

# SEXUAL HEALTH

## Fact sheet 10

### Sexual violence

Sexual violence is linked to, or a component of, other health and social problems including, domestic violence, homelessness and drug and alcohol use.

- Sexual violence may be a component of 2 in 3 domestic violence incidents (1).
- Sexual violence is both a primary cause of homelessness and an ongoing 'fact of life' on the streets (2).

Mental, emotional, sexual and reproductive health outcomes for adults are related directly to childhood experiences of sexual abuse (4-8).

- Sexual assault can occur in the context of drug or alcohol use because the victim/survivor is intoxicated and unable to consent to sexual activity (3).

Crime records for 2003 in South Australia show a rate of around 121 victims/survivors of rape and sexual assault for every 100 000 persons, one of the highest rates in the country and more than double the rates in Western Australia, Tasmania, Victoria and the Australian Capital Territory (9).



Two-thirds of sexual assaults occur in a residential location and the victims/survivors know the perpetrator in around 4 of 5 sexual assaults (10, 11).

Women were the victims/survivors in more than 4 of every 5 reported cases of sexual assault (12, 13).

The vast majority of offenders are male and about two-thirds of these are 25 years or older (14).

Young women, Aboriginal women, homeless people, sex workers, people with disabilities, refugees, people of diverse sexuality, prisoners and people who have experienced sexual abuse as children, all experience sexual violence at much higher rates than does the population as a whole.

South Australian survey data have shown—consistent with national data—that around 1 in 7 women surveyed had experienced sexual assault in adulthood and almost half of these women had been assaulted on more than one occasion (15).

### Sexual coercion

One in 5 women and 1 in 20 men Australia-wide reported coercion into unwanted sexual activity. One in 10 women reported having experienced

sexual coercion when aged 16 years or under (16, 17).

### Reporting sexual violence

It is important to note that the figures above relate to reported sexual violence and that sexual violence is more widespread than criminal justice statistics indicate. The reporting rate for rape and sexual assault may be one of the lowest for any crime (2, 11).

National and South Australian data indicate a reporting rate of between 8 per cent (15) and 25 per cent (11).

Few victims/survivors talk to others about their experiences and even fewer seek help from services.

Unhelpful first responses to disclosure, if and when victims/survivors do talk, can serve as a silencing function, leading them to stop any further disclosure for significant periods of time (18).

### Children's experiences of sexual abuse

Australian studies indicate that as many as 1 in every 4 women may have experienced sexual abuse as children (19). Girls worldwide experience higher rates of abuse and neglect than boys.

*Rape and sexual assault—two of the most traumatic events in anyone's life—are probably reported less than any other crime.*

Children with disabilities are at greatest risk of sexual abuse and are less likely to receive intervention that may mediate the effects in adulthood (19).

Sexual offences against children are reported at an even lower rate than are offences against adults (9).

*Childhood sexual abuse often leads to serious lifelong problems.*

A significant proportion of adults who experienced childhood sexual abuse will experience social, emotional, psychological, sexual and reproductive health problems of a serious and disruptive nature in their adult lives (5–8).

Mental health outcomes for adults that are directly related to childhood experiences of sexual abuse include borderline personality disorder, eating disorders, multiple personality disorder, somatisation disorder, alcohol and/or substance abuse, and numerous interpersonal problems and maladjusted behaviours (4).

Women survivors have reported experiences of anxiety, post-natal depression and parenting issues when becoming pregnant, giving birth and caring for a baby/child, all of which were associated with their experiences of childhood

sexual abuse. Many women survivors additionally report pregnancy, birthing and parenting as 'triggering' memories and effects of childhood sexual abuse (5).

Research has shown a relationship between childhood victimisation and subsequent victimisation in adulthood. The risk of sexual violence in adulthood doubled for women who were abused as a child (54 per cent compared with 26 per cent) (20).

### **Evidence-based action for prevention of sexual violence**

Sexual violence prevention programs should (21–28):

- be based on an understanding of sexual offending as an abuse of power
- challenge the ways in which sexual violence, homophobia and gender inequality often are presented as 'normal' within popular portrayals of sexuality and relationships (including in films, television programs and music videos)
- not assume that women are responsible for the prevention of their own sexual victimisation
- promote alternative ways of relating that are non-violent and respectful
- be based on a positive view of sexuality for both women and men

Sexual violence in young people's relationships should be a primary concern (21, 26, 29, 30).

Primary prevention programs often are criticised as being inadequately evaluated. The evaluation evidence that does exist indicates overall that through these initiatives, knowledge and awareness of sexual assault and its effects are increased; however, this does not necessarily lead to a decrease in sexual assaults (24).

There is some evidence that one effect of primary prevention programs is to increase demand for counselling and support services, creating considerable pressure on already limited sexual assault service resources.

Australian reviews of violence prevention have argued for a more comprehensive and intersectoral

approach including action at individual, institutional and social levels with (24, 31):

- police, justice and correctional systems to respond to individual perpetrators
- education to increase awareness, develop skills and promote respectful relationships
- access to services, resources and opportunities, particularly for vulnerable population groups
- changes in social attitudes to promote gender and social equality

Both universal and targeted interventions are needed, but the greatest short-term improvements may be achieved by targeting particular populations.

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