Original Research

SUSTAINING SEXUAL SAFETY IN OAMARU, NORTH OTAGO, OTAGO, NEW ZEALAND

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INTRODUCTION

As third year nursing learners at Otago Polytechnic, part of the course requirement for our Primary Health placement was to complete a community assessment of South Oamaru. In identifying health needs within this community, we started by conducting an assessment of the area through foot and windshield surveys. Following this, we carried out several interviews with locals in the region. The learners then identified sexual safety as one of the health needs, investigated health promotion strategies to support recommendations and create resources aiming to improve the safety of the community.

South Oamaru is located in the Waitaki District of the Otago Region. Oamaru is situated on the shores of a small bay immediately north of Cape Wanbrow on the coast of North Otago. On the west and south-west, the country rises to rolling downs and, inland about 15–20 miles, to the slopes of the Kakanui Range. Towards the north, the land gradually opens out to terraces and flats of the lower Waitaki Valley. An artificial Harbour, protected by a breakwater extending northward from the bluff of Cape Wanbrow, provides port facilities. The Christchurch-Dunedin Main Highway and the South Island Main Trunk railway pass through the town. There is a branch from Waiareka Junction (2 miles west) to Taylors Siding (about 5 miles north-west), and from Pukeuri Junction (6 miles north-east) to Kurow (37 miles north-west). By road Oamaru is 154 miles southwest of Christchurch (152 miles by rail) and 82 miles north-east of Dunedin (78 miles by rail). Timaru is 53 miles north-east by road or rail (Mckinnon, 2009).

Ethical Approval was granted by Otago Polytechnic Ethics Comittee, including Māori consultation with the Kaitohutohu office at Otago Polytechnic.

NEEDS ANALYSIS

From this community assessment, research and consultation, the learners identified four vulnerable groups. These being Māori & Pasifika, young female residents, primary school aged children and young to mid-age adults.

- Māori and Pasifika population tend to have a lower participant rate in early screening for chronic conditions. Meanwhile some of them are not eligible for healthcare. This was identified by a health worker at a medical centre in South Oamaru and a Southern District Health Board (SDHB) representative.
- Young women in South Oamaru were reported to be at greater risk of family violence and sexual violation. This was identified by Police and SDHB representatives.

- The increased use of methamphetamine and other restricted class B drug use is seen in young adults in South Oamaru. This was identified by Police and SDHB representatives.

- The oral health nurse is no longer available in the primary school in South Oamaru due to a decrease in funding. Therefore children must travel to the dentist and parents must take time off work to take them. While it is free for under 18 year olds, some children are not eligible to access free dental care. This was identified by a school member and SDHB representatives.

Lack of access to services and health support was identified by the learners as a common contributing factor for these health needs. Other barriers noticed were; low social status, lack of social support specific to minor ethnicities mostly Māori population, financial hardship, low employment rate, and the lack of information and knowledge about illness.

The learners decided on two health issues to focus on; the first being and chronic conditions specifically focusing on Type 2 Diabetes are the Māori and Pasifika population and sexual violation among young women. This report concentrates on the latter health issue.

Sexual violence

One area for concern within the South Oamaru geographical area is the alarmingly high prevalence of sexual violence within the community. This was identified as a health need from a representative of the local New Zealand Police serving in Oamaru. The legal term for sexual violence in New Zealand is sexual violation, most commonly known as sexual assault. The legal terms will be discussed in more detail in the section below, but can be summarised as any sexual act that is committed in the absence of consent.

Sexual violation in New Zealand

Sexual assault is a significant problem in New Zealand with around one in five women will be subjected to a form of sexual assault within their adult life (NZ Ministry of Justice, 2018). Prior to age 16, one third of girls will have experienced an unwelcomed sexual encounter (Rape Prevention Education, n.d.).

Sexual violence in New Zealand can be categorised into either family sexual violence, or community sexual violence, as illustrated in the Figure 1 above (NZ Ministry of Justice, 2018). The NZ Violence Clearinghouse (NZFVC) 2014 statistics (NZFVC, 2017) identified that 24% of all women in NZ reported being sexually assaulted in their life, compared to 6% of men, and that in 2016 there were 2,708 reported sexual offences made by over 16 year olds. Additionally young people (16-24 years) are statistically at greater risk of being sexually assaulted than other ages groups, with 90% of those assaults are committed by someone known to the victim (Rape Prevention Education, 2011).

This report will be focusing on sexual violence committed in the community by the people known but not in a familial or intimate relationship, for example a neighbour, a friend, or any other non-relative acquaintances and strangers to the victim. While it is acknowledged by the learners that sexual violations can occur between varieties of different people under different contexts, this report will be generally focused on sexual violations committed by male perpetrators towards female victims.

The Sexual Health Clinic located in Dunedin Public Hospital provides services to victims of sexual assault from the wider Oamaru area. Primary data was gathered from an interview with an employee of the SDHB. She identified that most cases of sexual assault were between people known to each other, which fits into the category of people known to the victim other than family. She also identified that intimate partner violence was an issue within this community, however this report will not be focusing on intimate partner violence due to the wider complexities surrounding the issue. Furthermore, it was also identified by the SDHB employee and the Police that alcohol plays a significant role in up to an estimated 80% of cases, which will be discussed in more detail below.

Circumstances

There the many different circumstances of sexual assault that present at the Sexual Health Clinic. Anecdotally the SDHB employee estimated that 80% of the cases are related to alcohol. She described that the most common circumstances described by women are that they wake up after a night out and discover there is a man in their bed. They may not have any recollection of the night particularly if they has been drugged or were 'drugged with alcohol'. 'Drugging with alcohol' is when a person believes they have received more alcohol than they are requested e.g. a double shot instead of a single. This is a common way that people are sexually assaulted under the influence of alcohol.

Underreporting of sexual violation

It is estimated that only around 9% of all sexual violence is reported to police (New Zealand Police, n.d.). Under-reporting to police could be due to the misconceptions around sexual assault. Rape Prevention Education (n.d.) identified the media as a factor influencing the under-reporting of sexual violation. The media often mislead readers with the information they provide which leads to misconceptions within the community. This information can therefore cause victim blaming and attitudes supporting sexual assault within society. This can influence victim's decision making around reporting sexual assault (Rape Prevention Education, n.d.).

Application to the South Oamaru context

Primary data collected during an interview with the Oamaru Police highlighted that the rates of sexual assault as increasing in the Oamaru area. The SDHB employee identified that victims residing in Oamaru comprised approximately one third of all sexual assault cases reported at the Clinic from the region between Balclutha and Oamaru. This is also evidenced by current news articles found in the regional newspaper the Otago Daily Times; for example, an Oamaru doctor was on trial for charges of indecent assault for attempting to have exploitative sexual connection (Otago Daily Times, 2017a). Another example is, an Oamaru man faced charges of multiple indecent assault, and sexual violation by unlawful sexual connection (Otago Daily Times, 2017b).

The largest age group in the population of Oamaru is females aged 15-64 years, therefore this topic is important as it has the potential to effect a significant portion of the Oamaru population (Statistics NZ, 2013). Maori make up 6.7% of the South Oamaru population therefore the learners explored the differences in cultural statistics (Statistics NZ, 2013). Pitman (cited by Pihama, Nana, Cameron, Smith, Reid, Southey, 2016) provides a Maori view of sexual violence that states that Maori consider that rape is a violation of mana, status and dignity for the victim. Any form of violence against Maori women is viewed as extremely serious (Pihama, et.al, 2016). Pasifika make up 2.5% of the South Oamaru population. According to the WHO 2005 New Zealand Violence Against Women Survey, 29.1% of Maori women experienced sexual abuse, compared to 16% of Pakeha women, 4.9 % of Pasifika women and 3.8% in Asian women (Pihama, et.al, 2016). This study shows that sexual violence is identified within each of these ethnicity groups.

The process of reporting sexual assault within Oamaru

The advice given to all victims of sexual assault in Oamaru is that the first step is reporting the incident; if it has just happened call 111, or go to the police station where the victim can request to speak in private. It is encouraged that a support person is present, however a support person who works for Rape Crisis should be available. The victim will be asked for personal details and a brief outline of what happened so the victim can be linked with the best ongoing support. A trained police investigator will complete an initial short interview to ensure the safety of the victim. A specialist sexual assault support person will be assigned to the victim, however, it is the individual's choice whether to accept the support. If wanted, the support person will be available throughout all stages of the investigation. A medical examination is sometimes completed with the purpose of checking any health concerns e.g. STIs or pregnancy and to assist police investigation and forensic evidence if appropriate and only if the victim agrees.

Finally, there is a formal interview conducted by a specialist interviewer which is electronically recorded for future court proceedings (New Zealand Police, n.d.).

There are two sexual assault support centres within the southern region. The first and most accessible to Oamaru is, Rape Crisis Dunedin which aims to empower female survivors of historical, current or ongoing instances of rape and sexual abuse. This service offers free counselling to survivors of sexual abuse, support to friends and whanau of survivors, 24/7 phone support for survivors and their friends and whanau, and provide education to community organisations. It is located at 111 Moray Place, Dunedin, phone 03 474 1592, national 24hour Helpline 0800 883300, email rcrisis@xtra.co.nz, website www.rapecrisisdunedin.org.nz (Rape Prevention Education, 2011). Rape Crisis Dunedin run the following workshops for youth and community groups, sexual harassment prevention, healthy boundaries, supporting survivors, bystander intervention and rape awareness (Rape Crisis Dunedin, n.d.). Further services that offer ongoing support and counselling include, Male Survivors of Sexual Abuse Trust (MSSAT), Otago Psychology & Counselling Support, Safe to talk Sexual Harm Helpline, Shakti New Zealand providing help for Asian, African and Middle Eastern women and children who have experienced sexual abuse, Victim Support and Women's Self Defence Network (Healthpoint, 2018).

The second is Southland Help Rape and Abuse Support Centre in Invercargill. This provides a non-discriminatory, non-judgmental, confidential and free service, offering support, counselling information, advice and education to survivors of rape and sexual violence regardless of circumstances. Although this service is in Invercargill it is still available to support Oamaru victims through phone 03 218 4357, email contact@southlandhelp.nz or through their website www.southlandhelp.nz (Rape Prevention Education, 2011).

The law

Sexual violation is defined as the act of raping a person or having unlawful/non-consensual sexual connection with another person (New Zealand Legislation, 2017). The law is very specific for male on female rape however, is not specific in other circumstances; *"Person A rapes person B if person A has sexual connection with person B, effected by the penetration of person B's genitalia by person A's penis"* unlawfully (New Zealand Legislation, 2017, p. 92). This explicitly states that rape occurs when a male unlawfully penetrates a female's genitalia with his penis. However, the other circumstances e.g. female on male, female on female and male on male are much less specific in regards to criminal offences. New Zealand Legislation states that *'Person A has unlawful sexual connection with person B if person A has sexual connection with person B (a) without person B's consent to the connection; and (b) without believing on reasonable grounds that person B consents to the connection.'* (New Zealand Legislation, 2017, p.92).

Consent as a legal definition

Somewhat frustratingly, the law talks about consent, however it does not give a definition of what consent actually is. It only sets out the circumstances under which a person cannot consent. According to The Crimes Act 1961 the circumstances that are considered non-consensual sexual activity in New Zealand are considered if;

- actual force or the fear of threatened force is used against a person to make them engage in sexual activity, when someone uses coercion to ascertain consent,
- if someone is in a position of power, such as an employer towards an employee, and uses the power to coerce,
- the person is intoxicated, or under the influence of illicit drugs to the point where they cannot make informed decisions around sexual activity. This point in particular is the cause of a lot of misconceptions around alcohol and consent, and will be discussed in more detail in the section below,
- the person has passed out or is asleep,
- the person is under the age of sixteen,

- if someone is so affected by an intellectual, mental, or physical disability that they are unable to refuse sexual activity, and
- the lack of physical force or resistance does not equate to consent (New Zealand Legislation, 2017).

Alcohol and sexual violation

Alcohol is a significant contributing factor and increases the risk of sexual assaults. The alcohol-related harm to others study carried out in New Zealand found that 1% of female and 0.4% of male participants reported a sexual assault in the previous 12 months (Connor,You & Casswell, 2009). Of these, 45% experienced more than one assault. The identified vulnerable populations within this study were; females, those aged 18-25, Māori, those who were single or separated, those who drank more than 6 drinks on one occasion and those who drank more frequently. An astounding 26% of alcohol related sexual assaults occur in bars, pubs and clubs; which was the most common location found in the study. Over 50% of all sexual assaults reported were by offenders who had consumed alcohol. The highest percentage of the incidents in the study were attacks by strangers/non-family members (Connor et al., 2009). These results show the seriousness of the sexual assault problem within New Zealand.

Alcohol and consent

Alcohol related sexual assaults are also much more prevalent because of the inability to consent. Sexual assault isn't always an attack. It can be in circumstances where a women is being taken advantage of in her intoxicated state, for example at a party, in a bar or club or any other drinking situation. New Zealand law states that a person cannot consent to any sexual activity if they are so affected by alcohol or other drugs that they are unable to provide consent or refuse (New Zealand Legislation, 2017).

Alcohol Induced Amnesia

There are two types of alcohol induced amnesia; en bloc and fragmentary blackouts (Hartzler & Fromme, 2003). En bloc amnesia is the permanent memory loss during a specific time period (Hartzler & Fromme, 2003). Fragmentary blackouts are a form of memory loss that can be reversed with the assistance of triggering cues (Hartzler & Fromme, 2003). The problem with these alcohol associated amnesias is the social problems that occur with them including sexual violation. This can cause distress for the victims knowing that they cannot remember the events of the previous night. Alcohol induced amnesia causes problems with consent and means that further investigation and forensic evidence is required to conclude the events of the blackout period.

Effects on the individual

A victim of sexual assault is likely to experience negative effects on their physical, emotional, mental and spiritual wellbeing. These effects may occur immediately but can sometimes take weeks to years to impact on a victim. A person may experience some or all of the following psychological effects after sexual abuse; fear, anxiety, shock, shame, self-blame, numbness, disbelief, panic, shaking, anger, loneliness, embarrassment, irritability, guilt, powerlessness, loss of control, vulnerability, feeling disconnected, distress and/or confusion (New Zealand Police, 2018). Physical effects after a sexual assault may include but are not limited to, changes in eating patterns, sleeping patterns, eating disorders, fatigue, gastrointestinal irritability, headaches, HIV/AIDS, muscular tension, nightmares, physical injuries, pregnancy, sexually transmitted infections, substance abuse, pain, stress related depression, immune system responses (University of Michigan, 2015). Cognitive effects may include the following feelings and thoughts, confusion, difficulty concentrating, flashbacks, self-blame, trying to forget, thinking they are damaged goods or dirty, scared about what people may think, 'why me?', 'will others reject me?', 'will they blame me?' questions (University of Michigan, 2015). Some social effects may include, difficulty accomplishing tasks, problems with intimacy, difficulty around men or afraid around people that have similar attributes to the perpetrator. Also, discomfort around other people, disruption in

sexual relations, fear of being alone, fear of leaving the house, fear in crowds, hypersensitivity, loss of trust in others, withdrawal from friends and family, relationships and/or hobbies (University of Michigan, 2015).

THE 10 STAGES OF HEALING

Rape crisis describes common processes including the healing process that occurs following a sexual assault and enables the victim to become a survivor. These healing process is described below;

1. The decision to heal - recognise the effects that the event had and make a commitment to heal.

2. The emergency stage - dealing with memories and feelings is upsetting but important to move forward.

3. Remembering - remembering is the process of getting back both memory and feeling.

4. Believing it happened – acknowledging the assault hurts the victim is vital.

5. Breaking the silence - telling another person about what happened is a powerful healing and can help dispel shame.

6. Understanding that it wasn't their fault - survivors must place the blame on their offenders.

7. Making contact with the child within - this can help them feel compassion for themselves and more anger towards the offender.

8. Trusting themself - learning to trust their own perceptions.

9. Grieving and mourning - grieving is a way to honour pain and move into the present.

10. Anger - directing anger at the perpetrator, and at those who didn't protect, is pivotal to healing (Rape Crisis Dunedin, n.d.).

Resource development

The health promotion resource that was developed by the learners from the primary and secondary data sources were two safety posters that could be displayed in alcohol serving venues in Oamaru. The posters aim to increase awareness and personal safety, and ultimately to decrease the rate of sexual assaults in the community. The reason they will be displayed in bars and pubs is because literature suggests that 26% of sexual violations in New Zealand occur in bars, clubs or pubs (Connor et al., 2009). Also supported by primary data is that approximately 80% of sexual violation cases in New Zealand have alcohol as a significant associated factor in either or both the perpetrator or victim. This can be both related to sexual assault attacks or the lack of consensual sexual intercourse. Both of these matters would be addressed as the woman who is feeling uncomfortable is able to go to the bathroom, remove a tear tag off the poster, give it to the bar tender and be removed from the dangerous situation. This is a discrete way to leave the company of the potential offender without causing alarm.

Adaptation from Angel Shots

When developing the safety posters, reference was taken from the 'Angel Shot' concept used widely throughout bars and clubs in many parts of the world. This concept was developed as a discrete way to keep women safe

when they may be feeling threatened or otherwise unsafe in social situations, such as on a first date or a night out. Women can order a specific angel shot (below) to help the bar staff to identify what help or support the woman needs or wants. The concept being a poster like the one the learners designed, would be displayed in the women's bathrooms, and should a woman order one of these shots, the bar staff would assist her with whatever help she may require.

The 'Angel Shot' idea, as the tear off strip on the safety posters, would act as a discrete way of communication between an unsafe individual and bar staff. This idea was built on for the Oamaru community, and simplified, as the practice of 'Angel Shots' may not be widely recognised within the rural New Zealand setting. Instead of having to remember which 'Angel Shot' to order, if a woman found herself feeling unsafe in a bar or pub in Oamaru, she would simply have to tear off an Angel tag and present it to bar staff, who would then discretely approach her and assist as needed.

Figure 1. Angel shots
Source: Original graphic by Kaylin Burke and Cronkite News (2017)

CONCLUSION: THE 5 A'S

Following a community profile and needs analysis, the student group identified sexual assault of women in South Oamaru as the key need that they wanted to address for this project. They have included a literature review and have designed a health promotion message that can be used in the area. Finally they have applied the 5 A's of primary health care to support this message.

- Accessible - These posters will be accessible in all women's bathrooms of licensed alcohol venues. This gives women the opportunity to remove themselves from a potentially harmful situation.
- Affordability - The posters are very affordable for businesses because it is simply a poster that gets printed out. It

supplies 9 tear off tags before the poster needs to be replaced.

- Acceptability - This concept will be acceptable within the community because of the high rates of sexual assaults in Oamaru. Therefore, this would be welcomed as a safety plan on a night out.

- Availability - These posters would be available for use in all bars, clubs, pubs and other licensed venues in Oamaru. With exposure throughout Oamaru, women will know that there is always a safe option to remove themselves from a potentially dangerous situation.

- Appropriateness - This concept will be appropriate for the differing needs and preferences within the community because of the two different types of posters developed. This means that venues will be able to choose the most appropriate option to their patrons. This is also appropriate to the different ethnicities within the community, because it uses simple words and symbols to convey the point to people who may not use English as their first language. Furthermore, the posters are appropriate for the intoxicated audience because it displays a large font, striking colours, and pictures to portray the message to those who may be otherwise impaired. It is also appropriate for the individual women because it is a discrete way to let someone know that they are not comfortable in their situation and that they need help.

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REFERENCES

Connor, J., You, R., & Casswell, S. (2009). Alcohol-related harm to others: a survey of physical and sexual assault in New Zealand. *The New Zealand Medical Journal (Online), 122(*1303).

Cronkite News (2017). https://cronkitenews.azpbs.org/2017/02/01/tempe-bar-introduces-angel-shots-prevent-sexual-violence/

Hartzler, B., & Fromme, K. (2003). Fragmentary and en bloc blackouts: similarity and distinction among episodes of alcohol-induced memory loss. *Journal of Studies on Alcohol, 64(*4), 547-550.

Healthpoint. (2018). Social Services Oamaru. Retrieved from https://www.healthpoint.co.nz/social-services/dunedin-south-otago/oamaru/

Mckinnon, M. (2009). Otago places - Ōamaru. Te Ara - the Encyclopedia of New Zealand. Retrieved 2018, from https://teara.govt.nz/en/otago-places/page-1

New Zealand Family Violence Clearinghouse. (2017). Family violence statistics. Retrieved from https://nzfvc.org.nz/family-violence-statistics.

New Zealand Legislation. (2017, September 28). Crimes Act 1961. p.92. Retrieved from http://www.legislation.govt.nz/act/public/1961/0043/137.0/DLM327382.html.

New Zealand Ministry of Justice (2018). Research & Data - Sexual violence. Retrieved from https://www.justice.govt.nz/justice-sector-policy/research-data/nzcass/survey-results/results-by-subject/sexual-violence/

New Zealand Police. (2018). Effects of Sexual Assault. Retrieved from http://www.police.govt.nz/advice/victims/victims-rape-or-sexual-assault.

New Zealand Police. (n.d.) Victims of rape or sexual assault. Retrieved from http://www.police.govt.nz/advice/sexual-assault/effects-sexual-assault.

Otago Daily Times. (2017a). Oamaru doctor on indecent assault charges. Retrieved from https://www.odt.co.nz/regions/north-otago/oamaru-doctor-indecent-assault-charge**s**

Otago Daily Times. (2017b). Man admits charges. Retrieved from https://www.odt.co.nz/regions/north-otago/man-18-admits-charges

Pihama, L., Nana, R. T., Cameron, N., Smith, C., Reid, J., & Southey, K. (2016). Maori cultural definitions of sexual violence. *hyperlin*(1), 43-51.

Rape Crisis Dunedin. (n.d.). Services Dunedin. Retrieved from http://www.rapecrisisdunedin.org.nz/stages_of_healing.htm.

Rape Prevention Education. (2011). Find a sexual assault support centre near you. Retrieved from http://rpe.co.nz/get-help/find-a-sexual-assault-support-center-near-you/

Rape Prevention Education. (n.d.). Statistics; sexual violence in Aotearoa. Retrieved from http://rpe.co.nz/information/statistics/

Statistics New Zealand. (2013). 2013 Census Quick Stats about a place: South Oamaru. Retrieved from http://stats.govt.nz/

University of Michigan. (2015). Common Reactions to Sexual Assault. Sexual Assault Prevention and Awareness Centre. Retrieved from https://sapac.umich.edu/article/45.

World Health Organisation (2012). Understanding and addressing violence against women. Retrieved from: http://apps.who.int/iris/bitstream/handle/10665/77432/who_rhr_12.36_eng.pdf;jsessionid=89EEE9E1CDD02CA9288F9FABDCFB1A3C?sequence=1