RCNI Awareness Raising Standard

1. INTRODUCTION

> '*A comprehensive response to violence is one that not only protects and supports victims of violence, but also promotes non-violence, reduces the perpetration of violence and changes the circumstances and conditions that give rise to violence in the first place.*'*(i)* (World Health Organisation)

Rape Crisis Network Ireland's mission is to work towards a society free from abuse. This standard details our prevention work. Prevention can be divided into two categories:

Primary Prevention	Reducing the incidence of sexual violence by changing the societal norms, practices and behaviours that support the oppression of women.*(ii)*
Secondary Prevention	Ensuring society responds appropriately to survivors and thus preventing the 'second rape' that many currently experience through victim blaming, silence, minimisation, denial and inadequate support services and State responses.

The World Health Organisation (WHO) in 2002 concluded that: '*the essential [interventions] concern primary prevention of sexual violence, targeting both women and men, interventions supporting the victims of sexual assault, measures to make it more likely that perpetrators of rape will be caught and punished, and strategies for changing social norms and raising the status of women.*'*(iii)*

The RCNI and our Rape Crisis Centre works from the '*understanding that sexual violence is under-pinned and sustained by inequalities including gender inequality.*'*(iv)* The **feminist RCC analysis** of the causes of sexual violence is accepted at government and international levels, as legitimate. The WHO sum up Sexual Violence as *being 'driven be many factors operating in a range of social, cultural and economic contexts, at the heart of sexual violence directed against women is gender inequality'* (WHO 174). The National Sexual Violence Resource Centre (NSVRC) in the US identified 5 sets of harmful norms which support VAW in our society, those concerning women, power, violence, masculinity, and privacy.*(v)*

Through these norms our culture can act to perpetuate and facilitate sexual violence by **minimising or denying** certain actions as sexual violence for example, rape within marriage, 'date rape' or sexual assault of young women who are very drunk. Culturally harmful beliefs and norms held by society and/or the perpetrators which rationalise, victim-blame and excuse SV, are countered by measuring violence in terms of impact on the victim. This is the standard set by the WHO, which '*defines violence as it relates to the health or well-being of individuals*'. *(vi)*

RCNI Awareness Raising Standard

Mission: In its Public Awareness work the Rape Crisis Sector aims to:

- Deliver messages that meet survivor needs
- Deliver messages that promote a better societal response to survivors of SV
- Add clarity to the public debate through delivering evidence based and supported messages
- Deliver a consistent and targeted message aimed at reducing sexual violence and consciously working towards a society free from abuse

This RCNI standard: (1) accurately describes RCC Awareness Raising actions and tasks, (2) identifies best practice, and (3) maximises our strength and capacity towards achieving a society free from abuse.

In the RCNI Best Practice Model, RCC roles and work have been divided into three categories: (1) Direct Services, (2) Improving Societal Responses, and (3) Social Change. Awareness Raising is an important component of each of these three areas. There are different target audiences to be considered in each of the areas. Each area is addressed separately in the following sections.

3.0   DIRECT SERVICES

A feminist and egalitarian analysis recognises that all forms of sexual violence, whether committed against adults or children, involve the abuse of power and control by the perpetrator and the experience of powerlessness by the victim. As a result of this analysis the returning of power and control to the survivor informs our responses and in particular informs our operational principles of a survivor-centred and trauma-based approach. A vital part of offering direct services is that survivors are aware of the services offered and how to access the services.

When communicating with survivors through public awareness work we will utilise the following:.

3.1   The messages:

- To tackle denial and minimisation
    - What happened to you was real and was sexual violence
    - You will be believed
    - It is important
- To tackle isolation and any feelings of shame, guilt and self-blame
    - You are not alone
- To empower survivors
    - You can heal
    - Our RCC and other RCCs can help you

- Our RCC and other RCCs offer a variety of direct services

Please refer to the Direct Services Standard for a list of all services offered.

- How to find and contact an RCC.

3.2   How:

- Name Sexual Violence accurately
- Inform survivors in the public about the true nature and extent of sexual violence
- Give accurate information about the RCC support that is available and how to access it
- Target vulnerable sectors of society to support survivor access, for example young people, Travellers, etc.

Please refer to the Outreach Standard for additional information.

- Promote empowerment strategies*(vii)* to reduce the risk of repeat victimisation*(viii)*

3.3   Guidelines

- Ensure Information is accurate and up to date
- Test 'facts and myths' for up to dateness and target audience relevance, for example if we are targeting young people include issues about alcohol and consent
- Always provide contact details of local relevant service, telephone and email at a minimum
- Using the most recent and reliable figures and facts
- Including link to all other RCCs through www.rcni.ie for up to date*(ix)* contact details of other RCCs around the country

4.0   IMPROVE SOCIETAL RESPONSE

The primary objective of this portion of our work is to ensure that survivors receive a better response from societal organisations and from society as a whole than they have to date. Included in this work is institutional advocacy, training other professionals, and inter-agency work.

When communicating with the community and professionals who will come into contact with survivors we will utilise the following:

4.1   The Messages:

- Tackling denial and minimisation:
    - The importance for survivors of being believed
    - Promote accurate information about the true nature and extent of SV
    - What the indications are that someone may be suffering/have suffered child abuse or sexual violence
- Tackling victim-blaming, guilt and shame
    - Targeted training on best practice in seeking disclosure, or recognising sexual violence, for example to GPs, Mental Health workers, teachers,

etc.

- Information on how to respond appropriately and provide training in referral, to a disclosure of sexual violence.
- Empowering survivors
  - Survivors have a right to choose what happens next, who to tell etc.

4.2 How:

- Educate the community through mass media, for example with press releases and commentary, launches, seminars , conferences, events, campaigns, flag days, etc.
- Deliver education and training to target groups through schools, community and professional organisations, etc.

4.3 Guidelines:

- Provide accurate information of the nature and extent of sexual violence
- Provide evidence and examples where possible
- Provide targeted support information for professionals and supporters, for example training, leaflets, the RCC helpline, information on the RCNI website, etc
- Provide materials to assist target groups in making good referrals – flyers or cards with useful numbers, email and websites.
- Engage in partnership with allies and in a coordinated manner through the RCNI

5.0 SOCIAL CHANGE

Our Centre acts with full knowledge of the societal context, structures and myths which perpetuate, enable and support sexual violence. We are aware of a culture which is often victim blaming and we focus on holding perpetrators to account for their decisions and actions.

Instigating real and profound social change recognises that all individuals belong to communities, societies and cultures where beliefs, attitudes and standards are shared and prescribed. Therefore, *'it is unreasonable to expect that people will change their behaviour easily when so many forces in the social, cultural, and physical environment* conspire *against such change.'(x)* Yet preventing sexual violence means we must seek to effect these commonly held beliefs, attitudes and standards.

This section looks at two target audiences, (1) the whole-society approach, and (2)those that target men and women separately.

RCNI Awareness Raising Standard

5.1 The Whole of Society

When we are communicating with everyone in our society, we will utilise the following:

5.1.1   The Messages:

- Name Sexual Violence appropriately – Any sex without consent is rape
- Promote active and communicative sexual consent – for example
  - yes means yes
  - ask
  - be sure.
- Challenge cultural beliefs and practices which make assumptions about consent and 'passive' consent, for example
  - She said no but meant yes
  - She is drunk and out on a Friday night so she wants sex
  - She has kissed me therefore we are having sex
  - She brought me home therefore we are having sex, etc.,
- Challenge minimisation – for example it was only 'date rape' not 'real' rape.
- Challenge denial – for example 'the 13 year old consented to the sex', 'he was her boyfriend so it wasn't rape', etc.

- Focus on perpetrator behaviour – what did the perpetrator do and what choices did they make (see Be SMART campaign in box)

> The **'Be SMART' campaign** launched in Dec 2008 by the PSNI in Northern Ireland[1] contain the following risk reduction messages for men:
> **S**ex without consent is rape,
> **M**ake sure you ask and get a clear response,
> **A**lcohol or drugs will affect your judgement,
> **R**ape convictions last forever,
> **T**ake NO for an answer.

- Challenge the 'risk is good' culture, instead actions have consequences. Individuals who harm have responsibility for any 'risks' they took which led to that harm – for example 'how was he to know she was a child'
- Challenge perpetrator 'excuses' – Alcohol is never an excuse, etc.
- Challenge victim blaming – 'but she went home with him', 'but she walked home alone', 'but she left her drink unattended', etc.
- Challenge the idea of pornography as sexy, pleasurable and harmless by promoting evidence on the role it plays in sexual violence,
  - the harm to people in the production of pornography
  - the harm to those who consume pornography
  - and how its popular consumption reinforces myths that facilitate sexual violence thus making our society less safe.
- Challenge sexual objectification, especially when presented as female empowerment by focusing on the right to choose and how 'free' the choices are – for example the adult woman who advocates that her prostitution is a free choice but who in fact first entered prostitution when she was 14, etc.
- Promote equality – challenge the backlash which blames women/feminism for

the perceived failures of the equality agenda for example 'the problem with women wanting it all…' etc

5.1.2 How:
- Educate the community through mass media for example press releases and commentary, launches, seminars, conferences, events, campaigns, etc.
- Deliver education and information to target groups through schools, community organisations, professional organisations, etc.

5.1.3 Guidelines:
- Promote a shared RCNI and feminist, egalitarian and human rights understanding of the causes of sexual violence
- Promote a shared, evidence-based understanding of how to work towards a society free from abuse
- Provide evidence of the true nature and extent of sexual violence
- Provide real life examples/scenarios and RCC expertise where possible
- Promote and provide evidence and expertise through the RCNI national statistics database and engaging in RCNI information sharing tools eg the newsletter and website members' area, RCNI mapping.
- Engage in social change activities that are targeted at a clear audience, have a clear objective, supported by evidence about what works, and are evaluated.
- Promote agreed Network priority issues
- Act in concert through the RCNI
- Engage in partnership with allies such as DV services, or refugee services.

Prevention Awareness Raising Targeted at men and women who will help change society

As well as whole-society programmes of public awareness to change attitudes and promote equality, the WHO advocates *'support for culturally sensitive and participatory approaches to changing attitudes and behaviour'.* These are measures aimed at engaging those at **risk of perpetrating sexual violence.** The WHO recommendations for programmes aimed at those **at risk of becoming victims**, look to tackle the causes of vulnerability such as poverty, education, financial security and '*promoting more equitable notions of masculinity*'(WHO 173).

Targeting those who may use violence, as the basis for prevention is echoed by the Michigan Coalition Against Domestic and Sexual Violence who concluded that, '*true prevention must look beyond teaching women self-defense or resistance strategies and involve the active participation and partnership of men. Although there is a place for resistance training in increasing women's safety (Gidycz et al., 2001), most prevention experts agree that true prevention lies in working with entire communities and with men, rather than just women (e.g. Lonsway, 1996; Mantak, 1995; Schwartz & DeKeseredy, 1995).* (xi)

Influencing, supporting and developing partnership with groups who can act as agents of change is a key prevention strategy. These agents can carry a change message with credibility into locations RCCs might find hard to access in a meaningful way, such as male dominated sporting organisations etc.

When communicating with men and women as bystanders and agents of change we will utilise the following:

5.2.1   How:
- Foster a programme of the development and support of **Peer Leaders**
- Build empathy for the experiences of vulnerability within groups who do not ordinarily experience such vulnerability, for example few men are aware of the constant vigilance and strategies women learn and practice from an early age to help keep themselves safe
- Describe and explore assumptions about masculinity, femininity, gender roles and their impact
- Challenge victim-blaming, rape myths - *'sexually violent men have been shown to be more likely to consider victims responsible for the rape'*[xii] *(WHO)*
- Describe how to identify and recognize problematic behaviour
- Explore and rehearse methods of holding peers accountable

5.3   When communicating with 'At Risk' of Victimhood Groups

Risk reduction messages aimed at victims and potential victims recognises the current prevalence of certain types of sexual violence and attempts to educate vulnerable groups, mostly women, as to how they can avoid these risk factors. These messages tend to caution on where to go, how to travel, how and where to socialise. However, unless they are tailored to very specific circumstances, they may contain elements that are unfeasible or experienced as contradictory. Ultimately, the most important risk factors, such as gender, poverty, educational status, disability and age, are beyond the control of these vulnerable groups.

In addition the risk reduction messages give legitimacy to a culture which places the responsibility for prevention on victims and not the perpetrators.   '*some complain of the tendency to lecture women on what they should and should not do rather than making it clear to men that sex without consent is rape.'* (Stern review, Home Office, UK, 2010)

Victim focused risk reduction messages do not challenge norms of male entitlement and victim blaming. Indeed, it could be argued that they perpetuate them in so far as they accept and reiterate the conditions of vulnerable groups and do not seek to change those

conditions. Rather these messages seek ways to make vulnerable people responsible for making themselves safer in the given conditions; conditions over which they have very little control. For those reason they cannot be seen as social change messages. **They are not generally, therefore, part of a Rape Crisis social change agenda**.*(xiii)*

Improving the Investigation of Sexual Violence in Ireland

References

i. Krug, EG et al eds., *World Report on Violence and Health,* World Health Organisation (WHO), Geneva, 2002

ii Definition taken from Wendi L. Siebold, Consultant, *A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan*, Published by the
Michigan Coalition Against Domestic and Sexual Violence, 2003

iii WHO ibid. pg 174

iv RCNI Values Policy Document

v Davis et al, ibid

vi WHO ibid

vii Rozee and Koss 2001 and Heise 1998 research into risk reduction that works led them to advocate risk reduction which focused on educating women on early warning signs and behaviours in men which may indicate a likelihood of committing assault. However, more research is needed to measure whether or not such knowledge results in the actual implementation of successful resistance strategies. In addition actual self defence training has been shown by research to have a positive effect on self esteem and PTSD symptoms for survivors (David, Simpson, & Cotton, 2006) from Lonsway, KA et al, *Rape Preventions and Risk reduction: Review of the research literature for practitioners*, Applied Research Forum, National Resource Centre on VAW, 2009.

viii SAVI found that a survivor of sexual violence was 17 times more vulnerable to a second sexual assault than someone who had experienced no sexual violence. Gidycz et al., 2002 p. 246 found that women with histories of assault were one and a half to two times more likely to be sexually assaulted than women without assault histories.

ix The RCNI guarantee that RCC details on the website are up to date. The RCCs commit to inform the RCNI of changed details and the RCNI will alter that detail within 24hours of being informed.

x A social environmental approach to health and health interventions, In Smedley BD, Syme SL, eds., *Promoting Health: interventions Strategies form Social Behavioural research*. Washington, DC, 2000 as quoted in Davis, R et al., *Sexual Violence and the Spectrum of Prevention: Towards a community solution*, National Sexual Violence Resource Centre, 2006

xi Wendi L. Siebold, *Consultant, A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan,* Published by the Michigan Coalition Against Domestic and Sexual Violence, 2003

xii WHO, pg 159

xiii 'Programmes which addressed topics such as good touch/ bad touch, risks of violence in dating relationships, of the relationship between alcohol and sexual assaults were *not* coded as participating in primary prevention programs. Instead a [rape crisis] centre was coded as participating in this form of social activism if they offered programs that addressed issues such as: gender roles; gender inequality; sexism; racism; classism, and heterosexism' or dominance and methods of maintaining power and control. Campbell, R., Baker, C. K., Mazurek, T. L., *Remaining Radical? Organizational Predictors of Rape Crisis Centres' Social Change Initiatives,* American Journal of Community Psychology, Vol. 26, No. 3 1998 pg. 466