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Sexual assault in Australia

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Sexual assault is a major health and welfare issue in Australia and worldwide. For many victims, the effects can be wide-ranging and lifelong. They can experience physical injuries, long-term mental health effects, and disruption to everyday activities such as eating and sleeping habits (ABS 2017; Cashmore & Shackel 2013; Hailes et al. 2019).

According to the 2016 Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS):

- almost **2 million** Australian adults had experienced at least **1 sexual assault since the age of 15**
- more than **200,000** (1.1%) Australian adults had experienced **sexual assault in the 12 months** before the survey—an increase from 2012 (0.7%)
- around **639,000** Australian women experienced their most recent incident of **sexual assault perpetrated by a male in the last 10 years**.

Between 2010 and 2018, rates of sexual assault victimisation recorded by police for Australians aged 15 and over rose by more than 30% (from 66.8 to 90.2 per 100,000) (based on ABS 2019). However, it is unclear whether this reflects an increased incidence of sexual assault, an increased propensity to report sexual assault to police or increased reporting of historical crimes. Rates for children aged 0–14 remained stable in the 5 years up to 2018 (based on ABS 2019).

In 2018–19, the majority of sexual assault offenders recorded by police were male (97%); males aged 15–19 had the highest offender rates (102.9 per 100,000) of any age group (based on ABS 2020a). Over half (57%) of offenders found guilty of perpetrating sexual assault were sentenced to custody in a correctional institution (based on ABS 2020b).

Drawing together available national data sources, this report provides a summary of sexual assault in Australia. However, several notable data gaps exist, including data on a range of health services and other crisis and long-term service responses.



The 2016 PSS estimated that **1 in 6 women** (17%, or 1.6 million) and **1 in 25 men** (4.3%, or 385,000) have experienced at least 1 sexual assault since the age of 15.



In 2018, the rate of police-recorded sexual assaults against **children aged 0–14** (167.6 per 100,000) was **nearly twice** that of people aged 15 and over (90.2 per 100,000).



During 2018–19, nearly all (**97%**) of **sexual assault offenders** recorded by police were **male**.

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What is sexual assault?

Sexual assault is a type of sexual violence that involves any physical contact, or intent of contact, of a sexual nature against a person's will, using physical force, intimidation or coercion (ABS 2011; AIHW 2019a). It can be aggravated in nature (including rape, attempted rape, sexual assault with a weapon, indecent assault, penetration by objects, forced sexual activity that did not end in penetration, attempts to force a person into sexual activity) or non-aggravated in nature (such as indecent assault without aggravating circumstances or threat of sexual activity) (ABS 2011). Aggravated sexual assault is non-consensual, either as a result of the victim not providing consent to the activity or the victim being too young to legally provide consent (Box 1). Both aggravated and non-aggravated sexual assault are offences under state and territory criminal law. There is some variation in the definition of sexual assault used across national data sources (see 'How do we report on sexual assault?').

Box 1: Age of consent

Age of consent is the age that the law states a young person should be to have enough understanding of the risks involved in sexual activities to provide his or her consent to engage in them. In Australia, the age of consent is 16 for all states and territories, except in Tasmania and South Australia where it is 17 (AIFS 2017).

Sexual assault is not defined by where the offence took place or by the relationship between the parties involved. Both victims and perpetrators of sexual assault can be male or female and can vary in age. When the victim of sexual assault is a child, it is considered a form of child sexual abuse.

Sexual assault is only 1 type of sexual violence and does not include sexual harassment, or broader and complex forms of sexual violence, such as technology-facilitated or image based abuse. Although sexual violence is an area of growing concern and can co-occur with sexual assault, there is currently no prevalence measure that captures all types of sexual violence more broadly. This report focuses on sexual assault only.

Why is sexual assault an important topic?

Like other forms of violence, sexual assault is a major health and welfare issue in Australia. Sexual assault can negatively affect a victim's wellbeing and may lead to adverse long-term physical, mental, sexual and reproductive health outcomes (Boyd 2011; Dworkin et al. 2017; WHO 2019). There are also potential implications for the broader community in relation to general feelings of safety, and the economic costs of providing criminal, legal, health, housing and other support services.

The Fourth Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010–2022* highlights the need to further examine the incidence, impacts and attitudes towards sexual violence and sexual harassment.

How do we report on sexual assault?

The definition of sexual assault varies, depending on the data source; some sources include both aggravated and non-aggravated sexual assault, and some include aggravated sexual assault only (see 'Data sources and methods'). This report uses a number of different data sources to provide information on the extent and nature of sexual assault, rates of police-recorded victimisation and offending, characteristics of criminal court proceedings, and various characteristics and effects of sexual assault. Data are presented separately for Australians aged 15 and over, and for children aged 0–14. These age ranges differ from those stipulated in age of consent laws in Australia (see Box 1), but instead align with relevant national data collection and reporting (see 'Children and sexual assault').

In accordance with the *National Data Collection and Reporting Framework (DCRF) for family, domestic and sexual violence* developed by the ABS, this report includes national data on service responses as well as

impacts and outcomes relevant to sexual assault. However, there are some notable national gaps in service response data, particularly from support services such as rape crisis services, financial services and health services (which are currently limited to admitted hospital data). Similarly, reporting on impacts and outcomes is limited to short-term behavioural and lifestyle change available from the PSS, and homicide data. Other national data on long-term health and welfare outcomes, and burden of disease, are currently not available for sexual assault.

How common is sexual assault in Australia?

The 2016 PSS estimated that, in Australia, 1.6% (148,000) of women and 0.6% (57,200) of men aged 18 and over had been sexually assaulted at least once in the 12 months before the survey. In comparison, the 2012 PSS estimated a similar proportion of men (0.4%), but a lower proportion of women (1.0%) were sexually assaulted in the 12 months before the 2012 survey.

These figures rose to 1 in 6 women (17%, or 1.6 million) and 1 in 25 men (4.3%, or 385,000) when any sexual assault since the age of 15 was considered. While data from the PSS are available for both women and men, many findings for men are not robust enough for reporting, due to small numbers. Additional reporting of PSS findings specific to male victims are not included in this report.

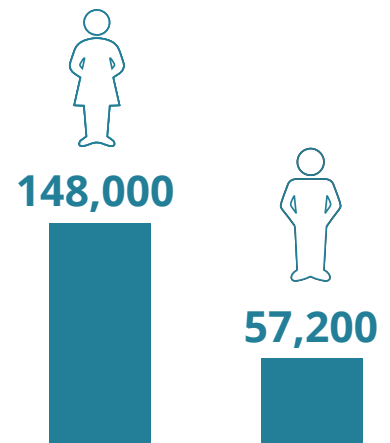
Although limited national data are available, research suggests that certain populations are more likely to experience sexual assault, including people who:

- are homeless
- have disability
- identify as lesbian, gay, bisexual, trans and gender diverse, or have intersex variations
- have previously been victims of sexual assault at any point throughout life (AIHW 2019a; Balsam et al. 2005; Cashmore & Shackel 2013; Krnjacki et al. 2016; Mitra-Kahn et al. 2016; Szalacha et al. 2017; VanZile-Tamsen et al. 2005).

The 2016 PSS estimated that a higher proportion of women aged 18 and over with disability or a long-term health condition (1.9%) experienced sexual assault in the 12 months before the survey than those without disability or a long-term health condition (1.4%).

Some findings in this report indicate that Aboriginal and Torres Strait Islander people may be more likely to experience sexual assault than non-Indigenous Australians. However, while research suggests sexual violence more generally is higher among Indigenous Australians than non-Indigenous Australians, national prevalence estimates for sexual assault are not available (Mitra-Kahn et al. 2016). There are a number of complex barriers to accurately reporting sexual assault, including cultural interpretation of violent behaviour, lack of culturally appropriate services, language differences and lack of trust in police (Mitra-Kahn et al 2016; Olsen & Lovett 2016).

Women from some culturally and linguistically diverse communities may also experience similar barriers to disclosing violence (Mitra-Kahn et al 2016; Olsen & Lovett 2016). However, an accurate understanding of the prevalence of sexual assault among these women is difficult to establish, with some of the relevant 2016 PSS estimates seeming to conflict. For example, a higher proportion of women aged 18 and over who were born in Australia (1.7%) experienced sexual assault in the 12 months before the survey than those born overseas (1.2%). Conversely, a lower proportion of women whose main language spoken at home was English (1.6%) experienced sexual assault in the 12 months before the survey than those whose main language was other than English (2.3%). These results may, in part, be due to small sample sizes, especially among women who did not speak English.



What do Australians think about sexual assault?

Community attitudes and beliefs can contribute to all forms of violence, including sexual assault. The 2017 National Community Attitudes towards Violence against Women Survey (NCAS) included an investigation of the current knowledge and attitudes towards different forms of sexual assault in Australia. The survey found that, while there had been some positive changes in attitudes on violence towards women, knowledge in some areas was still lacking and some negative attitudes around sexual assault against women persist (Box 2).

Box 2: Selected 2017 NCAS findings on knowledge and attitudes towards sexual assault

The 2017 NCAS estimated that, of Australians aged 16 and over:

- 1 in 5 (19%) were unaware that non-consensual sex in marriage is against the law
- 1 in 10 (11%) believed that women were 'probably lying' about sexual assault if they did not report it straightaway
- 2 in 5 (42%) agreed that 'it was common for sexual assault accusations to be used as a way of getting back at men'
- 1 in 3 (33%) believed that 'rape resulted from men not being able to control their need for sex'
- 1 in 8 (13%) agreed that a man is justified in having non-consensual sex if the woman initiated intimacy in a scenario where a couple had just met, and 1 in 7 (15%) agreed this was justified in a scenario where the couple were married and the woman initiated intimacy (Webster et al. 2018).

Knowledge and attitudes about sexual violence can also be shaped by access to technology, such as smartphones, social media and other digital media. More Australians, particularly young people, use technologies to seek out relationships and information on sexuality and sexual identity. While these technologies can be used to share and document experiences of sexual harassment and violence, there are also concerns that they can have a negative impact on people's attitudes and practices by portraying and normalising harmful sexual behaviours or stereotypes (Politoff et al. 2019). The use of online dating services and social media as a method of seeking out relationships may also provide opportunity for increased proliferation of sexual violence, such as sexual assault (Thompson 2018).

How do victims respond and what are the consequences for them?

Victims of sexual assault may seek informal support (such as talking to a friend or family member), formal support (such as from police and legal services, health professionals or housing assistance providers) or may not seek help at all. Victim responses may be influenced by whether or not they sustained a physical injury or experienced other health and wellbeing consequences.

The 2016 PSS found that half (50%, or 317,000) of women sought advice or support from 1 or more source after their most recent incident of sexual assault perpetrated by a male.

Of those who sought advice or support:



7 in 10 sought advice or support from a **friend** or **family member**



4 in 10 sought advice or support from a **general practitioner** or **other health professional**



More than 1 in 4 sought advice or support from a **counsellor**, **support worker** or **telephone helpline**



1 in 6 sought advice or support from **police**

Source: ABS 2017.

In almost 9 in 10 incidents (87%, or 554,000), women who experienced their most recent aggravated sexual assault by a male in the last 10 years did not contact the police. Common reasons for this included women feeling like they could deal with it themselves (34%, or 189,000) or not regarding the incident as a serious offence (34%, or 187,000). One in 4 women (26%, or 143,000) who did not contact the police also said it was because they felt ashamed or embarrassed about the incident.

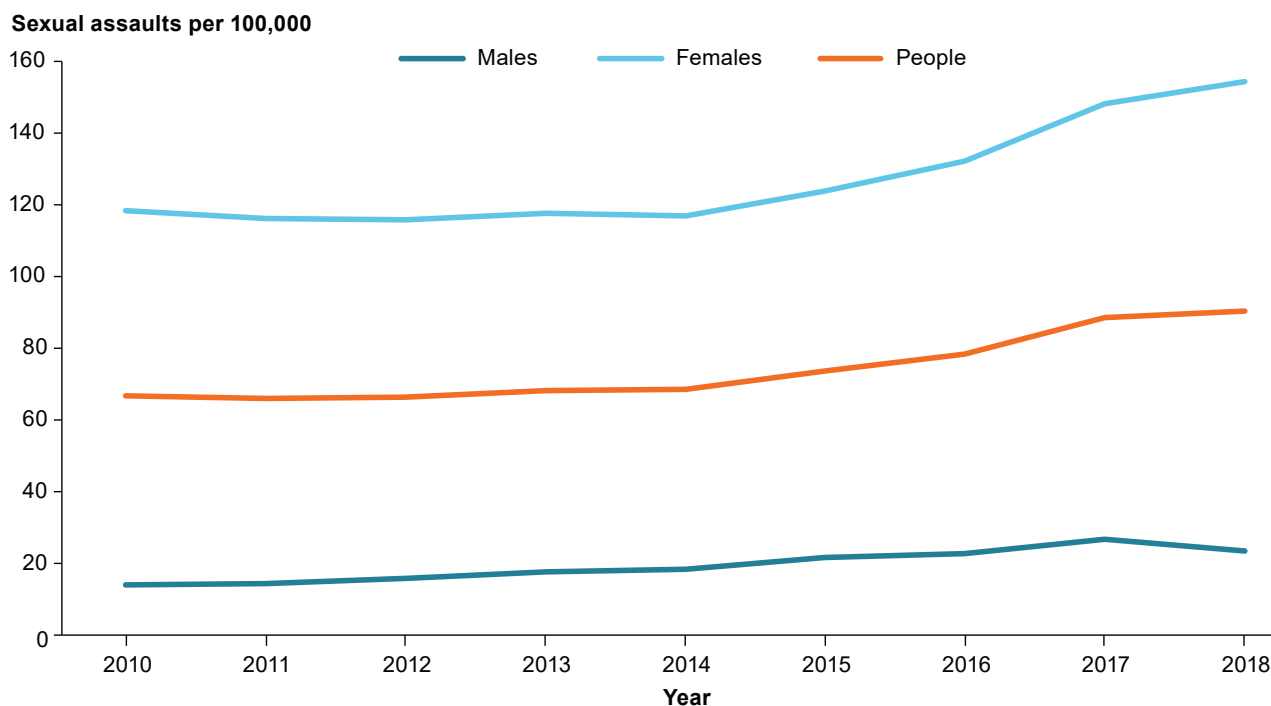
Police-recorded sexual assaults

According to ABS Recorded Crime - Victims data, in 2018, police recorded around 18,300 sexual assaults against Australians aged 15 and over at the time of reporting to police. This was 90.2 sexual assaults per 100,000 people aged 15 and over (based on ABS 2019). The rate was:

- almost 7 times as high for females (154.4 per 100,000) as males (23.5 per 100,000)
- higher for those aged 15–19 (455.0 per 100,000) than any other age group. This was true for both females (840.1 per 100,000) and males (86.7 per 100,000).

The rate increased from 66.8 per 100,000 in 2010 to 90.2 per 100,000 in 2018, with most of this increase occurring after 2014 (based on ABS 2019). The number of sexual assaults recorded increased for both males and females over this period, but the rate of increase was greater for females than males (Figure 1). Publicly available data from England and Wales, the United States of America and Canada show that these countries also experienced an increase in police-recorded sexual assault in recent years (Office for National Statistics 2019; Morgan & Truman 2018; Rotenberg & Cotter 2018).

Figure 1: Police-recorded sexual assaults against people aged 15 and over, by sex, 2010–2018



Source: Based on ABS 2019.

In 2018, there were 874 sexual assaults recorded against Aboriginal and Torres Strait Islander people aged 15 and over in states and territories where sufficient information on Indigenous Australians was available (New South Wales, Queensland, South Australia and the Northern Territory). Based on these 4 states, the age-standardised rate for Indigenous people was twice the non-Indigenous rate (171.7 sexual assaults and 85.1 sexual assaults per 100,000 population, respectively) (based on ABS 2019).

Of the 18,300 sexual assaults recorded by police against people aged 15 and over in 2018:

- more than 3 in 5 (64%, or 11,600) occurred in a residential area—primarily in a private dwelling (91%, or 10,600 assaults)
- almost 1 in 5 (18%, or 3,400) occurred in a community setting. This can include at an education facility, on transport, in open space or on a street/footpath
- fewer than 600 (3.0%) were perpetrated with the use of weapon (based on ABS 2020c).

How many victims require hospitalisation?

According to the 2016 PSS, more than 1 in 5 women (23%, or 144,000) sustained physical injuries during their most recent incident of sexual assault by a male perpetrator—most commonly bruises (85%, or 123,000). Of the women who sustained injuries, 1 in 3 (33%, or 48,200) consulted a health professional.

In 2017–18, there were 224 hospitalised sexual assault cases for Australians aged 15 and over included in the AIHW National Hospital Morbidity Database (1.1 per 100,000 Australians). Females accounted for more than 9 in 10 (93%) of cases and had a higher rate of hospitalisations than males across every age group. Rates were highest among women aged 20–24 at the time of hospitalisation—4.3 per 100,000.

Of female hospitalised sexual assault cases:

- almost 2 in 5 (37%) were for injuries to the trunk
- 1 in 5 (20%) were for injuries to the head
- 1 in 5 (19%) were for burns.

Almost one-quarter of cases involved Aboriginal and Torres Strait Islander people. The age-standardised rate of sexual assault hospitalised cases for Indigenous Australians aged 15 and over was 11 times as high as that for other Australians (9.9 per 100,000 compared with 0.9 per 100,000).

Note that these figures relate only to cases where a victim of sexual assault is admitted to hospital and do not include those who presented to a hospital emergency department or outpatient clinic for treatment or support only. Data for hospitalised sexual assault cases should also be interpreted with caution due to the relatively small numbers.

How many homicides involve sexual assault?

According to the Australian Institute of Criminology's (AIC's) National Homicide Monitoring Program, in the 6 years to 30 June 2018, 17 (1.2%) of 1,370 homicide incidents were preceded by a sexual assault (Bricknell 2019a, 2019b, 2020a, 2020b; Bryant & Bricknell 2017). These data cannot distinguish whether death occurred as a direct result of physical injuries sustained during the sexual assault or additional injuries sustained directly after the sexual assault.

What are the broader health and wellbeing consequences for victims?

Sexual assault has a range of consequences for the victim that can extend beyond physical injury. According to the 2016 PSS, almost 2 in 3 women (57%, or 366,000) who experienced sexual assault by a male perpetrator in the last 10 years experienced anxiety or fear in the 12 months after the incident; 1 in 7 (14%) women who were working at the time of their most recent incident took time off.

Of the 144,000 women physically injured in their most recent incident of sexual assault perpetrated by a male:



43% reported changes to their usual **social/leisure activities routine** due to their injury



34% reported changes to their **sleep routine**



26% reported changes to their **eating habits**

Source: ABS 2017.

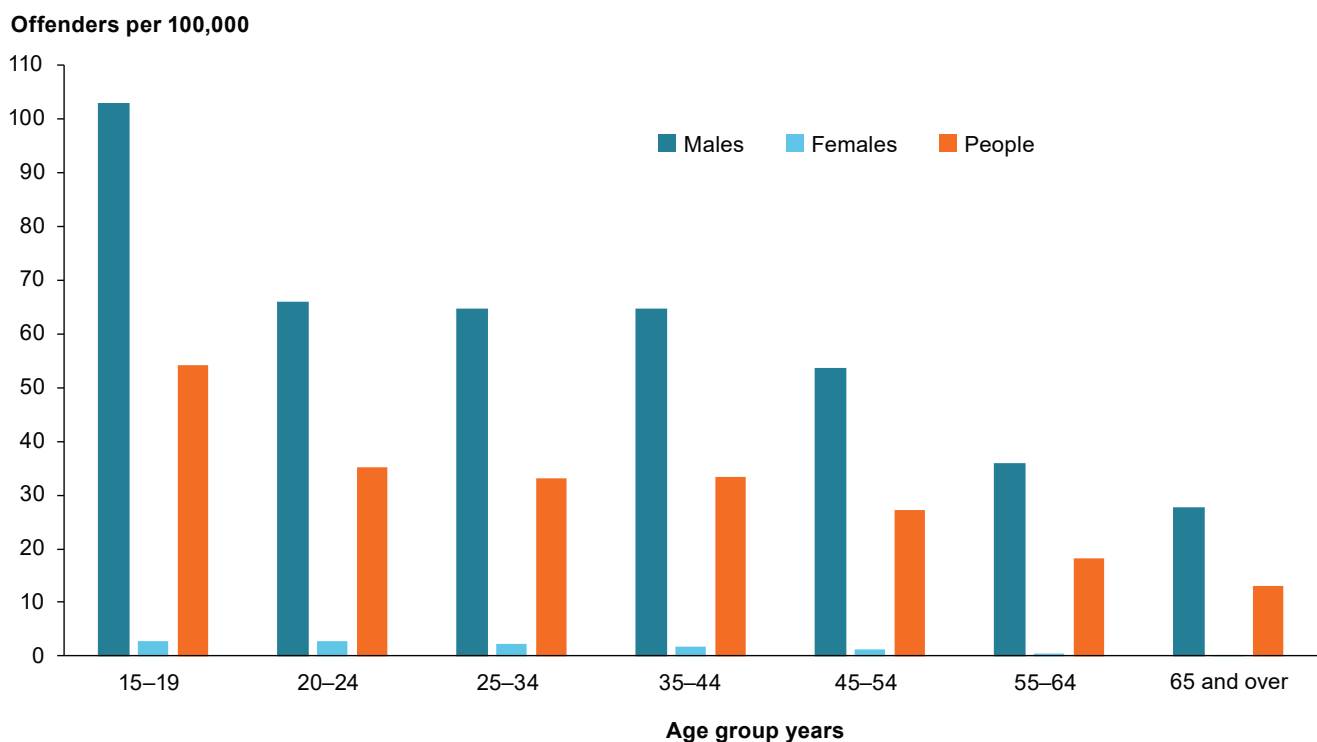
Who are the perpetrators?

According to ABS Recorded Crime - Offenders data, around 5,700 Australians aged 15 and over at the time police proceedings began had a principal offence of sexual assault recorded during 2018–19 (ABS 2020a). This was 27.9 offenders per 100,000 people aged 15 and over (based on ABS 2020a). These data do not reflect the number of sexual assaults individual offenders were involved in during the period and do not include offenders of sexual assault whom police were unable to identify.

The rate was much higher for males than females (55.2 per 100,000 compared with 1.4 per 100,000), and males accounted for the large majority of sexual assault offenders (97%) across all age groups in police-recorded data (Figure 2) (based on ABS 2020a).

Male offender rates for sexual assault recorded by police varied depending on age; the highest rate was for males aged 15–19 (102.9 per 100,000) (based on ABS 2020a).

Figure 2: Offenders with a principal offence of sexual assault, by age and sex, 2018–19



Source: Based on ABS 2020a.

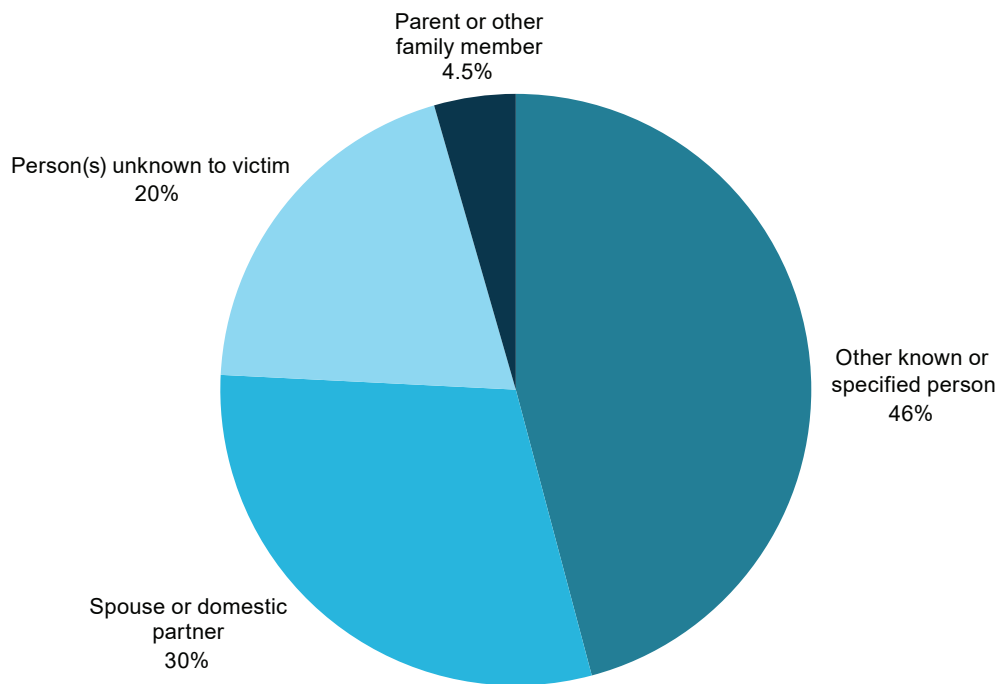
Data from recorded crime align with the PSS finding that male sexual assault perpetrators are more common than female perpetrators. Around 1.7 million Australian adults have experienced sexual assault by a male perpetrator since the age of 15—6 times the number of people who have experienced sexual assault by a female perpetrator (299,000) (ABS 2017).

Perpetrators of sexual assault are often known to the victim. According to the PSS, 1.7 million people experienced sexual assault by a known person since the age of 15—this is 4 times as high as the number of people who experienced sexual assault by a stranger (458,000) (ABS 2017). Data from ABS Recorded Crime - Victims also indicate that, for states and territories where the relationship between victim and offender was recorded (excluding Western Australia), more sexual assaults of people aged 15 and over involved an offender who was known to the victim (77%) than a stranger (23%). Around 1 in 3 (35%) known offenders were classified as a family member, which included spouse or domestic partners, parent, child,

sibling, boyfriend/girlfriend and other family members. All other known offenders (65%) were classified as non-family members, which can include other relationships, ex-spouses or domestic partners and ex-boyfriend/girlfriend (based on ABS 2020c).

In 2017–18, a perpetrator was specified in 70% of the 224 hospitalised sexual assault cases for people aged 15 and over that were included in the AIHW National Hospital Morbidity Database. Of these, almost 1 in 3 (30%) identified a spouse or domestic partner as a perpetrator and 1 in 20 (4.5%) identified a parent or other family member (Figure 3). For females, fewer than 1 in 5 (19%) specified their perpetrator as being unknown to them, while for males, this was more than 2 in 5 (43%).

Figure 3: Hospitalised sexual assault cases for victims aged 15 and over, by perpetrator, 2017–18



Note: Excludes those cases where a perpetrator was not specified.

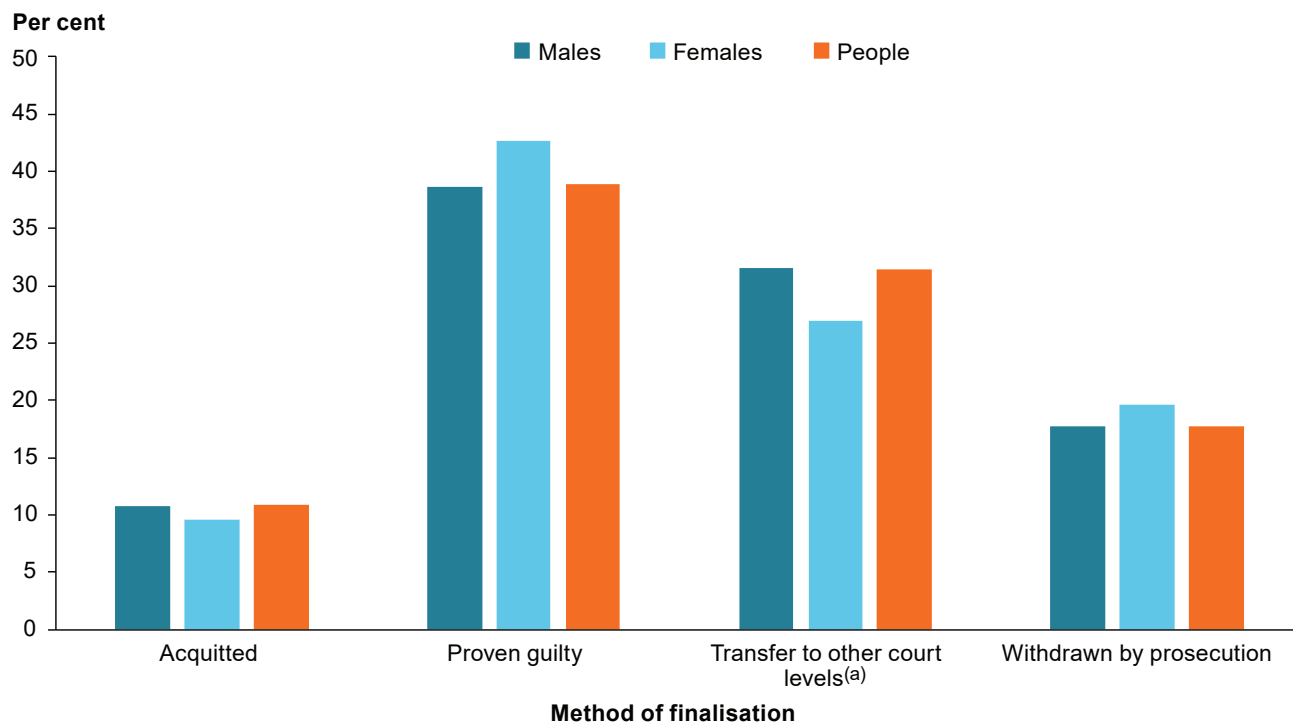
Source: AIHW National Hospital Morbidity Database.

Criminal courts

Following police charges, individuals may become a defendant in 1 or more criminal court cases. According to ABS Criminal Courts data, there were 7,642 instances where a defendant, aged 15 and over when their case was finalised, had their sexual assault case finalised in the criminal courts (finalised defendants) in 2018–19. The same individual may be counted multiple times if they were the defendant in more than 1 finalised sexual assault case and/or at more than 1 court level (for example, if a sexual assault case is transferred from a Magistrates Court to a higher court).

In 2018–19, almost all finalised sexual assault defendants (98%) were males. For both males (39%) and females (43%), being proven guilty was the most common method of finalisation, and being acquitted was the least common (11% and 10%, respectively) (Figure 4) (based on ABS 2020b). The proportion of those proven guilty rose to 57% for males and 58% for females when defendants who were finalised by being transferred were excluded.

Figure 4: Finalised criminal court cases for defendants with a principal offence of sexual assault, by method of finalisation and sex, 2018–19



(a) Defendants may also be finalised via another method for the same case in the level to which they were transferred. If finalised during the same reference period, both methods of finalisation are counted.

Source: Based on ABS 2020b.

The majority of finalised defendants had their cases heard in a Magistrates Court (56%) or higher courts (37%) (based on ABS 2020b). A small number (550 or 7.2%) had their case heard in the Children’s Court—64% of whom were aged 15–17, 32% were 18–24 and 4% were 25 or over.

The rate of finalised defendants proven guilty of sexual assault rose from 12.2 per 100,000 Australians aged 15 and over in 2010–11 to 14.1 per 100,000 in 2018–19. The rate for males increased over this time (from 24.6 per 100,000 to 28.7 per 100,000) but the rate for females remained stable at less than 1 per 100,000. As criminal courts data are available only from the point at which a defendant enters the criminal court system, not from the point of police charge, these data do not reflect the rate of sexual assault charges resulting in convictions.

Of finalised defendants with a principal offence of sexual assault found guilty in 2018–19:

- custody in a correctional institution was the most common (57%) sentence type for defendants aged 15 and over. This was true for all age groups, except for those aged 15–19, where community supervision/work orders were the most common sentence type (38%)
- 4 in 5 (82%) of those given a custodial sentence were required to serve some or all of their sentence in a correctional institution (prison or juvenile detention), while other custodial sentences were served in the community (5.2%) or were fully suspended (13%)—that is, they remained in the community on certain conditions
- custodial sentence length ranged from under 3 months (2.5% of custodial sentences) to 10 or more years (5.8%). Sentences of at least 2 but under 5 years were most common (30%) (based on ABS 2020b).

Do alcohol and other drugs contribute to sexual assault?

The 2016 PSS found that half (50%, or 321,000) of women believed that alcohol or another substance contributed to their most recent incident of sexual assault perpetrated by a male, with either the respondent, perpetrator or both affected. Similarly, the Drug Use Monitoring in Australia Program (DUMA) conducted by the AIC found that men detained by police for sexual assault felt their use of illicit drugs and/or alcohol contributed to the offence for which they were detained. Of about 3,900 male police detainees interviewed as part of DUMA throughout 2017 and 2018, 125 were detained for sexual assault. Of these 125:

- 2 in 25 (8.0%) believed drug use contributed to the offence. A higher proportion (17%) tested positive to 1 or more selected drugs
- 2 in 7 (28%) believed alcohol contributed to the offence
- 1 in 25 (4.0%) believed both drugs and alcohol contributed (AIC 2020).

Children and sexual assault

Sexual assault against a child is considered a form of child sexual abuse. The 2016 PSS estimated that about 1.4 million Australian adults (7.7%) experienced sexual abuse before the age of 15 (ABS 2017). Sexual abuse is a broader term than sexual assault and includes any sexual activity beyond the understanding of the child or contrary to accepted community standards. For example, forcing a child to watch or hear sexual acts, taking sexualised photos of a child, and sexually explicit talk, are all forms of sexual abuse.

National data collection and reporting on sexual assault against children varies; for example:

- the PSS does not separate experiences of sexual assault from sexual abuse for children aged under 15
- ABS Recorded Crime - Offenders, and Criminal Courts data, align with the current age of criminal responsibility in Australia (see Box 3 for more details). Children aged 0–9 cannot be charged with a criminal offence. Although, children aged 10–14 can be charged with sexual assault, they are treated differently throughout court proceedings to those aged over 14.

The National Child Protection Data Collection records cases of substantiated child abuse and neglect. Where an investigation concludes there was reasonable cause to believe a child had been, was being, or was likely to be, sexually abused, these are known as instances of substantiated sexual abuse. In 2018–19, sexual abuse was recorded as the primary type of abuse for about 10% of the 47,500 children who had substantiated cases of child abuse, (7.2% of 12,600 Indigenous children and 10% of 32,000 non-Indigenous children) (AIHW 2020). However, it is not possible to differentiate between the types of sexual abuse (sexual assault or other forms of sexual abuse) included in this data collection. For more information, see [Child protection Australia 2018–19](#).

There is currently no prevalence measure for sexual assault against children aged 0–14. This section therefore focuses on national recorded crime data and hospitalised sexual assault cases involving children.

Who are the children who are victims of sexual assault?

Most children in Australia grow up in an environment where they feel safe and do not experience sexual assault; however, this is not the case for all children. Being the victim of childhood sexual abuse or assault can have potentially detrimental effects on a child's health, safety and development (Cashmore & Shackel 2013; WHO 2016). While some effects of sexual assault may be immediate and/or short term, others may lead to much longer term developmental, mental, physical and social problems (Cashmore & Shackel 2013).

Victims of childhood sexual assault may be at increased risk of:

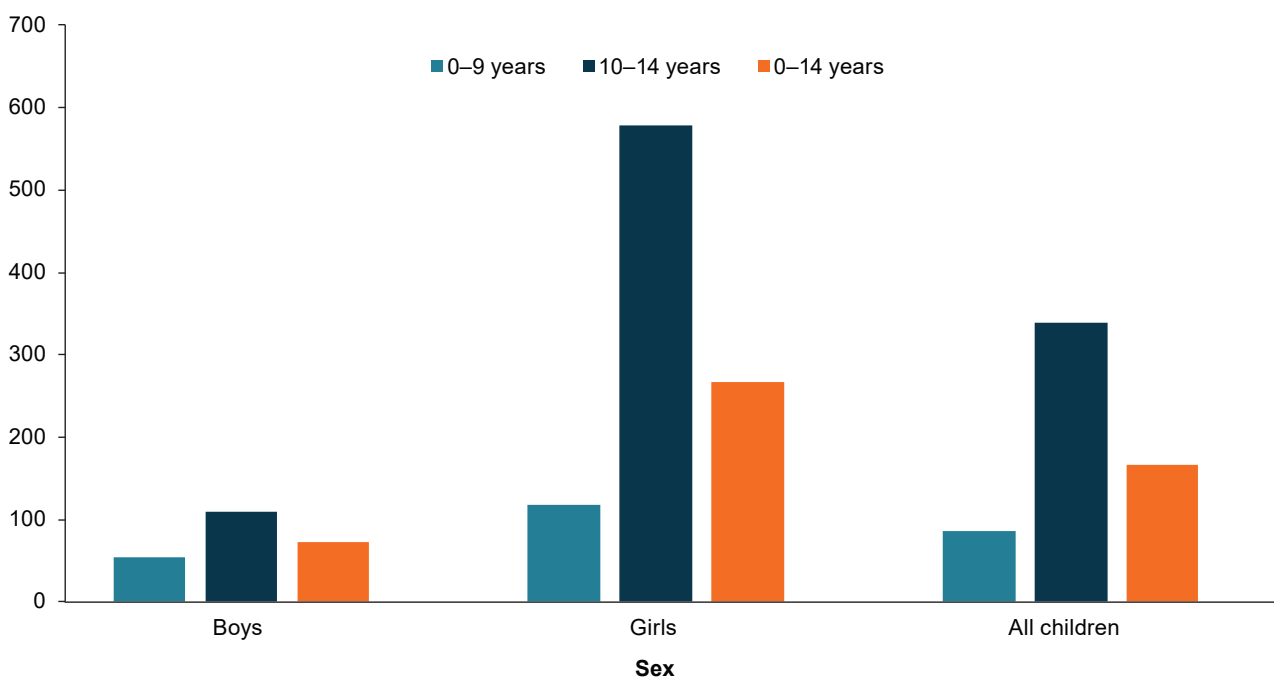
- suicidal behaviour
- psychiatric disorders, such as schizophrenia and post-traumatic stress disorder
- substance misuse
- future victimisation and offending (Angelakis et al. 2019; Hailes et al. 2019; Ogloff et al. 2012).

According to ABS Recorded Crime - Victims data, in 2018, police recorded around 7,900 sexual assaults against children aged 0–14 at the time of being reported to police. This equates to a rate of 167.6 sexual assaults recorded per 100,000 children, a higher rate than for people aged 15 and over (based on ABS 2019). Rates of sexual assault were:

- 4 times as high for children aged 10–14 as for those aged 0–9 (338.4 sexual assaults per 100,000 children compared with 85.9 per 100,000)
- 3.5 times as high for girls as for boys (266.8 sexual assaults per 100,000 girls, compared with 72.3 per 100,000 boys) (Figure 5).

Figure 5: Police-recorded sexual assaults against children, by age and sex, 2018

Victims per 100,000 children



Source: ABS 2019.

Rates of sexual assault against children were relatively stable in the 5 years to 2018 for both boys and girls, with rates for girls consistently higher than those for boys (based on ABS 2019).

In 2017–18, there were just under 20 hospitalised sexual assault cases among children aged 0–14 included in the AIHW National Hospital Morbidity Database (0.4 per 100,000).

Who are the children who perpetrate sexual assault?

In 2018–19, police charged around 300 children aged 10–14 with at least 1 sexual assault, a rate of 19.7 offenders per 100,000 children aged 10–14 (based on ABS 2020a).

Box 3: Age of criminal responsibility

Age of criminal responsibility is the age at which a child can be charged with committing a criminal offence. In Australia, this is 10 for all states and territories. However, as children aged 10–14 are not considered to be as capable of understanding the difference between right and wrong as older children, adolescents and adults, prosecutors must demonstrate that a child knew their actions were wrong at the time of the offence for the child to be found guilty and convicted (AIHW 2019b).

In 2018–19, there were around 90 criminal court defendants aged 10–14 whose sexual assault cases were finalised. Of these defendants:

- 30% had their case withdrawn by the prosecution
- 28% were found guilty
- 17% were acquitted (based on ABS 2020b).

These numbers do not reflect the number of individual children who were defendants in 1 or more finalised sexual assault cases during this period.

Data gaps and improvement activities

National data on the outcomes of people who have experienced sexual assault, and the range of health, legal and community services that support them, are limited. There are also notable data gaps in relation to Indigenous Australians and other population groups. Prevalence data for Indigenous Australians are currently unavailable as PSS data do not include Indigenous status, and the National Aboriginal and Torres Strait Islander Social Survey and the National Aboriginal and Torres Strait Islander Health Survey do not separately identify sexual assault. As mentioned earlier, there are complex barriers to collecting information on sexual assault among Indigenous Australians. Even where data on specific population groups are available, they are often not robust enough for reporting due to small numbers and/or data quality issues.

There are a number of related data activities currently underway that may improve the evidence base on sexual assault. These include national work to:

- explore the development of burden of disease estimates attributable to different types of violence as part of the AIHW Australian Burden of Disease study
- improve the capture of cause of injury information in national emergency department data
- develop national standards for sexual violence responses for victim and perpetrator programs, including a framework for reporting against the standards
- improve understanding of the national perpetrator intervention system and its effectiveness, using the National Outcome Standards for Perpetrator Interventions as a basis
- enhance ABS Recorded Crime data, including improved information on the characteristics of sexual assault victims and perpetrators, and identification of family and domestic violence
- develop a better understanding of ABS sexual assault data holdings, including gaps and barriers to collection.

For additional information see, 'Chapter 7: Key data gaps and data development activities' in [Family, domestic and sexual violence in Australia: continuing the national story 2019](#).

Data sources and methods

This report draws on data from the ABS 2016 PSS, ABS Recorded Crime, ABS Criminal Courts and the AIHW National Hospital Morbidity Database. These data are supplemented with data from National Community Attitudes towards Violence against Women Survey (NCAS) and the AIC's National Homicide Monitoring Program and DUMA Program.

Prevalence

Data from the ABS 2016 PSS are used to measure the prevalence of sexual assault among adult Australians. The PSS collected in-depth information from 15,589 women and 5,653 men (21,242 people in total) aged 18 and over about:

- sexual assault experienced since the age of 15
- sexual assault experienced in the 12 months before the survey
- sexual abuse before the age of 15 (ABS 2017).

Sexual threat and sexual assault (aggravated sexual assault) are reported separately in the PSS. In this report, 2016 PSS figures for sexual assault exclude sexual threat. The 2016 PSS estimated that 1 in 5 (18%, or 1.7 million) women and 1 in 20 (4.7%, or 429,000) men have experienced sexual assault and/or sexual

threat since the age of 15. Of these, the majority of women (92%) and men (90%) had experienced at least 1 sexual assault. Far fewer—20% of women and 17% of men—had incidents involving sexual threat only.

Police and justice

Data on sexual assaults committed against or by people in Australia are drawn from the ABS 2018 Recorded Crime - Victims and 2018–19 Recorded Crime - Offenders collections. These data are based on those crimes reported to police in each state and territory and published according to the National Crime Recording Standard categories. ABS Recorded Crime data include offences classified to selected divisions and/or subdivisions of the [Australian and New Zealand Standard Offence Classification \(ANZSOC\)](#).

This report includes data on subdivision 031 Sexual assault, which includes 2 classification groups: 0311 Aggravated sexual assault and 0312 Non-aggravated sexual assault. For 2018 victims' data, 70% of cases were classified as aggravated sexual assault, while for 2018–19 offenders' data, 81% were classified as aggravated sexual assault (ABS 2020a, 2020c). As not all incidents of crime are reported to police, these data sources will underestimate rates of victimisation and offending. Further, there may be a delay in reporting crimes to police; hence, victims and offenders may be a different age when the crime was committed than when it was reported to police. Age of victims are recorded as the age they were when they first became known to the police, while age of offenders is calculated from the earliest date a person was proceeded against by police during the reference period.

Recorded Crime - Victims data reflect unique offences, not unique people. If a person is the victim of multiple incidents throughout the reference period, each unique incident is counted. Only 1 offence is counted for each incident unless there are multiple offences within the incident that fall under different ANZSOC offence categories—meaning incidents that include multiple offences within the same offence category are counted only once. Conversely, Recorded Crime - Offenders data reflect a count of unique alleged offenders, irrespective of how many offences they may have committed within the same incident, or how many times police dealt with them during the reference period. Where an offender allegedly committed more than 1 offence, the principal offence during the reference period, defined as per the [ABS National Offence Index](#), is recorded. It should be noted that alleged offences recorded in offenders' statistics may be later withdrawn or not be substantiated.

Data on the number of sexual assault cases finalised are drawn from the ABS Criminal Courts, Australia 2018–19 data. These data reflect the number of unique finalised cases for defendants throughout the reference period, not unique people. A finalised defendant is counted once for each individual finalised case and each separate court level in which they are the defendant. The exception is where multiple cases for a defendant are finalised on the same date and in the same court level; in these cases, their records are merged and counted as 1 finalised defendant. The data in this report refer only to finalised cases where the principal offence recorded was sexual assault. The defendant's age is the age they were on the date their matter(s) was finalised in the Criminal Court.

While the above data sources provide insight on different aspects of the police and justice system, the data do not directly align for a number of reasons:

- The number of police-recorded sexual assault offences (Recorded Crime - Victims) do not align with the number of recorded offenders (Recorded Crime - Offenders) due to different counting rules, different reference periods, and variation in the time between when a sexual assault is recorded and when police identify an offender for that sexual assault. For some cases, police may never identify offenders.
- The number of offenders will not align with finalised defendants (Criminal Court data) as not all offenders charged with sexual assault proceed to court, some charges are withdrawn, and there can be a delay in the period between when an offender is charged and enters the Criminal Court system.

Hospitals

Data on people who were hospitalised in Australia for an injury related to sexual assault are from the AIHW National Hospital Morbidity Database. Hospitalised sexual assault cases include episodes of admitted patient care that ended during the financial year (1 July 2017 to 30 June 2018), that have an external cause of sexual assault (Y05 Sexual assault by bodily force) as per the International Classification of Disease and Health Related Problems, Tenth Revision, Australian Modification Tenth Edition (ICD-10-AM 10th edition). Hospital morbidity data reflect unique hospitalised cases, not unique people. The data represent a subset of people receiving care for sexual assault. Those people who accessed other medical services (for example, emergency department care and/or general practitioners) and those who had an episode of admitted care but did not disclose a sexual assault are not included. As well, there are likely people who did not, or were unable to, seek medical help.

Methods

Age-specific rate: The number of events for a specified age group over a specified period (for example, a year) divided by the total population at risk of the event in that age group. Unless otherwise stated, rates presented throughout this report are age specific. Age-specific rates in this report were calculated by dividing the number of events (for example, hospitalised cases or deaths) in each specified age group by the corresponding population in the same age group.

Age-standardised rate: A rate that enables comparisons to be made between populations with different age structures. Direct standardisation was used in this report, where the age specific rates are multiplied by a constant population. This effectively removes the influence of the age structure on the summary rate. Where age-standardised rates have been used, this is stated throughout the report. All age-standardised rates in this report have used the June 2001 Australian total estimated resident population as the standard population.

Effects of rounding: Due to rounding, some numbers and proportions presented in this report may not sum to the totals.

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More information

For more information on family, domestic and sexual violence see:

- [Family, domestic and sexual violence in Australia, 2018](#)



- [Family, domestic and sexual violence in Australia: continuing the national story 2019.](#)



For data used in this report see [Data tables: Sexual assault in Australia](#)

If this report raises any issues for you, these services can help:



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