps we can, ensure clients are matched with the most appropriate service and to improve the response to sexual violence at a national level through our affiliation with TOAH- NNEST.

1) Services to the general population - Prevention and education

1.1 Rape Prevention Education (RPE)

RPE's mission is to work in partnership to create communities free of sexual violence and to ensure that those who are affected by sexual violence are treated fairly and supported well. This work is performed community services, education, health promotion, research and advocacy in the greater Auckland area and nationally. RPE provides service to a broad range of audiences and cultural groups including 7,700 young people, community members and professionals per year, plus more than 46,000 young people, community members and professionals who access our website each year. RPE distributes more than 20,000 brochures about sexual violence to more than 30 community organisations in Auckland and nationwide.

In order to prevent sexual violence, education programmes need to address social norms regarding gender, sexuality and violence. A concerted effort must be made to change attitudes and behaviours that support sexual violence and to equip people with skills and tools that allow them to develop healthy, respectful sexual relationships. RPE has moved from teaching risk avoidance to promoting respectful relating within communities and to stop sexual violence before it occurs through education, training and information dissemination.

1.2 Auckland Sexual Abuse HELP (HELP)

HELP provides *'We Can Keep Safe',* a personal safety programme for 3-5 year old children and their caregivers. It teaches personal safety skills to help keep safe from sexual abuse within a context of general safety skills and uses age appropriate theatre, drama and songs to do so. Caregivers are involved in the programme lessons so they can reinforce them in the home, and given information about sexual abuse. *We Can Keep Safe* is delivered through preschools in the Auckland area.

2) Crisis response services to survivors and their families

Crisis services are a key response to sexual violence in our community - access to effective early intervention is crucial for survivors. Early intervention can provide the right kind of support at the right time. One of the functions of early intervention following sexual assault is to provide often missing social support. Family and friends often don't know the best ways to respond to disclosures and can unwittingly make things worse for the survivor. Crisis services offer survivors an accessible route to support and therapy. The availability of a crisis service Survivor need that has shown that acute intervention might be required at many points in a survivor's journey following sexual assault and access to crisis response services in Auckland is not limited to immediately following the assault.

A 24 hour service is needed by survivors. There are four factors which mean that the provision of a 24 hour service is essential:

- Rape – can happen anytime, but mostly happens at night.
- Flashbacks and nightmares – can happen anytime, but often happen at night.
- Disabling terror – can happen anytime, but often happens at night.
- Privacy to talk on the phone about something that you feel ashamed and distressed about – can happen anytime, but often happens at night.

In Auckland crisis services are provided by Auckland Sexual Abuse HELP to central, north and west Auckland (ADHB and WDHB areas), and by Counselling Services Centre to south and east Auckland (CMDHB area).

2.1 Auckland Sexual Abuse HELP

Auckland Sexual Abuse HELP's client group includes children, young people, women and their families and supporters, particularly those with high and complex needs who need 24 hour team-based support. HELP now has over 12,000 contacts per annum through its 24 hour telephone service. Its specialist crisis response services are:

• 24/7 telephone support ranging from individuals in crisis to people seeking information, referral or advice. About 40% of contacts are from young people 13-25 yrs. It also supports those in counselling but struggling to get through the night.

• 24/7 call-out service supporting people reporting sexual assault including medical examination and statement making. Our role is safeguarding their emotional health and advocating on their behalf when requested. We attend over 400 call-outs a year.

• Face-to-face crisis support sessions for people struggling to establish safety and social functioning. This is an urgent response service which assists with stabilisation and support into ongoing treatment.

• Court preparation and support for survivors involved in criminal trial processes.

2.2 Counselling Services Centre

Since 1995 our Crisis Intervention Team has been providing a 24 hour, 7 day per week service responding to calls from the Police, hospitals, and victims directly, providing immediate assistance to men, women, and children aged 13 years or older who have been sexually assaulted or sexually abused. We assist clients who are disclosing both acute and historical assaults. Our team of women attend medical examinations and Police statements and provide consultations and phone and face-to-face follow-up. We are the only Counties Manukau agency providing this service.

3) Recovery services to survivors and their families

Access to counselling is a necessity for many sexual violence survivors for their long term recovery and healing. Recovery relates to a restoration of well-being across the physical, mental, emotional, spiritual and interpersonal spheres. From a Western viewpoint, recovery is seen as an individual's process and supports their relationships with family and friends. For Māori, it encompasses a restoration of mana for survivors and their whānau. Similarly, for survivors from Pacific and other collectivist cultures, the task of recovery involves significant social networks. Participants in a recent MWA study described recovery as a process, rather than an end-point, that can occur over a long period of time.[41] Counselling and specialist sexual violence services were the most frequently cited factors that helped.

Since October 2009 when the new ACC Special Claims Unit clinical pathway was introduced in Aotearoa, many experienced and specialist private therapists stopped taking ACC referrals. This mass departure was due to the pathway's requirement for assessments to be undertaken independently from service provision, and that the processes were understood to be unethical and harmful for survivors. The decimation of the private sexual violence counselling sector is an enormous and negative outcome for survivors in Aotearoa. All research in the sexual violence area points to the importance of support and counselling being offered by trained professionals skilled in this sensitive area. In the absence of a private sexual violence trauma counselling sector, agencies have had to step into the breach and provide more service to more clients with less funding available.

In the Auckland region counselling services are provided by Tu Wahine for Maori clients using kaupapa Maori services, Waitakere Abuse and Trauma Centre in West Auckland, Counselling Services Centre in South Auckland and Auckland Sexual Abuse HELP in central and north Auckland. All of these agencies struggle with capacity and resourcing to meet client demand. The highly skilled workforce is available and able to provide specialist counselling to survivors. However, rising costs and population growth in Auckland means we struggle to meet the growing demand.

[41] Ministry of Women's Affairs above n11

3.1 Tu Wahine Trust

Tu Wahine has provided services to the Maori community since 1989. It is a community agency delivering kaupapa Maori programs and services to Maori women, children and whanau who have experienced sexual violence/abuse and whanau violence. We are committed to providing a service that:

- Supports, educates and heals women, children and their whanau who have been affected by all forms of sexual violence/abuse and whanau violence,
- Develops and establishes Maori women, children and their whanau into positions of empowerment, through increasing their perspectives in relation to the issue of violence and abuse on a spiritual, physical, cultural and economic basis,
- Empowers whanau by supporting Maori women and men in complimentary roles within their whanau.

Services provided include:

- Specialist individual and whanau korero awhina for Maori women, children and their whanau affected by rape, incest and sexual abuse,
- Tamariki me nga rangatahi (children/youth) individual and whanau programs for those who experience the affects of whanau violence,
- Korero awhina for Maori women, children and their whanau who need skills to deal with daily stress,
- Specialist korero awhina Court approved programmes for applicants of the Domestic Violence Act 1995 and their children who witness whanau violence.

Accreditations:

- Tertiary qualified kaikorero awhina (counsellors) who have a wealth of experience and expertise to cater for the needs of Maori and are well versed in providing kaupapa Maori based services,
- ACC accredited, Ministry of Justice approved, Child Youth and Family approved.

3.2 Waitakere Abuse and Trauma Counselling Service (WATCS)

WATCS was established 21 years ago to provide counselling/therapy for the women children and families of West Auckland who had experienced abuse, trauma and family violence. The service operates from Monday to Friday and is staffed by qualified therapists and counsellors. Our vision is to “Restore self, reconnect families and to rebuild communities” and we provide court approved programmes for applicants and their children (individual and group programmes), individual counselling and therapy and groups for children and teenagers.

In 2010 66.8% of new clients described themselves as European, 19.05% Maori, 6.35% Pacific, 5.8% Asian, and 2% other. Forty six percent of clients attended for family violence issues, 30% for sexual abuse and 24.47% for trauma issues including sexual assault and rape. Forty percent of all clients are children. The agency provides

low cost service and the end of therapy is determined by clinical need rather than financial drivers. The agency is funded by various sources including a Ministry of Social Development contract and fee for service funding through ACC and the Ministry of Justice. Despite clients often having only limited financial resources they contribute small donations of whatever they can afford this often means nothing. The agency therefore relies on the philanthropic sector to subsidise the agency and cover the short falls in funding in order to maintain core business.

3.3 Counselling Services Centre

Counselling Services Centre (CSC) was set up in 1986 as South Auckland HELP Foundation, delivering Counselling services. In 1992 the organization changed its name to Counselling Services Centre due to the expanding needs of the South Auckland Community. The Agency was established to deal specifically with victims of sexual abuse and sexual assault but its service has since been broadened to include counselling services to those whose lives are affected by domestic and family violence, homicide, suicide, grief, addiction, stress and depression. The Agency works with children, young people, couples, families, women, and men - any person who lives in South Auckland who needs help.

Since 1995 the Crisis Intervention Team has been providing a 24 hour, 7 day per week service responding to calls from the Police, Hospitals, and victims directly, providing immediate assistance to men, women, and children aged 13 years or older who have been sexually assaulted or sexually abused. CSC assists clients who are disclosing both acute and historical assaults. The team of 8 women attends medical examinations and Police statement taking and provides consultations and phone and face to face follow-ups. CSC is the only agency in Counties Manukau to provide this service. CSC provides a low cost, accessible counselling service to those who otherwise would not be able to access help because they cannot afford to pay for the usual costs associated with counselling.

3.4 Auckland Sexual Abuse HELP

HELP's provides a specialist therapy service to children, young people, women and their families who have been affected by sexual violence. Due to limited capacity and the previous availability of private practitioners in the community HELP specialises in supporting survivors with high and complex needs and those involved in criminal justice processes. Many service users are beneficiaries or have multiple determinants of deprivation and social isolation. Our work is complex and difficult, requiring a high degree of professionalism. Clinical staff are qualified therapists with professional body association. HELP's face-to-face counselling services are provided through the following specialist services:

• Child and family service providing integrated support to children who have been sexually assaulted alongside the caregivers and family members who will be responsible for ensuring their ongoing safety.

• Youth outreach working with high schools and community referrals to ensure that young women get the specialist support they need when they have been recently assaulted or are healing from childhood sexual abuse. This service includes caregiver counselling and resources, and www.gr8mates.org.nz - a web based education resource for teenagers supporting a friend who has had an unwanted sexual experience.

• Specialist trauma counselling for adult women survivors of recent rape and childhood sexual abuse. Our team are experts in trauma therapy and working with complex and high needs clients and families.

4) Services to people with harmful sexual behaviours

4.1 SAFE Network Inc (SAFE)

SAFE operates the largest community-based professional treatment service for adults, youth & children with sexually harmful/problematic behaviours in Aotearoa. SAFE are the only specialist sex offender service in the Northern Region, with its core client population being based within Tamaki Makaurau (in addition to Hamilton and Whangarei). Our work focuses on assisting adults and youth to address their sexually harmful behaviour. In addition, we also have specialists who work with children who have sexually problematic behaviours assisting them to learn to express themselves in healthier ways. Our treatment services based in Auckland is served by a team of 22 full time specialists including clinical psychologists, psychotherapists, family therapists and social workers. We provide specialist services for males and females under the following clinical pathways:

Mainstream Treatment Pathways (Adult, Youth, Internet offenders & ID):

Our service is modelled on international best practice and informed by sound clinical protocols. Combined, our clinical protocols support us in the knowledge that "together we can make the courageous journey towards lives free from sexually harmful behaviour". Mainstream pathways encompass treatment for -

- Adult (over 17 years) with sexually harmful behaviour
- Youth (14 – 17 years) with sexually harmful behaviour
- Females with sexually harmful behaviour
- Internet offending (those who offend using the internet)
- ID (those with intellectual disability who offend).

Early Intervention Pathways (Children):

Together we can help our children move beyond sexually problematic behaviour. Early intervention pathways encompass treatment for -

- Children (aged 4 – 10 years) who have sexually problematic behaviour.

Expected Treatment Outcomes:

On successful completion of treatment we expect are that -

- No further offenses of any kind are committed
- Full responsibility is taken for the offending behavior
- Acceptance as a safe, responsible member of their family is regained
- Safe intimate relationships are possible
- A safe and healthy lifestyle has been created

Without treatment up to 25% of convicted child sex offenders will be re-convicted of a similar offence within 5 years. With a full treatment in the SAFE programme recidivism was as low as 5.3%.[42]

5) Collaborative, innovative responses to client need

5.1 Restorative justice

Project Restore - Auckland has one of the only sexual violence specific restorative justice programmes in the world. This project brings together survivors and offenders in a safe and managed way to provide a justice process that holds offenders accountable and aims to repair the harm caused by sexual offending. Research indicates that survivors of historical childhood sexual abuse want to experience a sense of justice currently unavailable to them within our justice system. Project Restore is a collaboration of Auckland Sexual Abuse HELP, SAFE Network, Rape Prevention Education and Restorative Justice Services Auckland.

The programme is run from a platform of safety. This includes such features as:

- A restorative justice facilitator who has an in-depth understanding of the dynamics of sexual violence
- Two community specialists – a survivor specialist and an offender specialist with an in-depth understanding of restorative justice
- Preparation for all participants in the conference process
- Survivor driven in terms of pace and process.

Research to date has shown favourable outcomes and high victim satisfaction rates for participants and has lead to many offenders undergoing treatment.

5.2 Family Reconciliation

During community treatment of a person who has caused harm through their sexual behaviour, most families are split up so that both the person who caused the harm

[42] Lambie & Stewart, above n16.

and the person who was harmed are able to live safely. At the end of treatment, safety plans are put in place which may require the person who caused harm to live away from the family indefinitely. However, most families wish to reconcile and, in spite of what they may be advised, do reconcile following treatment. Family reconciliation is survivor driven, involves therapeutic assessment of all parties, safety driven, and for all parties: survivor, offender, family**.** Our service philosophy is reconciliation over reunification, that is, aiming for healing of relationships; reunification might or might not happen and recognises the realities of "living with risk", so we want to increase resilience of people and systems.

Family reconciliation has the capacity to improve quality of life for many who have been impacted by harmful sexual behaviours through allowing the family to re-engage in safe relationship and family rituals. This might mean that children can get a parent back, or that a sibling is able to rejoin full-time family life and get back his/her parents and brothers and sisters. The safety of our programme lies in the professional capacity and training of the two agencies that share the programme (SAFE Network and Auckland Sexual Abuse HELP).

Gaps in Service Provision for Tamaki Makaurau

The range of agencies already in place to provide support for people affected by sexual violence means Auckland is well placed to solve the problem of sexual violence. However, existing services require expansion and development to meet the ever growing demand for them. We are aware that unless we can help all of those who have been impacted by sexual violence (survivors, their whanau, offenders and the wider community) we will not begin to turn back the increasing prevalence of sexual violence in our city. We also know that prevention, early intervention and treatment can significantly reduce downstream social, justice and health costs.

Increasing capacity in existing services

Although Auckland agencies are well established to respond to the range of need from our population demand well outstrips our ability to meet need – even in core essential services. This lack of capacity is a result of under funding – particularly in relation to volumes contracted – and the fragmentation of funding streams over the last 20 years. In relation to core services the following capacity issues are pressing:

1. Services for Maori

Tu Wahine work with Maori survivors and their whanau in West Auckland. The service does not have the capacity to stretch beyond West Auckland at this time and Maori survivors living in other parts of Auckland are denied access to a kaupapa Maori service. A recent stocktake of kaupapa and tikanga Maori services in Aotearoa emphasised that the impact of this is to obscure the reality of sexual violence for Maori, the workforce development needs of the sector, the lack of appropriate access pathways and contribute to a high degree of culturally compromised or inappropriate service provision for Maori.[43] This means that Maori are denied access to services that lead to the restoration of mana, place the individual within the context of the whanau and address cultural identity inclusive of inter-hapu dynamics. These are components of service delivery that are essential to Maori healing and cannot be adequately delivered by mainstream services.

SAFE network provides Te Kakano – an indigenous treatment programme delivered by indigenous practitioners from a Maori worldview and whanau context. Te Kakano provides services for Tane, tu Tane, and Rangatahi. Demand for these services are increasing year on year, yet the capacity to identify and recruit specialist Maori clinicians or graduates (whom to grow) is limited by both the suitability and the availability of workforce. Investment is desperately required in the growth of specialist Maori clinicians if both survivor and offender services are to be positioned to build kaupapa and tikanga Maori services within Tamaki Makarau. In addition,

[43] Hamilton-Katene, S. 2009. N*ational stock-take of kaupapa and tikanga Maori services in crisis intervention, long term recovery and care for sexual violence*. Wellington: Te Puni Kokiri: 6-7.

specialist treatment services that are culturally specific increased costs are incurred such as the provision of Noho Marae weekend intensives and whanau education days as well as challenges in ensuring clients have sufficient funds/income to enable them to access to treatment services.

2. Culturally appropriate services

Auckland has a large Pacific population and a growing Asian population. Specialist Pacific services do exist but considerable barriers to Pacific clients being able to access these services exist. This includes limited resources to disseminate information out to Pacific people, the considerable resource necessary to meet the various language needs, limited workforce capacity, very limited funding, complexities relating to immigration status and a lack of staff to identify and address cultural barriers.[44]

Although SAFE offers culturally specific Pacific Island offender treatment services through its Amanaki Services, the limited capacity of clients to access financial support to travel to access such services, the complexities of the role of the churches and their relationship to abuse within the family, and the necessity of extended family engagement within offender treatment all contribute to making the economic viability and sustainability of Pasifika services challenging.

It has been recognised in previous research that there is a gap in service provision for new migrants and refugees. Recent research found that 65% of service providers rated their service delivery to ethnic, migrant or refugee peoples as average or worse.[45] In Auckland service need for the Asian population has been identified.[46] The Asian population in Auckland is projected by Statistics Aotearoa to increase to 25 percent of population by 2016. Currently a third of Aotearoa's youth population (15-24) are of Asian or Indian decent - primarily due to a general increase in Asian students studying in Auckland.[47] Our agencies are committed to ensuring that services match client need but limited service development means there is very limited options for refugees and new migrants.

3. Crisis response services are stretched beyond capacity.

Whilst HELP responds to call outs on a 24/7 basis it is unable to respond to approximately 25% of referrals, largely due to lack of funding for staff. The same is sometimes the case for Counselling Services Centre, having to take email and/or phone referrals from the Police and following up with the victims directly due to be

[44] McPhillips, K., Sullivan, H., Watts., Peipi Te Pou, S. & et al. 2009. *Tauiwi responses to sexual violence*: *Mainstream crisis support and recovery and support services and Pacific services* (Report to the Ministry of Social Development). Wellington: Ministry of Justice.
[45] Mossman, E., MacGibbon, L., Kingi, V., Jordan, J., 2009. R*esponding to sexual violence: Environmental scan of New Zealand agencies.* Wellington: Ministry of Women's Affairs.
[46] Auckland District Health Board above n36.
[47] Ibid.

under resourced and unable to attend a call out at the time. As population grows, as the prevalence of sexual violence grows and as help seeking behaviour increases, demand for crisis response services increases every year. On average HELP experiences around a 15% increase in requests for immediate support each year. This means that the number of contacts through their telephone support line has nearly doubled since 2005. Resourcing for these services does not take account of such increases and is now acutely stretched beyond capacity.

4. Wait lists for counselling referrals

One of the impacts of the ACC SCU changes in 2009 was a drastic reduction in the number of private sexual abuse counsellors operating in our communities. The result of this was that throughout 2010 our agencies received an influx in survivors seeking counselling. Clients experienced waiting lists of 4-5 months because the demand so out stretched the capacity of each agency. Our agencies are still working at full capacity to try and limit the wait lists our clients. At Auckland Sexual Abuse HELP the wait list is significant for all groups – adults, youth and children, due to the high demand and limited staff capacity.

5. Limited offender services available

To be effective, treatment services for offenders need to be comprehensive and run over an extended period of time (18 - 24 months). As a result, these services are costly to run and do not fit within the "standard" funding models (i.e. funding contracts limited to duration of each financial year per client). Furthermore, the provision of treatment services for offenders is a difficult "package" to sell to funders outside of governmental agencies for whom community safety is a core deliverable. As a result of these constraints, like survivor services, SAFE faces capacity constraints, as demand for their services outstrips the funded capacity to respond. Most at risk is the provision of treatment services for youth aged 18 -24 (very limited governmental funding sources) and members of the community who self refer for treatment (again limited funding available). It is important to note that SAFE provides treatment services from the top of the North Island to Whakatane.

6. Limited prevention education available

Rape Prevention Education engages in a wide range of prevention education and activities, in Auckland and nationally, including multiple programmes for young people, professionals and Maori (see www.rapepreventioneducation.org.nz). While the Spectrum of Prevention described earlier, requires a comprehensive approach, RPE is continually limited in its ability to deliver across the spectrum due to funding limitations. If funding was invested in planning and implementing an Auckland regional prevention plan that utilised the synergy of the Spectrum of Prevention,

very positive outcomes would result in terms of preventing sexual violence; reducing the emotional, spiritual, physical and financial cost that sexual violence takes on Auckland.

7. Limited court support available

Auckland Sexual Abuse HELP provides a very limited court preparation and support service. No dedicated funding exists for this service but it is considered essential to protect the well-being of people who have been sexually assaulted as well as their families. It is well established that sexual offence trials have the tendency to harm or re-traumatise survivors in their witness role and that the core of most sexual offence trial defences is to undermine the credibility and veracity of complainants. Practical and emotional preparation for trial is essential to protect survivors from further harm and to protect the psycho-social recovery that has been made in the time since the offence occurred. This service is supported by the Auckland Police and Crown Prosecutors as they are of the view that witnesses who are supported by a counselling agency through a court support function are better prepared for court, are more likely to persist through the pre-trial and trial processes and make more coherent witnesses. Counselling Services Centre previously provided this service to South Auckland service users but due to funding constraints has had to postpone this critical service aspect. It is vital that as we improve our criminal justice response to sexual offending; we also need to improve our responsiveness and support to survivors involved in it.

Service development

The lack of resources for core service delivery plus the lack of strategic planning and attention to the service needs in the sexual violence area means there are also very pressing service development needs. Whilst Auckland agencies have worked very hard to drive innovation and respond to client and community need, service development requires sustained and significant investment and cannot be achieved through one-off funding. This lack of investment means that some of the groups in our community who are most vulnerable to victimization and perpetration face the greatest barriers to accessing service. The following are the most pressing service development needs for Tamaki Makaurau:

1. Crisis response services are underdeveloped

The Taskforce for Action on Sexual Violence developed a blueprint for appropriate crisis response service provision based on survivor need and examples of international good practice guides.[48] The blueprint identified the critical components of specialist crisis services. The following are not available in the Auckland Region:

- *24/7 internet communication service* (text and internet) to meet the needs of young people, those with disabilities, those without landlines, privacy needs etc.
- *Case tracking capacity* to ensure appropriate coordination of cases through the criminal justice system, reducing attrition and increasing justice outcomes.
- *Web information* – regularly updated with youth appropriate interactive aspects and with the capacity for resource provision to the community.
- *Resource bank* – to assist with acute practical need including clothing, transport, safety, alternative accommodation, respite care, and emergency funds.
- *Social work support* to assist with access to and advocacy for emergency income, accommodation and the like.
- *Support for families and friends* such as a dedicated advocate at crisis points such as reporting, medical interventions, supported disclosures etc.

2. Counselling for men and teens who have experienced sexual abuse

Sexual abuse and assault is a social problem which has as its victims predominantly women and children. However, there is a lack of specialist services - agency or community - to refer men and teenage boys who have experience sexual violence to. We believe that a specialist service for men and teenage boys needs to be developed. Survivor services who work with females are willing to support development of such a service but resourcing is necessary.

[48] McPhillips et al, above n42.

3. Services for female young offenders with experience of sexual abuse.

Although we currently have a limited picture available as to the number of female offenders in Aotearoa, what we do know is that internationally it is estimated that women and girls account for approximately 5-10% of sexual offending against girls and 10-12% of those against boys.[49] In a recent survey of Safe referrals between 1994 – 2011 it was found that SAFE received approximately 29 referrals for girls aged between 10 – 17 years.[50]

Although one might argue that the numbers of female offenders are small, we nevertheless know that the impact of women and girls (who will become women) within the family unit is such that in ignoring treatment service provision for this client population we risk the safety of children in the future. We have the skillset to develop this service but do not have the resource to fund it given its limited numbers and the specialised nature of intervention female clients require.

4. Services for disabled people

People who have a disability are much more likely to experience sexual assault. Although we endeavour to make our services accessible to disabled people in reality this is severely limited in many cases. Mobility challenges mean we need to take our services to where disabled people are but there is no provision for an outreach service in our agencies. In addition services for the deaf, those with intellectual impairment and other groups are virtually non-existent and this results in one of the most vulnerable groups being denied access to service.

5. No counselling service on the North Shore

There is currently no agency offering specialist services to survivors and their families on the North Shore. HELP responds to call outs on the North Shore on a 24 hour basis there is no agency providing therapy services on the North Shore. Reduced availability of ACC registered private practitioners on the North Shore has made this a serious matter in the last 18 months. Counsellors from HELP have been using a room at the North Shore Women's Centre to provide a very limited service (one half day per week) to women on the Shore as an interim measure. However women who are not available on Friday afternoon's or unable to travel to Mt Eden are being denied service.

6. Youth appropriate services

[49] Finkelhor, D., & Russell, D. 1984. Women as perpetrators: Review of the evidence. In *Child sexual abuse: New theory and research,* edited by D. Finkelhor. New York: Free Press: 261-284; Finkelhor, D., Williams, L., Burns, M. & Kalinoski, M. 1988. *Nursery crimes; Sexual abuse in day care.* Thousand Oaks, CA: Sage Publications, Inc.
[50] SAFE statistics cited in Weedon, V. 2011. (Forthcoming).

Auckland is home to many young people. We know that young people are more likely to engage with services in a place that is easy for them to access and which provides some anonymity. HELP and CSC offer counselling through high schools and this is a heavily used and highly regarded service aspect by those secondary schools in the Auckland region who receive it. However only a small proportion of schools receive this important – and wanted – service on current resources. Specialist sexual violence services require funding to develop a comprehensive counselling in schools programme. In addition youth specific service needs need development – these would include text and social networking interfaces, increased caregiver services and resources, separate access pathways such as websites and resources that reflect youth culture and needs. CSC has developed a sexual abuse trauma recovery group for young women called *Recrea8* but unfortunately has no ACC accredited counsellor able to run it at present.

7. Family Reconciliation

Providing family reconciliation is costly due to the need to work intensively with the family and across agencies and over extended periods of time. Currently there is no funding for this important work of bringing families back together in a safe way. We are not currently able to offer this service to many families which mean families are independently reconciling without safety and support and children are put at further risk of harm.

8. Social work and support for families

Alongside effective counselling and crisis support, many survivors need support and advocacy to assist with stabilisation whilst dealing with the trauma of sexual assault, and to support their functioning in society. Sexual violence can result in some survivors withdrawing from society, some struggling with everyday functioning and experiencing limited economic resources. Social work allows agencies to support the client in the wider context of their social world including dealing with government services, gaining access to safe and healthy environments, or assisting with communication with schools or childcare for example. Our agencies are currently unable to provide this service due to resourcing constraints but the benefit to many of the high and complex needs clients we work with would be significant and would add considerable value to the work we are already doing.