



## Useful Information



## ABOUT THIS BOOKLET

**Thank you for choosing Gippsland Centre Against Sexual Assault to help you on your pathway to healing. This booklet has been put together by Gippsland CASA staff to provide you with some useful information to get you started, and to help you look after yourself.**

In your first session at Gippsland CASA, we will listen to your story, and give you the opportunity to make an informed decision about whether we are the right service to help you. Please feel free to ask your counsellor any questions about the services we offer, and how we deliver them, in order to help you make this important decision.

If you decide to proceed with regular counselling sessions, your allocated Counsellor/Advocate will regularly check in with you to make sure that you have all the information you need, and help you set some goals for your time together.

We welcome your questions and feedback at any time about the way we work, and what we provide.

Finally, we would like to commend you on your strength in taking this important step in your recovery, as you work towards improved quality of life. Seeking help is a difficult decision to make, and takes courage. We are here to help and support you.

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Our vision is to see  
our communities free  
from sexual assault  
and violence.

## WHAT IS SEXUAL ASSAULT?

Gippsland CASA defines sexual assault any sexual behaviour which is unwanted, happens without a person's consent, or makes a person feel upset or afraid.

This can include a range of harmful and criminal behaviours, such as:

- Rape–forced or unwanted sex (oral, anal, vaginal)
- Touching or kissing of your body, including your genitals, or being made to touch or kiss someone else's body/genitals
- Someone showing you their genitals, or making you show yours
- Being made to look at, or pose for, sexual photos or videos
- Someone sharing sexual photos of you without your consent
- Sexual talking or harassment
- These behaviours can also be forms of child sexual abuse, depending on the age of the person harmed

**Legally, a person cannot “consent” to any sexual activity if they:**

- Are involved in the activity because they have been forced or threatened; this includes threats made against someone else who the person harmed cares about (for example, parent, child, pet)
- Are sleeping, unconscious, or drunk/under the influence of drugs
- Do not understand what sexual activity they are agreeing to
- Are tricked into participating into a sexual activity (for example, if someone lies and says it's part of a medical procedure)

## No child can consent to a sexual act.

These are the current laws relating to the age of consent in Victoria:

- Under 12 years: Legally, you cannot consent to sexual activity with anyone.
- 12-16 years: You can consent to sexual contact (if you want to, and no-one is pressuring you), with someone within 24 months of your age
- 16 and over: You can consent to wanted sexual contact with someone, so long as they are not responsible for caring for you in some way (such as a guardian/carer, doctor, teacher, coach, etc.)

Most adults and children who are harmed sexually know at once that it does not feel “okay”, even if the person who harmed them says it’s fine. Sexual assault happens because people who hurt others abuse their power over someone. Feeling like you don’t have free choice in what someone does to your body is often very traumatic.

Adults are often unsure about what sexual assault is, and worry about “making a fuss” if they tell someone about what happened. They may also blame themselves for what happened. It is never their fault.

Children can never consent to sexual activity, whether it is with someone the same age, someone much older, bigger, stronger, or because they are physically small. They are also unable fully understand the impacts of sexual activity, either with someone their age, or with someone older, or who may be responsible for caring for them.

Sexual assault isn’t about sex, it is all about power. A person’s ability to say “no” often depends on whether they are physically or emotionally able to say “no”. During a sexual assault, it is also very common for people to “freeze”. This is a normal, automatic response from your body, when your brain determines that it’s not safe to fight back. Freezing, or not fighting back/saying “no” does not mean that you consent to sexual contact.

## USEFUL SEXUAL ASSAULT TERMS

### Child abuse

Harmful behaviour against a person under the age of 18. This can be physical (including hitting, slapping), emotional (calling names, making the child feel worthless/unloved), sexual (sexual touching or intercourse with a child, forcing a child to touch someone sexually, showing a child sexual activities), or neglect (not giving a child access to food, medical care, or a safe, clean home to live in).

### Child exploitation material

Also known as ‘child pornography’. Pictures or videos of children (aged under 18) being physically or sexually abused. This includes ‘sexualised’ images of children, such as not wearing clothes, or participating in sexual acts.

### Consent

When someone freely agrees to participate in something. Any sexual act without consent is sexual assault, and a crime. Consent can’t be pressured or forced. Some people cannot legally give consent, such as children, people who are drunk or drugged, sleeping, or unconscious, and some people living with disability. People must seek consent from the person every time they want to do something sexual with them.  
Date/marital rape Forced sex where the person is assaulted by their romantic partner. This could be in a new relationship, or a long-term marriage or partnership.

### Extrafamilial sexual assault

When a person is sexually assaulted by someone who is not a member of their family (e.g. stranger, friend, neighbour, teacher)

### Family violence

Behaviour that happens within a family or romantic relationship that is abusive and causes fear. This can be a broad range of behaviours, including physical violence, emotional abuse, controlling behaviour (e.g. withholding money, isolating from other family and friends), and sexual assault.



## Grooming

When a person tries to make friends/form an emotional connection with a child in order to sexually abuse that child. The person abuses the child's trust in order to make the child believe that the abusive behaviour is OK. Grooming also reduces the chance of the child telling anyone about the abuse. A person may also groom other people, such as the child's family, to make it easier to abuse the child. Harmful sexualised behaviour GCASA defines this as the behaviour of a young person over the age of 10, which is abusive or harmful towards another person. Depending on the type of behaviour, Police may become involved. Even if these behaviours are criminal, it's not helpful to call a young person an 'offender' or a 'perpetrator'. It's important to understand these behaviours by looking at what is happening, and what has happened, in the young person's life. There is good evidence to show this behaviour can be stopped, with proper help and support.

## Indecent exposure

When a person deliberately shows their genitals in public, or to another person, without consent

## Indecent assault

When a person deliberately touches another person sexually, without consent. Also includes when a person forces someone to touch them, or someone else, sexually without their consent. Indecent assault doesn't include acts where a penis, finger, or object is inserted into a person's vagina or anus (without consent). See rape.

## ICT-based sexual violence

Using the internet, smartphones and other communication devices to share sexual pictures or videos of a person, without their consent. This includes threatening to share a person's private images, or using these devices to sexually harass or stalk somebody.

## Intrafamilial sexual assault

When a person is sexually assaulted by someone who is a member of their family (e.g. sibling, parent, grandparent, aunt/uncle)

## USEFUL SEXUAL ASSAULT TERMS (CONT.)

### Problematic sexualised behaviour

GCASA defines this as the behaviour of a child, aged 10 or under, that is not within the range of normal sexual behaviour and curiosity for a child. These behaviours can involve things like very frequent playing/ touching of their own genitals, or forcing other young children take part in sexual playing or touching. It's important to note that children under the age of 10 can't be charged with a crime, and should never be labelled as an 'offender' or 'perpetrator'. It's important to understand these behaviours by looking at what is happening, and what has happened, in the child's life. There is good evidence to show this behaviour can be stopped, with proper help and support.

### Rape

Forced sex, such as inserting a penis, finger, or object into a person's vagina or anus, without their consent. Can also include inserting a penis into a person's mouth, without their consent.

### Sexual abuse, child

Sexual touching or intercourse with a child, forcing a child to touch someone sexually, showing a child sexual activities, or taking sexual photos/videos of children. A child can never consent to sexual activity. Also see grooming.

### Sexual assault

GCASA defines sexual assault as any sexual behaviour that is unwanted, happens without someone's consent, or makes someone feel upset or afraid. This can include a range of criminal and harmful behaviours such as rape, sexual touching, forcing someone to touch someone sexually, and taking sexual photos/videos of a person without them knowing/their consent.

### Sexual harassment

Unwanted sexual advances or sexual/rude jokes or remarks made towards a person. Usually happens a number of times, and often takes place in social settings, in the workplace, in public environments, and in schools/universities.











## FIGHT, FLIGHT, FREEZE/SUBMIT

When a person experiences something traumatic, their body responds with a response known as the “fight, flight, freeze” response.

This is an automatic response, and people cannot choose how their bodies will respond. It is an inbuilt natural response to something threatening that helps us survive when we feel we are in danger.

Sometimes we will respond with a fight response. Your muscles tense, you start to sweat, your heart beats faster – you act on impulse to save and preserve yourself. You fight.

If you're unable to fight; you need to get to safety, and fast. Your blood pressure rises and your blood sugar increases. The adrenaline you feel pushes you to flee the situation. When you feel threatened, this means running from danger, or hiding, seeking cover, or finding higher ground.

Often forgotten, but possibly the most common when facing danger, is the freeze and/or submit response. Chances are, you're picturing yourself dealing with a situation in the best way by either running for safety or readying to face (fight) the problem. In reality, a very common natural human reaction is neither of these; people often freeze or submit.

We know when people experience sexual assault their bodies will often respond with a freeze or submit response, and shut down. This is your brain reacting to fear in the most primitive way, like an animal in the headlights of a car. Freezing is your primal, desperate attempt to stop the predator from attacking you. When facing danger, it's common for our minds to slow down and assess the situation. Blood is diverted from the brain and thinking becomes incredibly difficult. Submitting is often used as a last response - we go along to the abuse because at that time it can keep us safe from being hurt even more.

People who freeze or submit in trauma do not choose to, and often beat themselves up afterwards for being “passive” when in reality they have no control on how their body responds. It's the same with our fight-or-flight reactions. People very rarely have control and are therefore not to “blame” for their instinctive responses. Their body was simply doing what it needed to do, in the face of danger, to survive.





## TRAUMA RESPONSES

It is very normal and common for people to experience emotional stress reactions when they have experienced a traumatic event.

Strong emotional or physical reactions are a normal response to a stressful experience and are part of the body's normal coping and processing mechanisms. Sometimes the emotional stress reactions appear straight after the traumatic event. Sometimes they may appear a few hours or a few days later. In some cases, weeks or months may pass before the stress reactions appear.

The signs and symptoms of a stress reaction may last a few days and generally resolve after a few weeks. With some good self-care strategies, and with the understanding and the support of your family, friends, and your broader support network, stress reactions usually pass fairly quickly. Where appropriate, you may like to consider what support you may receive from your employer, community and sporting groups and/or education provider.

Sometimes it may take a little longer depending on the severity of the traumatic event. Occasionally, the traumatic event or reaction is so painful that professional assistance from a counsellor may be necessary. This does not imply weakness; it simply indicates that the trauma was just too powerful to manage without help.

### Here are some very common signs and signals of a stress reaction:

Physical signs, fatigue, nausea, muscle tremors, twitches, chest pain\*, difficulty breathing\*, elevated blood pressure, rapid heart rate, thirst, visual difficulties, vomiting, grinding teeth, weakness, dizziness, profuse sweating, fainting, chills, shock symptoms\*

*\*seek urgent medical attention*

## **TRAUMA RESPONSES (CONT.)**

### **Cognitive Signs**

Blaming someone, confusion, poor attention, poor decision making, heightened or lowered sense of alertness, poor concentration, memory problems, hyper-vigilance, difficulty identifying familiar objects or people, increased/decreased awareness of surroundings, poor problem solving, poor abstract thinking, loss of place and time, flashbacks, disturbed thinking, nightmares, intrusive images, flashbacks

### **Emotional Signs**

Anxiety, guilt, grief, denial, severe panic (rare), emotional shock, fear, uncertainty, loss of emotional control, depression, apprehension, inappropriate emotional response, sense of worry, feeling overwhelmed, intense anger, irritability, agitation, crying

### **Behavioural Signs**

Change in activity, change in speech patterns, withdrawal, emotional outbursts, suspiciousness, change in usual communications, loss/increase in appetite, alcohol consumption, inability to act, antisocial acts, pacing, non-specific bodily complaints, erratic movements, changes in sexual functioning, startled reflex intensified, hyperalert to environment, increase/decrease in sleep or change in sleep pattern, increase/decrease in exercise

### **What can I do to help myself ?**

- Rest if fatigued
- Spend with family and friends
- Try not to fight recurring thoughts, dreams and flashbacks
- Accept that you are reacting normally
- Do some relaxation and or grounding exercises and activities
- Arrange your day to include time alone, or in the company of someone that can relate to you
- Maintain your usual schedule/routine as much as possible
- Eat balanced meals regularly. Eating a little, often may help
- Do some physical exercise particularly in the first few days (check with your GP first if you have difficulty exercising)



- Express your feelings as they arise
- Talk to people who care about you, and make you feel safe
- Avoid excessive use of alcohol, cigarettes, caffeine and other drugs
- If you have an activity you undertake during the day that is affected, consider talking with the relevant organisational contact person
- Do activities that you enjoy

### How friends and family can help you

- Listen carefully
- Offer assistance and support
- Give some private alone time
- Don't take reactions and responses personally
- Don't tell them what to do or judge
- Don't say things like "it could have been worse", or that they "should be over it by now" – these comments are not helpful
- Tell them that you want to understand, that you are sorry that they experienced a traumatic event

### When to seek professional help

- If you feel you are struggling with the intense feelings or physical sensations
- If after a period of time you continue to feel numb and empty, and are concerned about these feelings
- If you continue to have nightmares or poor sleep
- If you have no person or group with whom to share your emotions and feel the need to do so
- If your relationships seems to be suffering because of any of these symptoms
- If you smoke, drink or take drugs to excess since the trauma
- If your work performance suffers
- If you are feeling "burned-out"

## USEFUL TRAUMA TERMS

### Anxiety

Frequent feelings of nervousness, fear, and worry. Anxiety can be in response to something that happens, or in more severe forms, it can constantly affect a person during their daily life. Feeling anxious is a common response following sexual assault.

### Counsellor/Advocate

GCASA employees who are specially trained in helping people overcome trauma, and providing guidance. Counsellor/Advocates have training in social work, psychology, and counselling. They can also act as support people in Court, and helping people seek compensation through VOCAT (see Legal Information terms).

### Depression

Strong, ongoing feelings of sorrow, unhappiness, doom and despair. A person who is depressed may have trouble going about their daily duties, and may even lack the desire or motivation to do things they used to enjoy.

### Dissociation

When a person feels disconnected or separate from their usual identity, their body, or the present time. People may feel like they aren't real, or that what is happening around them isn't real.

### Fight

An automatic response to danger or a threat, where a person's body responds by fighting off the danger, in order to try and survive or stop themselves from getting hurt.

### Flashbacks

A memory, often about something upsetting/traumatic, that pops into a person's mind unexpectedly. Flashbacks can be very distressing for people, as they're often 'triggered' by things people normally encounter in their daily life.

### Flight

An automatic response to danger or a threat, where a person's body responds by running away from the danger (fleeing/taking 'flight'), in order to try and survive or stop themselves from getting hurt.



### Freeze/submit

An automatic response to danger or a threat, where a person's body responds by 'freezing' or 'submitting' (not moving/fighting/running/resisting), in order to try and survive or stop themselves from getting hurt. Freeze responses are very common reactions during a sexual assault.

### Hypervigilance

When a person becomes very sensitive and alert to watching/monitoring what is happening in their bodies, and around them. This can make people feel very anxious. Being hypervigilant can be exhausting and stressful when it goes on for a long time. Hypervigilance is a very common reaction to trauma, and is a key feature of Post-Traumatic Stress Disorder (PTSD).

### Intrusive/negative thoughts

Unwelcome, unpleasant thoughts that can come into a person's head unexpectedly, and often cause them to become upset. These thoughts can become intrusive, where a person can't help thinking that way often. These thoughts can be difficult to 'get rid of' or ignore.

### Post-Traumatic Stress Disorder

A formal psychological diagnosis with symptoms that include ongoing stress/upset, sleep disturbance, flashbacks, hypervigilance, relationship and mood difficulties that are caused by a traumatic event or a number of stressful/traumatic events.

### Retraumatisation

When a person experiences the feelings and emotions that they felt when they first experienced the trauma. Retraumatisation is often triggered by an experience that reminds a person of the trauma; for example, retelling their story, returning to the place they were harmed, or seeing the person who harmed them.

## USEFUL TRAUMA TERMS (CONT.)

### Sleep disturbance

Refers to a range of occurrences that can interrupt a person's sleep, including nightmares, trouble getting to sleep, night terrors, and insomnia.

### Trauma-informed care

A way of supporting a person who has experienced trauma, by offering them choice in how they would like to be supported, helping build emotional and physical safety, promoting trust, being honest, working together, and helping them to feel empowered and in control of their lives.

### Trigger/triggering

Something (could be an object, smell, sound, place) that reminds a person of their trauma and causes them to feel upset/distressed. Like flashbacks, being triggered often happens unexpectedly. By identifying triggers, a person who has experienced trauma can prepare themselves emotionally to cope if/when they encounter something triggering.







## SELF-CARE

Looking after yourself can be a challenge for many of us, especially when dealing with the trauma of a sexual assault either recently, or in the past. This part of the booklet will give you some tips to help manage your feelings and emotions.

Stress can be useful in protecting you from harm, but if you feel stressed a lot, it can begin to impact your body and mind. We usually become stressed after a bad experience, or when you're worried about experiencing something bad in the future. Experiencing something traumatic often leads to extreme stress. Usually, the more important something is to you, the more stressed you feel.

Stress and trauma can impact us in many ways, including:

Our emotions – feeling anxious, depressed, tense, angry, hopeless, or afraid

The way we think – trouble concentrating, forgetting things, not being able to make decisions, not caring about things the way we used to

Our behaviour – drinking and/or smoking more, gambling, taking unhealthy or dangerous risks, hurting ourselves or others

When we feel under stress, changes in our body happen in response. Our heartbeat, breathing rate and blood pressure all go up. The longer we feel stressed, the more impact this has on our body. If you're stressed often, you may feel exhausted, and not have the energy to do the things you like or need to do.

In order to help manage stress and trauma we need to look after ourselves. This is known as self-care.

### What is self-care?

Self-care is really important in the healing process because a relaxed body and mind can help you work towards feel the way you did before. In the healing process it helpful to know what calms you, what helps you to relax and how to use these activities when you're feeling stressed or upset.

## SELF-CARE (CONT.)

Being kind and gentle with yourself through self-care activities helps your mind and body to feel safe. Rest is important for our physical and mental health, and feeling safe allows us to do this.

For some of us, taking the time to 'look after ourselves' can leave us feeling selfish. It is important to remember that when taking time out to look after yourself, you are actually looking after the people you care about, too. This may sound confusing, but taking time out to recharge and check in with our selves helps us to better function and handle life's curve balls. An example of looking after ourselves first is when you are flying in an aeroplane and the oxygen mask drops down, you are required to put yours on first then help others.

### Self-care activities

It is important to choose healthy, positive activities when focusing on self-care. Harmful activities, such as using illicit drugs and alcohol are not healthy ways to manage stress, and can make us feel worse in the long-term. Here are some self-care activities that can help you to start thinking about ways to look after yourself:

- Taking a shower
- Going for a walk
- Calling a friend
- Having a warm drink
- Spending time with pets
- Listening to music
- Cooking
- Painting, colouring in, or being creative
- Exercising
- Singing/dancing
- Writing a journal
- Prayer/meditation
- Saying "no" to extra responsibilities, or things you don't want to do
- Spending time with people who make you feel good
- Taking a break from online activities and social media



### Self-care plan

A self-care plan helps us to reflect on what areas in our lives may need strengthening and what things we can do help. Try to come up with a plan you will find easy to stick to; we can only expect small changes at a time.

A self-care plan allows us to prepare for when stress may stop us from thinking clearly.

The table below can help you reflect on what you have already been doing for yourself in terms of self-care, what more you would like to do for yourself, and what activities you need to stop or change to improve self-care:

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Keep doing:

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Start doing:

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Stop doing:

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## FOR YOUR MIND

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Keep doing:

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Start doing:

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Stop doing:

**FOR YOUR SPIRIT**

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Keep doing:

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Start doing:

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Stop doing:

**FOR YOUR SOCIAL WELLBEING**

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Keep doing:

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Start doing:

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Stop doing:



## Grounding

Grounding is a simple way to reduce emotional pain (e.g., craving, anger, sadness) in times where we might feel overwhelmed by negative thoughts or emotions. Distraction works by focusing on the world around, rather than looking inside towards our own thoughts. You can also think of it as “distraction,” “centring,” “a safe place,” “looking outward,” or “healthy detachment.” When you are overwhelmed with emotional pain, grounding can help you to feel in control over your feelings and safe. Grounding “anchors” you to the present moment and to reality.

Many people who have experienced something traumatic benefit from grounding. Remember that pain is a feeling; it is not who you are as a person. When you get caught up in it, it feels like you are your pain, and that is all that exists. But it is only one part of your experience- other feelings are just hidden in that moment, and can be found again through grounding.

Grounding can be done any time, any place, anywhere, and no one has to know. You can use grounding when you are faced with a trigger, are upset or angry, if you feel disconnected from your body or reality, having a craving, or whenever you are experiencing emotional pain. Grounding puts healthy distance between you and these negative feelings. When doing grounding exercises, the following tips may be useful:

- Keep your eyes open, look around the room, and turn the light on to stay in touch with the present moment
- Rate your mood before and after grounding, to test whether it worked. Before grounding, rate your level of emotional pain (0-10, where 10 means “extreme pain”). Then rate it afterwards. Has it gone down?
- Try not to talk about negative feelings or write about them while you are “grounding” - you want to distract away from negative feelings, not explore them.
- Try not to make judgments of “good” and “bad”; just focus on what you are seeing. For example, instead of “The walls are blue; I dislike blue because it reminds me of depression,” simply say “The walls are blue” and move on
- Focus on the present; not the past or future

### Ways of grounding

There are many ways you can practice grounding. You may find that one type works better for you, or many types may be helpful; perhaps in different situations.

### Mental Grounding

Describe your environment in detail, using all your senses. For example, “The walls are white; there are five pink chairs; there is a wooden bookshelf against the wall...”

Describe objects, sounds, textures, colours, smells, shapes, numbers, and the temperature. You can do this anywhere.

### Physical Grounding

Run cool or warm water over your hands, grab tightly onto your chair as hard as you can, touch various objects around you: a pen, keys, your clothing, the wall, dig your heels into the floor-literally “grounding” them! Notice the tension centred in your heels as you do this. Remind yourself you are connected to the ground.

### Soothing Grounding

Say kind statements, as if you were talking to a small child. For example, “You are a good person going through a hard time. You’ll get through this.”

Remember the words to an inspiring song, quote, or poem, or remember a place you feel safe and describe it to yourself.

### Breathing Grounding

Place one hand on your chest and the other on your belly. Breathe gently and notice your hands moving up and down. Try to gently breathe further down with each breath until the belly is moving up and down.

## USEFUL SELF-CARE TERMS

### Emotion regulation

A skill where people are able to control their emotions, either by expressing them or holding them in, depending on the situation. Experiencing trauma can impact on how easily a person can regulate their emotions.

### Grounding

A skill to help bring people back to the present moment, when they are feeling very stressed, upset, and overwhelmed. Different grounding techniques are based on different 'tools', such as using breath, our senses, or changing the way we think about what is happening around us or in our bodies

### Self-care

Activities or behaviours that are calming, nurturing, and make us feel content and at ease. Self-care is different for different people, but what we do to care for ourselves should bring feelings such as wellbeing, joy, and/or safety.

### Self-care plan

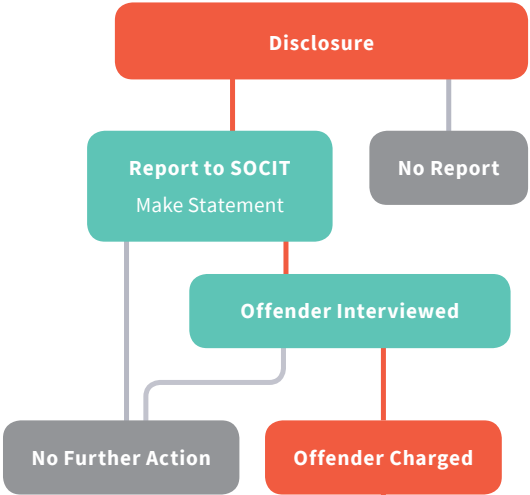
A formal or informal 'plan' a person comes up with to prioritise caring for themselves. This is usually split into different areas, to identify what the person can do to care for their body, their mind, and their social and spiritual needs.



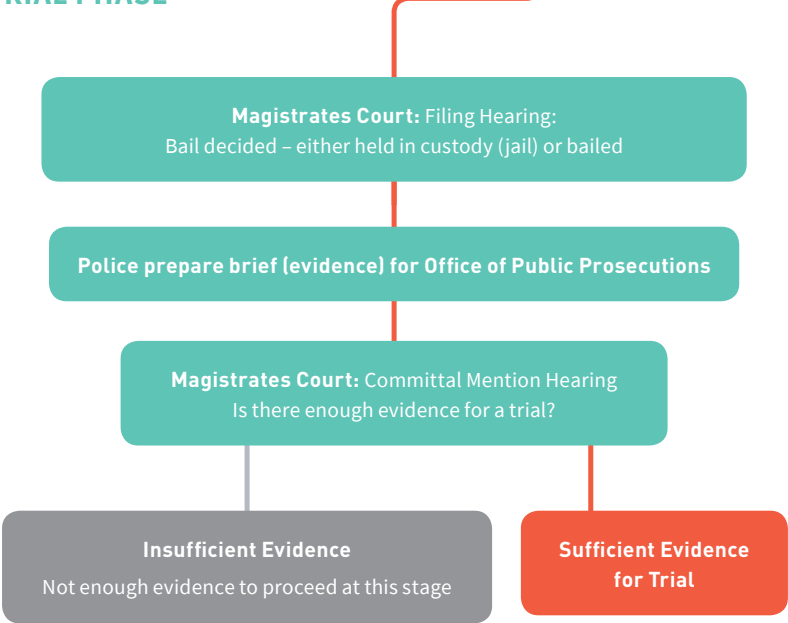


# SEXUAL ASSAULT LEGAL PROCESS

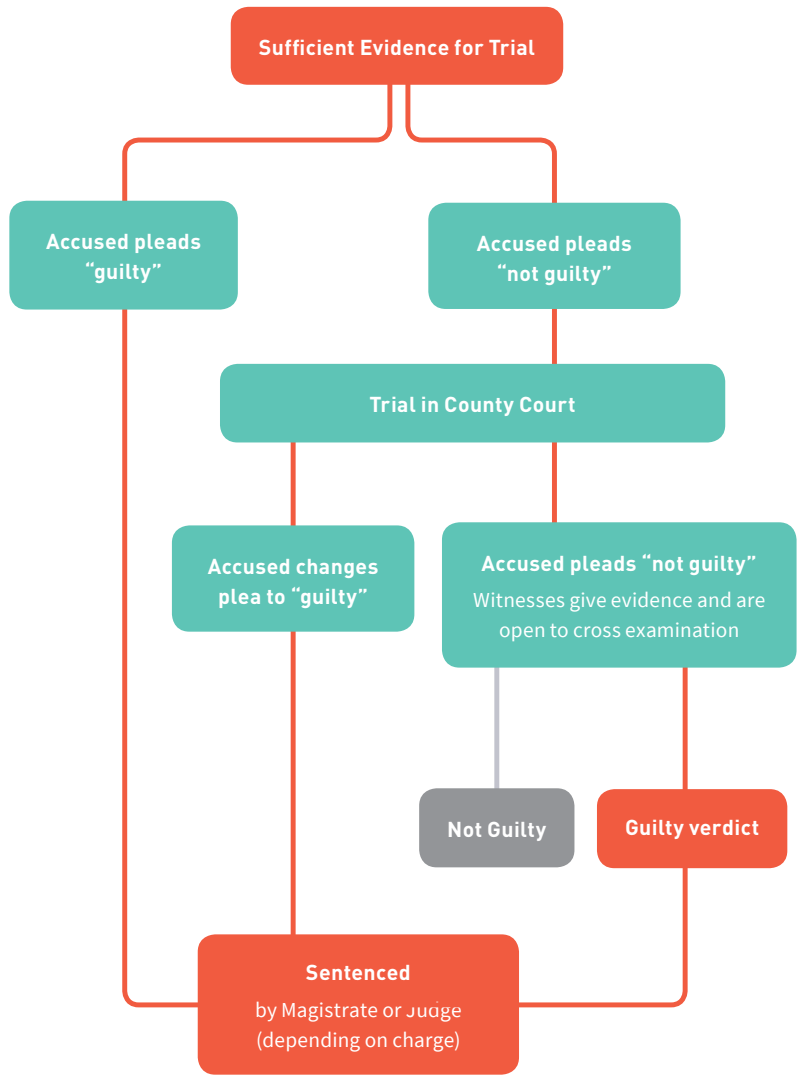
## INVESTIGATION PHASE



## PRE-TRIAL PHASE



# TRIAL & SENTENCING PHASE









## LEGAL INFORMATION

### Why some people don't report sexual abuse?

Sexual and physical assault is criminal offences and the perpetrators can be liable to criminal charges as a result of their actions. However, sexual assault is one of the most underreported of crimes. It is estimated that only 33% of sexual assault victim/survivors tell the police about their most recent sexual assault incident (Australian Bureau of Statistics, 1998).

There are a number of reasons why victims don't report, including:

- Feelings of embarrassment, shame and guilt.
- Fear of the reactions of or being disbelieved by family, friends or police.
- Not wanting to “make a fuss” or get the perpetrator (who, as we have seen, is probably known to the victim) into trouble.
- Fear of repercussions from the offender or their family/friends.
- The victim just wanting to forget about it or put it behind them.
- Not wanting to undergo an intrusive medical examination.
- The potential pain and trauma involved with reporting – secondary trauma from telling the story again and reliving it in immense detail.
- The strength of the myths surrounding sexual assault.
- Concerns that reporting will involve the victim in a lengthy and unsupportive legal process.
- Low conviction rates if the case does get to court.

For children there are also additional factors, including:

- Not knowing whom to tell.
- Not fully understanding the nature or implications of what has happened.
- Threats, bribery and coercion from the perpetrator.
- The fact that children are taught to obey and trust adults.
- Fear that they will be punished and not the offender.
- Fear of breaking up the family and loss of security.
- Having the language to disclose.

## LEGAL INFORMATION (CONT.)

### What happens once the police are involved?

If a sexual offence is reported to the police, the Sexual Offences Child Abuse Investigation Team (SOCIT) will become involved. SOCIT are staffed by experienced and qualified police members specially trained to assist with responding to and investigating adult sexual assault and child asexual assault. The principal role of the SOCIT is to provide an initial response to victims of historical or recent sexual assault by:

- Attending to the welfare of the victim.
- Obtaining a statement from a victim/witness for evidentiary purposes.
- Completing and submitting the relevant reports.
- Interviewing offenders for minor sexual and physical assaults
- Investigating the crime and preparing evidence

The process of then having the offender charged with a crime, and having those charges heard in court, can take a long time. This can be a difficult process for many people, but you can talk about the process with your counsellor or a SOCIT detective at any time about the process, or how you may be feeling.

You can decide to stop an investigation by SOCIT at any time, even if you have made a statement or had physical evidence taken. SOCIT will hold on to this evidence for 50 years, so this important information is still there if you change your mind. Even if you say you want to stop the investigation, or you don't want to report to police at all, you can still get counselling support from Gippsland CASA.

You can view a chart which summarises the legal process in following a reported sexual assault in the middle of this booklet.

## USEFUL LEGAL TERMS

### Accused

A criminal law word, used to describe the person who is on trial in Court.

### Bail

When the Court decides that an accused person doesn't have to go to prison while they wait for their next Court date. Sometimes, there are rules about where that person can live or go to while they are bailed, or they may need to pay the Court money as a promise that they will come to Court next time. If they break the rules given to them on bail, the person might have to go to prison until the next court date.

### Brief of evidence

All the evidence Police have gathered during the investigation of a crime. If a case goes to Court, this evidence is presented to the Court. It can include things like statements, photographs, and objects.

### Charges

A formal way of the Police saying that they believe a person has committed a particular crime, and that they want to have that person respond to those accusations in Court.

### Committal mention hearing

The first time a person charged with a sexual crime goes to Court, to formally let the Court know what they are being charged with. At Court, the Magistrate will decide whether the person charged can be bailed, or remanded in prison, until the next Court date.

### Conviction

When a person is found guilty of a crime. It is entered onto their criminal record that they have been convicted of that crime.

### Defence

A legal representative, or team of representatives, that work for the accused person. An accused person can also represent themselves. It is the job of the defence to challenge the evidence presented by the prosecution, with the ultimate goal of having the accused person found to be not guilty, or to get a reduced sentence/punishment.

## USEFUL LEGAL TERMS (CONT.)

### Defendant

The person who has been charged with a crime, and is going through the trial process in a Court.

### Disclosure

When a person tells someone about something that has happened to them. For example, a person telling a family member/friend/professional that they have been sexually assaulted.

### Evidence

Information gathered, usually by Police, to identify who was responsible for a crime. This evidence can then be used in Court to try and show that a person is guilty. There are lots of rules about what can be included as evidence, and how evidence is collected and stored.

### Filing hearing

A hearing early in the Court process where the Court will set a timetable for when the prosecution and defence will need to provide information to each other. Further Court dates will also be set, and the Court may also receive an application for bail at this time.

### Forensic exam

A physical examination, completed by a specially trained doctor or nurse, usually done within 72 hours of a sexual assault. The purpose of the exam is to collect evidence. This can include taking pictures or writing notes about injuries, collecting the clothes the person was wearing when they were assaulted, and collecting samples that may help show who was responsible for the assault (such as saliva, blood, or semen). This evidence is easiest to collect when the exam happens shortly after the assault, before the person hurt washes or takes a shower. Whilst a forensic exam often provides very helpful evidence, you do not have to have one, if you don't want to.

### Indictable offence

A serious crime that is heard in Court by a Judge, with guilt decided by a jury.



### Interview

When a person accused of a crime is formally spoken to by Police. Police will ask questions to try and figure out whether the accused person was involved. This interview is recorded, and can be used as evidence in Court.

### Offender/perpetrator

Commonly used to refer to a person who has committed a crime.

### Prosecution

The legal representation for the Police. It is the prosecution's job to present Police evidence, with the ultimate aim of showing the Court that the accused person is guilty.

### Remand (custody)

When an accused person is held in prison or another form of custody (e.g. home detention, medical facility) until the next Court date. A person can also be remanded on bail, but they will have strict rules about what they can or can't do until the next Court date. The decision by the Court to remand an accused person in custody is usually made when the Court believes it's not safe for that person to be out in the community.

### Report

Telling Police about a crime, which is then formally recorded on their system. Making a report doesn't mean you have to take things further and have the person charged.

### Sentence/sentencing

When the Court finds someone guilty of a crime, and decides what should happen to them. There are rules about what sentences can be given to people, based on the crime they have been found guilty of. A Judge or Magistrate will base their sentencing decision on these rules, plus other factors ('principles') including offender rehabilitation, community safety, and deterring the person, or others in the community from committing the same crime in the future.

### SOCIT

A special group of Victoria Police detectives that investigate sexual crimes and child abuse cases. SOCIT stands for Sexual Offences and Child abuse Investigation Team.

## USEFUL LEGAL TERMS (CONT.)

### Statement

When a person who has been harmed, or a witness, talks to Police about what happened, or what they know about the crime. This may be video recorded, or written down by Police. Statements are often used as evidence, or even to decide whether a crime has happened. Making a statement to Police doesn't mean you have to take things further and have the person charged.

### Subpoena

A formal request for a person to attend Court to provide evidence, or a formal request for evidence to be given to the Court, such as files/documents. You are required to comply with a subpoena, but you can also get legal representation to fight it.

### Summary offence

A crime where the accused person's guilt or innocence is decided by a Magistrate (without a jury).

### Trial

The formal process where evidence relating to a crime is examined in a Court. It is overseen by a Judge/Magistrate (depending on the type of Court), and whether the accused person is found guilty or not is usually determined by jury.

### VARE

Stands for Video and Audio Recorded Evidence. It is a statement recorded by Police, and can be played in Court as evidence, instead of the person who has been harmed giving their evidence in-person in Court. VARE statements are used when taking statements from children, from people living with a cognitive disability, or from other people who are identified as being especially vulnerable.

### VOCAT

Stands from Victims of Crime Administrative Tribunal. VOCAT assists people who have been impacted by serious, violent crime by awarding them financial compensation. The person who harmed you does not have to be found guilty in a Court in order for you to apply to VOCAT, but the Tribunal does need to be satisfied that a violent crime happened to you, and caused you some form of loss and/or injury.

## OTHER COMMONLY USED TERMS

### Case notes

The notes your counsellor will keep about your sessions, along with any other letters or telephone calls they have with you, or about you with other services you have allowed them to speak to. These notes are to help us see how you are being supported, and are kept private and confidential.

### Child protection (DHHS)

Within Victoria, the part of the Department of Health and Human Services responsible for investigating concerns about the treatment of children, and preventing children from being harmed.

### Client Rights and Responsibilities

A list of ways people who come to GCASA can expect to be treated, in a fair, respectful and dignified manner. It is also a list of ways that GCASA clients should behave while using the service, to help make GCASA a safe place for everyone to come to.

### Community Health Nurse

A nurse who works alongside GCASA at the MDC. This nurse can give you help and advice about general and sexual health concerns.

### Crisis Care Unit

GCASA's after-hours support service that helps people who have recently (within the last two weeks) experienced sexual assault and/or family violence. The Crisis Care Unit provides face-to-face support.

### Intake

GCASA workers that serve as the first contact with our service. They speak to community members and professionals to see whether it is appropriate for a person to access our service at this time. Our intake service will talk to you about your options, and book in your first counselling session, if you'd like one.

## OTHER COMMONLY USED TERMS (CONT.)

### Multidisciplinary Centre (MDC)

A service where SOCIT, specialist Child Protection workers, forensic doctors/nurses, and counselling services (like GCASA) are all located. This means that people who have been sexually assaulted can access all the services they want/need within the one building. MDCs are designed to make people feel safe and respected.

### Privacy and confidentiality

Laws and procedures relating to an organisation to make sure that people's private information is kept safe and secure. This means that there are strict rules about who can access this information, and how it is stored.

### Referral

The process where people request to access a service. At GCASA, people can ask for support/counselling by themselves ('self-referral'), or have someone else do it for them. We often get referrals from a person's family members, from schools, or from Police or Child Protection. If someone else refers you to GCASA, you don't have to come if you don't want to. Even if you self-refer, you can still change your mind later.

### Therapeutic group work

Group activities that are designed to help with healing. You participate in these activities with people who have experienced similar things to you (e.g. who have been sexually assaulted), whilst being supported by an experienced counsellor. You don't have to participate in group work unless you want to.

### Victim/survivor

Commonly used term to refer to someone who has experienced sexual assault/abuse. At GCASA, we often use "people/a person who has experienced sexual assault" instead of "victim/survivor". However, we understand that some people prefer to use victim/survivor or survivor, and we will use this term if that is how you identify.

### Working Together Agreement

A GCASA document that outlines what you can expect to receive from our service, and what you need to do to keep yourself, and others, safe whilst using our service.



## USEFUL CONTACTS

### Gippsland Centre Against Sexual Assault

**03 5134 3922**

**1800 806 292**

(Sexual Assault Crisis Line – SACL)

Advice, counselling, advocacy, information, referral and support, 9am – 5pm, Monday to Friday.

SACL number for after-hours crisis support counselling and advocacy.

### Safe Steps

**1800 015 188**

Support and referral for people impacted by family violence.

Available 24hours a day, 7 days per week.

### 1800 RESPECT

**1800 737 732**

**[www.1800respect.org](http://www.1800respect.org)**

Telephone counselling and support for any matters relating to sexual assault and family violence.

Available 24hours a day, 7 days per week.

### Lifeline

**13 11 14**

**[www.lifeline.org](http://www.lifeline.org)**

Short-term support for people who are having difficulty coping and keeping themselves safe. Available 24 hours a day, 7 days a week.

### Headspace

**[www.eheadspace.org.au](http://www.eheadspace.org.au)**

National youth mental health organisation, offering support to young people aged 12-25.

### Sexual Offence and Child Abuse Investigative Teams (SOCIT- Victoria Police)

**Morwell:** 03 5131 5000

**Sale:** 03 5143 5000

**Bairnsdale:** 03 5150 2600

### Department of Health and Human Services – Child Protection

**13 12 78 (24 hours)**

### Windermere

**[www.windermere.org.au](http://www.windermere.org.au)**

Community service organisation providing support relating to children, families, homelessness, victims of crime, and people living with a disability.

### Living Well

**[www.livingwell.org.au](http://www.livingwell.org.au)**

Online counselling and information for men who have experienced childhood sexual abuse or sexual assault, and support for their friends, family, and partners.

## USEFUL CONTACTS (CONT.)

### Quantum Support Services

**03 5120 2000**

Support and information relating to housing, family violence, and youth refuge.

### Gippsland Multicultural Centre

**03 5133 7072**

Support and information for people from culturally and linguistically diverse backgrounds

### Aboriginal Cooperative

**Morwell: 03 5136 5100**

**Bairnsdale: 03 5152 1922**

Community-based support and information for Aboriginal and Torres-Strait Islander people.

### WIRE

**1300 134 130**

**[www.wire.org.au](http://www.wire.org.au)**

Victorian-based information, referral, and support service for women.

### Psychiatric Triage

**1300 363 322**

Information, assessment, and referral service. Available 24 hours a day, 7 days a week.



## NOTES

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#### MORWELL

Gippsland  
Multidisciplinary Centre

31-41 Buckley Street  
PO Box 1124  
Morwell VIC 3840

**T:** 03 5134 3922

#### BAIRNSDALE

67 Grant Street  
PO Box 744  
Bairnsdale VIC 3875

**T:** 03 5153 1629

#### WARRAGUL

95 Albert Street  
Warragul VIC 3820

**T:** 03 5622 7877

#### AFTER HOURS

**T:** 1800 806 292

*Outreach service provided from  
locations across Inner and Outer  
Gippsland*

**E:** [mail@gippscasa.org](mailto:mail@gippscasa.org)

**ABN:** 22 462 140 099

