Department of Health

Sexual Assault Referral Centre (SARC)

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SARC





Vicarious trauma

- We realise sexual violence can be confronting to discuss
- ☐ Feel free to take time out if you feel overwhelmed
- SARC staff are available to hear you







SARC Services



SARC

SARC is a service within the Department of Health (DOH) Top End Health Services. We provided free confidential forensic, medical and counselling services to all victims of sexual assault.

Darwin has a 24 hr crisis response service and a free counselling service during business hours – 11 FTE

Katherine has free counselling services during business hours – 3 FTE

Our service area is 475,338 km and includes 54 remote communities and outstations.



SARC Crisis Response

24 Hour Acute Crisis Response

- SARC on-call Counsellor first point of contact for after hours calls
- Liaison with police, hospital, medical staff & health clinics
- Medical assistance prophylaxis and STI&BBV testing
- Forensic evidence collection & advice
- Provide crisis support to sexual assault survivors & non-offending family/support persons
- Assist with co-ordination of transport & emergency accommodation for remote Indigenous clients
- Support during police statement collection at client request



SARC Counselling

- All clients including children must consent to counselling
- Face to face counselling is offered following sexual assault & may be ongoing
- Sexual assault may be acute or historical
- Counselling service is free
- No limit on number of counselling sessions attended

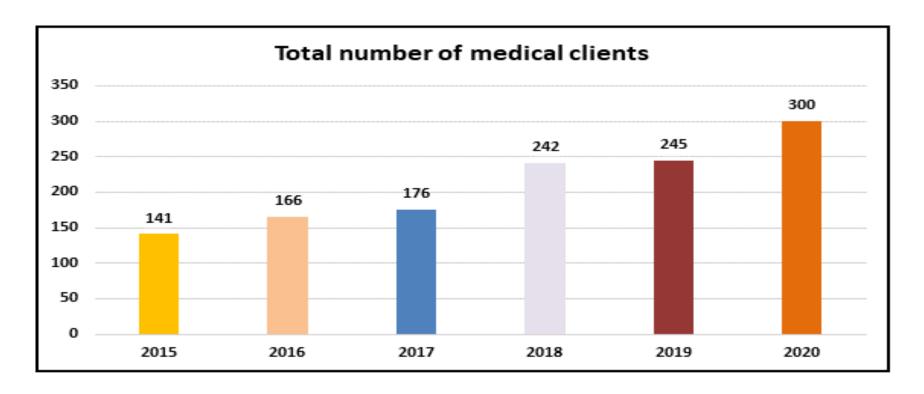
Counsellors assist with

- non-offending family / support people
- individual or family crisis
- mental health issues
- parenting issues
- sexualised behaviours

SARC upholds confidentiality for all clients including children except where mandatory reporting is required



Client numbers



In 2012 our numbers were 87, projections for this year are over 300



Definition

SEXUAL ASSAULT

- •Sexual assault is defined as any sexual behaviour which is threatening, violent, forced, coercive or exploitative
- •It is a sexual act in which the victim has not given, or was unable to give consent
- •Sexual assault is an act or event that can be part of a process of ongoing sexual abuse

SEXUAL ABUSE

- Any ongoing form of sexual violence
- •The abuser is usually in a position of trust or authority over the victim, that is, there is a power differential



Sexual violence can take many forms

- Sexual harassment sexual comments, dirty jokes, leering, wolf whistles exhibitionism, indecent exposure, voyeurism
- Any unwanted sexual touch
- Forced, coerced or bribed to: masturbate or watch another masturbate; to view pornography; to give or receive oral sex; to perform sexual acts on themselves or others
- Sexual penetration by penis, object or other parts of the body into the vagina, anus or mouth
- Obscene remarks made in person, by phone, via text or computer
- Rape

(1)(2)

Sexual assault is a crime of violence, where a person uses their power & control to dominate another



Sexual Assault Stat's

From 15 years of age

17% of all women

4% of all men

ABS; Personal Safety Survey, 2012

Survivors of child sexual abuse

1 in 3 women

1 in 4-6 men

□ FCAV 2014





Child Sexual Abuse

31% of Australians say they would not believe children if they reported being abused

Australians rank child abuse as **13**th on a list of community issues **behind** rising petrol prices & public transport problems

1 child is abused every 2 hours in Australia

30% of victims never disclose

80% initially deny abuse or are tentative in disclosing

75% accidentally disclose

>20% eventually recant disclosure

only 1-4% of all reported cases constitute fabricated sexual abuse reports



Myths

Children lie about sexual assault

FACT: Children very rarely lie about assault. Usually they are taking a great risk when they disclose. Young children are unable to talk about sexual activity which is outside their experience.

Children who are being assaulted would tell immediately

FACT: Children have considerable difficulty in revealing and discussing their abuse, particularly boys.



Myths

Children who are being assaulted will show physical evidence of abuse.

FACT: Abnormal genital findings are rare, some acts leave no physical traces and injuries in children heal quickly.

Hundreds of innocent people have been falsely accused and prosecuted.

FACT: few abusers are ever identified or charged or convicted.

Incest is accepted in other cultures

FACT: All cultures have an "incest taboo". Nowhere is incest acceptable



Accommodation Syndrome

Child 'adjusts' to abuse due to:

- Helplessness
 - initial resistance, then perceived compliance as self-protection
- Secrecy
 - threats of violence
 - withdrawal of love & affection
- Entrapment
 - develops self blame & guilt for badness
- Delayed disclosure & retraction
 - many children <u>never</u> reveal their abuse
- Retraction
 - under pressure from family & outside world
 - fear for safety



Grooming

Identification / Targeting

identify & exploit child's vulnerabilities

Recruitment

- use a range of strategies to engage child
- desensitise child to abuse

Trust / Favouritism

- deliberate steps to establish a relationship of trust
- treating the child as 'special'

Isolation / Secrecy

- •isolate child from siblings & non-offending parent
- •favouritism shown alienates child from siblings
- ·sharing 'special' secrets to contribute to secrecy

Desensitisation

- •games to introduce sexual touching
- blur boundaries of affection and conversation

Maintenance

- •gaining compliance of the victim by assuring the 'rightness' of the act
- conveying negative consequences of disclosure
- convey the allusion the child has consented to behaviour
- •use of bribes, gifts, threats, punishment



Who is sexually assaulted

Victims/survivors come from all ages, ethnic and socio-economic groups

Although anyone can be the victim of sexual assault, the most vulnerable members of our community are over-represented.

These include:

- Indigenous people (3x more reports)
- Youth (45% in NT aged 19 and under)
- People with disabilities or mental illness
- Refugees
- Sex workers
- People who have experienced violence as children
- Intimate partner violence/DV
- Women



Prevalence - NT

- In NT around a quarter of sexual assault victims were aged between 10 and 14 years* (4)
- Victims aged between 25 and 34 years accounted for 21% of total victims of sexual assault in the NT, the largest proportion of sexual assault victims in this age group across the states and territories (4)
- The majority of sexual assault victims (56%) knew their offender (4)



Perpetrators

- Both women and men are more likely to experience violence at the hands of men, with around 95% of all victims of violence in Australia reporting a male perpetrator.(10)
- While men are more likely to experience violence by other men in public places, women are more likely to experience violence from men they know, often in the home.(11)
- In 2017 2018 97% of sexual assault offenders in the NT were male (12)



The Impact of Sexual Assault

- Anorexia / bulimia
- Self harm/ Suicide
- Isolation, social withdrawal
- •STI's, pregnancy
- Mental health issues
- Alcohol and drug abuse to cope
- •Issues around intimate examinations
- Impacts on intimate relationships



Barriers to reporting

- Self blame –very common
- Fear of being blamed by others
- Fear of not being believed
- Fear of reprisal by the perpetrator
- To protect others
- Shame, embarrassment
- Did not want family or others to know



When to Report

Adults have the right not to report a sexual assault

- 15-20% *do* report
- It must be the adult survivors' choice to report

Child sexual assault **MUST** be reported

Reporting can have positive outcomes for client

- Can validate that a crime was committed to client, family & friends
- Perpetrator may be questioned by Police, thus further validation
- Reporting may prevent offender repeating offence
- Client may be eligible for crime compensation

Conviction rates are low



Attrition of Sexual Assault Cases

- 1 in 6 women who experience a sexual assault report to police.
- Two-thirds of these reported cases are actually recorded by police (calculation based on Gelb, 2007)
- Of these, an offender was charged in 1 in 4 cases
- Less than 50% of these are convicted.
- In addition, it is unclear whether the alleged offenders against whom the police proceeded are representative of sexual offenders who do not come to police attention.



Attrition of Sexual Assault Cases

Figure 2. Attrition of sexual assault cases THE ACTUAL INCIDENCE OF SEXUAL ASSAULT Will probably never know B. REPORTED TO SURVEY INTERVIEWERS Some offences not reported to interviewers Some reports not genuine 100,000 (100%) C. REPORTED TO THE POLICE Some offences said to be reported but were not 14,900 (14.9%) RECORDED BY THE POLICE Some offences not classified at all Some classified as non-sexual offences 4,547 (4.55%) FINALISED AT 90 DAYS Some offences labelled as finalised. but nothing done 2,255 (2.25%) PROCEEDED AGAINST Some prosecutions not followed due to complainant withdrawals or evidential matters 1,492 (1.4%) G. CONVICTED Withdrawals, dismissals, verdicts



Role of SARC

How does a client benefit?

- Crisis care for the victim
- Validate assault
- Medical care
- Reduce associated risks e.g. assist with safe housing/guardianship etc
- Medical certificate
- Counselling service

Evidence collection forensic medical examination to:

- Document injuries
- Collect forensic specimens Just in case SAIK*
- Provide an opinion to be used by the criminal justice system *



Our intersect

We have many intakes that come in to the service from TFH&C where children are doing sex for favours, usually drugs and/ or alcohol. We also at times get calls involving children using VSA.

We find it very difficult to get assistance with the drug and alcohol issues and would be interested in referral pathways. We do have a lot of numbers but often when we ring they are not the correct person.



Thank you, have a great day!!!

