CARING FOR ADOLESCENT

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The Sexual Assault Referral Centre (S.A.R.C.) was established in January, 1976, as a crisis and support centre for victims of sexual assault. It was Australia's first hospital-based sexual assault centre and developed out of concern from community groups, feminists and police in Perth about the treatment of sexual assault victims.

The Centre provides a 24 hour per day, 7 day per week service for any victim of sexual assault who is over the age of 12 years. The vast majority of people attending the Sexual Assault Referral Centre have been female but the service is also available for males.

The Functions of the Sexual Assault Referral Centre

1. To provide treatment and care for the physical, emotional and social needs of victims of sexual assault. This treatment and care is available until the resolution of any problems arising from the assault.
2. At the victim's request, to assist the Police and Crown Law Department by the collection of relevant data and presentation of evidence.
3. To promote greater community understanding of and involvement in the problems of sexual assault by—
   (a) promoting the Centre as a reference and referral Centre for the community.
   (b) participating in the education of medical and legal practitioners, police officers, health professionals and other allied professionals.
   (c) providing a support function for those groups actively involved in assisting and protecting the victims and potential victims of sexual assault.
   (d) conducting lectures and discussion groups in schools and community groups.
   (e) conducting, supporting and encouraging research into the area of sexual assault.

Staffing of the S.A.R.C.

The S.A.R.C. is staffed by a female social worker, four female support workers and a panel of female doctors. If a victim wishes to see a male doctor and/or support worker, that can be arranged by utilising hospital staff. The social work staff consists of one full time social worker who co-ordinates the support workers. The social worker has back up from other Social Work Department staff. The four support workers are employed on a sessional basis and cover the out of hours roster. These support workers do not have professional qualifications but are chosen for their warm and caring approach to people. In-service training is provided with the emphasis on crisis intervention and support of sexual assault victims.

There are six doctors on the panel. These doctors are trained by the senior doctor, Dr Deller, to work with people who have been sexually assaulted. A particular focus is on the forensic aspect of examination work and the presentation of evidence. All the doctors work in other areas of medicine outside Sir Charles Gairdner Hospital (S.C.G.H.). They are called when a victim presents but also come into the hospital for follow up appointments, as needed. The senior doctor has a one session appointment at S.C.G.H. for the co-ordination and training she provides.

Funding, Costs and Administration

The Sexual Assault Referral Centre is funded by Sir Charles Gairdner Hospital and all staff employed are paid by the hospital. The service is entirely free to the victims of a sexual assault with the cost being integrated into the hospital's expenditure.

The S.A.R.C. operates out of the Emergency Department and the Social Work Department. The use of the Emergency Department is crucial to the efficient functioning of S.A.R.C. as it ensures 24 hour access to the hospital's facilities. It also provides a 24 hour back-up service where urgent medical treatment is required.

Referrals

Referrals received at the Sexual Assault Referral Centre can be broken into two broad categories.

1. Crisis referrals—these are situations in which the sexual assault has recently occurred.
2. Referrals relating to a past sexual assault. The assault may have been weeks, months, or years earlier.

Either type of referral to the S.A.R.C. can be made by anyone in the community. A variety of referral sources have developed since the Centre commenced its operations. When the Centre first opened, all referrals were from the Police Department. Now only approximately 50% come directly from the Police, the remainder being self-referred, or from General Practitioners, school health sisters, friends of the victim, and welfare service agencies.

Management of Victims

A Crisis referrals—in crisis referrals the victim is seen by a doctor and a social worker or support worker. The team approach is a fundamental part of the S.A.R.C.'s treatment of people in crisis.

In the initial crisis medical consultation.

1. immediate overall assessment of the victim and treatment of any serious injuries.
2. discussion regarding the collection of forensic and medical specimens and samples.
3. complete medical examination with documentation. This includes
   (a) recording any injuries, marks, scars or foreign matter adherent to the victim's body, for example, sand, leaves.
   (b) collection of forensic evidence. This evidence is intended to link the alleged offender to the victim, and to link the victim to the scene of the crime. To this end, swabs are taken

VICTIMS OF SEXUAL ASSAULT

from the genital region to be tested for semen and other samples, eg: victim's blood, pubic hair, etc, are taken for detailed identification of place and person.

(c) collection of medical evidence. This includes endocervical swabs for gonorrhoea, blood for serology of syphilis, and urine for pregnancy testing.

4. discussion regarding the need for prevention of pregnancy if penetration has taken place.

5. discussion regarding prophylaxis against venereal infection.

6. treatment of minor injuries, and discussion on the need for hypnotics or tranquillisers, to enable the victim to rest and recover from her ordeal.[1]

Support workers address themselves to three main areas on the initial contact.

1. **Emotional support.** A victim arriving at S.A.R.C. is usually frightened, and often confused as to what is to happen next. Introductions and explanations of the role of the Centre and of the role of the support worker should be made clearly. Discussion regarding Police involvement is very important, as it will influence the medical examination as well as the process the victim will go through. The decision as to whether or not to report the incident to the Police is left to the individual, after explanation of what is involved.

An enquiry about the nature of the support the victim can expect from elsewhere such as from family and friends. Staff emphasise the on-going nature of support for the victim. S.A.R.C. staff also talk to friends and relatives of the victim if they are present, or will contact these people for the victim if she wishes.

2. **Mobilisation of practical help.** This includes providing clean clothes, transport home, or accommodation. Practical assistance is offered throughout the victim's contact with S.A.R.C. but especially at times such as court appearances, when stress is increased.

3. **Co-ordination of follow up.** A contact card and information sheet (regarding medical treatment of V.D. and possible pregnancy, and listing approximate time periods for medical follow ups) are given.

Both the card and the sheet have telephone numbers of the S.A.R.C. doctor and support/social worker written on them. A time will be arranged for the first medical follow up and the first visit (or telephone contact if the victim prefers) from the support/social worker which should be within 24 hours of the initial consultation.

B Referrals relating to a past sexual assault are seen initially by the support/social worker. Medical treatment is arranged if required as is sometimes the case if the assault has occurred only weeks prior to contact with S.A.R.C. Otherwise, contact will be based on emotional and practical support by the support/social worker or, if necessary, by referral to another person such as a psychiatrist or psychologist for long term counselling.

S.A.R.C Experience with Adolescents

Information about those who attended the S.A.R.C. prior to October, 1978, is not very detailed. In the 36 months between October, 1978, and September, 1981, 530 people were seen. Half of these (264) were 18 years or under, and 30 were 12 years or under. Children under 13 years no longer attend the S.A.R.C. as a more specialised service for child victims of sexual assault had been developed at Princess Margaret Hospital for Children which liaises with the Children's Protection Service in Western Australia (a unit of the Department for Community Welfare).

(i) *Type of Case.*

The "nature of complaint", that is, the reason for a person presenting to S.A.R.C. is shown in Table 1.

"Other" includes attempted unlawful carnal knowledge; photography of sex acts; and suspected sexual assault cases.

TABLE 1
NATURE OF COMPLAINT
(of 229 females and 5 males)

Rape	138
Incest	25
Indecent Assault	22
Unlawful Carnal Knowledge	34
Anal Intercourse	8
Oral Intercourse	12
Physical Assault	10
Other	16
TOTAL =	265

The figures from Table 1 show that a victim may be subjected to more than one form of assault, for example, rape and oral intercourse, or rape, anal and oral intercourse.

(ii) *Circumstances of Assault.*

Table 2 indicates what the victim was doing immediately prior to the assault. The majority of people are at home.

TABLE 2
CIRCUMSTANCES PRIOR TO THE ASSAULT.

Home with others	56
Waiting or walking along street	42
Home alone	26
At a hotel or club	19
Driving along street	13
Hitching	11
At a party	11
Park	7
Bush	5
Car park	2
Other	20
Unknown	22
TOTAL =	234

"Other" category includes asleep in bed; housekeeping for assailant; concert at park; disco; assailant babysitting victim; camping and visiting assailant.

(1) FOOTNOTE: Further details regarding evidence collection in cases of sexual assault may be found in Stewart and Deller, 1978, and Burges, (Ed.) 1978.

(iii) *Time Of Assault.*
It is of interest that four out of five assaults occur during the hours of 6pm and 6am. See Table 3.

TABLE 3

6pm — 12 midnight	54
12 midnight — 6am	73
6am — 12 noon	10
12 noon — 6pm	22

Table 3 shows only those cases where the time is definitely known. In cases where the assaults may have occured on a number of occasions, such as in incest, or in cases which have occurred months or years earlier, the exact time of the assault cannot be given. Therefore the S.A.R.C. also has figures on whether the assault occurred just at night time or in the day time. Again the hours of darkness predominate. See Table 4.

TABLE 4

Day	*Night*	*Repeated Assaults*	*Not Known*
10	32	10	23

(iv) *Day Of Assault.*
Specific and detailed information is available in 138 cases. Of the other 96 cases, day is unknown in 83 and 13 were repeated assaults over a period of time. From Table 5 we can say that sexual assault tends to be a weekend activity.

TABLE 5
DAY OF ASSAULT

Tuesday	*9*
Wednesday	*7*
Thursday	*18*
Friday	*37*
Saturday	*27*
Sunday	*19*
Monday	*21*

(v) *Site of Assault.*
The single most common site of the assault is in the victim's own home as Table 6 shows. That does not necessarily mean the assailant broke into the home as in many incidents the victim has trusted her assailant and may have invited him in to her home or he may be a friend of her family.

TABLE 6
SITE OF ASSAULT

Victim's home	65
Assailant's home	31
Car	31
Park	23
Relatives/friends home	15
Street or lane	15
Bush	10
Beach	5
Car park	5
Other	9
Not known	25
TOTAL =	234

"Other" includes a boys' institution; school; toilets.

(vi) *Relationship.*
Relationship between victim and offender is detailed in Table 7 and clearly shows that the assailant is known to the victim in 154 (approximately 60%) of the assaults reported to the S.A.R.C. The implication of this on future trust in relationships is significant and is frequently a major issue in counselling. Even though the issue of basic trust may have been dealt with in earlier developmental phases, that does not exclude its importance when it arises again in such a traumatic circumstance.

TABLE 7
RELATIONSHIP OF ASSAILANT TO VICTIM

Father	26	
Step-father	3	
Grandfather	1	
Uncle	1	
De facto	1	
		(32)
Acquaintance	69	
Friend	42	
Boyfriend	11	
		(122)
Stranger	50	
Known by sight	19	
		(69)
Not known	10	
Other	8	
		(18)
TOTAL =		241

"Other" includes mother's de facto; grandmother's de facto; and a teacher. "Acquaintance" refers to either (i) a person known on an informal or casual basis for a period of time
(ii) a person known for a short time, for example, met on the night of the assault.
NB : the number of assailants does not correspond with the number of victims as some cases of pack rape are represented by the number of assailants involved.

DISCUSSION.
Victims of attempted rape, anal intercourse, oral intercourse, and indecent assault experience the same trauma and reactions described in Rape Trauma Syndrome (Burgess A. and Holstrom R. 1974). In any form of sexual assault the victims feel their personal integrity has been violated. It does not matter whether the assault was vaginal, oral or anal or whether it was made with a

penis, fingers or an object such as a bottle, or stick. Fear, humiliation, shame and embarrassment are reactions to all such assaults.

As Burgess and Holstrom state, victims go through phases of reactions varying in the amount of time individuals require to recover from the assault. A crucial factor in a victim's returning to her pre-existing level of functioning is the support she receives from those she has contact with after the assault. This includes formal contacts such as Police, social workers and doctors, and informal contacts, namely friends and family. A supportive, understanding back-up from those groups of people contributes greatly to decreasing the distress and suffering the victim experiences.

Adolescents face many of the same difficulties as adult victims of sexual assault, such as nightmares, phobias, issues of trust, shame and difficulties in sexual relationships.

However, there are also some aspects which are more specific to adolescents and the stages of psycho-sexual development they are going through. In particular, adolescents feel challenged as to their ability to become "successfully" independent. It is tempting for them to rely more heavily on their parents, other relatives or friends as they feel more vulnerable than prior to the assault. At the same time adolescents often feel frustrated at their reliance on others. At their sensitive age any feeling of being different from others is painful and difficulties may arise in their social life brought on by their own fear and shame.

Parents also often react by very caringly providing more protection and support for their child. They feel they have failed in some way and search for means to make amends or to allay their guilt. In such cases S.A.R.C. staff spend a lot of time with parents, as well as with the victim herself, to prevent a more permanent regression to over-protectiveness.

Often the circumstances of the assault determine society's reaction to the victim. Judgements about a victim's "responsibility" are more readily expressed if she has been hitch-hiking or socialising , for instance, than if she were asleep in her own home. An adolescent's perception of how her parents and friends view sexual assault has a large bearing on whom she will tell about the assault, and hence whether she will report the incident to the Police. Adolescents often feel that their overall lifestyle and values are being questioned by adults and don't believe they will receive the support they need from parents, relatives and friends.

Concern about family or parents finding out about a sexual assault is a major factor in a person's decision not to report the incident to the Police. (Henry, 1980). Reporting the incident to the Police means inevitably close social contact of the victim will discover that the assault has happened.

A number of dilemmas relating to adolescents have arisen for S.A.R.C. staff.

1. Informing Parents.

One of the most difficult problems for S.A.R.C. staff stems from the policy of not reporting the incident to parents of adolescent victims against her wishes. The fundamental reason for this approach is to ensure that victims of sexual assault receive medical and support services even if they cannot discuss the assault with their parents.

That is not to say that S.A.R.C. staff do not encourage the victim to tell their parents. Support staff offer to be present if that makes the task easier for the victim, but the decision does ultimately rest with the individual. The personal dilemma facing staff in this matter is that, as parents themselves, they feel the victim's parents would wish to know what had happened.

It is worth noting, however, that the number of teenagers who do not inform their parents by direct or indirect means, is small. Even teenagers who appear adamant about not discussing it with their parents find indirect ways of making their plight known. For example, writing to a friend about the assault and then leaving the letter where mother will find it; or by telling a family friend who will almost certainly tell mother; or by leaving the S.A.R.C. card where it can be found by other members of the household.

2. Medical Examination and Treatment.

Western Australia law states that the legal age of majority is 18 years of age. Thus anyone under this age is not fully competent to give informed consent for medical examination or therapy. However, by general community consensus, a person who is mature and understands the procedures to be undertaken probably can give informed consent, especially in the special circumstances where it is inappropriate or impossible to obtain consent from parents or guardians. S.A.R.C. doctors use their discretion about such matters and judge each individual case on its merits. However, no person is ever forced to undergo any procedure against her will.

3. Unlawful Carnal Knowledge is defined in Western Australia as vaginal intercourse with a minor, that is with a person 15 years or under. This law applies even if the girl consents to have sexual intercourse as she is deemed to be incapable of giving informed consent. It is often selected as a lesser charge than rape where evidence of rape is not strong.

There have been a few instances where Police have brought charges against the male even when the girl has been willing to participate in sexual intercourse. The situation of a 15 year old girl who has consented to intercourse, and who wants to continue the relationship with her partner, has been an awkward one for the S.A.R.C. staff. Although that sexual relationship is against the law, S.A.R.C. staff have found that sections of the community believe it is an acceptable relationship. Some adolescents see it as normal behaviour.

In such cases, the role of the staff becomes one of giving assistance to the girl and her family in discussing the different sexual mores and expectations which exist between the generations in their family. Support is offered to parents who find the realisation that their daughter is sexually active difficult to accept.

Although they can be time consuming, such cases are rare.

4. Reporting to Police.

If it be accepted that even adolescents have a right to choose whether or not Police are involved in their problem, nonetheless, staff at S.A.R.C. are conscious of the risk of repeated assaults. This is more likely to arise with cases of incest, but can also occur with rape or indecent assault.

The risks and the alternatives for her protection are discussed with the victim. Generally, the victim does want to take some action to protect herself, but there have been a few occasions where she refuses to act, and wishes to return to the

environment which places her in danger. On occasions where the person is at great risk staff have felt their duty is to protect the adolescent. Rather than contact the Police against her will other avenues of protection are generally sought.

The Department for Community Welfare has statutory authority to investigate a child's welfare, and, if necessary, can remove the child from the "at risk" or harmful environment. S.A.R.C. has no such authority and relies on other agencies to assist in protecting victims where necessary. In Perth, the State Government Department for Community Welfare opened its Child Sexual Abuse Unit in 1981, which is focusing on intrafamilial sexual assaults on children. S.A.R.C. has referred victims of incest to the Child Sexual Abuse Unit (C.S.A.U.) for protection, *counselling and support.*

CONCLUSION.

In the 36 months between October, 1978, and September, 1981, 234 people between 13 and 18 years were seen at the S.A.R.C. The procedures adopted in and some dilemmas arising from counselling and treating such victims are discussed above. The victims discussed in this paper are adolescents and so still developing their knowledge and experience of life. It is vital that negative attitudes and feelings engendered by a sexual assault are discussed and resolved if possible, so that the victim does not enter adult life with a heavy burden.

The functions of the S.A.R.C. are designed to help reduce stress for adolescents who have been sexually assaulted. By giving emotional support, protection where necessary plus medical care, the aim is to encourage the adolescent to resume a healthy physical, emotional, social and sexual development.

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SELF HELP PARENTS ANONYMOUS

Jeanette Uren, member, Parents Anonymous

In 1972 a group of women met to discuss the growing problem of parents under stress, especially the problem of child abuse. With the increase in single parent families, the escalating number of broken marriages and the disappearance of extended families, the pressure of parents was becoming greater. These women decided to form a group, a self-help group, non denominational and non profit making. Parents Anonymous was born.

A common complaint from people who seek help from Parents Anonymous is that many doctors, infant welfare sisters, or other professional workers do not have the understanding or experience to skilfully guide or refer parents who have trouble coping with their children, especially in times of stress. In most cases, particularly with doctors, it is the general practice to either underrate the problem or to hand out a prescription to "calm poor mum down". Also, to some parents, doctors and other professional workers represent an "authority" and this inhibits their ability to express themselves. They also fear that by admitting their parenting problems they are "failures" and fear that they may have their children taken from them. As parents are particularly vulnerable at such times, it would be helpful if professionals could be more perceptive of stress situations and their underlying causes, and be able to make parents more comfortable about talking out their problems and needs.

In cases of stress, such as family violence and/or breakup, long term support is vital. Parents need to be able to talk to someone, someone who cares and understands. They also need to have contact with other parents, not to feel that they are housebound, isolated or simply outcasts. It would be useful to parents if professionals were more aware of local support services (playgroups, counselling services, parent groups etc.;) so that aid could be given to the parent more quickly.

Parents Anonymous is situated at 156 Collins Street, Melbourne. Here, people can come and discuss their problems with us in a relaxed and understanding atmosphere — we have been through similar situations ourselves. If necessary, we can guide parents to various other professional services or community support groups such as the Marriage Guidance Council, Council for the Single Mother and her Child, Legal Aid, etc.

Parents Anonymous deals with all aspects of child abuse, not just physical abuse as is widely thought. We believe that emotional abuse is the most prevalent form of abuse in our society, and also that this is the most damaging to children.

We have a 24 hour telephone counselling service, our volunteers are parents and have undergone training in counselling — one of our volunteers worked previously with Lifeline.

Parents are welcome to come to our group, which is held each Friday. Here, parents hold round table discussions, family problems are explored and members can help each other by making suggestions as to how these situations might be handled. Our group is guided by Ro Bailey, a founding member of Parents Anonymous who has recently completed training as a welfare worker. We also have a social worker who is with us part time, one of her duties is co-ordinating our volunteers and advising them if they encounter problems in their counselling work.

Other services include:—

Home visiting if, for any reason, a parent cannot come to us.

Short term emergency child care.

Personal counselling by appointment.

Visiting lecturers — we will give a talk to your group or organisation.

Most of all, however, we offer warmth and companionship, for after all we too are parents, and we know what it's like.