BUREAU OF CRIME STATISTICS AND RESEARCH

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Bureau of Crime Statistics and Research
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PATTERN OF REPORTING BETWEEN POLICE AND SEXUAL ASSAULT CENTRES

The aim of this report is to examine the pattern of reporting of sexual assaults to the police and to Sexual Assault Centres in New South Wales. It examines both the numbers and characteristics of those cases being reported only to the police, and those that are being cross-referred. In particular, the study seeks to clarify what proportion of sexual assault victims reporting to the police are accessing the medical and counselling services provided by the Sexual Assault Centres.

METHODOLOGY

The sample consists of all sexual assaults (Categories 1, 2 and 3 and attempts) reported to the police in the Sydney Statistical Division, and the Newcastle and Wollongong Statistical Districts in 1982, and all cases in which sexual assault victims presented to the nine Sexual Assault Centres operating in these areas in the same year. Sexual assaults reported in country areas were excluded from the study, as in 1982, Sexual Assault Centres operated only in the three metropolitan areas. A limited amount of data was also collected for 1983 for an updated comparison.

Two data sources were used: the police Crime Information Report sheets, and hospital records. Details were collected on such variables as the age and sex of the victim, the location and setting of the offence, the nature of the sexual assault, the degree of physical injury sustained, types of weapons used in the assault and relationship of victim to offender. Part of the

victim's name was changed into a numerical code and this was recorded on the respective data sheets. The two sets of data, from police and from hospital records, were then computer 'matched' according to whether the victim had presented only to police or to both police and a Sexual Assault Centre. To increase reliability, however, the cases were also matched by hand. In this way, errors arising out of mis-spellings of miscoding were kept to an absolute minimum.

Given the extreme sensitivity of the information contained in the police and hospital records, several safeguards were employed to ensure utmost confidentiality: the victim's name was not recorded on the schedule and no other identifying information was collected. Additional safeguards were employed in accordance with each hospital's particular policy and procedures relating to privacy considerations.

DATA

Agency of first contact

According to police data, the police were the first point of contact for the vast majority (90%) of victims making an official complaint of sexual assault. Only 10% of the cases coming to the attention of the police in 1982 had been referred by another agency or helping professional and only 3% had previously contacted a Sexual Assault Centre. These findings were confirmed by the hospital data. The police thus have a major role to play in informing and referring persons reporting a rape to a Sexual Assault Centre.

Incidence

Of these, 228 (48.5%) attended a Sexual Assault Centre (see Table 1). Correspondingly, the majority, 242 (51.5%) of those victims reporting a sexual assault to the police in areas where Sexual Assault Centres were available had had no contact with the hospital -based services.

Table 1 Pattern of reporting of Sexual Assaults

Pattern of Reporting	Number	Percentage
Police only	242	51.5
Police and S.A.C.*	228	48.5
TOTAL	470	100.0

* Sexual Assault Centre

Pattern of reporting according to police station

The pattern of reporting was analysed for 1982 and 1983 combined according to police station. Great variation was found in the numbers of sexual assaults being reported to each police station in the two-year period under study, ranging from Darlinghurst with 62 cases, to Brooklyn, with only one case. As there were insufficient frequencies to justify percentage comparisons in a number of stations, only those handling ten or more cases were included in the analysis. As Table 2 indicates, a wide range was evident in the percentage of cases appearing at any police station that had been reported to both police and a Sexual Assault Centre, ranging from

a high of 83% of those cases reported to Kogarah and St Marys stations, to a low of 18% in the Newcastle station. These percentage comparisons may be slightly misleading however, due to the small number of observed frequencies in the stations at the lower end of the table. Even if attention is confined to those stations handling twenty or more cases, however, a wide range in cross-reporting rates was still apparent, ranging from a high of 68% in Redfern, to a low of 33% in Campbelltown. Clearly, some police stations had a better record than others in relation to victim contact with Sexual Assault Centres.

The characteristics of the two groups (those reported to police only, and those reported to both police and Sexual Assault Centres) were further examined to ascertain whether they could be differentiated according to any set of criteria.

Table 2 Pattern of reporting according to police station 1982 and 1983. **

Police Station	Pattern of reporting: Police only No	Police only %	Police and S A.C. No.	Police and S A.C. %	Total No.	Total %
Darlinghurst.....	31	50	31	50	62	100
Blacktown	26	52	24	48	48	100
Fairfield	16	40	24	60	40	100
Newtown	20	50	20	50	40	100
Maroubra	22	65	12	35	34	100
Penrith	10	37	17	63	27	100
Liverpool	11	41	16	59	27	100
Flemington/ Strathfield	16	59	11	41	27	100
Parramatta	14	56	11	44	25	100
North Sydney	12	48	13	52	25	100
Burwood	15	60	10	40	25	100
Campbelltown	16	67	8	33	24	100
Petersham	12	52	11	48	23	100
Redfern	7	32	15	68	22	100
Chatswood	8	36	14	64	22	100
Campsie	8	44	10	56	18	100
Randwick/Coogee .	9	53	8	47	17	100
Manly	9	53	8	47	17	100
Ashfield	5	33	10	67	15	100
Rockdale	7	50	7	50	14	100
Bankstown	9	64	5	36	14	100
Waverley	6	43	8	57	14	100
Bondi	6	43	8	57	14	100
*Albury	10	77	3	23	13	100
Mona Vale	4	31	9	69	13	100
Ryde	5	38	8	62	13	100
Kogarah	2	17	10	83	12	100
Mt Druitt	7	58	5	42	12	100
Charlestown	8	73	3	27	11	100
Dee Why	4	36	7	64	11	100
Sutherland	6	55	5	45	11	100
Newcastle	9	82	2	18	11	100
Hurstville	5	50	5	50	10	100
Wallsend	6	60	4	40	10	100
Central	5	50	5	50	10	100
Warilla	3	33	6	67	9	100
Balmain	4	44	5	56	9	100
Leichhardt	6	67	3	33	9	100
Rose Bay	5	56	4	44	9	100
Bass Hill	2	22	7	78	9	100
Merrylands	4	44	5	56	9	100
Hornsby	6	75	2	25	8	100
Eastwood	6	75	2	25	8	100
Mascot	2	29	5	71	7	100
Castle Hill	5	71	2	29	7	100
Cabramatta	2	29	5	71	7	100
Springwood	4	57	3	43	7	100
Hamilton	4	57	3	43	7	100
Glebe	2	33	4	67	6	100
Mosman	4	67	2	33	6	100
Marrickville	2	33	4	66	6	100
Cronulla	3	50	3	50	6	100
St Marys	1	17	5	83	6	100
Cessnock	6	100	0	00	6	100
Wollongong	3	50	3	50	6	100
Corrimal	3	50	3	50	6	100

* Albury figures for 1983 only

** Police stations dealing with less than 6 Sexual Assault Centres excluded from this table.

The distribution of cases according to pattern of reporting was not random. The two groups were found to differ significantly according to six of the twelve variables tested. The twelve variables tested were: sex of victim, age of victim, person reporting offence, victim-offender relationship, incident type (i.e. whether single or multiple offenders), police category of complaint, time offence reported, time between offence and report, whether or not threats had been made with a weapon, whether or not the victim had sustained physical injury, the nature of the sexual assault, and whether or not it had been completed or attempted only. No significant difference between the two groups was evident in relation to the sex or age of the victim, the victim-offender relationship, incident type, person reporting offence, or the use of a weapon in the assault. The following variables, however, were found to be significant.

Time Reported

The two groups differed significantly ($x^2=9.7, d.f.=1, p<0.01$) according to time of report. Table 3 indicates that cases being reported to police during the night-time hours of 8.00 p.m. to 8.00 a.m. were more likely to have contacted a Sexual Assault Centre than those reported during daylight hours of 8.00 a.m. to 8.00 p.m.: 55.4% (143) of cases reported to police during the night compared with 40.8% (80) reported through the day, were seen by a Sexual Assault Centre.

Table 3 Time Offence reported by pattern of reporting

Pattern of Reporting	Time Offence Reported 8a.m. - 8p.m. No.	%	8a.m. - 8p.m. No.	%	Total
Police only	116	59.2	115	44.6	231
Police & Sexual Assault Centre	80	40.8	143	55.4	223
TOTAL	196	100.0	258	100.0	454*

* Time offence reported unknown in 16 cases.

Time between Offence and Report

Significant differences ($x^2=4.6, d.f.=1, p < 0.05$) were evident in the pattern of reporting according to the amount of time that had lapsed between offence and report to the police: 50.5% (189) of those reporting to police within 24 hours of the assault, compared with 34.7% (17) of those reporting more than a day after the assault attended a Sexual Assault Centre (see Table 4).

Table 4 Time Span between Offence and Report by Pattern of Reporting

Pattern of Reporting	Time Between Offence and Report: Within 24 hours No.	%	More than 24 hours No.	%	Total
Police only	185	49.5	32	65.3	217
Police and Sexual Assault Centre	189	50.5	17	34.7	206
TOTAL	374	100.0	49	100.0	423*

*Time span unknown in 47 cases.

Physical Injury

Significant differences ($x^2=9.9, d.f.=1, p < 0.01$) were also evident in the pattern of reporting according to whether or not the victim was physically injured in the sexual assault. Table 5 indicates that in 56.8% (113) of those cases in which the victim had sustained physical injury, compared with 42.4% (115) in which no injury had occurred, the victim had attended a Sexual Assault Centre.

Table 5 Physical Injury sustained by Victim by Pattern of Reporting

Pattern of Reporting	Physical Injury		No Physical Injury		Total
	No.	%	No.	%	
Police only	86	43.2	156	57.6	242
Police and Sexual Assault Centre	113	56.8	115	42.4	228
TOTAL	199	100.0	271	100.0	470

Nature of Sexual Assault

Whether or not the sexual assault had been completed (i.e. penetration had occurred) or attempted only (i.e. no penetration had occurred) was found to significantly affect ($x^2=19.6, d.f.=1. p<0.01$) the two groups. Table 6 shows that of those cases reported to the police in which penetration had occurred, 53.6% (201) had attended a Sexual Assault Centre compared with only 28.4% (27) of those in which no penetration had occurred.

Table 6 Nature of Sexual Assault by Pattern of Reporting

Pattern of Reporting	Completed Assault No.	%	Attempt Only No.	%	Total
Police only	174	46.4	68	71.6	242
Police and Sexual Assault Centre	201	53.6	27	28.4	228
TOTAL	375	100.0	95	100.0	470

Furthermore, the type of penetration was also found to be significantly different ($x^2=8.5, d.f.=1, p < 0.01$) for the two groups. Table 7 shows the pattern of reporting by the type of penetration. Of those cases that accorded with the old definition of rape (prior to the 1981 Sexual Assault Amendment Act, the definition of rape encompassed penis-vagina penetration only), 57.8% (167) were seen by a Sexual Assault Centre compared with 43% (34) of those cases in which other types of penetration had occurred.

Table 7 Type of Penetration by Pattern of Reporting

Pattern of Reporting	Penis/Vagina Penetration No.	%	Other Penetration No.	%	Total
Police only	122	42.5	45	57.0	167
Police and Sexual Assault Centre	167	57.8	34	43.0	201
TOTAL	289	100.0	79	100.0	368*

* Type of penetration unknown in 7 cases.

Police Category of Complaint

The final variable on which the two groups differed was the police category of complaint. Police have three main classifications of complaint:

1) accepted reports resulting in an arrest;
2) accepted reports in which no arrest is made;
3) rejected reports which include cases which police reject and cases in which the victim declines to proceed with further action. No further police action is taken on cases in this category.

Police also use a small residue category (doubtful reports) containing cases which police are reluctant to positively affirm as 'accepted'. No immediate action is taken in these cases but they are held open in the event of further evidence coming to light.

For the purpose of this study, categories 1 and 2 and the small number of cases in the doubtful category, were combined to form all accepted reports. Category 3 was taken to include all rejected reports.

Analysis of the police category of complaint revealed that victims were most likely to be cross-referred if the police classed the report as accepted (see Table 8); 51.3% (191) of those cases accepted by police attended a Sexual Assault Centre compared with 37.9% (36) of those cases classed as rejected. This difference was significant ($x^2=5.8, d.f.=1, p<0.05$).

Table 8 Police Category of Complaint by Pattern of Reporting

Pattern of Reporting	Police Category				Total
	Accepted No.	%	Rejected No.	%	
Police only	181	48.7	59	62.1	240
Police and Sexual Assault Centre	191	51.3	36	37.9	227
TOTAL	372	100.0	95	100.0	467*

*Police category of complaint unknown in 3 cases.

Order of Significance

To determine the relative importance of the above factors as discriminators of whether victims who reported to police also reported to a Sexual Assault Centre, a discriminant analysis was conducted on the reporting variable. The results of this analysis showed that the order of importance of the factors as predictors of Sexual Assault Centre reporting were as follows: nature of sexual assault, police classification of complaint, time offence reported, physical injury sustained by victim, and finally, length of time between offence and report. The results of the discriminant analysis are presented in Appendix 1.

DISCUSSION

It is apparent from the above analysis that the vast majority of sexual assaults that were officially reported were reported to the police in the first instance, rather than to a Sexual Assault Centre or to some other helping agency or professional. The police therefore have a critical role to play in the implemention of government policy in relation to the treatment of sexual assault victims.

In situations in which the victim reports firstly to the police (in areas where services have been developed), the police must adopt certain procedures. These procedures are laid down by the Premier's Sexual Assault Committee. For the purposes of this study, three of these procedures are of particular importance:

(1) that the victim be immediately informed of the procedures that are usual in these situations: that s/he will be interviewed briefly at the station and that s/he will then be taken for help/support and forensic medical examination, if appropriate, to the nearest Sexual Assault Centre.

(2) that police should only undertake an initial inquiry before taking the victim to the Sexual Assault Centre.

(3) that the services of the Sexual Assault Centre should be offered to all persons complaining of any sexual assault, even if the victim decides at the police station that s/he does not want to proceed with police action. Victims reporting assults not of a recent nature should be similarly informed.

It is disturbing to note, therefore, that in 1982 less than half the number of complainants reporting a sexual assault to police in areas where services were developed, had had any contact with the specialist helping agencies. The situation was no better in 1983: in that year, an even smaller proportion (45.2%) of victims reporting to the police had accessed a Sexual Assault Centre. Clearly the Sexual Assault Centres failed to reach even half of those people reporting sexual assaults to the police.

This finding is open to several interpretations. The large numbers of complainants failing to access the services of the Sexual Assault Centres could be attributed solely to victim choice i.e. large numbers of complainants decline to utilise the specialist hospital services. An alternative proposition is that some police, for whatever reason, are either not exercising their full responsibility and duty in informing victims of the availability of the medical and counselling services provided by the Centres, or alternatively not encouraging victims to take advantage of these services. A third interpretation is that the data reflect a combination of both the above factors: that some victims choose not to use the specialist services, and also that some police are not sufficiently informative or encouraging of the victim in relation to her/his possible use of these services. This last proposition does not necessarily imply that the discrepancy in reporting to police and Sexual Assault Centres can be attributed equally to these two factors: clearly one of the factors could play a key role in referring patterns.

A victim's decision to utilise hospital services may be affected by a number of considerations, including the degree of physical and emotional trauma experienced by the victim, the availability of support persons and whether or not the victim wishes to proceed with further action. The victim's decision may also be influenced by the feelings of guilt, shame, embarrassment or confusion typically experienced by many sexual assault victims (Scott and Hewitt, 1983; London Rape Crisis Centre, 1983). In this respect, the police response to a victim's complaint becomes crucial: a victim who feels her/his credibility is being questioned or that some blameworthiness is being attached to her/his part in the assault, may well feel reluctant to report to yet another authority.

To what extent, then, does the evidence reported here on the influence of degree of trauma and acceptance of allegation by police serve to clarify the relative roles of police and victim factors in referral? The ensuing sections take up these issues and discuss them in relation to community perceptions about rape.

Trauma

It could be argued that the referral patterns can be explained by the fact that victims who do not sustain any physical injury, those who have been subjected to an attempted rather than a completed sexual assault, or who were subject to oral rather than vaginal rape, may feel less traumatised and less in need of treatment than other victims who had been raped and injured.

It could also be argued that victims who reported an attack in daylight hours, or after some time had lapsed since the offence had occurred, would also be less likely to be in crisis at the time of reporting. This argument may have some validity, but nevertheless, it does depend on a number of assumptions. The first is that there is a clear relationship between the level of trauma experienced by victims and the level of violence in rape. As yet, however, there is no evidence to support this conclusion, nor does it conform with the reports of social workers attached to Sexual Assault Centres. Indeed the experience of psychiatric rape counsellors indicates that such are the complexities involved in victims' reactions to rape, that victims who are beaten almost senseless in an attack can suffer less trauma than those who submit to rape when their life is threatened and subsequently perceive themselves as somehow blameworthy for the attack by not resisting (Weis and Borges, 1973). More importantly, however, there is evidence that no link exists between degree of injury and willingness of victims to utilise sexual assault counselling services. A study conducted in Victoria (Scott and Hewitt, 1983) found that the level of physical violence in a sexual assault was not a significant factor in differentiating those victims who chose to use counselling services from those who did not.

A second assumption is that the degree of trauma (and therefore the victim's willingness to attend a Sexual Assault Centre) is related to whether or not the sexual assault was completed, or only attempted and whether or not the sexual assault involved rape per vaginum. This assumption may well have some validity, but it is nevertheless worth noting that

conversations and interviews between the researcher and Sexual Assault Centre coordinators indicate that the immediate fears and concerns expressed by victims who have been subjected to an attempted rape are very similar to those expressed by victims of completed rapes. Furthermore, the same sources indicated that oral rapes and cunnilingus (which accounted for more than half the non penis/vagina assaults) are often experienced by victims as being more humiliating or degrading than those assaults traditionally regarded as rape (i.e. penis/vagina penetration).

Thus, the pattern in the types of cases being referred to Sexual Assault Centres may be partly explained by victim factors related to variation in the traumatic impact of different sexual assaults, but the evidence on the issue is not such as would rule out the influence of police factors in referral.

Rejected cases and the victim's decision to proceed.

The finding of this study that sexual assaults classified by police as 'accepted' were significantly more likely to be referred than those classed as 'rejected' is also open to a number of interpretations. One explanation is that many cases classed as 'rejected' are, in fact, false complaints. Clearly, in this view a victim who had made a false complaint would be reluctant to attend a Sexual Assault Centre. Another argument is that in many cases classed as 'rejected', it is the victim rather than the police who makes the decision to decline to proceed with further action. In light

of this decision, a victim would have no need for a forensic examination, and if physically unharmed, she/he may decline the offer of being taken to a Sexual Assault Centre.

A problem with these propositions, however, is that the whole issue of 'rejected' cases is fraught with difficulties. The police have been criticised for the high level of 'rejected' complaints, for their over-estimation of the extent of false reporting (Report by the New South Wales Inter-Departmental Task Force on Care for Victims of Sexual Offences, 1978) and for their reluctance to proceed with action in certain cases (more evidence of this will be presented in a forthcoming section of this report). It is therefore possible that police decisions regarding the credibility of a complaint may, directly or indirectly, affect the likelihood that the victim will attend a Sexual Assault Centre. In some 'rejected' cases, police may feel it is not necessary to inform or encourage the victim to attend a Sexual Assault Centre. Police response to a complaint may also affect a victim's decision to seek counselling. Victims whose complaints are not accepted by police, or who feel their credibility is being questioned, may feel less inclined to recount their experiences to yet another unknown audience. Once again, it is impossible to estimate the extent to which police or victim factors accounted for the low referral rate of rejected cases. It is possible that both influences were at work and that the referral pattern cannot be solely attributed to one or another factor.

Patterns in referral and social attitudes to rape

A final, but noticeable, feature of the referral patterns relates to the similarity between the characteristics of those cases least likely to be seen by by the Sexual Assault Centres and certain common stereotypes and myths about rape. While the legal definition of sexual assault (categories 1-3) in New South Wales has been expanded to include a whole range of types of penetration, prejudices and/or traditional views about what constitutes rape may sometimes result in a much narrower working definition of rape amongst many members of the community. It may also seem more than coincidental that some of those factors found most significant in differentiating the referral from the non-referral group of victims accord closely with stereotyped ideas about rape: namely, that suspicion should be attached to complainants who show no signs of any physical violence; that penetration must have occurred for the incident to be classed as a 'real rape'; that persons reporting an offence immediately to the police have more credibility than victims who report some time after the assault; that a large proportion of sexual assault complaints are false.

Police are members of the community, and it is entirely possible that they may share certain of these assumptions about the crime of rape. Research in the United States (Weis and Borges, 1973) and in Britain (Chambers and Millar, 1983) has shown that such attitudes are indeed prevalent amongst police officers. The findings of these studies showed that women must report a rape immediately and furthermore demonstrate signs of violence to enhance their credibility in the eyes of police. It may not seem unreasonable to surmise that an element of such thinking about rape may still

be prevalent amongst certain members of the New South Wales police force, and that this, in turn, affects their willingness either to inform certain victims of the services provided by the Sexual Assault Centres, or to encourage the use of these services.

Ironically however, stereotyped views about rape may also subtley affect the victims' perceptions about the assault and their subsequent behaviour. Victims who were not physically injured, for example, or who had been subjected to an attempted rather than a completed rape, may, irrespective of their emotional state, down- play the importance of what has happened to them or anticipate that others might be sceptical or attribute to the victim some blame for the assult. Such beliefs may affect their willingness to attend a Sexual Assault Centre.

Summary

More than half of those victims reporting a sexual assault to the New South Wales police in 1982 and 1983 in areas where Sexual Assault Centres had been developed failed to access those services. It is possible that this poor rate of referral reflects a lack of willingness on the part of certain victims to attend a Sexual Assault Centre. Clearly, victims cannot be coerced into attending a Sexual Assault Centre and some may have very good reasons for not wanting any contact with the hospital-based services. While this study was unable to determine precisely to what extent victim choice was a factor in the low referral rate, it is highly probable that a proportion of victims were offered but declined the use of a Sexual Assault Centre. Nevertheless, it is unlikely that such an explanation would be the sole factor to account for the very large number of complaints failing to access these services. It would seem improbable that more than half of those people reporting, in most cases, a very recent sexual assault, to the police would decline to contact medical and counselling

professionals for support and help, particularly if they were given the opportunity to do so by police, and told that such a procedure was normal in such circumstances. This implication of police factors in referral is further supported in the evidence of large between - station variation in referral rates.

It is clear, however, that irrespective of which factor - victim choice or police inconsistency - played the key role in the referral rate, the police have a major responsibility in the referral process. As the vast majority of cases that were officially reported were reported to the police in the first instance, it is clear that the police have a crucial role to play in referring complainants to Sexual Assault Centres. Finally, the difficulties in establishing the primary determinant of the low referral rate only highlights the need for a study which directly addresses the views and experiences of the complainants themselves.

APPENDIX 1

DISCRIMINANT ANALYSIS RESULTS

Table 1 gives the canonical discriminant function

Table 1

Function	Percentage of Variance	Cumulative Percentage	Canonical Function	Wilks' Lambda	Chi-Squared	D.F.	Significance
1	100.0	100.0	0.3546645	0.8742131	55.251	6	0.0

Table 2 gives the standardized canonical discriminant function coefficients.

Table 2

Variable	Function 1
Penetration	0.79500
Police Classification	-0.45339
Time Offence Reported	0.41715
Physical Injury	-0.40826
Time Between Offence and Report	0.17955

Table 3 gives the group centroids of the discriminant function

Table 3

Group	Function 1
0	-0.37299
1	0.38391