

Information Paper

Sexual Assault Information Development Framework

2003

New
Issue

Information Paper

**Sexual Assault
Information
Development
Framework**

2003

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AUSTRALIAN BUREAU OF STATISTICS

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PREFACE

This information paper presents a conceptual framework for information relating to sexual assault and a framework for information development to address the priority data needs identified by users of information about sexual assault.

Sexual assault is an issue of concern to many Australians. For those affected, directly or indirectly, it can impact on various aspects of life which contribute to the wellbeing of individuals, and of the family. Responses to sexual assault may be made in various formal and informal ways. The systems which provide formal responses to sexual assault include health, welfare and justice services. These services are generally government-funded and their activities and effectiveness are of interest to policy-makers, researchers and the general public.

A central role of the ABS, as Australia's national statistical agency, is to provide information to support decisions made by governments, community groups and private organisations. In order to provide this type of information, and to describe the wellbeing of individuals and of society as a whole, the ABS publishes statistics that are concerned with living conditions and social arrangements, and indicators of social trends. For many fields of statistics, the ABS is developing, with other interested parties, information development frameworks and plans. This paper addresses the main concepts, sources and priorities in the field of sexual assault statistics.

There was extensive consultation with a range of commonwealth, state and territory agencies and non-government organisations in developing the paper. Their contribution is gratefully acknowledged.

The Commonwealth Office of the Status of Women has provided both support and funding for this project as part of the National Initiative to Combat Sexual Assault. Their assistance has been invaluable.

While many people have contributed to the development of this paper, I would like to extend special thanks to Lyn Tucker who was the principal author and undertook most of the research.

Suggestions and comments on the contents of the information development plan are welcome. Please contact the Director, National Centre for Crime and Justice Statistics at the following address:

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August 2003

ABBREVIATIONS

ABP	Administrative by-product (data)
ABS	Australian Bureau of Statistics
ACSSA	Australian Centre for the Study of Sexual Assault (proposed)
ACT	Australian Capital Territory
AIC	Australian Institute of Criminology
AIDS	Acquired Immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
ALSWH	Australian Longitudinal Study on Women's Health
ASOC	Australian Standard Offence Classification
BEACH	Bettering Evaluation and Care in Health
BOCSAR	NSW Bureau of Crime Statistics and Research
CASA	Centre(s) Against Sexual Assault
CASV	Centres Against Sexual Violence
CPTED	Crime Prevention Through Environmental Design
Cwlth	Commonwealth
DiRCS	Differences in Recorded Crime Statistics Project
DPP	Director(s) of Public Prosecutions
FaCS	Family and Community Services
FVPLS	Family Violence Prevention Legal Services
GP	General Medical Practitioner
IDP	Information Development Plan
IT	information technology
IVAWS	International Violence Against Women Survey
MAPPS	Male Adolescent Program for Positive Sexuality
MINCO	Ministerial Conference for the Status of Women
NASASV	National Association of Services Against Sexual Violence
NCCJS	National Centre for Crime and Justice Statistics
n.e.c.	not elsewhere classified
NSW	New South Wales
NT	Northern Territory
OESR	Office of Economic and Statistical Research
OSW	(Commonwealth) Office of the Status of Women
PDF	portable document format
Qld	Queensland
SA	South Australia
Tas.	Tasmania
UK	United Kingdom
Vic.	Victoria
WA	Western Australia
WSS	Women's Safety Survey

CHAPTER 1

INTRODUCTION

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CHAPTER 1

INTRODUCTION

Sexual assault is a term that covers a wide range of behaviours perpetrated against adults and children, both female and male. Its impacts are different from those of other types of assault and it is potentially a significant public health issue.¹ Media coverage of high profile cases of sexual assault can distort public perceptions of the nature of the problem. Available data indicate that the stereotype of 'stranger danger' sexual assault is actually atypical. Most people who experience sexual assault are assaulted by someone known to them.²

It is known that sexual assault is one of the most under-reported crimes.³ Most people who experience sexual assault do not report the crime to police and also do not utilise any of the services available to provide support.⁴ The majority of victim/survivors who report sexual assault to police are women and the majority of perpetrators in these reported incidents are men. However, there are many variations within and from this scenario. Male victimisation and child sexual abuse also happen, as do same-sex sexual assaults.

Determinants of sexual assault are not well understood and there has been significant debate regarding the responsibility of the perpetrator, blaming of the victim/survivor, and other contributory factors such as environment and prior victimisation.

AIMS OF THE INFORMATION DEVELOPMENT FRAMEWORK FOR SEXUAL ASSAULT

Increased awareness of the issues surrounding sexual assault has resulted in growing community concern. Public comment and debate about sexual assault should be properly informed and policy initiatives need both qualitative and quantitative data to inform decisions about where best to focus activities along a continuum of prevention to intervention.

Information on sexual assault can assist in:

- tracking the incidence of reported sexual assault and measuring whether it is rising or declining
- identifying some of the characteristics of victims and perpetrators in order to be able to describe population groups which are at greater risk and inform the development of appropriate programs for potential perpetrators and potential victims
- identifying and tracking over time the nature of sexual assault
- monitoring over time the level of reporting and identifying the reasons why victims do or do not report sexual assault
- monitoring over time the apprehension, charging and sentencing of sexual assault offenders
- monitoring over time victims' access to information and support services, and performance of police, the legal system and support services.

AIMS OF THE SEXUAL
ASSAULT INFORMATION
DEVELOPMENT PLAN

continued

The information development framework aims to identify and document data needs in relation to sexual assault, within the conceptual framework set out in Chapter 2. Each element of the conceptual framework is dealt with successively in Chapters 3 to 8. Each of these Chapters includes:

- indicative research and policy questions that data can inform
- a description of the relevant element of the conceptual framework
- data needs relating to that area
- reference to currently available data sources
- conclusions about overlaps, deficiencies and gaps in the data.

Any attempt to build a picture of sexual assault in Australia must look to information from a number of sources. They are of varying quality. It is known that there are data sources that are relatively under-utilised or are not in the public domain. Appendix 3 lists currently available data sources with a view to promoting awareness of their existence and improving their use. The gaps identified through this process, and issues such as quality and comparability of data, are addressed in Chapter 9.

The specific objectives of this information development framework are:

- to identify national needs for data on sexual assault
- to enable the assessment of those needs and gain agreement on relative priorities
- to identify current data sources related to sexual assault (both ABS and non-ABS) and their uses
- to enable the development of strategies for producing more uniform data from current data sources
- to develop strategies to meet the identified data priorities (possibly through expansion of current data sources and investigation into new collections).

The information development framework for sexual assault is expected to contribute significantly to informing policy development and the planning and delivery of services in relation to sexual assault and become a tool for further policy and program development.

POLICY CONTEXT

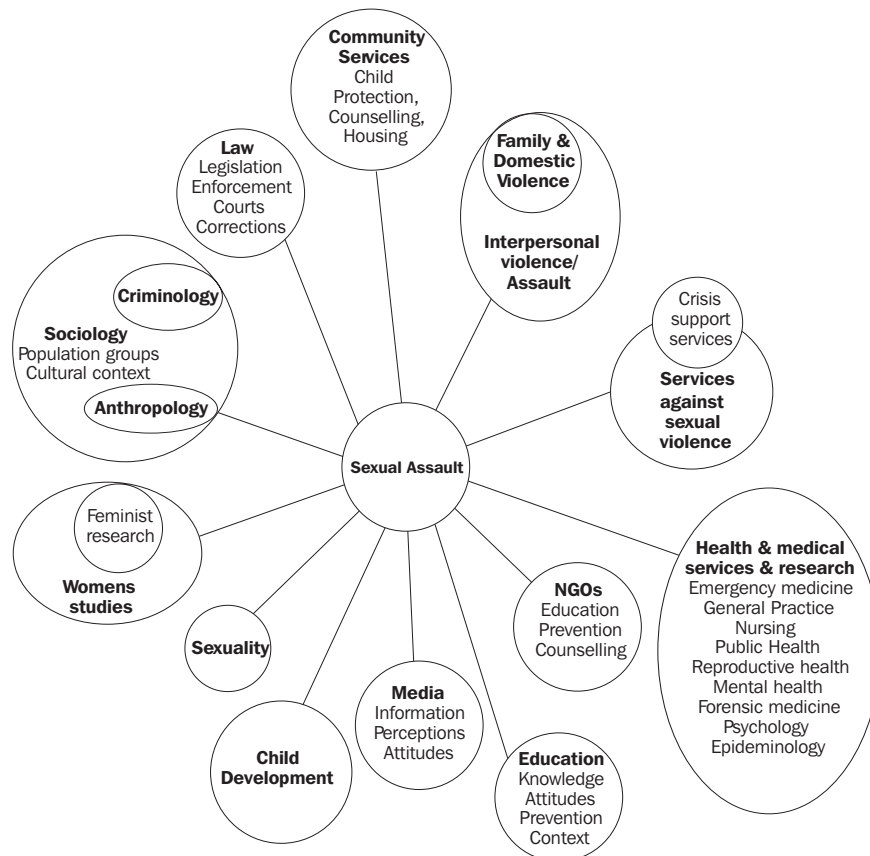
Multiple policy context of
sexual assault

Sexual Assault is an area of interest for many disciplines, reflecting its potential impact on many areas of a person's and a community's health and wellbeing. The diversity of disciplines with an interest in the issue highlights the range of potential points where interventions can take place.

Multiple policy context of sexual assault *continued*

The diagram below illustrates the diversity of disciplines relating to sexual assault. Their primary focus may be on research, policy development or service delivery. It should be noted that the relative sizes of the 'balloons' in the diagram are not intended to correlate in any way to the relative importance of the areas covered.

DIVERSITY OF DISCIPLINES RELATED TO SEXUAL ASSAULT



In Australia, both Commonwealth and state/territory governments undertake research and policy development in relation to sexual assault. The states and territories are primarily responsible for direct service provision, such as specific services against sexual violence, child protection services, planning and delivery of health and medical services, planning of crime prevention programs and dealing with perpetrators through the criminal justice system. The Commonwealth takes a national view and coordinates linkages and information-sharing.

All levels of government are committed to improving outcomes through developing strategies aimed at preventing the occurrence of sexual assault in the first place, and ameliorating its impacts on individuals and the broader community. The issue of sexual assault has been the subject of discussion at the Ministerial Conference for the Status of Women (MINCO) which identified the need to develop a national approach to sexual assault as a priority issue.

Multiple policy context of sexual assault *continued*

The Commonwealth announced a National Initiative to Combat Sexual Assault (the Initiative) in the Women's Budget Statement of May 2001. The Initiative aims to prevent and reduce sexual assault through campaigns to promote community awareness, to share best practice across jurisdictions and agencies, and to establish a comprehensive evidence base to inform further policy development.

In June 2002, MINCO agreed to the establishment of a National Women's Safety Taskforce to address the issues of sexual assault, domestic violence and Indigenous family violence.

Policy-related information needs

As noted above, the key policy outcomes sought by governments in relation to sexual assault are:

- to reduce the incidence and prevalence of sexual assault
- to reduce or ameliorate its impacts on the health and wellbeing of individuals, families and communities.

In order to formulate policy to address these aims, policy-makers need information about the determinants of sexual assault, which should assist in determining how it can best be prevented.

Planners and providers of services also need to know what are the most effective ways to respond to sexual assault in order to improve outcomes and whether different responses are required for different population groups. Public resources are used to fund many of the responses to sexual assault, so there is interest in the cost of providing these services and in their performance in improving outcomes.

In addition to the direct cost of services provided as a response to sexual assault, there are other economic costs and social costs and outcomes that are of interest to policy-makers. There is also interest in the relationships between sexual assault and other social issues, such as between domestic and family violence and sexual assault, between social dislocation and sexual assault, and between mental health issues and sexual assault.

Some policy-makers have expressed a need to be able to benchmark the Australian experience of sexual assault against the experiences of other 'like-minded' countries. This has led to utilisation of an opportunity to collect internationally comparable data through Australia's participation in the International Violence Against Women Survey in 2003. (See Appendix 4 for details.)

DEFINITIONS AND TERMINOLOGY

Terminology A variety of terminology is used in relation to sexual assault and the preferred terminology varies according to the context and philosophy of a particular setting. Terminology can also be indicative of the particular point in time being described. For example, the term survivor is often used to indicate that a person has recovered from being a victim of sexual assault, as well as emphasising the person's ability to recover from and survive the experience. Victim/survivor is frequently used in acknowledgment of the whole of the experience of a person who has experienced sexual assault. In the health system, a person who has experienced sexual assault may be called a patient, a case or a client. In the criminal justice system, a victim of sexual assault is a complainant and in court may be a witness. Similarly, a perpetrator may be dealt with through the criminal justice system and, at different stages of its processes, may be referred to as a suspect, an alleged offender, a defendant, an offender, or a prisoner. The terms victim and perpetrator are used in this Information Paper as they have broader application, but other terms are used as appropriate to the context.

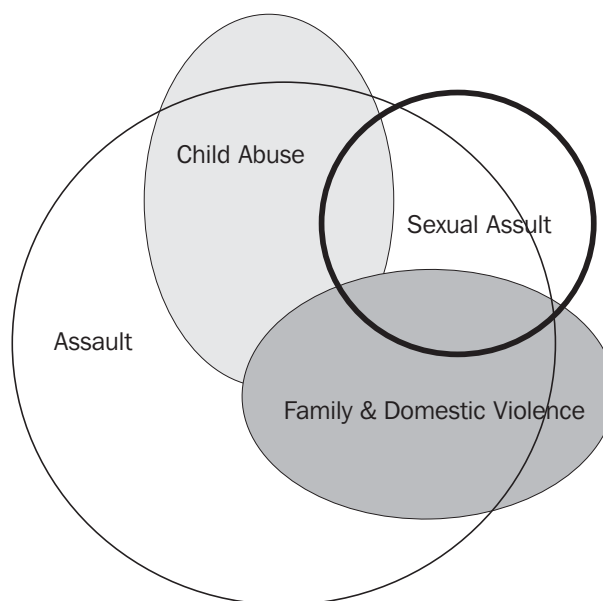
Issues in defining 'sexual assault'

There is no single nationally or internationally agreed definition of what constitutes 'sexual assault'. There are broad definitions which are based on the experiences of victim/survivors of sexual assault. There are narrower definitions, based on perpetrators' behaviours which are offences under the criminal law. Legislation varies between jurisdictions within Australia: some legislation does not recognise (adult) male victimisation in relation to sexual assault; some definitions do not recognise children as victims; yet others do not recognise sexual assault between individuals who are spouses or partners.

Legal definitions and community understandings of sexual assault do not necessarily align. Among other things, this leads to different attempts to measure 'sexual assault', producing widely varying results.

Generally, the area of concern that is sexual assault is considered to be a sub-set of assault, which involves the direct infliction of force, injury or violence upon a person, including attempts or threats. However, when broadly defined, some elements of sexual assault would fall outside the scope of assault — for example sexual harassment, stalking, incest.

SEXUAL ASSAULT AND RELATED AREAS OF CONCERN



Other related areas of concern are Child Abuse and Family and Domestic Violence. The diagram above illustrates that these areas both have some overlap with Sexual Assault. Child Abuse can involve physical, sexual or emotional abuse and, depending on the context, may include neglect. Family and Domestic Violence can involve physical, sexual, emotional, social, psychological or financial abuse where the relationship between the victim and offender is familial or domestic.

The scope of sexual assault dealt with in the conceptual framework outlined in chapter 2 is intended to be broad and inclusive.

Two levels of definition

Experience-based definition

Current knowledge about sexual assault indicates that a broad conceptual definition is required for some purposes such as the provision of services to provide appropriate support for people who have experienced sexual assault. The first definition provided below reflects the range of experiences undergone or encountered by people who are victimised by these types of behaviours. It also acknowledges implicitly that the behaviour of a perpetrator may escalate over time from relatively minor incidents to much more serious activities.

Experience-based definition
continued

Sexual assault is unwanted behaviour of a sexual nature directed towards a person:

- *which makes that person feel uncomfortable, distressed, frightened or threatened, or which results in harm or injury to that person*
- *to which that person has not freely agreed or given consent, or to which that person is not capable of giving consent*
- *in which another person uses physical, emotional, psychological or verbal force or (other) coercive behaviour against that person.*

Sexual assault may be located on a continuum of behaviours from sexual harassment to life-threatening rape. These behaviours may include lewdness, stalking, indecent assault, date rape, drug-assisted sexual assault, child sexual abuse, incest, exposure of a person to pornography, use of a person in pornography, and threats or attempts to sexually assault.

Offence-based definition

A narrower definition is required in some settings, such as for criminal processes under specific legislation, and provides a more effective working definition for which data may be collected. The definition provided below is based on behaviours which are detailed in the *Australian Standard Offence Classification* and classed as offences under legislation in Australian states and territories. It reflects the more common perceptions of sexual assault, and may be more readily used in attempts to measure levels of sexual assault and rates of incidence and prevalence.

Sexual assault is a physical assault of a sexual nature directed towards another person without their consent. The assault may range from unwanted touching to sexual penetration without consent, including attempts.

Sexual penetration involves:

- *the introduction, to any extent, of a person's penis into the vagina, anus or mouth of another person*
- *the introduction, to any extent, of another part of a person's body or an object into the vagina or anus of another person.*

Consent requires 'free agreement' and a person cannot be said to freely agree where the person:

- *is fearful for themselves or for someone else*
- *has been threatened*
- *is mistaken about the identity of the person or the nature of the sexual act*
- *wrongly believes that the act is for medical purposes*
- *is incapable of consenting because of the influence of alcohol or other drug(s)*
- *is legally deemed incapable of giving consent because of youth, temporary or permanent incapacity, there is a familial relationship or other relationship of trust.*

Two levels of definition These two definitions apply to situations where the perpetrator and/or the victim may be male or female, and may be of any age. The broader, experience-based definition may pose problems, so use of the offence-based definition is needed to operationalise objective and consistent measurement and data collection.

Other definitions of sexual assault from various sources, as well as details from the *Australian Standard Offence Classification*, are listed at Appendix 1. A summary of relevant legislation in Australia may be found at Appendix 2.

TYPES OF DATA

There are two main types of sources used to obtain information about sexual assault: administrative by-product data and surveys. Surveys may be official surveys conducted by the ABS or other government agencies, or may be conducted by other parties. These are discussed below.

Administrative by-product (ABP)

In the course of providing services to their client groups, government agencies and service providers usually keep clinical, case or other administrative records about the clients and the nature of their transactions with the service. Information may be extracted from these records and compiled for the purposes of internal workload monitoring, reporting and management, and for external reporting. Data collected from these sources are termed Administrative by-product data.

Advantages of ABP data are that direct respondent burden is minimised and that data are often able to be provided electronically from the service agency to the data collection agency (e.g. ABS). Disadvantages are:

- that information is captured only about that part of the population of interest who report to or utilise the services provided (under-reporting)
- that services may be utilised but the reason for seeking treatment is not stated to be sexual assault (hidden reporting)
- that not all reports are formally recorded (under-recording)
- that records relating to sexual assault may be 'lost' if they are subsumed under another category (hidden recording).

The usefulness of ABP data is thus limited by their lack of coverage of people who do not report to or access the services provided in these settings and by its focus on attributes relating only to that specific service.

Surveys

ABS and other official surveys

Population-based crime victimisation surveys are conducted by the ABS and by some state and territory governments. One of the primary reasons for conducting victimisation surveys is that many victims of crime do not report their experiences to the police. Victimisation surveys are a way to tap the 'dark figure' of crime — crime that occurs but never comes to the attention of the authorities.⁵ Figures from these surveys are believed to be the closest available to the 'real' figure of crime. Examples are the ABS 1996 Women's Safety Survey and the ABS Crime and Safety Survey, undertaken periodically.

Other surveys Other smaller-scale, usually research based, surveys may be carried out using a variety of scopes and methodologies — for example telephone random digit dialling, self-select, or specific populations (e.g. university). An example is the Snapshot Data Collection conducted by the National Association of Services Against Sexual Violence (NASASV), which collected data about clients of services against sexual violence for a three week period in May and June 2000.

What can be measured? The counting units used for quantitative data in the framework are:

- People (both victims and perpetrators of sexual assault)
- Events (incidents of sexual assault)
- Transactions (services provided in relation to sexual assault, and the costs of those services).

Qualitative data, which is descriptive rather than numerical, may be appropriately used in relation to some aspects of the framework.

Data sources Data sources that have been identified are listed at Appendix 3. They are classified according to the elements of the conceptual framework they inform, and numbered to facilitate reference from the relevant Chapter(s).

Some international data sources are listed at Appendix 4.

Data limitations Sexual assault, under the narrower offence-based definition, is an activity that is both illegal and, usually, private. Any attempt to collect reliable information about sexual assault will therefore encounter problems arising from issues of perception (whether an incident was one of sexual assault and whether it was a crime) and therefore of self-classification by both the victim and the perpetrator. Under-reporting, hidden reporting, under-recording and hidden recording are also issues that limit attempts to measure items of interest about sexual assault. In some instances, there may also be reporting of incidents which were in fact not sexual assault.

It must be acknowledged that it is unlikely that the 'real number' of incidents of sexual assault will ever be known. Different collection vehicles, using different scopes and definitions, will often produce different levels of estimates. However, data that are currently available do provide reasonable estimates that can be used as a set of indicators to develop a picture of sexual assault within the context of the conceptual framework and can be reliably repeated to measure changes over time.

ENDNOTES

1. Public Health has been defined as, 'the organised response by society to protect and promote health and to prevent illness, injury and disability'; Australian Institute of Health and Welfare (AIHW) and National Public Health Information Working Group (NPHIWG) (1999). *National Public Health Information Development Plan*. AIHW Cat. No. HWI 22, AIHW, Canberra; p. 2.

2. See table 3.18 in *Women's Safety, Australia, 1996*, ABS cat. no. 4128.0; for 77.3% of women who reported that they had experienced sexual violence since the age of 15, the perpetrator was known: current partner (3.6%); previous partner (21.2%); boyfriend/girlfriend/date (33.6%); other known person, including family member (8.3%), friend (27.7%), boss/co-worker (7.7%) or other (5.3%). See also table 3.21.

3. See table 4.5 in *Women's Safety, Australia, 1996*, ABS cat. no. 4128.0; estimates indicate that police were not told about the last incident of sexual assault by 88.6% of women who reported that they had experienced violence by a man since the age of 15. See also *Crime and Safety, Australia, 2002*, ABS cat. no. 4509.0; estimates indicate that 19.8% of sexual assault victims told the police about the most recent incident of sexual assault they had experienced, and that 30.8% of assault victims told the police about the most recent incident of assault they had experienced.

4. See table 4.12 in *Women's Safety, Australia, 1996*, ABS cat. no. 4128.0; of the women who reported that they had experienced assault by a man during the last 12 months, estimates indicate that 82.2% did not seek professional help after the last incident of sexual assault and 91.3% did not use any services after the last incident of sexual assault.

5. See *Crime and Safety Australia, 1998*, ABS cat. no. 4509.0.

CHAPTER 2

SEXUAL ASSAULT IN AUSTRALIA — A CONCEPTUAL FRAMEWORK

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CHAPTER 2

SEXUAL ASSAULT IN AUSTRALIA — A CONCEPTUAL FRAMEWORK

THE NATURE AND FUNCTIONS OF A CONCEPTUAL FRAMEWORK

Frameworks are a well recognised tool used to support statistical measurement, data analysis and analytical commentary. They represent a systematic and rigorous way of thinking about an area of interest, and promote standards, consistency and comparability across data collections and between jurisdictions and sectors. They can be used to direct investigation and to assess the coverage of statistical programs.

A primary function of a conceptual framework is to map the conceptual terrain surrounding an area of interest. Each identified element can represent a specific area about which data are needed. Additionally, such a framework defines the scope of enquiry, delineates important concepts and organises them into a logical structure, showing the key relationships, processes or flows that exist between elements. Successful frameworks are logical in structure, comprehensive but concise, dynamic and flexible to allow for change, and cognisant of other frameworks, classifications and standards.

The ABS publication *Measuring Wellbeing: Frameworks for Australian Social Statistics* (cat. no. 4160.0) identifies a number of areas of concern: population; family and community; health; education and training; work; economic resources; housing; crime and justice; and culture and leisure.¹ Indicators in these areas of concern are used to measure and report change, and are valuable in focusing public discussion and informing government decision making.

A CONCEPTUAL FRAMEWORK FOR SEXUAL ASSAULT

While the ABS has been involved in the development of a number of frameworks in the area of social statistics, the issues surrounding data on sexual assault do not fit easily into existing frameworks. Sexual assault therefore required the development of a specific framework as it crosses a number of areas of concern and is best considered as a multi-disciplinary issue. The conceptual framework presented below was broadly endorsed by participants at two workshops held as part of the consultation for this project.

This framework supports a status and response model of analysis, designed to measure the current status, the responses directed at changing it, and the status at a later date. The framework therefore provides for:

- data to support the analysis of the current status of sexual assault as an area of social concern
- data to support measurement of the activity and performance of the various systems which provide responses to sexual assault
- data to support the measurement of changes over time in sexual assault.

OVERVIEW OF THE CONCEPTUAL FRAMEWORK

The conceptual framework for sexual assault is summarised in the diagram opposite. It illustrates the key processes or flows that exist between the elements and delineates these elements as: context, risk, incident, responses, impacts/outcomes, and education and prevention programs.

All areas of the conceptual framework require qualitative information but some areas are more easily informed by quantitative information. The data needs discussed in the following Chapters cover mostly areas that can be measured quantitatively and are comprehensive but not exhaustive.

- Context The Context element of the framework comprises macro-environmental factors at the level of society and community and psycho-social factors at the individual level. Context factors relate to both potential victims and potential perpetrators.
- Risk The Risk element of the framework describes the actual and perceived level of the risk of sexual assault, relating both to potential victims and to potential perpetrators. Indicators of (current) risk are taken from data which measure (past) prevalence and incidence.
- Incident(s) The Incident element of the framework provides for the description of characteristics of incidents (i.e. what happened and in what circumstances), characteristics of victims and characteristics of perpetrators.
- Responses The framework provides for Responses to sexual assault to be classified as either informal or formal. Informal responses are actions that do not involve reporting to, or utilising services provided by, formal systems. These could include the actions or responses of the victim, family or friends, informal networks, or the perpetrator(s). Formal responses are actions taken that involve reporting to, or engaging services provided by, various formal systems. These may be: services against sexual assault; general crisis support services; health services; child protection and other community services; and the criminal justice system. They include responses relating to the victim, to family and friends, and to the perpetrator(s).

Measures are needed to assess how well the systems are performing in delivering quality actions, along a continuum from prevention to intervention, to reduce the incidence of sexual assault and to improve outcomes for clients of those systems and for the community as a whole. There are linkages and interactions between formal and informal responses, and between both areas of response and impacts and outcomes.

- Impacts and Outcomes The *Impacts and Outcomes* element of the framework includes the short, medium and long-term impacts and outcomes for victim/survivors, for perpetrators, for family and friends and for the community. These may affect any or all of the areas of wellbeing: population, family and community, physical and mental health, education, employment, economic resources, housing, crime and justice, and culture and leisure.

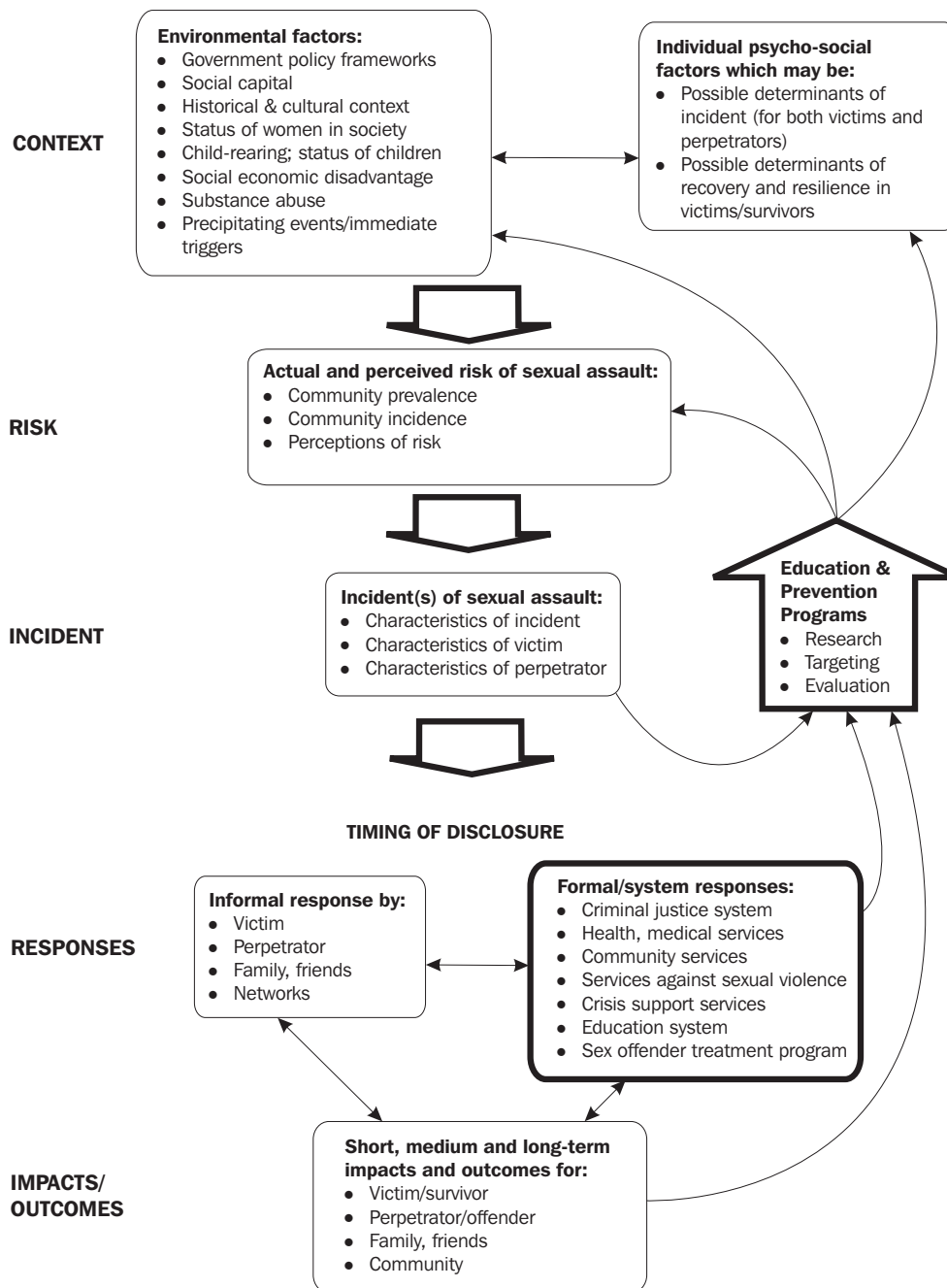
Education and prevention programs

Education and prevention programs are informed by analysis of information from the *Context, Risk, Incident, Response* and *Impact/Outcome* elements, which will determine the content, targeting, and resourcing of such programs. Implementation of education and prevention programs, as part of a response to sexual assault, influences the future status of the Context and Risk elements. Over time, these changes provide a measure of the effectiveness of these programs.

DATA NEEDS

The following Chapters deal successively with each of these elements of the conceptual framework for sexual assault. They include indicative research and policy questions which are a focus for the derivation of data needs.

ILLUSTRATION OF THE CONCEPTUAL FRAMEWORK FOR SEXUAL ASSAULT



ENDNOTE

1. Australian Bureau of Statistics, *Measuring Wellbeing: Frameworks for Australian Social Statistics*, ABS cat. no. 4160.0, Canberra, October 2001.

CHAPTER 3

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CHAPTER 3

DESCRIPTION OF 'CONTEXT' ELEMENT OF CONCEPTUAL FRAMEWORK

CONTEXT

The Context element of the framework comprises macro-environmental factors at the level of society and community and psycho-social factors at the individual level. Context factors relate to both potential victims and potential perpetrators. Information about environmental factors informs the development of policies which are designed to influence those factors where opportunities exist. Fewer opportunities exist to influence individual context factors.

Environmental factors

Research/policy questions

- *What are the environmental factors that influence the societal and community context within which sexual assault occurs?*
- *What are the factors that influence community attitude formation and change?*
- *Where might there be opportunities to influence or change this environment for the better?*

Government policy
frameworks

Government policy frameworks shape much of the environment in which people live. They influence the experience of education, employment, health care, safety and perceived safety, and the tone of social relationships within the community. They reflect the values and attitudes of society as a whole.

- *Education* policies influence a person's knowledge of their own rights and of the rights of others. Educational institutions are a setting for study and for student life, a setting for peer group formation, and a setting for attitude formation. They influence attitudinal development, the promotion of appropriate behaviours and attitudes, positive relationships and positive sexuality. They are also a setting and context for some incidents of sexual assault.
- *Employment* policies determine laws relating to conditions of employment and conduct of the workplace generally. Specific laws relate to sexual harassment and discrimination in the workplace, which is the setting for an individual's working life. It is also a setting and context for some incidents of sexual assault.
- *Health* policies influence the planning and provision of appropriate health services from a large and complex system of mixed public and private providers. Policies may also address issues such as access and equity and cost to the consumer. Public health issues must also be addressed at the level of government.
- *Crime and justice* policies influence the ways in which laws are enforced, through the planning and provision of services in the criminal justice system, including policing, courts and corrections.
- *Community services* policies are concerned generally with the planning and provision of services targeted at specific population groups. Areas that may relate specifically to sexual assault include child protection and supported accommodation or housing.

Government policy
frameworks continued

- *Youth* policies influence the planning and provision of services specifically targeted for young people.
- *Urban planning* policies set frameworks and regulations governing town planning and building design and construction. They have an impact on the built environment and physical infrastructure generally, including public spaces, lighting in public places, and design of specific facilities — for example locations of toilets, access requirements for people with disabilities, lighting requirements.¹
- *Treasury/Finance* policies areas are concerned with the funding of government services generally, with the economic impacts of adverse events, and with issues that affect the labour force and impact on labour productivity.

Social capital

A statistical framework for social capital developed by the ABS encompasses many of the environmental factors outlined above.² Social capital is defined as: ‘networks, together with shared norms, values and understandings, which facilitate cooperation within or among groups’.³ It is presented as a multidimensional concept with networks as the central element. Political, legal and institutional conditions and culture provide the context in a community or society for the development and maintenance of social capital. They are the evolved forms of past human interaction in that they pass on norms and values, but they continue to be modified by current interactions and emergent norms. Social capital is primarily a property of groups and not of individuals, but some dimensions can also be individual characteristics.

Networks are understood to be groups of people connected by past or present interaction; they are primarily dynamic and are maintained and expanded by interactions and transactions, such as shared information, introductions, physical assistance and encouragement. The dynamics of networks encompass the concepts of bonding (relationships with like people), bridging (relationships with unlike people) and linking (relationships people have with those in power). The quality of networks may be measured by their size, density, frequency and communication mode.

Potential outcomes of social capital may be positive (such as community and personal improvements in physical, emotional and material wellbeing; safety; community cohesion and productivity) or negative (such as exclusion or oppression; corruption; community breakdown; crime and civil war).

Historical and cultural context

The diversity of historical and cultural backgrounds in Australia's population has implications for understanding sexual assault as it affects different population groups, both for policy-making and for service provision in relation to sexual assault. Differences may include: beliefs about the status of women; the definitions of family or community; definitions and perceptions of violence; social, cultural or religious values; community and peer attitudes; and additional barriers or disadvantage resulting from a marginal status in society. These differences may be attributed to ethnicity, to Indigenous status, to family culture or inter-generational aspects (e.g. others in family commit the same crime; a culture that 'it's OK'; victimisation within own family), to different educational experiences, to local or community culture, or to the many other sources of diversity in society. There are implications for formulating and policing legislation, for providing appropriate support networks and for planning and providing appropriate, accessible services.

Status of women in society

As most of the people who experience sexual assault are female, and most of the perpetrators of sexual assault are male, the status of women in society is recognised as a significant environmental factor. The status of women in society is dependent on the recognition of their human rights, the laws that exist to protect those rights and the practical enforcement of those laws. The status of women may be considered in terms of gender relations, historic belief systems, power relationships and/or economic dependency.

At different times and in different places, a woman has been regarded as the property of her family or of her husband. The right to vote, the right to own property, the right to be an independent individual — these and many other rights are recognised in western democratic countries, but in other countries the extent to which these rights are recognised or observed varies widely. Australia's multicultural society brings together people from a diversity of cultural, historical and legal settings, so Australian communities contain a great multiplicity of views about the 'rightful' status of women, notwithstanding the protection articulated in our legislation.

Status of children

There is evidence in literature on behavioural risk factors and protective factors that people who were physically or otherwise maltreated are more likely to behave more violently as adolescents and as adults than those who were not.⁴ Communities where physical punishment of children occurs are likely to suffer more social violence as a result. The childhood experience lives on into adulthood and perpetuates the cycle of harsh parenting. Some of this translates into sexual violence. If child-rearing practices determine or influence these behaviours and community norms, then the status and rights of children (and hence those who care for them) are important factors in our environment.

Socioeconomic disadvantage The extent of socioeconomic disadvantage across a society or community has generally⁵ been thought to be a determinant of the incidence and prevalence of crime generally and of the extent of violence in the community, including domestic violence.⁶ Sexual assault is part of this picture. Socioeconomic disadvantage is indicative of some of the stresses and strains placed on relationships and on communities, and of impaired functionality in these aspects of society.

Aspects of socioeconomic disadvantage which have been of interest to researchers have included: unemployment; homelessness; poverty; and marital, relationship or family status, used as an indicator of 'connectedness' between individuals and their family and community.

Media reporting (generally) Media portrayals of society and the type-casting of some population groups are likely both to influence and, to a certain extent, to reflect community attitudes and perceptions.

Substance use Substance use or abuse has been linked to sexual assault and to other crimes⁷, both at the time of an incident of sexual assault and through patterns of use over a longer period of time. The environment within which alcohol and other drugs are used is therefore of interest to researchers wishing to study sexual assault. Relevant research issues may include community attitudes to the use of alcohol and drugs, community usage patterns, awareness of risks associated with alcohol and drug use, and protective behaviours.

*Precipitating events/
immediate triggers* Particular events or circumstances, at a community or individual level, may act as triggers for a perpetrator to sexually assault another person. Some examples of these types of precipitating events follow.

- Specific event — for example following the events of 11 September 2001, there were a number of reports of racially-targeted incidents of assault and sexual assault as 'pay-back' on an ethnic or religious basis.
- Seasonal events — for example Christmas celebrations can bring people together in a social setting when they would otherwise not choose to mix socially. This may occur in a work context, such as the 'office Christmas party', or in a family setting, imposing strains which may lead to a crisis point in relationships which are already under stress.
- Significant or specific media coverage resulting in negative role modelling.
- Significant negative personal events, such as losing a job or the announcement of an unexpected pregnancy.⁸

Individual psycho-social factors

- Research questions
- *To what extent are individual psycho-social factors related to the risk of sexual assault (for both potential victims and potential perpetrators)?*
 - *What are the psycho-social factors for people who are perpetrators of sexual assault?*
 - *Are these factors different for those who offend on a single occasion compared to those who are repeat/serial offenders?*
 - *Are these factors different for those who offend against different population groups?*
 - *What are the psycho-social factors for people who are victims of sexual assault?*
 - *Are these factors different for those who experience sexual assault on a single occasion compared to those who experience repeat victimisation?*
 - *Are these factors different for those who experience sexual assault at different life stages?*
 - *What are the differences in these factors between people who recover in different ways from the experience of sexual assault? (i.e. why are some people more resilient than others?).*

The following psycho-social factors relate to individuals and may influence the prevalence of sexual assault, for both victims and perpetrators. They align with general criminal risk factors and protective factors and may influence perpetrators and their motivation and propensity to rehabilitate successfully or to re-offend. They may also influence the recovery prospects of victim/survivors.

- Perceptions
- Networks
- Stress
- Expectations
- Social Support
- Demand/strain
- Isolation
- Attachment
- Control
- Coping
- Self-esteem
- Anger
- Depression
- Hostility

These factors may operate differently for people who are perpetrators of sexual assault on a single occasion compared to those who are serial perpetrators. Similarly, there may be differences between people who experience sexual assault on a single occasion compared to people who experience multiple incidents.

It should be noted that there are questions about the validity of any connection between these types of factors and an individual person's propensity to offend, or their risk of being victimised.⁹ A number of theoretical approaches have been explored to further an understanding of violence. A favoured approach is to adopt an interactive model, considering the interactions of individual factors, systems and environments.

Resilience In considering reasons why some individuals cope better with sexual assault victimisation, resulting in better outcomes, another perspective has been useful. An alternative set of characteristics is said to be indicative of resilience in an individual, organisation or community. Resilience is 'the power of ready recovery from sickness, depression or the like; buoyancy; cheerfulness'.¹⁰ It is the ability to bend under pressure and ultimately to 'bounce back' from adverse events. It is not a denial of an experience, but is a quality that enables people to deal with an experience such as sexual assault, possibly in a way that does not involve the use of any formal systems, and possibly not reporting to any authorities. There is debate about whether people are 'born resilient' or whether resilience can be taught or developed to help people to deal with problems and recover from crises.¹¹

INFORMATION NEEDS RELATING TO 'CONTEXT'

Environmental factors Mostly qualitative (descriptive) information is required to describe the relevant macro-environmental factors in the context of the sexual assault conceptual framework but some quantitative (numerical) data will assist by way of illustration. Several sources of information about these factors in Australia are listed below.

Some of these environmental factors may be better understood with more specific information. Attitudinal data are needed to inform a description of the Environment element of the framework, and to assist in targeting education and prevention programs. Attitudes held by population groups of interest (e.g. young men and young women) should not be highly aggregated as information needs to be sufficiently detailed to facilitate correct targeting of programs. Attitudes may reflect influences such as historical and cultural background, peer group experience, socioeconomic disadvantage, and media portrayals of society generally. Attitudes of particular interest are those relating to the status of women, the status of children, particular ethnic or religious groups, and the use of alcohol and other drugs.

Data are also needed on actual patterns of substance use and abuse in the general community, in age-groups and population groups of interest, and by gender. This covers information on alcohol and other legal drugs as well as illicit drugs.

Individual factors The information needed to describe this element of the framework is mostly qualitative and may be found across a range of references in psychology and mental health literature.

CURRENTLY AVAILABLE DATA SOURCES RELATING TO 'CONTEXT'

Many of the components of the Context part of the framework are not appropriate or possible to measure quantitatively. Instead, a number of sources of information may be consulted to build an understanding of environmental and individual factors. References and data sources which may inform this element of the framework are listed here (and not in Appendix 3) as they are not data sources relating specifically to sexual assault.

- Environment — general Australian Bureau of Statistics, *Measuring Wellbeing: Frameworks for Australian Social Statistics*, ABS cat. no. 4160.0, Canberra, October 2001.
- Australian Bureau of Statistics compendium publications about Australian society: *Year Book Australia*, ABS cat. no. 1301.0, *Australian Social Trends*, ABS cat. no. 4102.0, *Measuring Australia's Progress*, ABS cat. no. 1370.0.
- Australian Bureau of Statistics web site, <<http://www.abs.gov.au>>, includes data from the 2001 Census of Population and Housing.
- Australian Institute of Health and Welfare, *Australia's Health 2002*, AIHW Cat. No. AUS-25, Canberra.
- Australian Institute of Health and Welfare, *Australia's Welfare 2001*, AIHW Cat. No. AUS-24, Canberra.
- Government policy frameworks Information on government policy frameworks is available from various web sites (see below) and media reporting of contemporary political issues and debate.
- Commonwealth Office of the Status of Women web site:
- <<http://www.osw.dpmc.gov.au>>.
- Other government web sites of interest include:
- Attorney-General's Department: <<http://law.gov.au>>
 - Department of Education, Science and Training: <<http://www.dest.gov.au>>
 - Department of Employment and Workplace Relations: <<http://www.dewr.gov.au>>
 - Department of Family and Community Services: <<http://www.facs.gov.au>>
 - Department of Health and Ageing: <<http://www.health.gov.au>>.
- Social capital ABS has developed a framework to describe social capital. Data relevant to some of the elements of the social capital framework are being drawn together from existing ABS sources, including the 2002 General Social Survey, for release later in 2003. A collection specifically designed to support indicators for selected framework elements is expected to be conducted in 2005–06.
- ABS (2002) *Social Capital Framework*, Revised. Available on web site <<http://www.abs.gov.au>> (follow the path: themes, people, social capital).
- Organisation for Economic Co-operation and Development, *The Wellbeing of Nations: The Role of Human and Social Capital*, OECD 2001. Available on web site <<http://www1.oecd.org/publications/e-book/9601011E.PDF>>.

Historical and cultural context	<p>There is substantial literature available on historical and cultural aspects of Australian society. The five-yearly Census of Population and Housing provides detailed data and time series on the population, such as country of birth, ancestry, religion, labour force status, income, and housing. Details of the range of data available are on the ABS web site.</p>
Status of women in society	<p>There is substantial literature and much data on the status of women in society. The <i>Women's Year Book</i> (for 3 years) provides a statistical overview of the status of women in Australia.</p> <p>Australian Bureau of Statistics and Office of the Status of Women, <i>Australian Women's Year Book</i>, ABS cat. no. 4124.0.</p> <p>Office of the Status of Women, <i>Community Attitudes to Violence Against Women: Executive Summary</i>, Department of Prime Minister and Cabinet, Canberra, Australian Government Publishing Service, 1995. Detailed Report also available.</p> <p>Lee, Christina (ed.), <i>Women's Health Australia: What do we know? What do we need to know?</i>, Women's Health Australia, 2001.</p>
Status of children	<p>Australian Institute of Health and Welfare, <i>Australia's Children: Their Health and Wellbeing 2002</i>, AIHW Cat. No. PHE-36.</p> <p>Australian Institute of Health and Welfare, <i>Child Protection Australia 2001-02</i>, AIHW Cat. No. CWS-19, Canberra.</p>
Socioeconomic disadvantage	<p>Measures of socioeconomic disadvantage are usually framed around measures of labour force status, individual income and household income.</p> <p>Australian Bureau of Statistics, <i>Information Paper: Census of Population and Housing — Socio-Economic Indexes for Areas, Australia, 1996</i>, ABS cat. no. 2039.0, Canberra. Describes the indexes for summarising the socioeconomic profile of population by areas and illustrates their possible uses. Indexes are derived from the 1996 Census to rank postcodes, Local Government Areas, Statistical Local Areas and Collection Districts by summarising a wide range of socioeconomic characteristics. Examples of variables used are income, education, occupation and housing conditions.</p> <p>Melbourne Institute of Applied Economic and Social Research, <i>Poverty Lines</i> (updated quarterly). Available on web site: <http://wff2.ecom.unimelb.edu.au/iaesrwww/miesi/poverty.html>.</p>
Substance use	<p>Australian Bureau of Statistics, <i>Apparent Consumption of Foodstuffs, Australia, 1997-98 and 1998-99</i>, ABS cat. no. 4306.0, Canberra, 2000. Includes data on alcohol consumption per capita.</p> <p>Australian Bureau of Statistics, <i>Illicit Drug Use, Sources of Australian Data</i>, ABS cat. no. 4808.0, Canberra, November 2001.</p> <p>Makkai, T, <i>Drug Use Monitoring in Australia: A Brief Description</i>, Australian Institute of Criminology, Research and Public Policy Series No. 21, 1999.</p>

OVERLAPS, DEFICIENCIES
AND GAPS IN THE DATA

Measurement of attitudes held in a number of areas outlined in this Chapter, and changes in those attitudes over time, may be undertaken through social research methods, such as focus group research. Particular emphasis is needed on the differences in attitudes across the general community, in age groups and population groups of interest, and by gender.

ENDNOTES

1. Crime Prevention Through Environmental Design (CPTED) is a branch of situational crime prevention which has as its basic premise that the physical environment can be changed or managed to produce behavioural effects that will reduce the incidence and fear of crime, thereby improving in the quality of life, and enhancing profitability for business. See International CPTED Association web site <<http://www.cpted.com.au>>.
2. ABS (2002) Social Capital Framework Revised. <<http://www.abs.gov.au>> (follow the path: themes, people, social capital).
3. Organisation for Economic Co-operation and Development (2001).
4. Weatherburn, D 'What Causes Crime?', Bureau of Crime Statistics and Research (NSW), Discussion Paper B54, February 2001.
5. Ibid.
6. Pathways Against Domestic Violence, *The First Three Years of Pathways Against Domestic Violence*, Office of the Status of Women, Department of Prime Minister and Cabinet, Canberra, August 2001, p. 9.
7. Sturman, Peter Drug Assisted Sexual Assault, Home Office/MPS, London, 2000; available on web site <<http://www.drugrapetrust.org>>. Other references on this topic include: 'Alcohol and Crime' and 'Drugs and Crime' categories on NSW Bureau of Crime Statistics and Research web site, <<http://www.lawlink.nsw.gov.au/bocsar>>; and Williams, P (ed.), *Alcohol, Young Persons and Violence*, Research and Public Policy Series No. 35, Australian Institute of Criminology, Canberra, 2001 (see especially Chapter 5, 'Results from National Drug Strategy Household Survey').
8. Bennett, Manderson and Astbury, *Mapping a Global Pandemic: Review of Current Literature on Rape, Sexual Assault and Sexual Harassment of Women*, Key Centre for Women's Health in society, The University of Melbourne, 2000.
9. Partnerships Against Domestic Violence, *Working Together Against Violence — The first three years of Partnerships Against Domestic Violence*, Office of the Status of Women, 2001, pp. 8–9.
10. *Macquarie Dictionary*.
11. Coutu, Diane L 'How Resilience Works', in *Harvard Business Review*, May 2002.

CHAPTER 4

RISK

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CHAPTER 4

RISK

DESCRIPTION OF THE 'RISK' ELEMENT OF THE CONCEPTUAL FRAMEWORK

The Risk element of the framework describes the actual and perceived level of the risk of sexual assault, relating both to potential victims and to potential perpetrators. Indicators of (current) risk are taken from data which measure (past) prevalence and incidence.

Research questions

- *How big is the problem of sexual assault in Australia?*
- *How likely are people in Australia to experience sexual assault?*
- *How likely are people in Australia to commit sexual assault?*
- *Is it changing over time? For better or worse? How is it changing?*
- *Are perceptions of risk related to actual risk? If not, why are they different?*

Risk of sexual assault victimisation

The risk or likelihood of an individual person experiencing an incident of sexual assault in Australia may be measured by recent past data on actual victimisation. The level of sexual assault victimisation can be measured in more than one way: incidence and prevalence are both used as measures of the extent to which the community is victimised by sexual assault.

Community incidence is defined as the number of incidents of sexual assault in the relevant population in a specified reference period. Incidence estimates are measures of the extent of offending behaviour within the community. The number may also be expressed as a percentage, or a rate per 100,000 of the specified population for the specified reference period. As some victims experience more than one episode of sexual assault, incidence measures are conceptually greater than prevalence measures.

Community prevalence is defined as the number of people in the relevant population who have experienced sexual assault at least once. This may be recorded or estimated for a given period, since a certain age, or as lifetime experience. The number may also be expressed as a percentage, or a rate per 100,000 of the relevant population for the defined period. Prevalence estimates are measures of the extent of victimisation within the community. Therefore, they may be useful indicators of the likely need for support services, but are not necessarily good estimates of the demand for, or utilisation of, these services.

Risk of sexual assault offending

The risk or likelihood of any individual person being a perpetrator of sexual assault is also of interest. However, measurement of this risk is more problematic as most perpetrators do not experience any formal reporting or recording of the sexual assault(s) they commit. There is debate about whether a relatively small number of individuals are responsible for a relatively large proportion of incidents, or whether each incident is more likely to be an isolated occurrence for the perpetrator responsible.

Changes over time	<p>The risk of sexual assault may change over time. It is necessary to be able to track key indicators and determinants of sexual assault to measure whether they are getting better or worse. It is also necessary to know how these things may be changing.</p> <p>A number of things may cause measures of sexual assault to change over time.</p> <ul style="list-style-type: none"> ■ The <i>actual incidence</i> of violence and sexual assault may increase or decrease over time. ■ The <i>nature</i> of sexual assaults may change over time. For example: there may be a reduction in child sexual assault; there may be fewer gang rapes; there may be a reduction in family and domestic violence. ■ The <i>level of reporting</i> of sexual assaults may change over time, independently of any change in the underlying incidence and prevalence rates. For example, a public awareness campaign may result in the reporting of a greater proportion of current incidents but there may have been no change in the underlying level of sexual assault activity. There is interest in the relationship between incidence and reporting rates. ■ The <i>processes</i> for translation of reported incidents into recording systems may change. ■ The <i>timing of reporting</i> does not necessarily correspond to the timing of incident(s). For example, past incidents are recorded in the period in which they are reported to police, so current figures may be inflated by current reporting of past incidents. Increased reporting by adults of childhood sexual abuse is sometimes prompted by another incident or by media coverage of other specific cases or issues.
Community perceptions of personal safety, risk and fear of crime	<p>Personal safety is an important component of the quality of life. There is interest in the community's perceptions or feelings of personal safety, or risk, in various settings (e.g. in public space compared to private space) as it seems that there are significant differences between actual and perceived risks, relating to both the level of risk and the type of risk.</p> <p>Government policy may try to influence perceptions of risk as well as the actual level of risk, but perceptions are more likely to be influenced by the high profile media treatment of particular cases. This is particularly so in relation to older people who may live in fear whereas actual incidence of crime against older people is relatively low compared to other population groups.¹</p>
Risk profiles	<p>Profiles of high-risk categories of potential perpetrators may be constructed using data about known perpetrators. Education and prevention programs may then be directed towards influencing the attitudes and behaviour of people in these categories.</p>

Risk profiles *continued* Similarly, profiles of high-risk categories of potential victims may be constructed using data about people who have experienced sexual assault. Education and prevention programs may then be directed towards raising the awareness of people in these categories and promoting protective behaviours. However, there should not be any implication that they are responsible for the behaviours of potential perpetrators simply because they fall into a particular statistical category.

DATA NEEDS IN RELATION TO 'RISK' ELEMENT OF THE FRAMEWORK

Measures of the current risk of sexual assault can be estimated by using data on past levels of sexual assault. Key measures required are:

- Number of people who have experienced sexual assault per defined population, per defined time period, since a defined age
- Prevalence rates for victimisation per defined population, per defined time period, since a defined age
- Number of people who have committed sexual assault offences per defined population, per defined time period, since a defined age
- Prevalence rates for offending per defined population, per defined time period, since a defined age
- Number of incidents of sexual assault per defined population, per defined time period, since a defined age
- Incidence rates (for victimisation and for perpetration) per defined population, per defined time period, since a defined age
- Fear of crime, perceptions of personal safety
For example, qualitative measurement (e.g. Likert scale²) of feelings of risk or safety; quantitative (percentage) measurement of perceived risk of specific types of crime(s); fear of personal crime; fear of sexual assault; in different settings or locations; at different times of day.

CURRENTLY AVAILABLE DATA SOURCES RELATING TO 'RISK'

Estimates of the incidence and prevalence of sexual assault are made from a number of data sources. However, measurement of 'the size of the problem' is problematic in itself as there is attrition in the numbers of incidents and people counted at several points in a sequence of events. This is discussed more fully in Chapter 6, Responses.

Data about crimes reported to them, and recorded by them, are kept by the police services in each state and territory. A common set of data items from these collections is published annually by the Australian Bureau of Statistics in *Recorded Crime, Australia* (cat. no. 4510.0).³ Many jurisdictions also publish their own data, some at a more detailed level than the ABS national publication.

CURRENTLY AVAILABLE
DATA SOURCES RELATING
TO 'RISK' *continued*

Crime victimisation surveys provide another measure of the prevalence of sexual assault and selected other personal and household crimes (subject to the willingness of respondents to disclose the incident). They capture information about some people who have experienced sexual assault and have not reported to police as well as people who have reported to police. Some information about perpetrators is collected and some surveys also ask about perceptions or feelings of safety in different locations and at different times. However, official surveys generally ask only adults the questions about sexual assault and generally do not ask about experiences of childhood sexual assault.

The data sources below are described in more detail in the listing provided in Appendix 3. The numbering refers to that listing.

- ABS sources
- [1] Community Safety, Tasmania, cat. no. 4515.6
 - [2] *Crime and Safety, Australia*, cat. no. 4509.0
 - [3] *Crime and Safety, New South Wales*, cat. no. 4509.1
 - [4] *Crime and Safety, Queensland*, cat. no. 4509.3
 - [5] *Crime and Safety, South Australia*, cat. no. 4509.4
 - [6] *Crime and Safety, Victoria*, cat. no. 4509.2
 - [7] *Crime and Safety, Western Australia*, cat. no. 4509.5
 - [10] *Recorded Crime, Australia*, cat. no. 4510.0
 - [11] *Women's Safety, Australia, 1996*, cat. no. 4128.0
- Other sources
- [12] *ACT Criminal Justice Statistical Profile*, Department of Justice and Community Safety
 - [12] *Call Centre Offence Reporting System (CCORS)/Crime Analysis System (CAS)*, Tasmania
 - [22] *Crime and Justice in South Australia*, Office of Crime Statistics
 - [23] *Crime and Justice Statistics (Queensland)*, Office of Economic and Statistical Research
 - [24] *Crime and Justice Statistics for Western Australia*, Crime Research Centre
 - [25] *Crime Reporting Information System for Police (CRISP)*, Queensland Police Service
 - [27] *Crime Victimisation Survey Queensland 2000*, Office of Economic and Statistical Research
 - [37] *Interpersonal Violence and Abuse Survey*, Department of Human Services, South Australia

- Other sources *continued*
- [38] *Local Safety Survey*, Crime Prevention Victoria
 - [43] *Northern Territory Domestic and Family Violence Database*, Office of Women's Policy, Northern Territory
 - [44] *Police Real-time Online Management Information System (PROMIS)*, Northern Territory Police
 - [45] *Police Real-time Online Management Information System (PROMIS)*, Australian Capital Territory
 - [48] *Recorded Crime for New South Wales*, NSW Bureau of Crime Statistics and Research
 - [55] *Victorian Crime Victimization Survey*, Crime Prevention Victoria
 - [56] *Victorian Family Violence Database*, Victorian Community Council Against Violence
 - [57] *Victoria Police Crime Statistics*, Victoria Police]
 - [58] *Western Australian Police Data*, Western Australian Police Service

OVERLAPS, DEFICIENCIES AND GAPS IN THE DATA

Reporting and recording issues

A number of issues make it difficult to estimate 'the real level' of incidence and prevalence of sexual assault. Most of these issues are believed to result in significant under-estimation of levels of sexual assault, but some may contribute to an inflation of estimate levels. However, the undercounting is believed to be very much greater than the overcounting.

A detailed discussion of issues associated with under-reporting and hidden recording has recently been completed by the Australian Institute of Criminology.⁴

Under-reporting

Many incidents of sexual assault are not reported to police, so neither the total number of victims nor the total number of perpetrators is captured in recorded crime statistics. Some of those incidents not reported may not be considered by the victim to be 'sexual assault', or to be a crime. Similarly, many victims of sexual assault do not access any of the services available to support them, so data collected from these sources, which are quite fragmented in funding and operation, provide only part of the picture. Others may seek and receive support from medical practitioners, counsellors, psychologists, family members or friends, but no data are captured in relation to services and support. Estimation of total victim numbers is made from victimisation surveys, but it is currently not possible to estimate the 'real number' of perpetrators.

The prevalence of perpetrators in the community, and therefore risk of potential perpetrators committing sexual assault offences, is unknown.

Under-recording There is variation in the processes followed for recording incidents which come to the attention of police or other services which respond to sexual assault. For example:

- police may create records on a prima facie basis (based simply on the fact reported) or on an evidentiary basis (based on some evidence that a crime has been committed)
- some systems are victim-based and others are incident-based or offence-based; national offender-based crime statistics are currently being developed by the ABS
- there is potential for the mis-classification of sexual assault crimes, either because the victim presents as a general assault victim or a victim of some other crime, or through recording error.

Hidden reporting Hidden reporting is more of an issue in a service provision setting than in police data and victimisation surveys. The victim may seek services, or report an incident, but may not disclose that sexual assault was the reason for the contact or response. For example, a visit may be made to a doctor or health centre to request a 'morning after pill' or testing for sexually transmitted infections, but the reason for seeking treatment is not stated to be sexual assault. Similarly, a report may be made to police that an assault occurred, but may not disclose that a sexual assault was involved.

Hidden recording Offender-based information is often recorded for the 'most serious offence', so sexual assault may be 'hidden' under a homicide record. In the health system, treatment for specific injuries may be recorded without recording the cause of the injury, possibly because the patient may not state the cause. In some settings, information-gathering is not done well or is conducted from a different perspective.

Timing of recording There is no revision of recorded crime data for past years when a report is made that an incident occurred in the past. Incidents of crime are recorded in police statistics when they become known to police, which may be weeks, months or years later than the time when they occurred. This is especially topical in relation to childhood sexual assault where the perpetrator may have been a person in the child's home or a person of trust not in the home. Such assaults may be reported when the victim leaves home, perhaps as a teenager, or is an adult. Services against sexual violence devote a significant proportion of their activity to assisting adult survivors of childhood sexual assault. Events such as media coverage of high profile cases can prompt an increase in reporting of past experience of sexual assault. These factors have the effect of inflating apparent levels of recorded crime in the current reporting period.

False reporting False reports of sexual assault may be made to police in some circumstances. An example could be sexual activity that is consensual later being reported as coerced because one party wishes to protect another relationship or because the consensual relationship fails. It is believed that most complaints of this type are withdrawn before police proceed to charging the alleged offender, and they are recorded as 'investigation finalised'. The effect is that there is some inflation of levels of recorded crime, which is believed to be small, but difficult to measure. However, a related issue is that of public perceptions of false reporting, which may be factor influencing non-reporting.

Comparability

Comparability between states and territories Differences in legislation between states and territories result in different jurisdictions trying to measure different things.⁵ Data which are specific to one state or territory are not necessarily comparable to data collected for another state or territory. To improve comparability, agencies responsible for data collection should develop and use:

- common definitions
- agreed population groupings
- agreed age groupings for output (and collect by single years of age).

Differences in recorded crime statistics There are a number of points in the process between the occurrence of a crime and when, or if, it is recorded by police. The key differences in process that may occur after a crime has been committed are identified as:

- what crime occurs (actual incidence of crime)
- what crime is reported to police
- what crime is recorded by police
- how crime is recorded by police
- how crime statistics are compiled from official police records.

Different approaches at any of these points may lead to differences in recorded crime rates between states and territories.

Since the development of the national crime statistics collection, the policing environment has changed considerably. There has been a large move from paper-based systems to advanced information technology (IT) systems for storage of information on crime and, more recently, there has been closer scrutiny of recorded crime data as a performance indicator for police agencies. It is important that the data are better understood.

*Differences in recorded
crime statistics continued*

The National Centre for Crime and Justice Statistics (NCCJS) is currently undertaking a series of research projects, Differences in Recorded Crime Statistics (DIRCS), which aim to:

- improve understanding by Police, ABS and other criminal justice agencies of the factors underpinning state and territory differences in recorded crime statistics
- improve understanding of crime victimisation levels as measured by the two different sources of national statistics: surveys of crime victims and crimes recorded by police
- facilitate more informed use of recorded crime statistics.

The projects are expected to be completed by mid-2004.

*Comparability of data from
different sources*

Level of detail

There are different levels of detail available in data from different sources. Collection of data at the lowest level of disaggregation will enable aggregation to whatever level is needed for a particular purpose and have the detailed data available as required.

Child sexual assault

Differences in children's ages under legislation in each state and territory lead to difficulties in comparing measures of child sexual assault across jurisdictions. Differences between the criminal justice system and child protection systems have a similar effect. Recorded Crime statistics are published in age-groups 0–9, 10–14 and 15–19 years, but are collected by single years and may be available on request. Child protection statistics are published for children aged 0–17 years. Comparison of data on child sexual assault from these two sources is therefore difficult when trying to relate police records to child protection authority records.

Direct collection of data on child sexual assault in crime victimisation surveys is problematic as surveys generally ask only adults any questions about sexual assault. Surveys which ask adults about their childhood experience of sexual assault rely on their recall of timing and events and this may not be reliable. However, the estimation methodology used in a study by the Centre for Public Health Research at Queensland University of Technology may be utilised on a broader scale to enable past prevalence rates for child sexual assault to be estimated at a national level.⁶

Mandatory reporting of child abuse and neglect is required of specific professional groups in all states and territories except Western Australia.⁷ A comparison of reported incidence rates before and after mandatory reporting regimes were introduced would provide a useful evaluation of the arrangements, but the extent of under-reporting is still unknown and other factors may affect any such comparisons.

Relationship between actual risk and perceived risk

It is not possible to relate perceptions of crime, fear of crime or perceptions of safety to actual prevalence or incidence rates other than at a broadly-aggregated level. Changes in this relationship cannot be tracked over time. People in geographic areas or population groups which experience relatively low levels of sexual assault victimisation or crime victimisation generally may hold perceptions or fears which do not correlate with their actual level of risk. Conversely, people who have a relatively high risk of experiencing sexual assault may not perceive any significant risk to themselves. Policies to ameliorate these perceptions and fears in some groups, and to raise awareness in others, require data so that actions can be targeted appropriately.

ENDNOTES

1. Chivite-Matthews, Natalia & Maggs, Penelope *Crime, Policing and Justice: The experience of older people — findings from the British Crime Survey*, England and Wales, Home Office Statistical Bulletin, Research, Development and Statistics Directorate, August 2002; available on web site <<http://www.homeoffice.gov.uk/rds/pdfs2/hosb802.PDF>>.
2. A Likert scale is used to represent attitudes to a topic which are scored on a numeric scale — for example a scale of 1–5 where ‘Feel very safe’ = 1 and ‘Feel very unsafe’ = 5.
3. Australian Bureau of Statistics, *Recorded Crime, Australia*, ABS cat. no. 4510.0.
4. Lievore, D *Non-Reporting and Hidden Recording of Sexual Assault: An International Literature Review*, Unpublished report prepared by the Australian Institute of Criminology, Canberra, for the Commonwealth Office of the Status of Women, Canberra, 2002.
5. The Model Criminal Code is intended to improve the alignment of state and territory legislation but it has not been adopted by all jurisdictions. See Chapter 5, ‘Sexual Offences Against the Person’, in Model Criminal Code Officers Committee of the Standing Committee of Attorneys-General, *Model Criminal Code Report, May 1999*.
6. Estimates of changes in past rates of child sexual abuse were made based on age cohorts within a sample of adults aged 18–59 drawn from the Commonwealth Electoral Roll. See Dunne M, Purdie D, Cook, Boyle F & Najman J, ‘Is child sexual abuse declining? Evidence from a population-based survey of men and women in Australia’, in *Child Abuse and Neglect*, in press.
7. Gordon, S, *Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Western Australia, 2002, Appendix 2 — Mandatory reporting requirements in Australia, pp. 511–512.

CHAPTER 5

INCIDENT

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CHAPTER 5

INCIDENT

DESCRIPTION OF 'INCIDENT' ELEMENT OF THE CONCEPTUAL FRAMEWORK

The Incident element of the framework provides for the description of characteristics of incidents (i.e. what happened and in what circumstances), characteristics of victims and characteristics of perpetrators.

Research questions

- *What is the nature of sexual assault in Australia? What are the characteristics of incidents of sexual assault?*
- *Is it the same for everyone? Are some population groups and age groups over-represented in incidents of sexual assault (as victims or as perpetrators)?*
- *In what circumstances does sexual assault occur?*
- *Are these changing over time? In what way?*
- *What are the characteristics of victims of sexual assault? What are their experiences and their perceptions of sexual assault?*
- *What are the characteristics of perpetrators of sexual assault? What are their experiences and their perceptions of sexual assault?*
- *What interactions are victims or perpetrators of sexual assault likely to engage in, in relation to sexual assault?*
- *Are victims who don't come into contact with or report to any formal system different from those who do? In what ways?*
- *Are perpetrators who don't come into contact with any formal system different from those who do? In what ways?*

There is no need to know very detailed information about every incident, every victim and every perpetrator of sexual assault, nor would it be possible to collect data with this level of coverage and detail. The issues set out below have been compiled in order to identify the type of data needed to fill the information needs of researchers, policy-makers and service-providers.

Characteristics of incident(s)

In order to address the major policy priorities, it is necessary to develop a better understanding of the nature of sexual assault. The characteristics of an incident or series of incidents of sexual assault convey important information about the circumstances in which sexual assault occurs as well as information about what happens. This helps to build an understanding of the relevant issues which will assist in providing the appropriate services and in the development of education and prevention programs. Specifically, a better understanding will assist the agencies concerned to:

- inform or educate the community and correct any misconceptions
- bring about changes in culture, attitudes and behaviour, fostering a society where violence is not tolerated
- identify trigger factors for early intervention

- Characteristics of incident(s)
continued
- plan funding and delivery of appropriate services
 - monitor changes over time.

It is recognised that sexual assault may occur as a single or 'acute' episode for some people, be they victims or perpetrators, and may be a long-term or 'chronic' experience for others.

People who have experienced sexual assault

Important issues exist in relation to people who have experienced sexual assault; for example, whether there are particular groups who become victims more often and why this is the case. However, care must be taken in research and information-gathering to ensure that people who have experienced sexual assault are not revictimised or blamed for their experiences.

Perpetrators of sexual assault

The differences between perpetrators who commit a single offence and those who go on to become repeat offenders are not well understood and information on these differences may help to inform education, prevention and rehabilitation programs. It is important to understand perpetrators and the factors that influence the transition of people into sexual assault activity, particularly how and why juveniles may become long-term offenders.

There are also people who are both victims and perpetrators, and the association between victimisation and offending is of particular interest in relation to sexual assault.

Characteristics of victims and characteristics of perpetrators

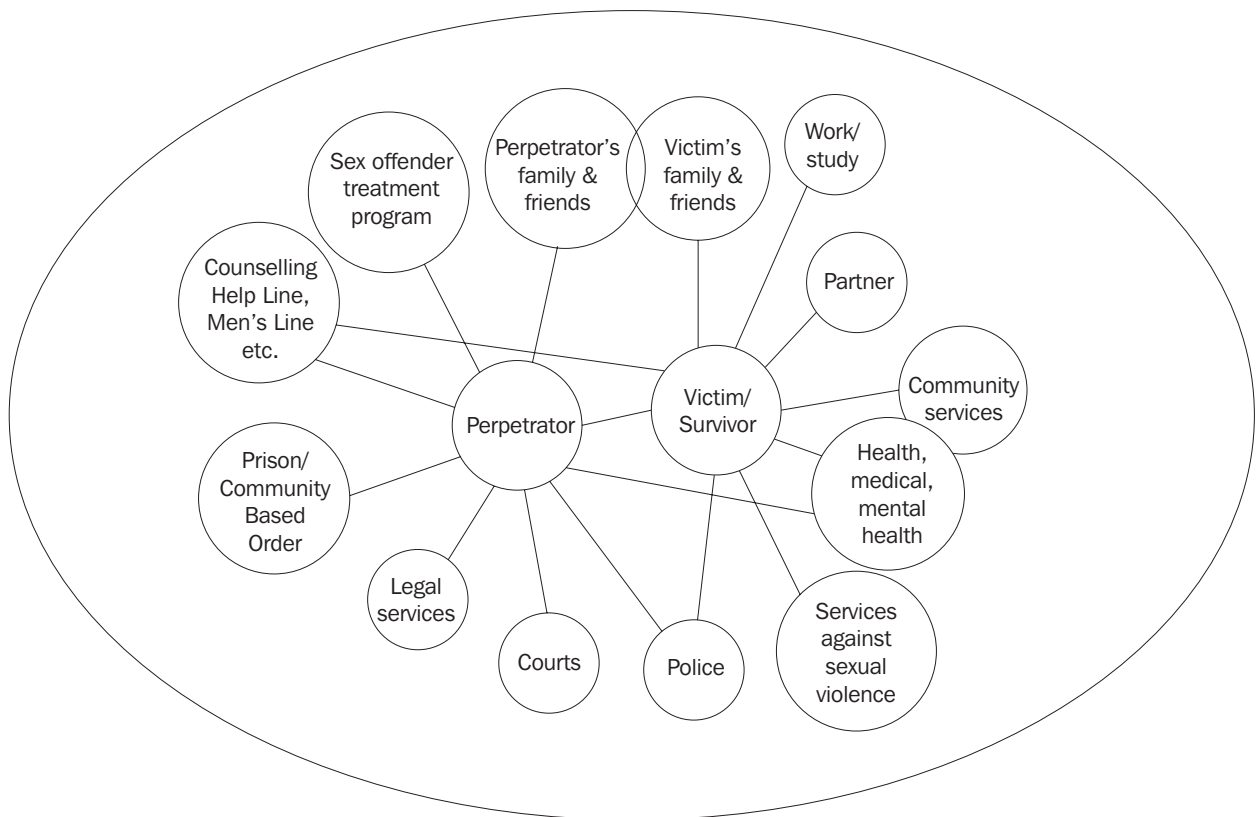
Information relating to the characteristics of victims and to the characteristics of perpetrators can be used to identify population groups who are over-represented in either category and to profile high-risk groups. Information can also be used to inform and educate the general public and to correct some perceptions and myths about sexual assault.

Another area for which an understanding of sexual assault incidents, victims and perpetrators is needed is the planning and provision of appropriately targeted services through various government and private systems. These services include police response, court support services, services against sexual violence, health/medical services, community services, sex offender treatment programs and rehabilitation programs, and education and prevention programs. As well as being regarded as a serious crime, sexual assault is a public health issue of concern because it requires an organised response to prevent injury, infection or other negative physical or mental health impacts.¹

Characteristics of victims and characteristics of perpetrators *continued*

Interactions between a victim and people and services, and between a perpetrator and people and services, take place within the context of the fear and the possibility of recurrence of the sexual assault. These are illustrated in the diagram below. Some interactions that take place may involve people such as the person's partner, family and friends, and work or study colleagues. Interaction may also take place between the victim and the perpetrator (who are likely to be known to each other). Other interactions may involve engagement with services such as services against sexual assault, health services, community services, police services and courts. Some possible overlaps in these interactions are also illustrated.

SOME POSSIBLE INTERACTIONS IN RELATION TO SEXUAL ASSAULT



Population groups of interest (as victims or as perpetrators) Some population groups appear to be over-represented as victims and/or as perpetrators of sexual assault. These population groups are of particular interest to researchers, policy-makers and service providers. Some groups may have less ability to access relevant services, may have special needs in relation to service provision, or sexual assault may be part of a picture of wider interest in relation to the experiences of that group.²

Population groups identified as being of particular interest in a policy context are:

- Women
- Men
- Children, adolescents, youth
- People of Aboriginal and Torres Strait Islander origin
- People from non-English speaking backgrounds, or whose spoken English is not fluent
- People with physical or intellectual disabilities
- Rural and regional populations
- Homosexual men and women
- Institutionalised people.

INFORMATION NEEDS RELATING TO 'INCIDENT'

Data collection Where information relating to an incident of sexual assault is reported, it is generally collected from the victim/survivor. This has to be done in a way that respects their wellbeing, dignity and privacy and does not 'blame' them or revictimise them. Similarly, information relating to the characteristics of victims must be collected in an appropriate way and only when there is a clear justification of a need for the information being sought. Consideration must also be given to the victim's capacity to provide accurate and objective information and the timing of any data collection which is not directly related to the reporting and service provision processes.

Characteristics of incident(s) Information about the characteristics of incident(s) of sexual assault helps to develop a better understanding of what happens and in what circumstances. This information can be used for education and prevention programs and for providing services which are appropriate and accessible to the people who need them.

Nature of assault Details about the nature of the assault can spell out a description of the interaction between the perpetrator and the victim. They help to inform an understanding of what happens and therefore what support a victim is likely to need.

<i>Repeat victimisation, repeat offending</i>	Multiple sexual assault incidents may have implications for the type of support needed by the victim and may be related to an escalation of violence by the perpetrator and impact on the possibility of treatment and rehabilitation of the perpetrator.
<i>Context</i>	There is interest in the context within which sexual assault takes place, beyond the actual location of an assault or any relationship between perpetrator and victim. Sexual assault may occur in a work or social context, in a context of family and domestic violence or in other settings such as in an institution. Understanding the circumstances in which sexual assault occurs assists in the provision of services and can inform education and prevention programs.
<i>Number of perpetrators</i>	This factor is linked to the nature of the assault, measuring the prevalence of ‘gang rapes’.
<i>Relationship of perpetrator to victim</i>	This factor is critical as it challenges the community’s perceptions of crime and safety, that is the perception of ‘stranger danger’ compared to a known and presumably ‘safe’ person. Law reform over the last several years has recognised that the crime of sexual assault may occur in situations and relationships that were formerly considered to be ‘private’ — for example there is recognition of sexual assault within the context of a marriage.
<i>Type of location</i>	Information about the types of locations at which incidents of sexual assault occur helps to challenge the myths about places that are safe and places that are dangerous — for example home compared to nightclub.
<i>Geography/Region (of location of incident)</i>	There is interest in making comparisons of the incidence and prevalence of sexual assault between metropolitan and non-metropolitan areas, between different states and territories, or between different regions. This information relates to identification of locations or regions which may be more at risk, planning the location of services and targeting of other programs. If data are collected with a fine level of detail then they can be aggregated as needed.
<i>Time of day, Day of week</i>	Time of day and day of the week are necessary for linking to other factors such as location, as well as trying to establish whether there are patterns of behaviour linked to time and day. If patterns of times of higher risk are established, the data would be used to inform education and prevention programs.
<i>Use of weapon</i>	While no weapon is reported to have been used in the vast majority of incidents of sexual assault, ³ a weapon may be an aggravating factor, or may be used to threaten further violence.
<i>Injuries inflicted</i>	The infliction of injuries, and their severity, form part of the picture of ‘what happens’ when developing an understanding of incidents of sexual assault. This may also impact on the subsequent reporting of the incident. The nature and impact of any injuries is dealt with in Chapter 7, Impacts and Outcomes.

<i>Whether incident witnessed by children</i>	The impact on children of witnessing violence, including sexual violence, has been of concern to researchers as it is believed that some children who witness such events are more likely to be victimised and that some are more likely to replicate the behaviour and become perpetrators, whether or not they themselves were victimised.
<i>Substance use and/or abuse</i>	Substance use or abuse, by the victim and/or by the perpetrator, has been a factor linked to incidents of sexual assault. Drugs (including alcohol) can render a person 'mentally incapacitated' and physically helpless. Sexual assault in circumstances where drugs (including alcohol) render the victim incapable of consenting to sexual activity may be termed 'drug-assisted sexual assault'. ⁴ Where consent to sexual activity is given at the time, it must be consent that is intelligent, knowing and voluntary and this may not be possible when a person is affected by alcohol or other drugs. Supporting evidence such as toxicity tests may be required to establish whether or not drugs were a factor in a particular incident of sexual assault. There may also be incidents where a pattern or history of substance use/abuse is a relevant factor, even though there was no substance use at the time of the incident. There may be issues around whether or not a victim knew that drugs were consumed. 'Drink spiking' at nightclubs and parties has been of specific concern to service providers and to the public. ⁵
Characteristics of victim and characteristics of perpetrator	<p>The same socio-demographic information for both victims and perpetrators and information about their experience of the same incident(s), is useful in studying their characteristics. Comments made above in relation to collection of information about and from victims of sexual assault should be noted.</p> <p>Collection of information about perpetrators will always be problematic in that most are never brought into contact with any formal system that would collect information from them or about them. Information about those who enter the criminal justice system, or who seek help voluntarily, is limited to a small part of the population of interest. More information is needed about those perpetrators who do not come into contact with formal systems, and about how they are different from those who do. Since many victims know the perpetrator, they may be the only possible source for socio-demographic information about the perpetrator.</p> <p>A basic set of socio-demographic information comprises:</p> <ul style="list-style-type: none"> ■ Gender ■ Age: at time of incident, at time of reporting ■ Marital status ■ Family type, household type ■ Membership of population groups of interest

Characteristics of victim and characteristics of perpetrator
continued

- Indigenous status
- Ethnicity, identified according to need through proficiency in spoken English, ancestry, country of birth, and/or year of arrival in Australia
- Labour force status
- Indicator of socioeconomic status
- Living arrangements at time of assault
- Educational attainment.

Other information related to the sexual assault incident(s), and common to understanding both victim and perpetrator, comprises:

- Substance use/abuse associated with incident(s)
- Previous victimisation: sexual assault or other types of incidents, such as domestic violence or child abuse
- Whether witnessed sexual assault or other violence as a child
- Perceived seriousness of incident of sexual assault
- Whether or not the sexual assault was perceived to be a crime.

Other information relating to perpetrators includes:

- Context for perpetrator's actions
- Previous offence history of perpetrator.

These variables are described below in terms of the need for data to inform the conceptual framework for sexual assault.

Socio-demographic information about victims and perpetrators

Gender The extent of male and female victimisation, and male and female perpetration, is a key to understanding the dynamics involved in sexual assault. It also enables the measurement of the level of same-sex sexual assault.

Age Age is one of the basic demographic variables used in population statistics. It is widely used in cross classification with other variables such as sex, marital status, occupation etc. The meaning and description of the concept are generally standard, but there is considerable and legitimate variation in output categories, directly linked to particular survey populations or topics. For example, interviewing for ABS surveys has been restricted to persons over the age of 18 years when questions relate to sexual assault. Age at the time of the incident(s) of sexual assault and age at the time of reporting are both key data needs as the time elapsed determines the type of support services that may be required. Aside from gender, age is the most robust predictor for sexual victimisation.⁶

<i>Age continued</i>	There are different requirements for the age variable in different settings. A fine disaggregation of age and social context is needed to provide cross-classification of relationships considered important in targeting of education and prevention messages. There is an unmet need for information on the incidence and circumstances of adolescent sexual assault, as issues and service needs are different from those relating to (younger) child sexual assault. If age is recorded in single years, then output can be aggregated into standard age groups, such as five-year groupings, or otherwise, as needed. Most administrative datasets contain date of birth, which enables calculation of age at any later point in time. Most surveys ask for the respondent's age or age group.
<i>Marital status</i>	As part of a standard set of socio-demographic information, registered or social marital status provides information which helps to identify high-risk groups associated with sexual assault. Information about marital status at the time of the incident(s) and at the time of data collection may help in understanding needs in relation to service provision. Categories used are: never married, widowed, divorced, separated and married (registered marriage or de facto marriage).
<i>Family type, Household type</i>	In determining family type the primary focus is on the composition of a family in terms of the familial relationships that exist between the various members. There are ABS standards for family type and household type, but a flexible definition may need to be used to cover some situations as different definitions of family are used in different settings, particularly in relation to Indigenous people. Family types may include: couple family with children, couple family without children, one parent family or other family type. An alternative variable that may be appropriate is Household Type. Household types may include: family household with family members only, family household with non-family members present or non-family household.
<i>Population groups</i>	Some population groups may be over-represented as victims or perpetrators of sexual assault when compared to their representation in the general population. Researchers may identify where and for whom things are better or worse. The population groups which have been identified as being of particular concern in relation to sexual assault include women, young people, Indigenous people and people of non-English speaking backgrounds. Other population groups of interest are children, rural and regional populations, homosexual men and women, people with physical or intellectual disabilities (and type of disability), some ethnic groups and people within an institutional context (e.g. prisons, armed forces, mental health establishments, religious organisations). Issues relating to these groups include identification, access to services and targeting of programs.

Indigenous status Indigenous status data provide information about people who identify as being of Aboriginal and/or Torres Strait Islander origin. Accurate and consistent statistics about Aboriginal and Torres Strait Islander peoples are needed in order to plan, promote and deliver essential services, to monitor changes in wellbeing and to account for government expenditure in this area. There is an ABS standard for asking about Indigenous status in various settings.⁷ Responses may be in the categories of: Aboriginal Origin, Torres Strait Islander Origin, Both Aboriginal and Torres Strait Islander Origin, Neither Aboriginal nor Torres Strait Islander Origin, and Not stated.

Ethnicity A number of types of characteristics may be measured in relation to ethnicity. For some purposes, such as planning and delivery of services, language-related characteristics are more appropriate as they relate to a person's ability to access the services they may need. For other purposes, such as studying differences between population groups, or conducting wider studies relating to a particular population group, ancestry is a more relevant characteristic. Country of birth is often used as a proxy for ancestry, but is less useful for many purposes.⁸

Proficiency in spoken English

In most ABS surveys, a question on proficiency in spoken English is asked only of respondents whose first language spoken was a language other than English, or those who speak a language other than English at home. Data relating to this variable are used primarily to identify people who may suffer disadvantage as a result of a lack of competence in spoken English. This information can be used to target the provision of information and services to people whose lack of proficiency in spoken English is potentially a barrier to gaining access to government programs and services, and to participating equitably in Australian society. A measure of proficiency in spoken English has two components: main language spoken at home (naming or grouping the language) and whether English is spoken very well, well, not well or not at all.

Ancestry

Ancestry describes the ethnic heritage of a person, that is, the ethnic or cultural group to which a person's forebears are/were attached. The ancestry question records all claims of association with ancestries, ethnicities and cultures. As such, multiple responses are encouraged. Ancestry needs to be considered together with other variables on cultural and ethnic origins for the purposes of most analysis.

Country of birth of person, Country of birth of parents

Migrants and their descendants have been identified by program developers and service providers as forming population groups that are likely to experience disadvantage when seeking to obtain equal access to government and community programs and services in Australia. Data relating to country of birth of person can thus be used to plan for and evaluate service needs (in terms of access and equity requirements), particularly when used with other variables. At a minimum, it should be possible to identify whether respondents are born in Australia or born overseas.

<i>Ethnicity continued</i>	<p><i>Year of arrival in Australia, Time since arrival in Australia</i></p> <p>Recency of arrival in Australia is another indicator of a person's potential disadvantage in ability to access information or services and may be used in conjunction with other variables such as country of birth, ancestry or proficiency in spoken English.</p>
<i>Labour force status</i>	<p>As part of a standard set of socio-demographic information, labour force status may help to identify population groups at risk. An individual may be employed (full-time or part-time), unemployed or not in the labour force.</p>
<i>Indicator of socioeconomic status</i>	<p>As part of a standard set of socio-demographic information, an indicator of socioeconomic status may help to identify population groups at risk. A single indicator may be personal income; it may be used in conjunction with household income, labour force status or other relevant variables such as poverty measures.⁹</p>
<i>Living arrangements at time of sexual assault</i>	<p>Living arrangements, in combination with other variables, may help to identify risk factors. Living arrangements of interest are: family home (as parent), family home (as child), shared household, emergency or other supported accommodation, commercial accommodation (e.g. hotel, motel, serviced apartment), educational institution (e.g. university/college accommodation, boarding school) or other institution (e.g. prison, mental health, religious, disabled, aged care).</p>
<i>Educational attainment</i>	<p>As part of a standard set of socio-demographic information, Educational attainment may help to identify population groups at risk. Suitable variables are 'Age left school', 'Highest level of educational qualification obtained' and/or 'Whether completed post-school qualification'.</p>
Other information about victims and perpetrators	
<i>Substance use or abuse</i>	<p>Alcohol and other drugs are often associated with incidents of sexual assault and information about their use is needed, both in relation to the time of the incident and in relation to any history or pattern of use or abuse.</p>
<i>Prior victimisation</i>	<p>It is believed that some people who have been victimised by sexual assault, by other assault, domestic violence, child abuse or witnessing violence as a child, may be at greater risk of offending. Other people who have this type of experience may be more likely to be victimised. The relationships between victimisation history, individual characteristics and experience of sexual assault is important in understanding the complex factors leading to sexual assault. Variables of interest are:</p> <ul style="list-style-type: none"> ■ Prior sexual assault, other prior assaults, prior family and domestic violence, witnessed sexual or other assault ■ Previous victimisation as child, previous victimisation as adult ■ Context of prior victimisation ■ Same perpetrator(s), other perpetrator(s)

- Prior victimisation continued*
- Time elapsed since previous victimisation
 - Time elapsed since first ever victimisation
 - Total number of incidents experienced: Before age 15, since age 15, last 12 months, lifetime.

Perceived seriousness of incident of sexual assault

Responses to sexual assault may depend on the perceived seriousness of the incident and knowledge of these perceptions is useful, particularly in conjunction with actions taken and outcomes. Perceptions of a specific incident of sexual assault may be classified as not very serious, moderately serious or very serious.

Whether or not the sexual assault was perceived to be a crime

Similarly, perceptions of sexual assault as a crime may influence actions taken and outcomes.

Other information relating to perpetrators

Context for perpetrator's actions

The context in which a perpetrator acts is of interest in framing education, intervention and prevention programs. There may be differences between those who act alone and those who act as part of a group, and between leaders and followers in a peer group context. It is important to acknowledge that the context for some perpetrators can be one of unwilling participation under peer group pressure, where that perpetrator may become a 'pseudo-victim'. The extent of any premeditation, the possible targeting of a specific victim and the motivation for carrying out the sexual assault also serve to inform an understanding of perpetrators' behaviour and therefore provide input to the development of education, prevention and rehabilitation programs.

Previous offence history of perpetrator

Previous offence history of a perpetrator is likely to be known only if the person has been dealt with through the criminal justice system. There may be a pattern of lesser offences, such as sexual harassment, which escalate to sexual assault. Another area of debate is around the 'rule-breaker' theory, in which sexual assault and other violent crimes are likely to be part of a pattern of other, less serious offences. Variables which would be useful in this type of analysis include: Whether previous offence(s) were lesser offence, same offence, more serious offence, different type of offence; whether the victim was the same as for a previous offence; time since previous offence; time since first offence; time since first sexual assault or related offence.

CURRENTLY AVAILABLE
DATA SOURCES RELATING
TO 'INCIDENT'

There are many data sources relating to the 'Incident' element of the framework, but not all areas of data needs are covered. The data sources below are described in more detail in the listing provided in Appendix 3. The numbering refers to that listing.

- ABS sources
- [1] *Community Safety, Tasmania*
 - [2] *Crime and Safety, Australia*
 - [3] *Crime and Safety, New South Wales*
 - [4] *Crime and Safety, Queensland*
 - [6] *Crime and Safety, Victoria*
 - [7] *Crime and Safety, Western Australia*
 - [9] *Prisoners in Australia*
 - [10] *Recorded Crime, Australia*
 - [11] *Women's Safety, Australia*
- Other sources
- [13] *Annual Report and Statistical Review*, South Australian Police
 - [16] *Call Centre Offence Reporting System/Crime Analysis System*, Department of Police and Public Safety, Tasmania
 - [17] *Canberra Rape Crisis Centre Annual Report*
 - [18] *Centres Against Sexual Assault (CASA) Forum Victoria*
 - [19] *Child Protection, Department of Community Development*, Western Australia
 - [22] *Crime and Justice in South Australia*, Office of Crime Statistics
 - [23] *Crime and Justice Statistics (Queensland)*, Office of Economic and Statistical Research
 - [24] *Crime and Justice Statistics for Western Australia*, Crime Research Centre
 - [25] *Crime Reporting Information System for Police (CRISP)*, Queensland Police Service
 - [27] *Crime Victimisation Survey Queensland*, Office of Economic and Statistical Research
 - [28] *Criminal Court Appearances in New South Wales*, NSW Bureau of Crime Statistics and Research
 - [30] *Demographics of CARAU Clients*, Child at Risk Assessment Unit, ACT Department of Health and Community Care
 - [31] *Drug Use Careers of Offenders (DUCO)*, Australian Institute of Criminology
 - [32] *Drug Use Monitoring in Australia (DUMA)*, Australian Institute of Criminology
 - [34] *Forensic and Medical Sexual Assault Services*, ACT Department of Health and Community Care
 - [36] *Initial Presentations to NSW Sexual Assault Services*, NSW Health Department

- Other sources *continued*
- [37] *Interpersonal Violence and Abuse Survey*, Department of Human Services, South Australia
 - [38] *Local Safety Survey*, Crime Prevention Victoria
 - [39] *Men's Line Australia*
 - [40] *National Coronial Information System*
 - [50] *NASASV Snapshot Data Collection 2000*
 - [41] *National Homicide Monitoring Program*, Australian Institute of Criminology
 - [42] *National Hospital Morbidity Database, Australian Institute of Health and Welfare*
 - [43] *Northern Territory Domestic Violence Strategy Data Collection Project*
 - [44] *Police Real-time Online Management Information System (PROMIS)*, Northern Territory Police
 - [45] *Police Real-time Online Management Information System (PROMIS)*, Australian Capital Territory
 - [48] *Recorded Crime for New South Wales, NSW Bureau of Crime Statistics and Research*
 - [51] *Sexual Assault Support and Prevention Program Database*, Queensland Health
 - [53] *Unacceptable Behaviour in the Australian Defence Force*, Defence Equity Organisation
 - [56] *Victorian Family Violence Database, Victorian Community Council Against Violence*
 - [57] *Victoria Police Crime Statistics*, Victoria Police
 - [58] *Western Australian Police Data*, Western Australian Police Service

OVERLAPS, DEFICIENCIES AND GAPS IN THE DATA

Non-contacts The most significant gap in currently available data is the lack of information about those victims and perpetrators who do not come into contact with formal reporting and recording systems.

No information is currently available from people who do not report to or access services provided in response to sexual assault. For victims in this category, however, some of this information is available from surveys. For perpetrators, this gap is significant as no information is available about their 'risk profile', whether the determinants of their offending behaviour are different from those who are brought into the criminal justice system, and factors that might influence their future attitudes and behaviour.

Non-contacts <i>continued</i>	Some qualitative information about male perpetrators and victims may be available from the records of services such as men's counselling or referral services. However, better coverage and quantitative data may be obtained by extending the data collection from sexual assault services to include more information about perpetrators (especially those who have not come into contact with the criminal justice system). As it has been suggested that the majority of perpetrators are known to their victims, the victims may be the best source of information to fill this gap.
Development of Offender Based Statistics	Where cases are recorded by police, information about perpetrators of sexual assault (aged 10 years and over) will be available in future from other databases as part of a national Offender Based Statistics collection being developed by the National Centre for Crime and Justice Statistics in ABS. This collection will contain information on alleged offenders proceeded against by police for both court and non-court proceedings. Offender based statistics are expected be released in late 2003 or early 2004 for financial year 2002–03. Existing adult prisoner statistics may be used to analyse characteristics of prisoners whose most serious offence was sexual assault. Whilst these data are readily available, they are limited to that part of the population of perpetrators who are in prison.
Collection of data about population groups of interest	
<i>Ethnic population groups</i>	General survey coverage may be tailored to utilise higher samples in areas where a high proportion of residents form part of the population of interest. These areas can be identified using Population Census data. There is an added cost in enumerating higher samples in this way, but it may provide more reliable estimates of the population of interest. Another avenue where data availability may be explored is through ethnic or culture-specific services which may deal with sexual assault.
<i>Indigenous population</i>	There is difficulty in collecting information about sexual assault in the Indigenous population because it commonly co-occurs with Indigenous family violence. ¹⁰ There is great sensitivity about identifying and reporting sexual assault, making difficult any potential disclosure to survey interviewers, completion of a self-enumeration questionnaire or reporting to authorities. There is an additional layer of fear about reporting to police because of a fear for the perpetrator's safety in custody. Specific training in asking about Indigenous identification and promotion of awareness to ensure that the question is asked and recorded in a non-threatening manner are needed. Other issues, such as definition of family, further compound any attempts to measure levels of sexual assault affecting the Indigenous population, whether as victims or as perpetrators.

1. Australian Institute of Health and Welfare (AIHW) and National Public Health Information Working Group (NPHIWG) (1999). *National Public Health Information Development Plan*. AIHW Cat. No. HWI 22 Canberra; p. 2.
2. For example, sexual assault is seen as part of a wider context of Indigenous community violence. See Memmott *et al.*, *Full Report, Violence in Indigenous Communities*.
3. See table 6, *Recorded Crime, Australia 2001*, cat. no. 4510.0 p. 13; no weapon used for 98.1% of recorded victims.
4. Sturman, Peter *Drug Assisted Sexual Assault*, Home Office/MPS, London, 2000. Available on web site <<http://www.drugrapetrust.org>>.
5. For example: *The Right to Party Project* undertaken by CASA House — information available on web site <<http://www.casahouse.casa.org.au/html/research.htm>>; 'Family and Community Services (FaCS) joins the fight against drink spiking', an awareness-raising initiative of the Department of Family and Community Services, announced on web site <http://www.facs.gov.au/internet/facsinternet.nsf/News/drink_spiking.htm>; further information available on web site <http://www.thesource.gov.au/lifestyle/drink_spike/drink_spiking.htm>.
6. Conmarelos C and Allen, J *Predicting Violence Against Women: The 1996 Women's Safety Survey*, NSW Bureau of Crime Statistics and Research Discussion Paper B42, December 1998.
7. ABS standard for Indigenous identification; see ABS web site <www.abs.gov.au>. Follow the path: ABS Homepage; About Statistics; Concepts and Classifications; Other ABS statistical standards; Standards for social, labour and demographic variables; Cultural diversity variables; Indigenous status.
8. The ABS has developed classifications and standards in response to widely recognised needs for nationally consistent frameworks for the collection and dissemination of data on ethnic, cultural and language diversity. See *Australian Standard Classification of Cultural and Ethnic Groups*, cat. no. 1249.0, available on the ABS web site, <<http://www.abs.gov.au>>. Follow links to About Statistics/Concepts and Classifications/Statistical Concepts Library/ABS classifications. See also *Standards for Statistics on Cultural and Language Diversity 1999*, cat. no. 1289.0, available on the ABS web site. Follow links to About Statistics/Concepts and Classifications/Statistical Concepts Library/Other ABS Statistical Standards.
9. Melbourne Institute of Applied Economic and Social Research, Poverty Lines (updated quarterly). Available on web site: <<http://wff2.ecom.unimelb.edu.au/iaesrwww/miesi/poverty.html>>.
10. Gordon, Sue *Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, State Law Publishers of Western Australia, August 2002.

CHAPTER 6

RESPONSES

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CHAPTER 6

RESPONSES

DISCLOSURE

Research/policy questions
about disclosure

- *When is disclosure made by a victim of sexual assault?*
- *How does the type of support needed change with time elapsed since the sexual assault occurred?*
- *To whom is disclosure made? How well are people equipped to support a victim/survivor of sexual assault?*
- *Does a perpetrator of sexual assault disclose the incident to another person?*
- *To whom is disclosure made? How well are people equipped to counsel a perpetrator of sexual assault?*
- *Should increased reporting of sexual assault be an objective in itself?*
- *Will systems providing responses be able to deal with the increased demand for their services?*

The majority of people who experience sexual assault never report the crime to police and the great majority also do not access any professional or other support services.¹ Some people who experience sexual assault never tell anyone about it and never seek any help. Many people talk to a family member, friend or neighbour about their experience. Others may seek more formal support and/or medical treatment soon after an incident occurs,² or disclose the event(s) years afterwards. The service or support needs will therefore depend on the timing of the disclosure or report of an incident of sexual assault. Indications are that earlier intervention and support promotes better outcomes and reduces the possibility of psychological problems and negative coping behaviours.³

DESCRIPTION OF
'RESPONSES' ELEMENT OF
THE CONCEPTUAL
FRAMEWORK

The framework provides for Responses to sexual assault to be classified as either informal or formal. Informal responses are actions that do not involve reporting to, or utilising services provided by, formal systems. These could include the actions or responses of the victim, family or friends, informal networks, or the perpetrator(s). Formal responses are actions taken that involve reporting to, or engaging services provided by, various formal systems. These may be: services against sexual assault; general crisis support services; health services; child protection and other community services; and the criminal justice system. They include responses relating to the victim, to family and friends, and to the perpetrator(s).

Measures are needed to assess how well the systems are performing in delivering quality actions, along a continuum from prevention to intervention, to reduce the incidence of sexual assault and to improve outcomes for clients of those systems and for the community as a whole. There are linkages and interactions between formal and informal responses, and between both areas of response and impacts and outcomes.

Research/policy questions
about responses to sexual
assault

- For victim/survivors:
- *What actions are likely to be taken by a person who has experienced sexual assault?*
 - *What services and support are needed by victims of sexual assault?*
 - *What risks are associated with tailoring services and support around the needs of the small percentage of people who do use those services?*
 - *How best might these services and support be provided?*
 - *Why do some victims seek professional services or support and others not seek it?*
 - *Why do some victims report sexual assault to police and others not report?*
 - *Does the propensity to report sexual assault differ between particular population groups?*
- For perpetrators:
- *What actions might be taken by the perpetrator(s) of sexual assault in response to incident(s) of sexual assault?*
 - *What services might be needed by a perpetrator? How might they be accessed?*
 - *How likely is it that a perpetrator will be dealt with through the criminal justice system? What is the outcome likely to be?*
 - *How likely is it that the perpetrator(s) of sexual assault will re-offend?*
- For family, friends, community:
- *How well-equipped are people in the community to provide effective support to a person who has experienced sexual assault?*
 - *How well-equipped are people in the community to deal with a perpetrator of sexual assault?*

Responses Responses are actions that may be taken following an incident of sexual assault. These actions may be taken by the victim, the victim's family and friends, or other networks associated with the victim; they may also be taken by a witness to the incident. Any responses by people other than the victim or a witness depend on disclosure of the event(s) being made to them. It may be that no action is taken.

Responses may also be actions taken by the perpetrator(s) following an incident of sexual assault. Because little is known about the behaviour of perpetrators, there is no knowledge of what their responses might be. Is there 'satisfaction'? Is there guilt or remorse? Is the behaviour likely to be repeated; is it likely to escalate over time? In order to intervene in a way that prevents further offending, it could be useful to know what actions a perpetrator might take.

Responses continued Any actions taken will depend on the characteristics of individual people and the perceptions they and their community hold. The types of characteristics outlined in Chapter 3 under 'Individual psycho-social factors' are relevant, as well as the person's individual resilience, world view or perspective. Perceptions of the seriousness of an incident of sexual assault and the perception of whether or not the incident of sexual assault was a crime will also influence any actions taken.

Informal responses 'Informal responses' are actions that may be taken in response to an incident(s) of sexual assault that do not involve reporting to, or utilising services provided by, a formal 'system'. These responses may involve talking to someone informally, such as a family member, friend, neighbour, work colleague or religious advisor. The ability of such people to provide effective support to a person who has experienced sexual assault may influence longer-term outcomes and the ability to fully recover from the experience.

Formal/systems responses 'Formal responses' are actions that may be taken by individuals in response to an incident(s) of sexual assault that involve reporting to, or utilising services provided by, a formal 'system'. They may also be the interventions or services provided by systems which provide responses to sexual assault. Although there is some overlap, these systems fall into three groups:

- detection (processes of the criminal justice system or other agencies or professionals)
- treatment (health services, community services and services against sexual violence)
- prevention (including education, prevention and treatment/rehabilitation programs).

For each system providing responses to sexual assault, two areas of analysis are addressed. The first focuses on the services provided and the utilisation of those services. The second focuses on the performance and cost of the system. This Chapter deals primarily with the four major systems which provide services in response to sexual assault:

- criminal justice system
- health services
- community services
- services against sexual violence.

Research/policy questions for systems responding to sexual assault

About service provision:

- *When is the most appropriate time for effective intervention?*
- *How is it possible to ameliorate the effects of sexual assault?*
- *Are separate services needed for different population groups? How do their needs differ?*
- *What is the need (demand) for services provided by systems which provide responses to sexual assault?*
- *What are the workloads (utilisation) of systems providing responses to sexual assault?*
- *How well are these systems performing in delivering quality actions or interventions to improve the outcomes? For victims/survivors? For perpetrators/offenders? For family and friends? For the community?*
- *Are there duplications in services provided by different systems by virtue of their segregated nature?*
- *How can responses across systems be better coordinated?*
- *Is the public adequately aware of services provided in response to sexual assault?*
- *Is it the same for everyone? Do outcomes vary for different population groups or different age groups?*
- *How can outcomes for victim/survivors be improved?*

About system performance and cost:

- *What are appropriate measures of the performance of a system providing responses to sexual assault?*
- *What resourcing is needed to provide the systems interventions relating to sexual assault?*
- *What are the costs of services provided in relation to sexual assault? These include expenditure, facilities and personnel: what are the total cost, the cost per incident, the cost per victim and the cost per perpetrator?*
- *What are the changes over time in the key indicators (outcomes, costs)?*

Types of services available to victims in response to sexual assault

A person who has experienced sexual assault may seek access to a 'caring, professional and informed' response.⁴ The victim, or someone acting on their behalf, may report to or utilise the services provided by any of the systems outlined below. The systems provide responses to sexual assault by way of intervention at significant trigger or transition points.

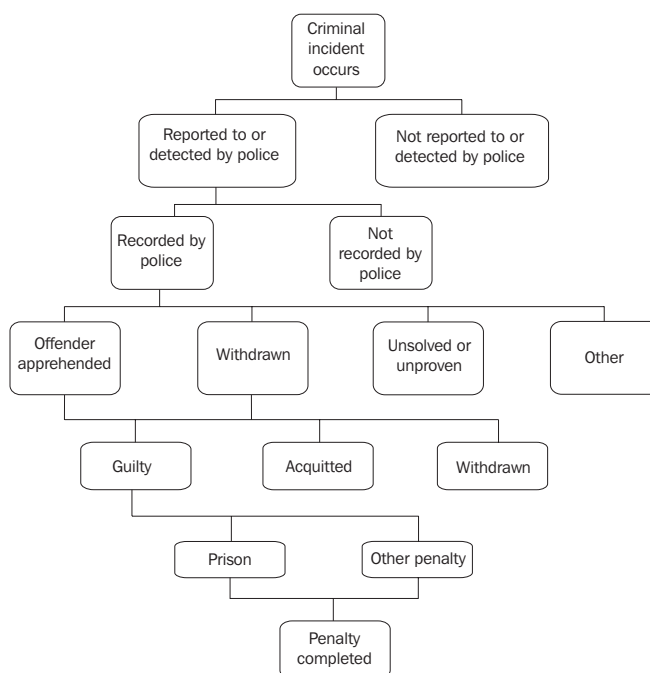
Types of services available to victims in response to sexual assault *continued*

Different people, or groups of people, may have different needs for services and support following an experience of sexual assault. Possible groupings include: women, men, children, students, young people, older people, adult victims of childhood sexual assault, people working in the sex industry, people living in rural and remote areas, Indigenous people, people with physical or intellectual disabilities, people from culturally and linguistically diverse backgrounds, homosexual men and women, prisoners and recent immigrants. There is recognition that a number of alternative strategies may be required for provision of appropriate services to people with differing needs. Also, different systems may be responding in different ways, so a more coordinated response may be more effective in terms of better outcomes and more efficient in terms of cost.

Criminal justice system

Police are the first point of contact with the criminal justice system. Processes that follow a report to police may include investigation, evidence-gathering, apprehension and charging of an alleged offender, committal, trial and imprisonment. There are many variations that may occur in this course of events, as represented in the diagram below.⁵ It is important to understand victims' reasons for reporting or not reporting incidents of sexual assault to police, as sexual assault is believed to be one of the most under-reported of crimes.⁶

REPRESENTATION OF THE FLOW OF CASES THROUGH THE CRIMINAL JUSTICE SYSTEM

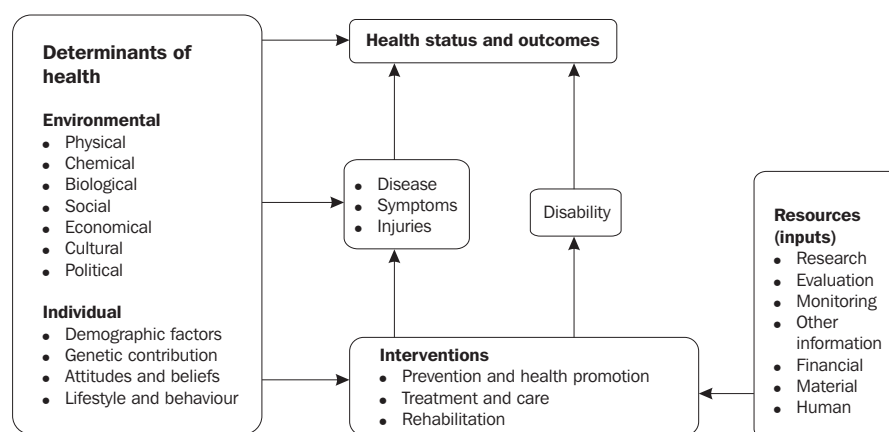


Legislative reform around Australia since the early 1990s has brought about changes in court processes intended to improve the court experience of victim/survivors. Evidence about prior sexual history may not be admitted and videolinks may be used so that a witness is not confronted by their assailant(s). However, the success of the reforms in achieving their objectives has been debated⁷ and the area of victim support in the court process requires further consideration and consolidation.

Health services Health services which may be accessed by people who have experienced sexual assault are provided by hospitals (including admitted patients, outpatients, forensic medical services), general practitioners, gynaecologists, community health centres, specialist clinics, reproductive health clinics, family planning clinics, and mental health services (including emergency mental health services).

Although some of these settings provide regular administrative by-product data for other purposes, some of them may have difficulties with the regular or ongoing capture of information about what services are provided in relation to sexual assault and the outcomes of those interventions. Some episodes of treatment may not be identified or identifiable as being related to sexual assault. A generalised health framework is illustrated below.⁸ Sexual assault can be viewed in terms of its treatment within this framework.

A GENERALISED HEALTH FRAMEWORK



Community services Community services are services provided for individuals and specific population groups with particular needs at key stages in their lives. The sector comprises programs in aged care; disability services; child care and preschool; supported accommodation; child protection and welfare; juvenile justice/welfare; family support; emergency relief and crisis services; and community development and advocacy. Ironically, it may also be an 'institutional' setting' in which sexual assault can occur. Services which are relevant to sexual assault include:

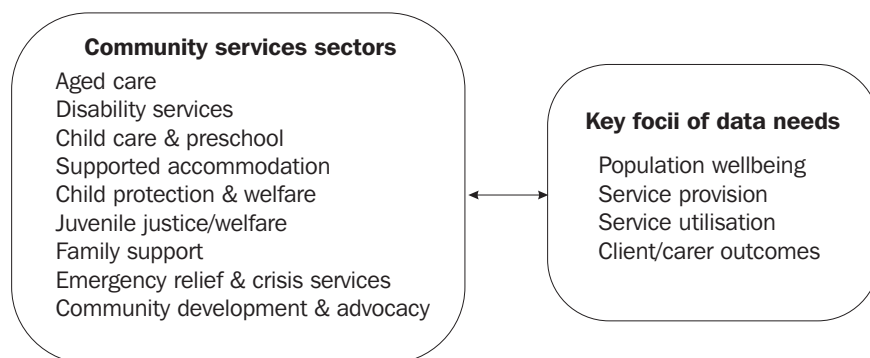
- child protection — with mandatory reporting in most states and territories; this can result in foster care, a child protection order or the child becoming a ward of the state
- housing — for example refuges, run under the Supported Accommodation Assistance Program, where sexual assault may be a reason for a client seeking assistance
- Reconnect program which supports young people who are homeless, or at risk of homelessness, and their families

Community services
continued

- financial assistance — for example emergency payments from Centrelink
- counselling for sexual assault
- institutional services — for example residential care, supported care in the community.

A National Information Development Plan has been developed for the community services sector. It provides the framework for the sector illustrated below.⁹

ELEMENTS OF COMMUNITY SERVICES STATISTICAL FRAMEWORK



Services against sexual
violence

Services against sexual violence are known variously as Centres Against Sexual Assault (CASAs), Centres Against Sexual Violence (CASVs), Rape Crisis Centres or other names. While many of these services are government funded and run under state and territory human services, community services or health departments, many are run by non-government organisations, with or without government funding assistance. Services provided to people who have experienced sexual assault generally cover emergency/crisis care; personal, group and telephone counselling; information; advocacy and support for legal, health and accommodation issues; medical services, or referral to medical services; and support for reporting and liaising with police and courts. Support is often also available for family and friends of victims of sexual assault. Some of these services also provide education/prevention programs in the community (e.g. information sessions to schools) and training for other professionals providing services or support to victim/survivors.

Whilst many services against sexual assault collect administrative data, often as part of funding agreements, the data collection systems used vary, both within and between states and territories. The level of detail in data collected may be quite limited.

(Other) Crisis support
services

General community crisis support services are available. These include Lifeline, Kids Helpline, Men's Line Australia and others. Data are collected about their activities, and may be useful in analysing responses to sexual assault.

Juvenile Justice system The field of juvenile justice encompasses parts of health, welfare, community services and criminal justice systems. Programs are mostly run under community services, such as drug education, with exit interviews and follow-up data being recorded.¹⁰ Programs for juvenile sex offenders are also provided in some settings.

Legal services Legal services accessed by victims of sexual assault may include the use of a solicitor, possibly funded by legal aid, to apply to court for an intervention order, representation in criminal justice processes and representation in administrative and/or civil justice processes.

Education system The school system may be part of a response when a child is sexually assaulted, for example monitoring school behaviour; or the response may be provided in a university setting.

Other systems Other systems that may be utilised by or for victim/survivors include compensation (e.g. through compensation schemes for victims of crime or civil court action), the Human Rights and Equal Opportunity Commission, and the Industrial Relations Commission (when sexual assault takes place in a work context).

Types of services available for perpetrators or potential perpetrators Services that can be accessed voluntarily may be sought by a perpetrator in order to deal with an incident, or a pattern of behaviour, involving sexual assault. These may include:

- Men's counselling services: for example Men's Line Australia, Men's Referral Service, anger management programs
- Sex offender treatment programs: rehabilitation and prevention of (further) offending behaviour
- Male Adolescent Program for Positive Sexuality (MAPPS): rehabilitation and prevention
- Counselling for victim-offender: usually not available at services against sexual violence and may be available only in a prison setting
- Health and medical services: including mental health services, community health services
- School-based anti-bullying programs: education of potential perpetrators about appropriate behaviours and respect for other people and their rights.

Other services with which a perpetrator may have (involuntary) contact include the criminal justice system and sex offender treatment programs mandated by court order.

The programs outlined above target male perpetrators. Female perpetrators are thought to constitute a very small proportion of sex offenders and are more prevalent in child sexual assault and paedophilia.¹¹ Some of the services described above may be available to female perpetrators or potential perpetrators, but they are not designed for that group.

INFORMATION NEEDS
RELATING TO 'RESPONSES'

- Disclosure A range of data is needed to inform decisions about whether to encourage reporting, and to evaluate outcomes in relation to where, when and to whom the disclosure is made.
- Information is required about factors that influence whether or not disclosure is made. Survey evidence indicates that these will include perceptions of the seriousness of the incident of sexual assault and whether or not it was believed to be a crime. However, there are likely to be other factors.
 - It is necessary to develop an understanding of how people who disclose/report sexual assault may be different from those who do not, and why the two sets of people may respond differently to the experience of sexual assault. Qualitative information is needed about the types of factors mentioned in relation to the individual context in Chapter 3.
 - Quantitative information about how many victims formally report or disclose the experience of sexual assault will enable some estimation of the extent of under-reporting. Information about when and to whom disclosure is made needs to be linked to outcomes so that any differences in outcomes between those who disclose and those who do not disclose may be analysed.
 - Information about the time elapsed between the incident(s) of sexual assault and the disclosure or reporting is needed to help link timing of disclosure and intervention to outcomes.
 - It is useful to know to whom disclosure is made and about the support provided to the victim. This will enable some measurement of the effectiveness of responses from 'disclosees'.

Informal responses More information is needed about the responses of both victims and perpetrators, especially when they have not reported to, or had contact with, any systems or services.

In relation to victims of sexual assault, it is important to understand the reasons why they have not reported to police and why no other services were accessed, particularly if there was a lack of knowledge or difficulty in accessing services that were in fact needed. If a victim's response was to tell someone and talk to them, then information about who that person was and the degree of support provided may be related to the outcome. If no action is taken and no-one is told, information is needed about the reasons why, such as fear and embarrassment, and about their relationship to outcomes.

Informal responses *continued* In relation to perpetrators of sexual assault, it is important to develop an understanding of what type of intervention may assist in the prevention of further offending. If perpetrators feel remorse or guilt or accept responsibility for their actions, then they may voluntarily seek counselling or other assistance to help avoid development (or maintenance) of a pattern of behaviour involving violence and/or sexual assault. If perpetrators do not seek this type of assistance, information about whether they tell other people, change their routines of daily life, or respond in other ways would be useful, but it is unlikely that this information will become available.

INFORMATION NEEDS
RELATING TO
SERVICES/SYSTEMS

For each of the four major systems providing responses to sexual assault (criminal justice, health, community services and services against sexual violence), information is needed relating to the provision and utilisation of services and to the performance and cost of the system providing those services.

Provision and utilisation of
services

For each system, activity measures are needed to provide information on workload in terms of client numbers and services provided. Although some measures are already available, more are needed and better consistency is needed. Characteristics and experience of clients, their outcomes, their satisfaction with the services and their reasons for reporting to or utilising the services are also needed in order to develop an understanding of the differences between those who report and those who do not. Suitable measures include:

- Client numbers and characteristics: who uses the services?
- Services provided: what are the utilisation levels for each of the services provided?
- Outcomes: what was changed or improved after the system intervention?
- Satisfaction: how satisfied are clients with the service and outcomes?

System performance and
cost

*Evaluation of system/
program performance*

System performance needs to be measured from both inside and outside that system. Outside perceptions of the system's performance will influence the propensity to report incidents of sexual assault and to utilise the services available. Measures to improve reporting of sexual assault through formal systems may be contemplated, but there are issues around the raised expectations and ability to follow through.

For all relevant systems or services, a general set of performance indicators is needed to relate activity/interventions to outcomes and to provide a balanced assessment of relevant aspects of performance. In order to achieve this, it is necessary to assess whether the systems or services are: accessible, appropriate, capable, continuous, effective, efficient, responsive, safe and sustainable. More specifically, analysis of the outcomes (what was changed or improved after the system intervention) and levels of client satisfaction provide some basic evaluation of system performance.

Direct system costs Responding to sexual assault incurs costs to the community, in the form of expenditure, personnel and facilities. This includes the direct costs of police response, provision of court and corrections services, provision of medical care, provision of community services and services against sexual violence. Indirect costs of sexual assault are discussed in Chapter 7, Impacts and Outcomes.

For the criminal justice system, direct costs in relation to sexual assault are incurred by policing, court services and administration and corrections and rehabilitation services. Other costs are incurred in relation to legal representation, either privately or through Legal Aid. Information is needed about the gaps in the measurement triangle described later in this Chapter, about the people, charges or cases which do not proceed beyond each stage of the criminal justice process: for example, the reasons why charges do not proceed to trial (e.g. evidence, laws, plea bargains).

In the health system, costs in relation to recent sexual assault are incurred through medical practitioner and other health and welfare practitioner consultations (in a variety of settings), expenditure on medicines/drugs required, and pathology and toxicology tests. Some of these costs will be met entirely through the public health system and others will be part public and part private. In addition, the long-term health sequelae of sexual assault and the costs of medical practitioner involvement in legal processes are as yet unquantified.

Costs of the community services system are partly government funded and partly met by non-government organisations.¹² Child protection services, supported accommodation, Centrelink emergency payments and youth support programs such as Reconnect are some of the areas where costs relating to sexual assault are measured and reported, but the components of those costs which relate to sexual assault may not be separately identifiable.

Some services against sexual violence are provided by governments and some are provided by non-government organisations, with or without government funding. Their role is divided between education and prevention work and providing responses to sexual assault, but the whole of their operating cost is attributable to sexual assault. Other services against sexual assault are part of a broader service where separate costs for sexual assault may not be available.

For the evaluation of each system, information is needed about total direct costs, unit cost per service or per contact, unit cost per sexual assault incident and unit cost per victim. Although there is also an interest in the cost incurred per perpetrator, it is unlikely that this could be measured.

DISCUSSION OF CURRENTLY AVAILABLE DATA SOURCES

Information about any responses to sexual assault can be related to qualitative information on the victim's or perpetrator's personal characteristics.

Informal responses By definition, informal responses do not involve reporting to services or systems providing formal responses to sexual assault, so the only opportunity to collect data on informal responses is through crime victimisation surveys. Several of these sources of information are listed below.

Currently, there is no information about informal responses to sexual assault by or for a perpetrator, but it may be useful to analyse data collected by services such as Men's Line Australia and evaluations of MAPPS programs.

Formal responses Surveys estimate the proportion of victims who report to police and utilise professional and other services. This provides an indication of total demand for these services.

Data collection opportunities Systems providing services in response to sexual assault keep records of their clients, services provided and outcomes. This administrative function provides an opportunity to collect administrative by-product data about the workloads, resourcing and performance of the systems, provided that appropriate confidentiality is observed.

Many services are funded under specific agreements. The information required for reporting under these types of funding arrangements may be captured for statistical purposes.

There are issues of 'hidden reporting' in that a victim may take an action but does not identify the problem as sexual assault — for example seeks medical tests or treatment for sexually transmitted infections but does not disclose that a sexual assault took place. There are also issues of 'hidden recording' in that sexual assault could be only one of a number of crimes for which an offender may be charged and only the most serious offence (e.g. homicide) is recorded. Additionally, charges of differing levels of seriousness may be bargained over before a perpetrator comes to trial, so the resulting court outcomes may not include sexual assault.

Costs of services utilised in relation to sexual assault may be estimated, although actual expenditure data for total cross system costs in relation to sexual assault may be difficult to isolate. The measures sought may include:

- the unit cost per service contact
- the unit cost per case of sexual assault (cost in a given period of time; lifetime cost).

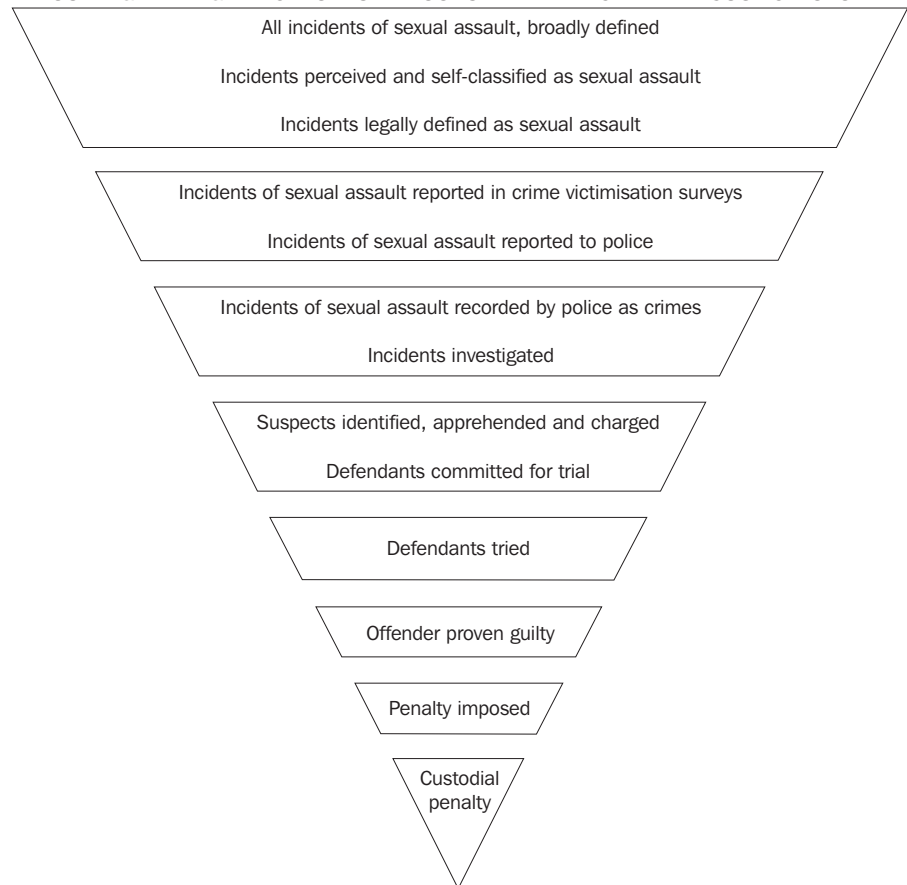
DATA FROM SYSTEMS
 PROVIDING 'RESPONSES' TO
 SEXUAL ASSAULT

Criminal justice system

Collection of data in the criminal justice system is well-established. However, inconsistencies in legislation, definitions, recording practices, administrative systems, etc. mean that data quality and comparability are less than ideal. Standardised national data are compiled and published by the National Centre for Crime and Justice Statistics in the Australian Bureau of Statistics. Each state and territory collects more detailed data for its own purposes and these are often published as part of the individual jurisdiction's own statistical output.

This diagram, of measurement of incidents of sexual assault and their progress through the criminal justice system, illustrates some of the difficulties encountered in a system trying to deal effectively with sexual assault and in gathering meaningful, comparable data. (The diagram does not represent the relative sizes of each stage of attrition.)

MEASURING TRIANGLE FOR SEXUAL ASSAULT IN THE CRIMINAL JUSTICE SYSTEM



Criminal justice system
continued

Reduction of numbers of incidents of sexual assault between the layers of this diagram may be attributed to several causes. The first is one of definition and perception: some experiences of sexual assault are not perceived by the victim (or the perpetrator) to be a crime, or to be 'sexual assault', either because of the relationship between victim and perpetrator or because of the nature of the assault. These cannot be measured, so the step to the second layer represents the loss of incidents that are not reported in crime victimisation surveys for these and other reasons, such as the reluctance of victim/survivors to disclose sensitive information to survey interviewers.

*Under-reporting
(non-reporting and hidden
reporting)*

The incidents reported in crime victimisation surveys are the first layer in this diagram that can be measured. The next step represents the loss of incidents that do not become known to police. This may be estimated for a specific survey reference period if survey respondents are asked how many of the incidents that happened to them in that period became known to police. One-fifth (19.8%) of victims reported in *Crime and Safety Australia 2002* that they had told police about the most recent incident of sexual assault. The overall proportion of incidents becoming known to police, as reported in the 1998 survey, was calculated as 23%.¹³

Reasons given by victims of sexual assault for not telling police included: it was a personal matter, would take care of it themselves; it was too trivial, unimportant; thought there was nothing the police could do or police would be unwilling to do anything; afraid of reprisal; too confused, upset, injured.¹⁴

Under-recording

The next step represents the loss of incidents that are reported to police and are not recorded as crimes. This may be measured by comparing survey estimates of incidents becoming known to police to recorded crime statistics for the same reference period. For sexual assault, the incidents recorded have been calculated to be approximately 49% of the number of incidents estimated to have become known to police.¹⁵

There are many reasons why an incident reported to police may not be recorded as a crime.¹⁶

- Victims may advise police of a matter but not seek to have it dealt with as a crime. This is especially true of incidents where the offender is related, or otherwise known, to the victim.
- The information received by police may not be sufficient to allow them to determine whether a crime has been committed, or what kind of offence has been committed.
- The police may regard the incident as not having enough evidence to substantiate an offence, or to be 'too trivial to warrant the paperwork'.
- The incident may have been coded to a different offence category.

It should also be noted that some reported incidents reflected in recorded crime statistics may not be genuine, although these are believed to be very few.¹⁷

Under-recording continued

Further sources of variation between crime victimisation survey results and crimes recorded by police relate to differences in scope (e.g. different ages covered by different surveys and different legislation), differences in methodology relating to the counting unit and period, and a possible time telescoping effect which results in survey respondents including some incidents which occurred outside the survey reference period, or not reporting incidents which occurred in the reference period.

Data are published on finalisation status of investigations at 30 days relating to victims of sexual assault recorded by police. Of the total victims recorded for 2002, investigations were finalised for 37%. Offenders were proceeded against in relation to 57% of these finalised investigations; that is the police charged an alleged offender and provided a brief to the Director of Public Prosecutions.¹⁸

Courts in each state and territory deal with sexual assault cases brought before them by the Directors of Public Prosecutions or equivalent. Adjudicated cases may result in acquittal, a guilty verdict or a guilty plea. However, not all cases are adjudicated: in 2000–01, approximately 40% of offenders proceeded against for ‘Sexual assault and related offences’ resulted in adjudicated defendants. Of those actually tried, 38% had a guilty verdict and 62% were acquitted.¹⁹

Penalties are imposed by courts once an offender has pleaded guilty or received a guilty verdict. For defendants proven guilty of ‘Sexual assault and related offences’ in 2001–02, 68% received custodial sentences.²⁰

Health system

Similarly incomplete data are encountered when trying to measure activity and performance of other systems. Some counting problems are outlined in Chapter 4, Risk. Collection of data in the health system has limitations, although the issues are different from the criminal justice system.

Most health practitioners can do more to document cases of sexual assault and to identify sexual assault as a cause of injury, but can do so only if the patient identifies sexual assault as the cause.²¹ Recording processes, record-keeping priorities and perspectives vary across settings. In many cases, even if a sexual assault is identified to the practitioner and recorded in case notes, it may not be recorded in administrative systems and so may not be counted in statistics produced as a by-product of those systems.

Community services system

Data relating to some areas of community services should provide good coverage of the client group of interest. Some of these are government funded and monitored programs and reports must be provided as part of their funding agreements. Supported accommodation programs, where sexual assault is one of a number of reasons for needing the service, and perpetrator programs, which are usually attended by court mandate, are examples of these types of settings. In other areas, such as child protection, reporting is mandatory. However, child abuse is believed to remain under-reported and some children who experience sexual assault do not come to the notice of child protection authorities.

Services against sexual violence Data are collected in most or all services against sexual violence, with varying levels of detail. However, different data collection systems are used within and between states and territories. The National Association of Services Against Sexual Violence carried out a *Snapshot Data Collection Project* in 2000, resulting in detailed data with good national coverage. Some states collect and publish detailed data collected through funding arrangements.

CURRENTLY AVAILABLE
DATA SOURCES RELATING
TO 'RESPONSES'

Data sources which are not system-specific

- [2] *Crime and Safety, Australia*, cat. no. 4509.0
- [3] *Crime and Safety, New South Wales*, cat. no. 4509.1
- [4] *Crime and Safety, Queensland*, cat. no. 4509.3
- [7] *Crime and Safety, Western Australia*, cat. no. 4509.5
- [11] *Women's Safety, Australia*, cat. no. 4128.0
- [37] Interpersonal Violence and Abuse Survey, Department of Human Services, South Australia
- [43] Northern Territory Domestic Violence Strategy Data Collection Project, Office of Women's Policy, Northern Territory
- [49] Report on Government Services, Steering Committee for the Review of Commonwealth/State Service Provision, Productivity Commission
- [53] Unacceptable Behaviour in the Australian Defence Force, Department of Defence
- [55] Victorian Crime Victimization Survey, Department of Justice
- [56] Victorian Family Violence Database, Victorian Community Council Against Violence

Criminal justice system

- [8] *Higher Criminal Courts, Australia*, cat. no. 4513.0
- [9] *Prisoners in Australia*, cat. no. 4517.0
- [10] *Recorded Crime, Australia*, cat. no. 4510.0
- [12] ACT Criminal Justice Statistical Profile, ACT Department of Justice and Community Safety
- [13] Annual Report and Statistical Review, South Australian Police
- [16] Call Centre Offence Reporting System/Crime Analysis System, Tasmanian Department of Police and Public Safety
- [21] Court Appearance Data, Department of Justice, Western Australia
- [22] Crime and Justice in South Australia, Office of Crime Statistics

Criminal justice system <i>continued</i>	<p>[23] Crime and Justice Statistics (Queensland), Office of Economic and Statistics Research</p> <p>[24] Crime and Justice Statistics for Western Australia, Crime Research Centre</p> <p>[25] Crime Reporting Information System for Police (CRISP), Queensland Police Service</p> <p>[26] CRIMES Database, Magistrates Court of Tasmania</p> <p>[28] Criminal Court Appearances in New South Wales, NSW Bureau of Crime Statistics and Research</p> <p>[29] Criminal Register System (Queensland), Queensland Department of Justice</p> <p>[35] Integrated Justice Information System, Northern Territory Department of Justice</p> <p>[44] Police Real-time Online Management Information System (PROMIS), Northern Territory Police</p> <p>[45] Police Real-time Online Management Information System (PROMIS), Australian Capital Territory</p> <p>[48] Recorded Crime for New South Wales, New South Wales Bureau of Crime Statistics and Research</p> <p>[54] Victims Register, Department of Justice and Industrial Relations, Tasmania</p> <p>[57] Victoria Police Crime Statistics, Victoria Police</p> <p>[58] Western Australian Police Data, Western Australian Police Service</p> <p>[59] Western Australia Prisoner Data, Department of Justice, Western Australia</p>
Health system	<p>[15] Bettering the Evaluation and Care of Health (BEACH), Australian Institute of Health and Welfare and University of Sydney</p> <p>[34] Forensic and Medical Sexual Assault Services, ACT Department of Health and Community Care</p> <p>[42] National Hospital Morbidity Database, Australian Institute of Health and Welfare</p>
Community services system	<p>[19] Child Protection, Department of Community Development, Western Australia</p> <p>[20] Child Protection Australia, Australian Institute of Health and Welfare</p> <p>[30] Demographics of CARAU Clients, Child at Risk Assessment Unit, ACT Department of Health and Community Care</p> <p>[33] Family Violence Prevention Legal Services, Aboriginal and Torres Strait Islander Commission</p>

Community services system <i>continued</i>	<p>[47] Reconnect data collection, Department of Family and Community Services</p> <p>[52] Supported Accommodation Assistance Program (SAAP) National Data Collection, Australian Institute of Health and Welfare</p>
Services against sexual violence	<p>[17] Canberra Rape Crisis Centre Annual Report, Canberra Rape Crisis Centre</p> <p>[18] Centres Against Sexual Assault, CASA Forum Victoria</p> <p>[34] Forensic and Medical Sexual Assault Services, ACT Department of Health and Community Care</p> <p>[36] Initial Presentations to NSW Sexual Assault Services, New South Wales Health Department</p> <p>[50] National Data Collection Project, National Association of Services Against Sexual Violence, 2000</p> <p>[51] Sexual Assault Support and Prevention Program Database, Queensland Health</p>

OVERLAPS, DEFICIENCIES
AND GAPS IN THE DATA

While much information is available, significant gaps exist between the data currently available and the data needed in this area.

- There is little information about the responses of victim/survivors, and therefore their outcomes, when they do not report to, or access services provided by, any formal system.
- There is almost no information about responses of perpetrators, particularly those who do not come into contact with the criminal justice system — that is the majority. It is possible to analyse existing data from relevant collections — for example prisoner census data on (convicted and imprisoned) sexual assault offenders, when sexual assault is the most serious offence for which they have been convicted. However, this information covers only a small proportion of the population of perpetrators.
- Data available from the criminal justice system are comprehensive, but comparability across jurisdictions at a detailed level could be improved. Initiatives are under way to do this.
- The ability to track measures through the criminal justice system is limited by the measurement of different counting units at different points of the system's processes (incidents, victims, offenders) and different reference periods applying (financial year, calendar year or other reporting periods).
- Data about identification of, responses to, and outcomes of sexual assault in health systems can be improved. Identification and recording practices seem to vary in different settings and much could be done by health professionals to improve this.

OVERLAPS, DEFICIENCIES
AND GAPS IN THE DATA
continued

- Measurement of total costs (expenditure, personnel, facilities) for systems providing responses to sexual assault is problematic. It is not possible to measure the cost to the community of responding to sexual assault because data are not categorised according to the cost of responding to a specific problem such as sexual assault and there are no linkages between the various systems.
- Performance measurement for systems providing responses to sexual assault is hindered by an inability to track cases through and between systems. Outcomes may not be known so it may not be possible to measure the costs of the effective outcomes of interventions.
- The data available through the National Hospital Morbidity Database are at a very aggregated level so it may be difficult to identify data related to sexual assault. However, more detailed data held by the health departments of each state and territory may be investigated.
- The Bettering the Evaluation and Care of Health (BEACH) data collection has capacity for modules of extra questions, so is potentially a vehicle to collect better data in this part of the health system, although it covers a limited part of cases of sexual assault.

1. See table 4.5 in *Women's Safety Australia 1996*, ABS cat. no. 4128.0; police were not told about the last incident of sexual assault by 88.6% of women who had experienced violence by a man since the age of 15. See also *Crime and Safety, Australia 2002*, ABS cat. no. 4509.0; 19.8% of sexual assault victims told the police about the most recent incident of sexual assault they had experienced; 30.8% of assault victims (28.4% of female assault victims) told the police about the most recent incident of assault they had experienced.
2. See table 4.12 in *Women's Safety, Australia, 1996*, ABS cat. no. 4128.0; of the women who experienced assault by a man during the last 12 months, 82.2% did not seek professional help after the last incident of sexual assault and 91.3% did not use any services after the last incident of sexual assault.
3. National Association of Services Against Sexual Violence (2000); Centre for Health and Gender Equity (CHANGE) (1999).
4. National Association of Services Against Sexual Violence (2000).
5. Australian Bureau of Statistics, *A Framework for Crime and Justice Statistics*, available on ABS web site: <<http://www.abs.gov.au>> under Themes, Crime and Justice.
6. See table 4.5 in *Women's Safety, Australia, 1996*, ABS cat. no. 4128.0.
7. Department for Women (NSW) (1996), *Heroines of Fortitude: The Experience of Women in Court as Victims of Sexual Assault*, Department for Women, Sydney.
8. From *Measuring Wellbeing: Frameworks for Australian Social Statistics*, ABS cat. no. 4160.0, p. 95.
9. Standing Committee of Community Services and Income Security Administrators, *National Community Services Information Development Plan*, Australian Institute of Health and Welfare, AIHW Cat. No. AUS 14, 1999, pp. 10–15.
10. Steering Committee for the Review of Commonwealth/State Service Provision, *Report on Government Services 2003*, Part F, Community Services: outlines data problems in this area, including no common age and confidentiality prevents follow-up analysis of recidivism as adults. See also: Australian Institute of Criminology, *Drug Use Careers of Offenders*.
11. Robson (1996); Cook, David & Grant (2001), p. 48; Poropat & Rosevar (1993) p. 225.
12. Standing Committee of Community Services and Income Security Administrators, *National Community Services Information Development Plan*, Australian Institute of Health and Welfare, AIHW Cat. No. AUS 14, 1999.

13. Total number of incidents of sexual assault becoming known to police was 11,000; total number of incidents of sexual assault was 47,300. See table 6.6, p. 69, and table in paragraph 42 of the Explanatory Notes, p. 84, *Crime and Safety, Australia, 1998* ABS cat. no. 4509.0.
14. See table 6.3, Main Reasons for Not Telling Police about the Most Recent Incident of Sexual Assault, p. 66 of *Crime and Safety, Australia, 1998*, ABS cat. no. 4509.0.
15. See table in paragraph 42 of the Explanatory Notes, p. 84, *Crime and Safety, Australia, 1998*, ABS cat. no. 4509.0.
16. See comparison of Crime and Safety Survey data with data from *Recorded Crime, Australia*, paras 35–42 of Explanatory Notes, pp. 82–83, *Crime and Safety, Australia, 1998* ABS cat. no. 4509.0.
17. Clarke, K and Welbourne A (in press), *The Identification and Management of Sexual Assault — Women, Children and Men*, Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
18. See table 9, Victims, By outcome of investigation at 30 days, in *Recorded Crime — Victims, Australia, 2002*, ABS cat. no. 4510.0.
19. See table 2, *Criminal Courts, Australia 2001–02*, ABS cat. no. 4513.0.
20. See table 4, *Criminal Courts, Australia 2001–02*, ABS cat. no. 4513.0.
21. Clarke, K. and Welbourne A. *op. cit.*

CHAPTER 7

IMPACTS AND OUTCOMES

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CHAPTER 7

IMPACTS AND OUTCOMES

DESCRIPTION OF 'IMPACTS AND OUTCOMES' ELEMENT OF THE CONCEPTUAL FRAMEWORK

The Impacts and Outcomes element of the framework includes the short, medium and long-term impacts and outcomes for victim/survivors, for perpetrators, for family and friends (of victim/survivor and of perpetrator) and for the community. These may affect any or all of the areas of wellbeing: family and community, physical and mental health, education, employment, economic resources, housing, crime and justice, and culture and leisure.

Research questions

- *What are the impacts and outcomes of sexual assault for victim/survivors?*
- *What are the impacts and outcomes of sexual assault for perpetrators, both those within the criminal justice system and those who do not come into contact with the system?*
- *What are the impacts and outcomes of sexual assault for family, friends and the community?*
- *What are the social and economic costs of sexual assault (separate from the direct costs of providing services responding to sexual assault)?*

Potential impacts and outcomes of sexual assault may vary according to the time-frame under consideration. Short and medium-term effects of sexual assault are described as impacts and medium to long-term effects, particularly after interventions by systems responding to sexual assault, are described as outcomes. Impacts and outcomes may be experienced by victim/survivors, by perpetrators, by family and friends (of both victims and perpetrators) and by the community as a whole.

Victims and perpetrators

Some impacts and outcomes of sexual assault may apply to both victims and perpetrators, and some of these effects may depend on whether they are known to each other, or there is an ongoing relationship. Short-term impacts may be physical and emotional. Medium and longer-term outcomes may include changes in physical health, mental health, psychological wellbeing, work/study activities, day-to-day activities, family status, living arrangements and financial status. Little is known about impacts and outcomes for perpetrators, particularly those who have no contact with the criminal justice system.

Impacts and outcomes that may apply to either victims or perpetrators include:

- change in relationship/family status
- changes in social and other relationships
- change in residence
- changes in household income, financial situation

- Victims and perpetrators
continued
- changes to work or study
 - changes in day-to-day activities
 - changes in self-esteem, mental health
 - labelling (as a 'victim' or as a 'rapist'), which may influence the way in which others relate to and interact with the individual.

Health impacts and outcomes for victim/survivors

Sexual assault has been linked to many serious health problems, both immediate and long-term. In the international context, outcomes of violence, including sexual assault and child sexual abuse, have been divided into fatal outcomes and non-fatal outcomes. Fatal outcomes include: homicide; suicide; maternal mortality and Acquired Immune Deficiency Syndrome (AIDS) related deaths (where the pregnancy/AIDS resulted from sexual assault). Non-fatal outcomes include: physical injuries, sometimes leading to disability; reproductive health problems; pain; a variety of chronic physical conditions; mental health disorders; and unhealthy behaviours, such as substance abuse.¹ In Australia, the range of health impacts and outcomes reported includes:

- physical health impacts such as physical injuries, the threat of unwanted pregnancy, reproductive health problems and the threat of sexually transmitted infections
- short-term emotional impacts and medium and longer-term mental health outcomes, such as reduced self-esteem, feelings of vulnerability, anxiety disorders and depression
- a range of negative health behaviours linked to sexual assault, indicating negative coping mechanisms, such as substance abuse, self-harm and suicide.²

Early results of a longitudinal study being conducted by Women's Health Australia on the health effects of abuse (including sexual abuse) of women suggest that:

- types of abuse co-occur
- it is the involvement of the spouse/partner, rather than the sexual or physical nature of the abuse, that is associated with the worst outcomes.³

Victim/survivor's experience of the criminal justice system

Victims of sexual assault may undergo the experiences of reporting to police, of collection of forensic evidence (usually involving intrusive physical examination), of identification of the perpetrator(s), of being a witness at a trial and, subsequently, of knowing whether the perpetrator is convicted or acquitted. The impact of these experiences may be as much as, or more than, the impact of the actual incident(s) of sexual assault.⁴

Economic costs to victim/survivor

Direct economic costs may be incurred in relation to sexual assault, in the form of loss of income because of lost time at work (for the individual, friends and family), the costs of health services or of relocating if a decision is made to move house as a result of sexual assault. Other costs may also be incurred, such as reduced productivity and, in the longer term, unrealised potential (e.g. if a person 'drops out' of study as a result of sexual assault).

Perpetrators Potential impacts and outcomes for perpetrators are currently documented best when they are dealt with through the criminal justice system. However, because of low reporting rates, the proportion of all perpetrators who reach this stage is low. Little is documented about other impacts and outcomes, but some information can be drawn from the related field of Family and Domestic Violence.⁵ Several potential impacts and outcomes are noted above as being common to both victims and perpetrators.

Most potential impacts for perpetrators will depend on whether they are known to the victim, or are identified subsequently. If there is an ongoing relationship with the victim, it may influence whether or not the victim reports the incident(s) to police and therefore whether the perpetrator is dealt with through the criminal justice system.

For perpetrators of sexual assault, impacts and outcomes which occur, regardless of prior knowledge of or relationship with the victim, may include:

- being dealt with through the criminal justice system, resulting in a criminal record; this may reduce their capacity to be a part of society and may have a particular impact in a small community
- being imprisoned, which deprives them of their freedom and exposes them to the institutional environment of prisons
- voluntary or mandatory attendance at a sex offender treatment program, such as the Male Adolescent Program for Positive Sexuality (MAPPS); outcomes for those who have completed these programs have been reported as being very positive⁶
- motivation for change, which is a significant determinant of rehabilitation or recidivism outcomes.

Family and friends
(micro level) If the sexual assault is disclosed to family and friends of the victim/survivor or of the perpetrator (and there may be some overlap between the two sets of people), there may be separate impacts and outcomes. Potential outcomes for them may include:

- changed perceptions of their own safety, which may lead to changes in individual behaviours
- changed perceptions of, and relationships with, other people, based on their knowledge of the sexual assault incident(s)
- demands made on time and emotions in providing support, causing a crowding out of other usual activities

- Family and friends (micro level) *continued*
- a need for separate support and counselling
 - in some cultural settings, a victim's family may experience shame; 'honour crimes' can be considered a potential consequence or outcome.⁷

Community (macro level) Potential impacts and outcomes for the community may include changes in community perceptions, attitudes and behaviours. A heightened level of anxiety in the community can result in more volatile reactions and interactions than previously experienced. In addition, community resources are used in providing responses to sexual assault and there is an opportunity cost associated with this — that is if resources were not used in this way, other services could be provided, or a reduction in the need for revenue.

Social capital impacts Sexual assault may affect the balance of social capital, resulting in negative impacts on wellbeing outcomes. Areas of impact may include: security and safety; social cohesion; and the norms and common purpose of networks (which include trust, reciprocity, tolerance and cooperation). There may also be a positive influence on a victim's recovery and survival through functional network transactions, such as sharing knowledge and sharing support, and the operation of positive effects of social capital (which include confidence, community resilience and conflict resolution).

Changed community behaviours Changes in perceptions of safety and attitudes of helpfulness and trust may result in changes in patterns of community behaviours, particularly following cases given a high media profile. In a small community, this effect can be quite pronounced. Changes may include: restricting social activities; restricting the independence of children; increased home security; restricting day-time or night-time mobility.

Economic impacts Both direct and indirect costs are incurred at the community level in relation to sexual assault. Direct costs include the costs to government, of funding the systems which provide responses to sexual assault and of funding community prevention and education programs, and in aggregate, the costs to individuals of accessing services. Indirect costs include:

- the costs to businesses and to the economy of lost time and reduced productivity
- the negative impact on business viability and the costs to property owners if certain areas are seen, or presented, as 'crime-ridden' or to represent a high level of risk
- the opportunity cost of using resources to provide services in response to sexual assault.

Sex offender register, victim register An outcome sought by some communities is a sex offender register. It is expected that enabling police to monitor the movements and employment of convicted serious offenders will improve community safety. Agreement has been reached to establish a national child sex offender register in Australia, which would give police in all states and territories access to information about child sex offenders.⁸ A major issue is to weigh access to information against privacy considerations. A related initiative, recently implemented in Tasmania and planned for Victoria, is a victims' register, providing victims of crime with access to information on status, location and impending release of offenders.⁹ Each type of register could, in time, become a source of aggregate data about perpetrators and/or victims.

Other impacts Sexual assault is part of a dynamic set of factors which interact with power relationships, gender relations and the status of women in the community. Its continued occurrence both influences and is influenced by these factors.

INFORMATION NEEDS
RELATING TO 'IMPACTS AND
OUTCOMES'

Victim/survivors

Health Information on the types of health problems which occur as a result of sexual assault would inform an understanding of the experiences of victim/survivors and thereby assist in the provision of appropriate support and services. Information is needed about the range and severity of physical and mental health impacts and emotional impacts, as well as longer-term outcomes.

Experience of the criminal justice system An understanding of victims' experiences of the criminal justice system would provide information for evaluating system responses, processes and outcomes and input to improving them. It is important to measure perceptions of these experiences and responses as they may influence the propensity to report crime generally and sexual assault in particular.

Economic costs Measurement of the types of direct economic costs to victims informs the overall impact and outcomes of sexual assault and can assist in estimating the cost of crime. Therefore, information is required on loss of income and on essential and discretionary expenditure incurred as a result of the incident(s) of sexual assault.

Other In order to fully assess the areas of individual wellbeing that are affected by sexual assault, information is required about changes to day-to-day activities, changes to work or study, changes in relationship/family status, changes in social and other relationships, changes in residence, changes in financial situation and changes in perception of risk or security.

Perpetrators

Criminal justice outcomes Criminal justice outcomes for perpetrators are well-documented and recorded when their crime is reported and dealt with through police, courts and corrections systems. However, there is also a need for a better understanding of the outcomes for those perpetrators who do not progress beyond key points in the criminal justice system: a police brief to the Director of Public Prosecutions (DPP) may not proceed to court; plea bargaining may take place; or alternative justice strategies may be utilised. Information about outcomes may influence public confidence in the system's ability to deal with sexual assault offenders, and thus influence future reporting of crime in general and sexual assault in particular.

For perpetrators who are given a custodial penalty, their experience in prisons may lead to other outcomes that are unrelated to their original crime.

Other Outcomes of sex offender treatment programs and other similar interventions provide an indication of their overall effectiveness and of the effectiveness of key elements. An understanding of what elements are associated with positive or negative outcomes (rehabilitation or recidivism) is important in planning future interventions.

Family, friends and community Information required about impacts on family and friends includes: type of support provided; linking to outcomes for the victim/survivor (or perpetrator); changes in relationships; changes to activities or lifestyle; and any costs incurred.

CURRENTLY AVAILABLE DATA SOURCES RELATING TO 'IMPACTS AND OUTCOMES'

For victims, impacts and outcomes may be recorded when they seek services or support in relation to sexual assault or provide information in crime victimisation surveys. Indirect information may also be 'hidden' in case records where sexual assault is not identified.

ABS sources [1] *Community Safety, Tasmania*
[2] *Crime and Safety, Australia*
[8] *Higher Criminal Courts, Australia*
[9] *Prisoners in Australia*
[10] *Recorded Crime, Australia*
[11] *Women's Safety, Australia*

Other sources [14] *Australian Longitudinal Study on Women's Health*
[28] *Criminal Court Appearances in New South Wales*
[35] *Integrated Justice Information system (IJIS), Northern Territory Department of Justice*
[36] *Initial Presentations to NSW Sexual Assault Services*
[37] *Interpersonal Violence and Abuse Survey*

- Other sources *continued*
- [40] *National Coronial Information System*
 - [41] *National Homicide Monitoring Program*
 - [42] *National Hospital Morbidity Database*
 - [50] *NASASV National Data Collection Project*
 - [53] *Unacceptable Behaviour in the Australian Defence Force*
 - [54] *Victims Register, Tasmania*
 - [55] *Victorian Crime Victimisation*

OVERLAPS, DEFICIENCIES AND GAPS IN THE DATA

Victim/survivors	<p>Longitudinal data about outcomes for victim/survivors would assist in monitoring long-term outcomes and for evaluation of any interventions. Information is needed about outcomes related to experiences of disclosure, support and interventions. A longitudinal survey, perhaps drawing a sample from clients of services against sexual violence or police reports, may be the best way to achieve this.</p> <p>Health sector datasets, including the National Minimum Dataset for Emergency Departments and the National Hospital Morbidity Database, and implementation of the National Data Standards for Injury Surveillance, should be checked for data quality in relation to the recording of sexual assault. Another health-related data source, the survey of General Practitioners, Bettering the Evaluation and Care of Health, has the capacity for additional modules with questions on particular topics so a module focusing on sexual assault may be considered.</p>
Perpetrators	<p>There is currently no information publicly available about outcomes for perpetrators who do not come into contact with the criminal justice system. Collection of additional information about perpetrators from victim/survivors should be considered. This would have to be at the point of contact with systems accessed by a victim/survivor, or through victimisation surveys. Longitudinal data about outcomes for perpetrators dealt with by the criminal justice system would be useful; this would also provide for evaluation of any interventions (e.g. MAPPS, where reports have been made of participants, in the course of completing the program, admitting to more crimes than those for which they were convicted).¹⁰</p>
Family and friends	<p>There are currently no data available in this area. It may be possible to collect some data from services against sexual violence which provide support for family and friends of people who experience sexual assault. It may also be possible to ask questions about impacts on family and friends of victim/survivors of sexual assault in a survey such as the ABS Crime and Safety Survey, or a community attitudes survey.</p>
Community	<p>Social and economic impacts have not been measured or modelled. There are no data available, nor is it currently possible to extract them in a form to facilitate the measurement of social and economic impacts of sexual assault.</p>

ENDNOTES

1. Centre for Health and Gender Equity (CHANGE), 'Ending Violence Against Women' in *Population Reports*, Volume XXVII, Number 4, December 1999, p. 18.
2. Cook, B David, F and Grant, A *Sexual Violence in Australia*, Australian Institute of Criminology, Research and Public Policy Services No. 36, Canberra, 2001.
3. Women's Health Australia, *Australian Longitudinal Study on Women's Health, Annual Report, 2001*, p. 10.
4. *Heroines of Fortitude* deals specifically with the experiences as witnesses in court of women who have been victims of sexual assault.
5. For more information, see the web site of the Australian Domestic and Family Violence Clearing House, <<http://www.austdvclearinghouse.unsw.edu.au/>>.
6. Department of Human Services (Victoria), *Juvenile Justice Evaluation Report: Male Adolescent Program for Positive Sexuality*, Department of Human Services, Melbourne, 1998.
7. The Attorney-General's Department advises that there are no data available on the incidence of honour crimes in Australia but that there is anecdotal evidence that they do occur. 'So-called honour crimes are acts of violence against women and girls whose behaviour is said to bring shame on their families and community.' (Email advice from Attorney-General's Department to Office of the Status of Women, 9 December 2002.)
8. Media Release, Senator the Honorable Amanda Vanstone, 21 July 1999; Media Release, Senator the Honorable Christopher Ellison, 20 September 2002; agreement reached at the Australasian Police Ministers Council meeting in Darwin, reported in *The Sydney Morning Herald*, 6 November 2002.
9. Reported in *The Bulletin*, 28 August 2002.
10. Department of Human Services (Victoria), *Juvenile Justice Evaluation Report: Male Adolescent Program for Positive Sexuality*, Department of Human Services, Melbourne, 1998.

CHAPTER 8

EDUCATION AND PREVENTION PROGRAMS

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CHAPTER 8

EDUCATION AND PREVENTION PROGRAMS

DESCRIPTION OF 'EDUCATION AND PREVENTION PROGRAMS' ELEMENT OF THE CONCEPTUAL FRAMEWORK

Education and prevention programs are informed by analysis of information from the Context, Risk, Incident, Response and Impact/Outcome elements of the framework, which will determine the targeting, content and resourcing of such programs. Implementation of education and prevention programs, as part of a response to sexual assault, influences the future status of the Context and Risk elements. Over time, these changes provide a measure of the effectiveness of these programs.

Research/policy questions

- *What are the determinants of sexual assault?*
- *How can sexual assault be prevented?*
- *How can the risk (prevalence and incidence) of sexual assault be reduced?*
- *Where should attempts be made to intervene to reduce the risk of sexual assault?*
- *How can the formation of individual and community attitudes be influenced?*
- *How can existing attitudes be changed?*
- *How can unacceptable behaviours be changed?*

Sexual assault education and prevention programs draw on information from all other elements of the conceptual framework. The broad aim of these types of programs is to bring about behavioural change as a part of cultural change at the community level, fostering a society that does not tolerate violence or sexual assault in any form. Their outcomes can be evaluated through the impacts they have on the Context and Risk elements of the framework.

Discussion of this element of the framework is divided into research, targeting and evaluation.

Research

A number of disciplines have an interest in researching various aspects of sexual assault. The diagram in Chapter 1 illustrates the diversity of disciplines with an interest in the issue. A more holistic approach may be more useful than a range of discipline-specific approaches. The conceptual framework presented in Chapter 2 provides a context for this broader approach to research.

Targeting

There are differences between sexual assault awareness and education programs and more general crime prevention programs, and the effectiveness of each depends on appropriate messages reaching the right 'audiences' in order to form or change attitudes and to influence behaviour.

Some programs are framed specifically for sexual assault offenders as rehabilitation; these are usually court-mandated. They aim to prevent further offending, especially in young people who have not yet moved into a long-term pattern of offending activity. The Male Adolescent Program for Positive Sexuality (MAPPS) works in this way.¹

Evaluation There has to date been limited evaluation of crime prevention programs in Australia, so it is difficult to develop a good understanding of what works, what does not work, and why.² Evaluation of education and prevention programs could follow the model outlined in relation to evaluation of systems providing responses to sexual assault in Chapter 6, Responses. That is, one level of evaluation looks at activity, 'clients' of the program, services provided and utilisation levels. The second level looks at performance, in terms of outcomes and satisfaction with the service, and cost, in terms of expenditure, personnel and facilities.

In this context, delivery of specific programs may be more easily measured and evaluated than delivery of broader programs for the general community. In aggregate, the outcomes may be measured through changes effected over time in the Context and Risk elements of the framework, although changes in the Incident element may also be effected.

INFORMATION NEEDS RELATING TO 'EDUCATION AND PREVENTION PROGRAMS'

Planning both the content and target audience(s) of education and prevention programs needs a sound information base. Data are needed to identify and analyse high-risk groups (of potential victims and potential perpetrators), the attitudes they hold and their behaviour patterns. Data from all other elements of the framework are needed for this breadth of analysis and input to program planning and delivery.

Collection and reporting of data about program objectives, activities, deliverables, client numbers and profiles, costs and outcomes may be a part of the arrangements negotiated by funding agencies. This information may then be collated for all such programs and made available in one place.³ An information clearing house could be a valuable vehicle for this function, as well as for sharing of other information relating to sexual assault and the provision of responses.

Although evaluation of crime prevention programs is generally limited to the objectives of a specific program, the outcomes of education and prevention programs can be evaluated through the impact they have on the Context and Risk elements of the framework. Therefore, measurement of changes over time in these areas is needed.

CURRENTLY AVAILABLE
DATA SOURCES RELATING
TO 'EDUCATION AND
PREVENTION PROGRAMS'

Data sources relating to all other elements of the framework will assist in providing information for planning the content and targeting of education and prevention programs, so all data sources listed in Appendix 3 may be considered relevant. A few, however, are specific to the evaluation of these types of programs. The data sources below are described in more detail in the listing provided in Appendix 3. The numbering refers to that listing.

[1] *Community Safety, Tasmania*, cat. no. 4515.6

[4] *Crime and Safety, Queensland*, cat. no. 4509.3

[33] *Family Violence Prevention Legal Services (FVPLS)*

[38] *Local Safety Survey*, Crime Prevention Victoria

[39] *Men's Line Australia Statistical Report*

[46] *Preventing Crime in Australia 1990–2002: a selected register of crime prevention projects*

[59] *Western Australia Prisoner Data*, Department of Justice, Western Australia

OVERLAPS, DEFICIENCIES
AND GAPS IN THE DATA

The data issues discussed in earlier Chapters apply to this area because it draws on all other elements of the framework. The key element missing for evaluation of education and prevention programs is longitudinal data which are needed to measure changes in the areas where tracking over time is required. The ability to do this will be improved by implementation and maintenance over time of standard data items. Some variables may be able to be measured annually; others only 3–5 yearly; but over a period of, say, 10 years it should be possible to acquire data to show trends and changes in all areas of concern.

Data for evaluation of individual sexual assault education and prevention programs should be collected and reported by program providers. Information from all such programs could be collated and published through an appropriate vehicle, such as a sexual assault information clearing house. The Australian Centre for the Study of Sexual Assault (ACSSA) is currently in the process of being established, based at the Australian Institute of Family Studies. It will be funded by OSW as part of the National Initiative to Combat Sexual Assault and will develop this role.

ENDNOTES

1. Department of Human Services (Victoria), *Juvenile Justice Evaluation Report: Male Adolescent Program for Positive Sexuality*, Department of Human Services, Melbourne, 1998. Subsequent data indicate that 95% of participants do not commit (further) sexual or violent offences.
2. Information about crime prevention is available through the National Crime Prevention Programme at: <<http://www.ncp.gov.au>> or <<http://www.crimeprevention.gov.au>>. The Australian Institute of Criminology held a conference on Crime Prevention in September 2002; papers are available at: <<http://www.aic.gov.au/conferences/crimpre>>.
3. A useful report on evaluations of crime prevention programs in the United States of America is in Sherman et al., 'Preventing Crime: What Works, What Doesn't, What's Promising' in *National Institute of Justice Research in Brief*, United States of America Department of Justice, July 1998. The report includes recommendations for a statutory evaluation plan. More recent lists of what works, what doesn't and what's promising are published on the University of Maryland web site, <<http://www.preventingcrime.org>>.

CHAPTER 9

A FRAMEWORK FOR INFORMATION DEVELOPMENT

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CHAPTER 9

INFORMATION DEVELOPMENT NEEDS AND PRIORITIES

A FRAMEWORK FOR INFORMATION DEVELOPMENT

This Chapter reviews the policy drivers and priorities in relation to sexual assault and incorporates the priority information needs that emerged from consultation with key users of sexual assault information. Within that context, it lists a series of conclusions about the development and provision of data for this area of concern. Conclusions one to four cover broad, high priority needs and the remaining conclusions relate to the more specific areas of needs.

The key questions addressed in this Chapter are:

- *What information would add value to research, policy development and planning for service delivery in relation to sexual assault?*
- *What are the priority data needs and gaps in relation to sexual assault policy issues?*
- *What can be done to address these needs?*

Policy needs

The focus for research, policy development and planning for programs and service delivery in relation to sexual assault is to improve outcomes. The key outcomes sought in relation to sexual assault are:

- to reduce the incidence and prevalence of sexual assault
- to reduce or ameliorate its impacts on the health and wellbeing of individuals, families and communities.

In order to reduce the incidence and prevalence of sexual assault, policy-makers need to be able to determine how it can best be prevented. Reductions in the incidence and prevalence of sexual assault are expected as outcomes of programs which aim to prevent sexual assault, or to prevent the recurrence of sexual assault.

In order to reduce or ameliorate the impacts of sexual assault, planners for systems which provide responses to sexual assault need to know what positive or negative outcomes are associated with a variety of factors and what are the most effective ways to respond to sexual assault to improve outcomes. Information is also needed about whether different responses are required for different population groups. Key questions relate to the size of the problem of sexual assault and the size of changes over time.

There are many programs and services relating to sexual assault in operation around Australia, including victim services, prevention programs and perpetrator programs. Service providers and researchers have stated that it is not known which programs, if any, have been demonstrated to reduce sexual violence; nor is it well understood which services victims find most useful. Data to support evaluation of program effectiveness is a high priority because of the need to identify the most effective interventions in terms of their impact on outcomes, to be used as input to future program development. Sharing of information about existing programs and the evaluations of their outcomes is also important.

Priority information needs The three highest priority areas for unmet data needs, identified through consultation with key stakeholders, are outlined below. These needs align with those identified above in relation to key policy outcomes.

- *Perpetrators* — More information is needed about perpetrators, especially those who become repeat offenders. Information sought includes socio-demographic characteristics, over-representation of certain population groups, contexts of sexual assault incidents, attitudes and beliefs held by perpetrators (and potential perpetrators) and prior abuse of perpetrators. This information can be used for better development and targeting of education, prevention and rehabilitation programs.
- *Under-reporting* — Estimates of under-reporting would improve measures of incidence rates. This is particularly important in relation to population groups where incidence and prevalence rates have not been estimated through victimisation surveys (e.g. for children, adolescents and males). Information about reasons for non-reporting, particularly in Indigenous communities, can be used to improve the responses of services and accessibility of systems providing responses to sexual assault. Information about the relationship between reporting and incidence rates would facilitate the evaluation of measures taken to improve reporting rates and system responses. Some of this information can be derived from small research studies.
- *Evaluation* — Information about outcomes of prevention programs, perpetrator (rehabilitation) programs and victim services is sought in order to evaluate their effectiveness and to share best practice.

Program planning Conclusions 5 to 11 relate to program planning.

Information is needed for planning purposes for programs which aim to educate potential perpetrators, programs which raise awareness of potential victims and programs for rehabilitation or treatment of perpetrators. Part of the planning involves targeting the content and delivery to specific audiences, such as perpetrators in specific age groups. The main needs are for information about perpetrators and information about what has worked in other programs (see section on program evaluation below).

Planning and targeting require information about the determinants of sexual assault and about factors which may contribute to it. Identification of determinants and contributing factors is the subject of much debate. The conceptual framework identifies contextual factors at individual and environmental levels and provides for the identification of risk factors associated with incidents of sexual assault for victims and perpetrators.

Program planning *continued*

The major gap in information available for these purposes is information about perpetrators, particularly those who become repeat offenders and those who do not come into contact with any formal reporting or recording systems. Most information known about perpetrators of sexual assault is based on data collected by the criminal justice system. Little is known about perpetrators who do not come into contact with the criminal justice system (who are believed to be in the majority) and there is little information about any differences between the two groups.

The major gaps in information about perpetrators exist in relation to the following areas:

- socio-demographic characteristics (p. 50 ff, Chapter 5, Incident), including over-representation of certain population groups of interest (see below)
- attitudes and beliefs held by, and psychological characteristics of, perpetrators, particularly repeat offenders
- patterns of behaviour or experience that lead to sexual assault
- prior experience of abuse of perpetrators
- context(s) for perpetrators' behaviour in incidents of sexual assault and their actions as perpetrators
- actions taken in response to their committing the offence(s) of sexual assault, including any services utilised
- impact and outcomes for perpetrators, outside the criminal justice system.

There is little understanding of the relationship between actual and perceived risk of sexual assault or of crime generally. Research is needed to improve understanding of factors that influence perceptions of risk in relation to sexual assault and results may be used to inform education and awareness programs.

Service planning

Conclusions 12 to 26 relate to service planning.

Information is needed for planning of the delivery of appropriate and accessible services as responses to sexual assault. These services include: services against sexual violence; health services; community services and criminal justice responses (policing, court processes, court support for victim/survivors, and corrections).

Part of the information requirement for service planning is an understanding of the measurement of the size of the problem.

- There are known to be variations in definitions, recording processes and applications of standards within and across different systems and different states and territories. These limit the comparability of data and the accuracy of available measures.

- A number of factors relating to under-reporting are also important. Measures of under-reporting facilitate better estimation of incidence and prevalence rates for sexual assault. Information about reasons for under-reporting (and therefore not utilising the services available) is also important for improving the appropriateness and accessibility of services.

Improved measurement is therefore a priority need. Recorded statistics may show an increase in the short to medium-term through greater awareness following education campaigns, more interest around the issue in the community, and better recording practices in service settings. It is unlikely that 'the right number' will ever be known, but survey to survey comparisons can provide a useful measure of change over time. However, such changes may reflect a change in the propensity to report as much as a change in the actual incidence, so data need to be interpreted with care.

While under-reporting of sexual assault will continue, it limits the ability of systems to provide appropriate responses and limits the accuracy of measures of incidence and prevalence. Information about reasons for not reporting sexual assault could be used to improve service responses and accessibility of services, particularly in Indigenous communities and for some other population groups. Measures of under-reporting would improve measures of incidence and prevalence of sexual assault and therefore facilitate tracking of changes over time. This is particularly important in relation to some population groups. For example:

- where incidence and prevalence rates have not yet been able to be estimated through victimisation surveys (e.g. for children, adolescents, males and Indigenous people)
- where under-reporting is thought to be higher than for the general population (e.g. Indigenous and ethnic population groups, males).

Some victims and some perpetrators do not come into contact with any of the systems providing responses to sexual assault. This group of perpetrators is discussed above (pp 106 and 107). A better understanding of reasons for non-reporting by victims is needed in order to provide services which are both appropriate and accessible.

Some information about victims who do not report to police ('Reasons police were not told') is available from crime victimisation surveys such as the Women's Safety Survey 1996 and the Crime and Safety Survey, most recently enumerated in April 2002 with results released on 20 June 2003. Although more detail is needed than is available from the Crime and Safety Survey, in particular the linking of responses to outcomes, population surveys may not be an appropriate vehicle for collection of such detail. Less information is available about victims who do not report to, or use, any other formal services related to sexual assault.

Non-reporting to police is the major area of under-reporting which causes concern as recorded crime statistics are an important measure of the incidence and prevalence of sexual assault. Non-reporting to other systems which provide responses to sexual assault is more complex: people may not know that services exist, may not be able to access the services for various reasons, or simply may not feel that they need to utilise the services available.

Crime victimisation surveys, mentioned above, are population surveys which provide estimates of total incidence and prevalence. These measures may be compared to recorded crime statistics (in *Recorded Crime, Australia*) to estimate the extent of under-reporting. However, crime victimisation surveys do not cover specific population groups and therefore cannot be used to estimate victimisation rates for children and adolescents. They are also subject to sample and non-sample errors (e.g. due to undercoverage of the target population, non-response, etc.).

Information is needed about impacts and outcomes for victim/survivors, and information about outcomes linked to a number of factors. This includes outcomes linked to:

- characteristics of victim/survivor
- victim's knowledge of, or relationship with, perpetrator(s)
- whether or not anyone else was told about the sexual assault
- who was told and what assistance or support they provided (informal responses)
- whether or not it was reported to any of the systems which respond to sexual assault (formal responses)
- where it was reported (police, community services, health services, services against sexual violence) and what assistance and services were provided
- time elapsed since the sexual assault.

The reporting experience and outcomes are of particular interest in planning for service provision. Information about what has worked well in various service settings (see section on program evaluation below) would be useful and sharing of such information is important.

Impacts and outcomes for family and friends of victim/survivors and family and friends of perpetrators are also of interest and there is currently little or no information available about them. It is known that some services provide counselling to family and friends of victims, but the level and type of support they may provide to victims, and the costs they may incur, are unknown.

Information about outcomes for perpetrators is discussed above.

Service planning *continued* Sexual assault has different Justice outcomes than other categories of crime: a lower proportion of incidents are prosecuted, a lower proportion of defendants get to court and a lower proportion are found guilty. A significant gap in data that would inform the 'measurement triangle' for the criminal justice process is information relating to caseloads and case outcomes of Directors of Public Prosecutions (DPPs).

Part of the planning for service provision involves tailoring the service and its delivery to the needs of specific groups, perhaps through the provision of services at separate locations, the provision of telephone assistance as well as personal consultations, and the provision of information and advice in a variety of community languages. Information is needed about victim/survivors, their needs and what has worked in other service settings.

Program evaluation Conclusions 27 to 29 relate to program evaluation.

There is strong interest in the evaluation of performance and costs of systems providing services and programs in response to sexual assault. Evaluation of what works and what doesn't work is needed by policymakers and service providers. Analysis and dissemination of this information can help to inform planning for future program and service delivery and facilitate adoption of best practice in providing responses to sexual assault.

The suggested approach to evaluation (outlined in Chapter 6, Responses — System performance and cost, pp. 73–74) requires information on performance evaluation and information on program and system costs. Similar information is needed about the evaluation of education and prevention programs (outlined in Chapter 8, pp. 97–98).

In relation to performance evaluation, a general set of performance indicators which relate activity/intervention to outcomes and some measure of levels of client satisfaction would provide some basic evaluation information. In relation to costs, information is needed about total direct costs, unit cost per service or per contact, unit cost per sexual assault incident, unit cost per victim and unit cost per perpetrator.

Systems providing responses to sexual assault currently do not report on activities, performance and costs in this type of structure. Identification of the direct costs of providing specific services in response to sexual assault is problematic and needs to be investigated so that the overall cost to the community can be known.

Sharing of information about existing programs and services, including the evaluations of their performance and cost, will promote adoption of best practices, help to improve outcomes and improve resource allocation. The clearing house arrangements outlined in Conclusion 27 will facilitate this type of information-sharing. However, confidentiality issues about data sharing would have to be resolved.

Population groups of particular interest	<p>Conclusions 30 to 34 relate to population groups of particular interest.</p> <p>Some population groups are believed to be over-represented as victims and/or as perpetrators of sexual assault. It is necessary to be able to identify these groups and track where and for whom things are better or worse than the population averages. There is particular interest in: the characteristics of people in these groups; whether there are greater levels of under-reporting; reasons for non-reporting; whether there are special needs in relation to service provision; and whether their outcomes differ from those of the general population. For some groups, sexual assault is part of a wider interest in their social and economic wellbeing.</p> <p>Gaps remain in information relating to the following population groups which are of particular interest.</p>
<i>Aboriginal and Torres Strait Islander peoples</i>	<p>Sexual assault is seen as part of a wider context of Indigenous community violence. There is little incidence data currently available and there is a priority need for data on which to base planning, promotion and delivery of services for people with Indigenous backgrounds. Although much data collection activity currently occurs, actual differences in data needs from those for the Australian population as a whole are not clear. Where possible, it would be preferable to utilise existing collections rather than develop new ones (page 51, Chapter 5). A separate Indigenous enumeration strategy may need to be considered for the Personal Safety Survey proposed in Conclusion 4.</p>
<i>Ethnic population groups</i>	<p>There are perceptions held by some stakeholders that different ethnic groups may experience incidence rates of sexual assault that are higher or lower than the general population rates, in relation to both victims and perpetrators. Under-reporting of sexual assault is believed to be greater in some cultural settings than in the general community, so existing measures of incidence may not be a good indication of their relationship to measures for the general population. Utilisation of services is also influenced by accessibility and cultural appropriateness of service settings. Better outcomes may be realised if service utilisation is improved.</p>
<i>Male victims</i>	<p>There is special interest in measurement of incidence and prevalence, context (e.g. incidents in institutional settings such as prisons) and provision of appropriate responses for males as well as females. Although covered in recorded crime statistics, little is known about the experiences of male victims or their outcomes. Some information is available from Crime and Safety Australia 2002, released in June 2003 as sexual assault questions were asked of both male and female adults. However, these data were collected as part of a household-based survey so do not cover males (or females) in institutional settings.</p>

Children and adolescents There is strong interest in measurement of the incidence and prevalence of child sexual assault, its context and provision of appropriate responses. Children who are victims of sexual assault have particular needs and adult survivors of child sexual assault have different needs that will need service support, perhaps years after the event(s). Conclusion 16 discusses the issue of alignment of age groups in recording and reporting of child sexual assault.

An estimate of the prevalence of past child sexual assault may indicate the extent of needs for current services for adult survivors. An estimate of the prevalence of current child sexual assault would indicate the extent of needs for current support and may influence the provision of services to these children. It may also indicate the extent of future need for services for these children as adult survivors. A Queensland study of child sexual assault used a methodology that involved asking adults across a range of ages about their lifetime experiences of sexual assault. These data were used to estimate past prevalence rates according to age cohorts.

Under-reporting of child sexual assault in recorded crime statistics and child protection statistics is unknown, and children are not questioned in crime victimisation surveys. It seems therefore that better measures of current child and adolescent sexual assault remain exceptionally difficult to achieve, even if retrospective studies are used.

Internationally comparable data Conclusion 35 relates to internationally comparable data. Australia is participating in the first International Violence Against Women Survey in 2003 as the availability of internationally comparable data is important to key users. It will allow Australia to benchmark against 'like-minded' countries with quantitative information on domestic violence and sexual assault.

CONCLUSIONS

In assessing currently available data sources and the information needed to inform key policy issues, and in consultations with key information users, gaps in data availability have been identified and some significant issues relating to information infrastructure have emerged. The conclusions made in relation to these are set out below. Four key conclusions, which are considered to be of highest priority, are outlined first. They cover things that need to be done to enable the other matters to be addressed. The other conclusions relate to more specific data issues and needs which will require further work to be undertaken. These conclusions are classified as high or medium priority; any actions discussed in earlier chapters and considered to be lower priority are not covered here, but may be taken up separately by interested parties.

Where relevant, an assessment is also noted about the current status of a conclusion. This is classified as:

- 'Work under way' (work is currently being undertaken by —)
- 'Development needed' (something exists which could form a basis for what is required, but development work is needed)
- 'Significant work needed' (would be feasible but no work has yet been done).

A summary of conclusions, setting out the priority for action and status of each conclusion, is provided at the end of this Chapter (p. 119).

Outcomes expected to be achieved by addressing the conclusions will be:

- adoption of the conceptual framework for further research, analysis and policy development in relation to sexual assault and as a context for planning of services providing responses to sexual assault and for future data collection activities
- improved awareness and utilisation of currently available data on sexual assault
- agreed definitions, reporting requirements and standards
- improvement of administrative by-product data sources through consistent datasets
- improved national coordination of sexual assault data between stakeholders, through a collaborative forum.

Key conclusions The four key conclusions set out below are considered to be the highest priority for action as they will enable action to be taken on other conclusions and assist in meeting the objectives of the Information Development Framework.

Conclusion 1

The conceptual framework presented in Chapter 2 should be adopted and used for research, analysis and policy development in relation to sexual assault and as a context for the planning of services providing responses to sexual assault.

Conclusion 2

It is recognised that there are many stakeholders and that continued consultation would be useful in progressing data issues relating to sexual assault. There is a need for a forum to be convened to facilitate further coordination and collaboration between OSW, ABS and other stakeholders. Such a group would bring a broad, holistic and strategic overview to the issues relating to this field of data and provide leadership in developing a statistical dataset.

Representation in the proposed forum would be needed from Commonwealth, state and territory governments and from other key stakeholders, and should include representation from all the major systems covered in the conceptual framework. Representation could also draw on the membership and experience of existing information management groups (or equivalents) in the health and community services sectors and in crime and justice.

Identified stakeholders in sexual assault data include: ABS, Australian Institute of Criminology, Australian Institute of Health and Welfare, state-based crime statistics and research agencies, OSW and their state and territory counterparts, state and territory justice departments, the non-government sector providing services against sexual violence, police services and academics. Because a large number of stakeholders have an interest in sexual assault data, care must be taken to ensure that the actual numbers involved are kept to a workable level.

Key conclusions *continued* More cross-government liaison about sexual assault data would be valuable in itself, but there are a number of specific objectives that the proposed forum could address, including:

- advancing the conclusions and framework of this information paper
- producing an agreed information development plan for sexual assault and monitoring its implementation
- agreement on and promulgation of definitions, standards and classifications
- agreement on standard, comparable data output requirements for state/territory and national levels
- development of a data dictionary and a minimum data set, utilising some of the material compiled in the course of the preparation of the Information Development Framework.

Conclusion 3

The ABS publication *Women's Safety, Australia 1996* presented findings from a national household survey on women's safety. The publication provided a comprehensive national benchmark which is still a much-used source of information to inform policy formulation and advice on physical and sexual violence against women. As there is significant user interest in a further survey of these issues being undertaken, ABS is planning to conduct another such survey in 2005–06, subject to availability of funding and assessment of methodological feasibility to produce data of acceptable quality. To meet priority user needs, the survey, tentatively titled the Personal Safety Survey, should cover men's as well as women's experiences of violence so that the whole (adult) population can be benchmarked and changes relating to women's personal safety over the intervening period may be analysed. Information is needed about the extent of under-reporting, reasons for non-reporting to police and reasons for not utilising available services.

Such a Personal Safety Survey could provide a suitable vehicle for collection of data about two specific areas for which data are currently not available.

- As information about sexual assault in the Indigenous population is a major gap in currently available data, if funding is available consideration should be given to developing a separate Indigenous enumeration methodology for the proposed Personal Safety Survey.
- As information about perpetrators who have no contact with the criminal justice system is another major gap in currently available data, if funding is available consideration should be given to the collection of additional data about perpetrators in the proposed Personal Safety Survey (see above — *Information about perpetrators*). However, care must be taken to ensure that information collection from victim/survivors does not revictimise them or blame them for their experiences.

Key conclusions *continued*

Conclusion 4

A more holistic view of individual experiences, responses provided and resultant outcomes is needed by policymakers, service providers and other analysts. There is a need to bring together currently available information to provide a broad, strategic view of the whole field of sexual assault. The conceptual framework presented in Chapter 2 provides a template for such a project. Summary data from the various sources identified in this information paper could be brought together in a thematic publication on sexual assault to disseminate this information.

Other conclusions

Program planning

Conclusion 5

Expansion of data collection from those who are imprisoned for sexual assault offences could provide more information about perpetrators, especially those who are repeat offenders. The annual prison census collection, published by ABS as *Prisoners in Australia* (cat. no. 4517.0), may provide a suitable vehicle for some of this data collection if funding is available.

Conclusion 6

Self-report studies of prisoners, similar to those conducted by the Australian Institute of Criminology in relation to drug use, may be more suitable for collection of other types of data, such as information about number of offences committed, context and other qualitative information. Although these types of studies have specific problems, they are used extensively in other countries and may well be the only means for gathering certain types of information about perpetrators.

Conclusion 7

Data collected through rehabilitation and treatment programs — about perpetrators, about incidents and contexts of sexual assault, and about outcomes for perpetrators — should be brought together and analysed.

Conclusion 8

Qualitative information about attitudes and beliefs held by the community is needed to inform prevention and rehabilitation program planning. Focus group research would provide insights into factors that influence attitude formation in relation to sexual assault and messages that may effect changes in (unacceptable) attitudes. OSW have commissioned such research as part of the National Initiative to Combat Sexual Assault.

Conclusion 9

General and men's referral and counselling services (such as Men's Line Australia) and sexual assault helplines are known to compile some data that have not been examined in detail. These data may provide additional information about perpetrators, responses, impacts and outcomes. This is an area where further dissemination of available data would be useful in facilitating such analysis.

Conclusion 10

Collection of additional data about perpetrators from victim/survivors (who are likely to know their assailant) may be possible. This could be carried out through services against sexual violence, which seem best placed to collect information from people who have experienced sexual assault, including information about perpetrators who have not come into contact with any services or systems. However, caution must be exercised about the burden, sensitivity and timing of information collection from victims. Discussion to explore the possibility of collection of additional data could be initiated through the National Association of Services Against Sexual Violence (NASASV) and through funding agencies such as state and territory health departments. This data collection could be undertaken on a regular 'snapshot' basis and could focus on contacts where no report has been made to police; it would complement additional data to be collected about perpetrators through the proposed ABS Personal Safety Survey (see Conclusion 3).

Conclusion 11

Where data exist for the same geographic areas (likely to be at state/territory level and not the local level), survey data on *fear of crime* and *perceptions of risk* can be compared to *actual incidence* and *prevalence rates*. This comparison could also be made for population groups of interest (e.g. youth, older people) if data become available.

Conclusion 12

Work is needed to understand and address differences in the application of national standards, where they exist, and to facilitate the development of standards where they are needed. The Differences in Recorded Crime Statistics (DIRCS) project in the ABS's NCCJS is addressing these issues for recorded crime statistics. A better understanding of these differences should lead to closer alignment of (sexual assault) data from different sources in future.

Conclusion 13

Similar projects to DIRCS could be considered in order to examine issues relating to sexual assault data quality and differences between states and territories in other settings — for example in relation to health systems, courts, corrections, and community services.

Conclusion 14

Where agreed standards and classifications exist, they should be implemented unless there are good reasons for the use of different classifications. This would facilitate the comparability of data from different sources and better measurement of variables of interest.

Conclusion 15

Reporting reference periods should be aligned as they are currently a mixture of calendar year, financial year and other annual reporting periods. Recording of quarterly or monthly data would enable alignment of reference periods required for specific purposes.

Conclusion 16

Ages used in collection of data on child sexual assault, child protection and programs for young people vary considerably. Data collection in single years should be implemented where possible, with output in agreed age groupings which align with children's developmental stages and service needs. ABS standards recommend five-year groupings, but these may not be appropriate at some stages as the experience and needs of children and adolescents do not necessarily align with these. This issue is to be considered in the next ABS review of these standards.

Conclusion 17

Opportunities exist for better use of administrative systems for statistical purposes. Systems providing responses to sexual assault collect data about their clients, services provided and (sometimes) outcomes. Many of these services are funded under specific agreements which require reporting of activities and outcomes. Reporting requirements under these agreements could be changed over time, as new agreements are formed, to align data capture with the needs of a national minimum data set.

Conclusion 18

Improvement of the identification of sexual assault in administrative records across services providing responses to sexual assault is possible. Hidden reporting and hidden recording could be reduced by introducing a question in administration settings about whether sexual assault was involved in the incident being reported or in the need for services being sought. An identification 'flag' would then enable the capture of data from the relevant records.

Conclusion 19

Data about outcomes related to service utilisation could be collated if linkages between systems could be made to enable tracking of individuals. Information about the experience of a victim/survivor and their contacts with various services and their outcomes is needed in order to relate the outcomes to systems interventions and other factors. Similarly, it is important to be able to track a perpetrator through police, courts and corrections systems and through sex offender programs and to link these to the outcomes of rehabilitation or recidivism. Although this information would be valuable in understanding factors that lead to more positive outcomes, it is currently impracticable as cross-system data sharing and issues relating to privacy and confidentiality present significant problems in addressing this need.

Conclusion 20

Questions about impacts and outcomes for victim/survivors could be added to crime victimisation surveys. Output could include cross-classification of outcomes with responses (including services utilised) and individual characteristics.

Conclusion 21

Longitudinal data about individual outcomes would enable a better understanding of the longer-term experience, costs, recovery outcomes and lifetime impacts for victim/survivors. The Australian Longitudinal Study on Women's Health, conducted by Women's Health Australia, has collected and published data about health impacts of violence on women and the database is available for further research and analysis. However, longitudinal surveys are expensive and present practical difficulties in data collection over time, so longitudinal study of other areas of longer-term impacts and outcomes for victim/survivors is yet to be undertaken.

Conclusion 22

Consideration could be given to asking questions in crime victimisation surveys about the impacts and outcomes for family and friends of victim/survivors and family and friends of perpetrators.

Conclusion 23

Consideration could be given to further exploration of health data sources, including coverage, recording processes and other issues of quality and comparability.

Conclusion 24

A significant gap in available information about criminal justice processes relates to data on caseloads and case outcomes of Directors of Public Prosecutions (DPPs). They are the link between police data and courts data and information is needed about why cases do or do not proceed at each stage of the criminal justice process. Investigation is warranted of ongoing data availability about sexual assault caseloads, cases withdrawn and reasons for withdrawal.

Conclusion 25

The AIHW survey of General Practitioners, *Bettering Evaluation and Care in Health (BEACH)*, is a potential data source as some victims of sexual assault consult their GPs following the event. It could provide information about impacts and outcomes for victim/survivors (such as injuries, infections or other physical or mental health issues) and about the actions needed (such as pathology tests or prescription drugs) and costs incurred. It may be possible to run a specific module on sexual assault to collect this type of information from GPs as a likely source of assistance to victims. The feasibility of this vehicle for collection of data about sexual assault would depend on the identification of sexual assault as the reason for the GP consultation(s) and whether it would be frequent enough to derive any valid statistics.

Conclusion 26

The only coverage of child sexual assault is in recorded crime statistics and child protection systems. No estimate of under-reporting is made as child sexual assault is not covered in crime victimisation surveys. One need for data is related to future needs for services for adult survivors of childhood sexual assault, but it may currently be uncollectable.

Program evaluation Conclusion 27

A clearing house for sexual assault information could bring together resources from the wide variety of sources already identified. It could be a repository for, and facilitate the dissemination of, program evaluation and research work relating to sexual assault. The Australian Centre for the Study of Sexual Assault (ACSSA) is currently in the process of being established, based at the Australian Institute of Family Studies. It will be funded by OSW as part of the National Initiative to Combat Sexual Assault and will develop this role. The aim of ACSSA is: 'to improve access to current information on sexual assault in order to assist policy makers and others interested in this area to develop evidence-based strategies to prevent, respond to, and ultimately reduce the incidence of sexual assault'. The primary focus of ACSSA will be on materials, data, information and research into sexual assault of women and girls over fifteen years of age, intra- and extra-familial sexual assault, and adult survivors of child sexual assault. It could also be a repository for datasets produced by smaller-scale research projects.

Conclusion 28

Providers of education, prevention and rehabilitation programs, and other government-funded programs in relation to sexual assault, are usually obliged to collect and report data relating to their programs as part of their funding agreements. Compilation, analysis and dissemination of statistics from these sources would enable the evaluation of specific programs and, collectively, would facilitate the evaluation of downstream impacts on the Context and Risk elements of the conceptual framework. The sharing of best practice in provision of these programs would also be facilitated.

Conclusion 29

Development work is needed to identify, extract and compile data to analyse the costs of responses to sexual assault within the framework. Identification and measurement of costs incurred in responding to sexual assault could be facilitated by changes to budget allocation and record-keeping practices. Given the difficulty of these types of changes, consideration could be given to a project to estimate or model these costs.

Population groups of particular interest

Conclusion 30

Further work is needed to identify data needs in relation to sexual assault in Indigenous communities and households. Sensitivities surrounding violence and sexual assault in the Indigenous population can cloud the issues around what data are needed. A different methodology may be needed for data collection. Different, or more flexible, definitions may be needed, such as the definition of 'family'. Consultation with relevant Indigenous organisations and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information Development would be needed before commencing any development work in this field.

Population groups of particular interest continued

Conclusion 31

Use of the ABS standard Indigenous identification question in all administrative and service provision settings is essential. Training is required for interviewers and administrative staff asking the standard set of questions on Indigenous identification as it is important that the information be asked for, and managed, appropriately.

Conclusion 32

If differences in services are needed for some population groups of interest, then there may be a need for specific data relating to those groups. Further work would be required to identify any specific data needs that are different from those relating to the general population. One way of collecting data about particular population groups could be to tailor survey design to utilise higher samples in areas where a high proportion of residents are part of population groups of interest — for example, particular ancestry groups. However, the impact on survey costs must be recognised.

Conclusion 33

Population scope and coverage for different surveys should be designed so that outputs are comparable. Currently, some surveys ask questions of adults 18 and over; some ask only females; some ask about experience in the last 12 months; and others ask about experience since age 15 or lifetime experience. Although these are different and valid concepts, their application in different settings limits the comparability of data.

Conclusion 34

Consideration should be given to the inclusion in a survey of questions about lifetime experience of sexual assault, as well as sexual assault since a certain age (e.g. 15 years) and sexual assault in the last 12 months. This would enable past prevalence rates for child sexual assault to be estimated at a national level.

Internationally comparable data

Conclusion 35

The importance of internationally comparable data on sexual assault has led to Australia's participation in 2003 in the International Violence Against Women Survey (IVAWS). Using methodology developed for the International Crime Victimization Survey, IVAWS provides an opportunity to meet user needs for Australia to benchmark against 'like-minded' countries.

SUMMARY OF CONCLUSIONS

NO.	CONCLUSION	ACTION PRIORITY	STATUS
1	Adoption and use of conceptual framework for sexual assault	Highest	Development needed
2	A forum to facilitate further coordination and collaboration between OSW, ABS and other stakeholders	Highest	Development needed
3	ABS Personal Safety Survey, including separate Indigenous enumeration strategy and collection of additional data about perpetrators from victim/survivors	Highest	Development needed. Available funding is being identified and will determine survey size, scope and content.
4	Thematic publication on sexual assault	Highest	Development and funding needed
5	Expansion of data collected in ABS's annual prison census	High	Development and funding needed
6	Self-report studies of prisoners	Medium	Development needed
7	Analysis of data collected through rehabilitation and treatment programs	Medium	Development needed
8	Qualitative information about attitudes and beliefs	High	Work under way — OSW-commissioned focus group research
9	Examination of data from general and men's counselling services	Medium	Development needed
10	Collection of additional data about perpetrators from victims, through services against sexual assault	Medium	Development needed
11	Comparison of actual crime rates to data on fear of crime	Medium	Development needed
12	Address differences in application of national standards in recorded crime statistics	Medium	Work under way — ABS DIRCS project
13	Examine issues in relation to sexual assault data quality and differences between states and territories in collections other than recorded crime	Medium	Development needed
14	Implementation of standards and classifications	Medium	Development needed
15	Alignment of reporting reference periods	Medium	Development needed
16	Output information about children in agreed age groups	Medium	Development needed
17	Identify opportunities for using administrative systems to produce new or improved statistics on sexual assault and align reporting requirements of funding agreements to national minimum data set	High	Significant work needed
18	Improvement of identification of sexual assault in administrative records	High	Development needed
19	Linkages between systems	Medium	Significant work needed
20	Additional questions in surveys about outcomes for victims	High	Development needed
21	Longitudinal data about individual outcomes	Medium	Significant work needed
22	Questions in surveys about impacts and outcomes for family and friends	Medium	Development needed
23	Further exploration of health data sources	Medium	Significant work needed
24	Data on caseloads and outcomes of DPPs	Medium	Development needed
25	Sexual assault module for AIHW's BEACH survey	Medium	Development needed
26	Estimation of under-reporting of child sexual assault	High	Currently uncollectable
27	Sexual assault information clearing house	High	Work under way — the Australian Centre for the Study of Sexual Assault is currently being established by the Australian Institute of Family Studies
28	Analysis of data and sharing of best practice from program evaluations	High	Development needed
29	Identification and measurement of costs incurred in responding to sexual assault	Medium	Significant work needed

NO.	CONCLUSION	ACTION PRIORITY	STATUS
30	Identify sexual assault data needs in respect of the Indigenous population; consider different collection methodologies	High	Development and funding needed. Consultation essential.
31	Use of standard Indigenous identification questions	High	Development needed
32	Identify sexual assault data needs and data collection in relation to ethnic population groups	Medium	Development needed
33	Scope and coverage design for comparability of output from different surveys	High	Development needed
34	Include questions about lifetime experience of sexual assault in relevant surveys.	Medium	Development needed
35	Participation in International Violence Against Women Survey to provide internationally comparable data	High	Work under way — survey enumeration being undertaken by AIC.

APPENDIX 1

SOME DEFINITIONS OF SEXUAL ASSAULT

Definitions listed below are drawn from a number of different collections and settings.

AUSTRALIAN STANDARD OFFENCE CLASSIFICATION (ASOC)

Definitions

Division 03 — Sexual Assault and Related Offences

Acts of a sexual nature against another person which are non-consensual or consent is proscribed.

This division is further disaggregated into subdivisions on the basis of whether or not the sexual act involved physical contact with the person. Offences in this division are classified into the following subdivisions:

- 031 Sexual Assault
- 032 Non-Assaultive Sexual Offences

Inclusions:

- Deception to procure sex

Exclusions:

- Regulated activities governing public order sexual standards (e.g. prostitution, censorship) as these offences do not involve an unwilling victim and therefore do not amount to an assault. These are coded to Subdivision 132, Regulated Public Order Activities.
- Sexual acts which do not require a specific victim (e.g. indecent exposure, lewdness, prowler). These are coded to Group 1325, Offences Against Public Order Sexual Standards.
- Consensual homosexual intercourse. Where this is prohibited by legislation it should be coded to Group 1325, Offences Against Public Order Sexual Standards.
- Sexual act not committed against a person (e.g. bestiality, necrophilia). These are coded to Group 1325, Offences Against Public Order Sexual Standards.
- Abduction for sexual purposes (where known). This is coded to Group 0511, Abduction and Kidnapping.

Subdivision 031 — Sexual Assault Physical contact of a sexual nature directed toward another person where that person does not give consent, gives consent as a result of intimidation or fraud, or consent is proscribed (i.e. the person is legally deemed incapable of giving consent because of youth, temporary/permanent (mental) incapacity or there is a familial relationship).

This subdivision is further disaggregated on the basis of whether or not the sexual assault involved aggravated circumstances. Where the existence of aggravating circumstances cannot be determined then 031 applies.

Offences in this subdivision are classified into the following groups:

0311 Aggravated Sexual Assault

0312 Non-Aggravated Sexual Assault

0311 — Aggravated Sexual Assault Sexual assault, as defined in subdivision 031, Sexual Assault, involving any of the following aggravating circumstances:

- sexual intercourse (i.e. oral and/or penetration of either the vagina or anus by any part of the human body or by any object)
- infliction of injury or violence on the person
- possession/use of a weapon
- consent proscribed
- committed in company (i.e. by two or more persons).

Inclusions:

- Incest
- Rape
- Unlawful sexual intercourse
- Unlawful fellatio/cunnilingus
- Carnal knowledge.

0312 — Non-Aggravated Sexual Assault Sexual assault not including any of the aggravating circumstances as defined in Group 0311, Aggravated Sexual Assault.

Inclusions:

- Indecent assault not involving any aggravating circumstances.

Subdivision 032 — Non-Assaultive Sexual Offences Offences of a sexual nature against another person which do not involve physical contact with the person and where the person does not give consent, gives consent as a result of intimidation or fraud, or consent is proscribed (i.e. the person is legally deemed incapable of giving consent because of youth, temporary/permanent (mental) incapacity or there is a familial relationship).

This subdivision is further disaggregated on the basis of the age of the victim. Offences in this subdivision are classified into the following groups:

- 0321 Non-Assaultive Sexual Offences Against a Child
- 0329 Non-Assaultive Sexual Offences, n.e.c.

0321 — *Non-Assaultive Sexual Offences Against a Child* Offences of a sexual nature against a person under the age of 16 years which involve the presence of that person but not physical contact with that person.

Inclusions:

- Procuring a child for prostitution/pornography
- Forcing a minor to witness an act of sexual intercourse.

Exclusions:

- The production (not involving the presence of the child depicted), possession, distribution or display of child pornography. This is coded to Group 1323, Censorship Offences.
- Offences involving physical contact. These are coded to Group 0311, Aggravated Sexual Assault.

0329 — *Non-Assaultive Sexual Offences, n.e.c.* Sexual offences against the person not elsewhere classified in subdivision 032, Non-Assaultive Sexual Offences.

Inclusions:

- Voyeurism
- Peeping-tom
- Gross indecency.

DEFINITIONS USED IN SURVEYS

Australian Bureau of Statistics, *Crime and Safety, Australia 1998*, (cat. no. 4109.0)

'Sexual assault is a physical assault of a sexual nature directed towards another person where the person:

- does not give consent
- gives consent as a result of intimidation or fraud
- is legally deemed incapable of giving consent because of youth or temporary/permanent incapacity.

This offence includes: rape, sexual assault, sodomy, buggery, oral sex, incest, carnal knowledge, unlawful sexual intercourse, indecent assault and assault with intent to rape.'

Australian Bureau of Statistics, *Women's Safety, Australia 1996*, (cat. no. 4128.0)

'Acts of a sexual nature carried out against a woman's will through the use of physical force, intimidation or coercion. However, attempts are not separately identified. It includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects and forced sexual activity that did not end in penetration. It excludes unwanted sexual touching and incidents which occurred before the age of 15. Incidents so defined would be an offence under state and territory criminal law.'

New Zealand National Survey of Crime Victims and Women's Safety Survey (WSS) 1996

The survey covered persons aged 15 years and over. The WSS was specifically about violence towards women from a current or recent male partner. Screener questions relating to 'any partner' asked about sexual activity carried out 'by holding you down or hurting you in any way' or 'by threatening you in some way'. Specific questions were then asked in relation to 'anyone', covering 'sexual intercourse or attempted sexual intercourse against your will', 'oral sex or attempted oral sex against your will', 'anal sex or attempted anal sex against your will', and 'sexual assault in some other way'.

National Council for Crime Prevention, U.K.

A National Council for Crime Prevention (United Kingdom) publication has reported on different definitions of sexual assault used by a number of organisations in different data collection settings. The International Crime Victimization Survey has attempted to standardise a definition of sexual assault and its measurement across a number of countries, but 'the possibility of different cultural thresholds for defining sexual transgressions and for being prepared to talk to interviewers about these is a major challenge to the results'. (p. 146, Percy & Mayhew, 'Estimating Sexual Victimization in a National Crime Survey' in *Studies on Crime and Crime Prevention*, Vol. 6 No. 2 1997, National Council for Crime Prevention, U.K.)

National Council for Crime Prevention, U.K. *continued*

- British Crime Survey 1994 (women 16+) — included rape, attempted rape, sexual assault, sexual threats, sexual harassment
- British Crime Survey self-completion component 1994 (women 16–59) — coerced sex, attempted coerced sex, unwanted sexual contact ('most serious incident' self-defined as rape, attempted rape, indecent assault, offensive behaviour or 'other')
- USA National Crime Victimization Survey, Pre redesign (men and women 12+) — Rape, attempted rape
- USA National Crime Victimization Survey, Post redesign (men and women 12+) — Rape, attempted rape, sexual assaults (including grabbing and fondling), verbal threats
- Canadian Violence Against Women Survey 1993 (women 18+) — sexual attack by partners and others, unwanted sexual contact by non-partners and non-dates
- Islington Crime Survey (U.K.) 1985 (women 16+) — Rape, attempted rape, sexual assault.

Butterworths *Concise Australian Legal Dictionary*

Key terms are defined as follows.

Sexual intercourse

'Sexual connection occasioned by the penetration of the female genitalia or the anus of any person (except where carried out for medical purposes) by any part of the body of another person, any object manipulated by another person, or by the introduction of any part of the penis of a person into the mouth of another person, or cunnilingus.'

Rape

'An offence at common law of having carnal knowledge of a woman without her consent.'

Note: Rape is no longer a common law offence in some jurisdictions, and the definition of rape includes male rape in some jurisdictions. There are difficulties associated with presenting a set of 'uniform definitions'.

Indecent assault:

'An assault accompanied by an act of indecency. The indecency may derive from the area of the body to which the assault is directed, the circumstances of the assault, or from the intention of the accused to obtain sexual gratification.'

APPENDIX 2

SUMMARY OF SEXUAL ASSAULT LEGISLATION IN AUSTRALIA

A comparison of sexual assault legislation in each state and territory in Australia has been prepared. It also includes a related Commonwealth Act.

State/territory Legislation	Crime of Sexual Assault/Rape	Definition of Consent	Other Key Terms	Age of Consent
NSW Crimes Act 1900 especially Section 61	“Any person who has sexual intercourse with another person without the consent of the other person and who knows that the other person does not consent to the sexual intercourse” is guilty of sexual assault.	Consent is not given if there is recklessness “as to whether the other person consents to the sexual intercourse” or if consent is gained through threats or if no physical resistance is offered. Sexual intercourse with a child under 10 and with a child between 10 and 16 are separate offences, with the former carrying the greater punishment.	Sexual intercourse “...Penetration to any extent of the genitalia of a female person or the anus of any person by any part of the body of another person, or any object manipulated by another person.” Includes introduction of penis into the mouth of another person or cunnilingus.	Sexual intercourse with a child under 10 and with a child between 10 and 16 are separate offences, with the former carrying the greater punishment. Carnal knowledge by teacher, father, step-father, of a girl aged 16 or 17 who is the pupil, daughter or step-daughter is an offence. Carnal knowledge with child, sibling, parent, grandparent, uncle, aunt, nephew or niece is an offence.
Vic. Crimes Act 1958 especially Section 38.	“A person commits rape if (a) he or she intentionally sexually penetrates another person without that person’s consent while being aware that the person is not consenting or might not be consenting; or (b) after sexual penetration he or she does not withdraw from a person who is not consenting on becoming aware that the person is not consenting or might not be consenting”.	Defined as free agreement. Lack of consent is established if the person submits because of force, the fear of harm, unlawful detainment, asleep, unconscious or affected by alcohol or another drug, incapacity to understand the sexual nature of the act, mistaken identity or medical/hygienic purposes. Consent is not necessarily given if the person did not protest or physically resist, or sustain physical injury, or earlier freely agreed to engage in a sexual act with that person.	Sexual penetration “The introduction (to any extent) by a person of his penis into the vagina, anus or mouth of another person ... or the introduction (to any extent) of an object or a part of his or her body into the vagina or anus of another person...”	Sexual penetration of a child under 16 and of a child under 10 are separate offences. If the accused is no more than 2 years older than the child, this may be used as a defence. Sexual penetration of a 16 or 17 year old by a person who is the child’s carer, supervisor or authority figure is an offence. Incest is committed if a person sexually penetrates a person he or she knows to be his or her child or other lineal descendant or his or her step-child.
Qld Criminal Code Act 1899 especially Chapters 22, 30, 32	Under Assaults on Females Chapter: “Any person who has carnal knowledge of another person without that person’s consent” is guilty of rape. Under Assaults Chapter: “Any person who unlawfully and indecently assaults another person” is guilty of sexual assault.	Lack of consent is established “if consent is obtained by force or by means of threats or intimidation of any kind, or by exercise of authority, or by fear of bodily harm, or by means of false and fraudulent representations as to the nature of the act, or, in the case of a married female, by personating her husband, is guilty of ... ‘rape’”.	Carnal knowledge “Penetration to any extent.”	Carnal knowledge of girls under 16 is an offence, with stronger punishment for girls under 12. Carnal knowledge with or of the person’s offspring or other lineal descendant, or sibling, parent, grandparent, uncle, aunt, nephew or niece is an offence. Sodomy of a person under 18 is a crime, as is sodomy of a child under 12.
WA Criminal Code especially Section 326.	A person who sexually penetrates another person without the consent of that person is guilty of a crime.	Consent means a consent freely and voluntarily given and, without in any way affecting the meaning attributable to those words, a consent is not freely and voluntarily given if it is obtained by force, threat, intimidation, deceit or any fraudulent means.	Sexual penetration To penetrate the vagina, the anus or the urethra of any person with any part of the body of another person; or an object manipulated by another person.	Sexual penetration of a child under 13 years, or of a child between 13 and 16, are separate crimes. Sexual penetration of a child 16 or over is a crime if the child is under that person’s care, supervision, or authority is a crime. Sexual penetration of a male between 16 and 21 is a crime if that male is under the other person’s care, supervision or authority.

State/territory Legislation	Crime of Sexual Assault/Rape	Definition of Consent	Other Key Terms	Age of Consent
SA Criminal Law Consolidation Act 1935, especially Section 48, 57.	<p>“A person who has sexual intercourse with another person without the consent of that other person —</p> <p>(a) knowing that that other person does not consent to sexual intercourse with him; or</p> <p>(b) being recklessly indifferent as to whether that other person consents to sexual intercourse with him...” is guilty of rape.</p>	<p>No person under 18 is capable of consenting to any indecent assault committed by any person who is his or her guardian, teacher, schoolmaster or schoolmistress.</p> <p>No person under 17 is capable of consenting to any indecent assault.</p>	<p>Sexual intercourse</p> <p>“Any activity (whether of a heterosexual or homosexual nature) consisting of or involving penetration of the labia majora or anus of a person by any part of the body of another person or by any object; or fellatio; cunnilingus”.</p>	<p>Sexual intercourse with a person under 12, or with a person between 12 and 17 are both offences.</p> <p>If a guardian, schoolmaster/mistress, or teacher of a person under 18, has sexual intercourse with that person, it is an offence.</p> <p>Any person who, being related, either as parent and child or as brother and sister, have sexual intercourse with each other are guilty of incest.</p>
Tas. Criminal Code Act 1924 especially Section 185.	Any person who has sexual intercourse with another person without that person’s consent.	Consent means consent which is freely given by a rational and sober person so situated as to be able to form a rational opinion upon the matter to which the consent is given. Consent cannot be given when there is force, threats of fraud involved, nor if the person is affected by drugs or liquor. Also, the person must not be affected by nature of the position of the other person.		<p>Any person who has unlawful sexual intercourse with another person who is under the age of 17 years is guilty of a crime.</p> <p>Any person who has sexual intercourse with another person knowing that other person to be his or her direct lineal ancestor, lineal descendant, or sibling, is guilty of a crime.</p>
NT Criminal Code of the Northern Territory especially Section 192.	“Any person who has sexual intercourse with another person without the consent of the other person is guilty of a crime...”	Consent means free agreement. Consent is not established if the person submits because of force, unlawful detention; is asleep, unconscious, affected by drugs; nor if the person is incapable of understanding sexual nature of the act; mistaken identity; if a person mistakenly believes the act is for medical or hygienic purposes. Physical resistance or injury, or previous consent to sexual intercourse with accused, not a defence.	<p>Sexual intercourse</p> <p>The insertion to any extent by a person of his penis into the vagina, anus or mouth of another person.</p> <p>The insertion to any extent by a person of any part of the person’s body or an object into the vagina or anus of another person, except for the purpose of performing a medical examination or administering medical treatment.</p> <p>Cunnilingus or fellatio. Also includes the continuation of these acts.</p>	<p>Sexual intercourse with a female under 16 and sexual intercourse with a female under 14 are separate offences.</p> <p>Sexual intercourse with male who is not an adult (person over 18) is an offence.</p> <p>Any person who has sexual intercourse with a female who is, to his knowledge, his daughter or other lineal descendant or his sister or his mother is guilty of a crime.</p>
ACT Crimes Act 1900, especially Section 92	Sexual intercourse with a person without their consent, where the offender knows the other person does not consent, or is reckless as to whether the other person consents.	Consent is negated if consent is gained through violence or force, threat of violence or force, threat of extortion, public humiliation or disgrace; or through the effect of liquor or another drug, mistaken identity, abuse of position of authority, or unlawful detention. No physical resistance shall not be regarded as consent.	<p>Sexual intercourse</p> <p>The penetration, to any extent, of the vagina or anus of a person by any part of the body of another person; or the penetration, to any extent, of the vagina or anus of a person by an object, being penetration carried out by another (except where carried out for proper medical purposes).</p> <p>The introduction of any part of the penis of a person into the mouth of another person.</p> <p>Cunnilingus</p> <p>The continuation of sexual intercourse as defined above.</p>	<p>Sexual intercourse with a person under 10 and under 16 are separate offences.</p> <p>A person who engages in sexual intercourse with another person, who is the lineal descendant, sister, half-sister, brother, half-brother or step-child is guilty of an offence.</p>
Cwth Crimes Act 1914 Part IIIA	Sexual intercourse, outside Australia, with a child under 16 is an offence under this section.	Consent not referred to in this section.	<p>Sexual intercourse</p> <p>“penetration to any extent of the vagina or anus of any person by any part of the body of another person, or any object manipulated by another person.”</p> <p>Includes penetration by object, fellatio and cunnilingus.</p>	Sexual intercourse with a child under 16 while outside Australia is a specific offence.

- Similarities:
- 'Sexual assault' is defined similarly by the various states and territories. While the terminology employed varies somewhat, 'sexual assault' is generally defined as sexual intercourse with another person without his or her consent.
 - Terminology most commonly used is either 'sexual intercourse' or 'sexual penetration', while 'carnal knowledge' is used mainly by Queensland legislation, which defines it as 'penetration to any extent'.
 - Similarly, the definitions of consent are consistent across jurisdictions.
 - Incest and sexual assault by authority figures are also covered across jurisdictions.
- Differences:
- Age of consent varies. NSW, Vic., ACT, WA, NT and Qld define 16 years as the age of consent, except in cases where the perpetrator is in some way responsible for the person. SA and Tas. define the age of consent as 17 years. Sexual intercourse with people under these ages is generally considered a crime.
 - Most legislation also defines a 'lower' age, at which sexual intercourse is considered a more serious offence. Vic., NSW and ACT define this lower age as 10 years; Qld and SA define it as 12; WA defines it as 13 and NT as 14, while Tas. does not prescribe a greater punishment for ages younger than 17.

APPENDIX 3

CURRENT DATA SOURCES

This listing of data sources and other information sources relating to sexual assault has been carefully compiled and is comprehensive, but it is by no means exhaustive. Other information sources, including single-survey studies, may also be useful in informing the framework. No assessment has been made by ABS of the quality or reliability of data contained in the non-ABS data sources listed below.

Each data source is numbered for reference from listings in the relevant Chapter(s) and noted as being survey data ('Survey') or Administrative By-Product data ('ABP'). Each source is also noted (under 'Category') as informing some element or elements of the framework.

ABS DATA SOURCES

NO.	DATA TYPE	CATEGORY	DATA SOURCE AND DESCRIPTION
1	Survey	Risk Incident Impact Prevention	<i>Community Safety, Tasmania</i> , (cat. no. 4515.6), irregular, first and latest issue October 1998. Contains information collected from usual residents, aged 18 years and over, living in selected private dwellings. Includes data on level and nature of fear of crime in the community; factors which influence levels of fear of crime, such as experience of victimisation, home security and perception of neighbourhood problems. Details are also provided on main ways in which members of the community find out about crime in their neighbourhood; perceived level of crime in the community; and awareness and perceived effectiveness of community crime prevention programs.
2	Survey	Risk Incident Response Impact	<i>Crime and Safety, Australia</i> , (cat. no. 4509.0); irregular, first issue April 1993, latest issue April 2002, released on 20 June 2003 for reference period April 2002; a Confidentialised Unit Record File (CURF) will be available through the ABS Remote Access Data Laboratory for the 2002 survey. Summarises details on selected crimes and some data on sexual assaults, in the 12 months prior to the survey. Provides information on the most recent incident including whether it was reported to the police. Also contains selected details on victimisation risk factors for break-in offences and repeat victims of assault; perceptions of particular problems by victims and non-victims. Data are classified by demographic characteristics.
3	Survey	Risk Incident Response	<i>Crime and Safety, New South Wales</i> , (cat. no. 4509.1), irregular, first issue April 1990, latest issue April 2001. Summarises details on selected crimes and some data on sexual assault in the 12 months prior to the survey, as well as whether the last incident was reported to the police. Also contains details of perceptions of crime problems. Data are classified by selected demographic characteristics.
4	Survey	Risk Incident Response Prevention	<i>Crime and Safety, Queensland</i> , (cat. no. 4509.3), first and final issue April 1995. Summarises details on selected crimes and some data on sexual assault, as well as whether the last incident was reported to the police and whether a weapon was used. Also contains details of Neighbourhood Watch Programs and perceptions of crime problems. Data are classified by selected demographic characteristics.
5	Survey	Risk/perceptions	<i>Crime and Safety, South Australia</i> , (cat. no. 4509.4), irregular, first issue April 1999, latest issue 2000. A survey of crime and safety showing victims and non-victims of crime by households and persons and type of offence, selected characteristics of households, selected risk factors, number of incidents. Victims and non-victims by age and sex, major statistical region, labour force status. Perceptions of crime, including sexual assault.
6	Survey	Risk Incident Response	<i>Crime and Safety, Victoria</i> , (cat. no. 4509.2); irregular, April 1994 and April 1995. Details on number of victims, whether told police and number of incidents. Survey coverage is persons 15 years and over; sexual assault question asked of females 18 years and over.
7	Survey	Risk Incident Response	<i>Crime and Safety, Western Australia</i> , (cat. no. 4509.5), irregular, first issue October 1995, latest issue October 1999. Summarises details on selected crimes, including sexual assault on women, in the 12 months prior to the survey. Also contains details of whether the last incident was reported to the police, whether a weapon was used and perceptions of crime.
8	ABP	Response	<i>Criminal Courts Australia</i> , (cat. no. 4513.0); annual, first issue 1995; latest issue 2001-02. Presents nationally comparable statistics relating to the criminal jurisdiction of the Higher (Supreme and Intermediate) Courts across Australia. Offence and sentence type data are included. Magistrates' Criminal Courts data are also available on an experimental basis. The statistics provide indicators on the characteristics of defendants, including information on the offences and sentence types associated with those defendants.

NO.	DATA TYPE	CATEGORY	DATA SOURCE AND DESCRIPTION
9	ABP	Response	<i>Prisoners in Australia</i> , (cat. no. 4517.0); annual, first issue 2000, replacing an annual report previously published for the Corrective Services Ministers' Council; latest issue 2002 (released February 2003). Contains national information on prisoners who were in custody on 30 June each year. The statistics are derived from information collected by the ABS from corrective services agencies in each state and territory. Details are provided on the number of people in correctional institutions (including people on remand), imprisonment rates, most serious offence and sentence length. A range of information is also presented on prisoner characteristics (age, sex, Indigenous status) and on the type of prisoner (all prisoners, sentenced prisoners, unsentenced prisoners (remandees), Indigenous prisoners, federal prisoners and periodic detainees). Companion tables with detailed state/territory information are available separately.
10	Survey	Risk Incident Response	<i>Recorded Crime — Victims, Australia, 2002</i> , (cat. no. 4510.0); annual, first issue 1993, latest issue 2002. Contains uniform national crime statistics relating to a selected range of offences that have become known to and recorded by police; provides indicators of the level and nature of recorded crime in Australia and a basis for measuring change over time. National statistics are compiled on a victim basis and measure the number of victims for each offence category rather than the breaches of criminal law. Provides a breakdown of the offences by victim details (age and sex of victim), relationship of offender to victim, and includes type of location, use of weapon, and outcomes of police investigations. Companion tables with detailed state/territory information are available separately.
11	Survey	Risk Incident Response Impact	<i>Women's Safety, Australia</i> , (cat. no. 4128.0), first and latest issue 1996. Contains national statistics on the extent of violence against women, including physical and sexual violence. Information is also presented on the actions that women take after experiencing violence and the consequences of violence on women. Other topics covered include stalking, general safety and harassment. Partner violence is presented as a separate topic. The data are accompanied by descriptive analysis of the main findings. Unit record file available on disk, (cat. no. 4128.0.15.001). See also <i>Women's Safety Australia: User Guide</i> , (cat. no. 4129.0), first and final issue 1996. Contains information about the concepts and methods used to undertake the 1996 Women's Safety Survey. Includes a description of sampling, data collection and processing methods. Also included is a complete list of output data items and associated material to assist users in specifying data requirements.
12	ABP	Response	<i>ACT Criminal Justice Statistical Profile</i> , ACT Department of Justice and Community Safety. Quarterly publication aims to inform policy makers and the general community, presenting data on persons in the ACT criminal justice system. Includes police, courts and corrections data by offence, including 'Sexual Assault and Related Offences'. Includes time series data. Available in hardcopy and electronically; portable document format (PDF) file on web site: < http://www.jcs.act.gov.au/eLibrary/crimestats.html >. Contact: Derek Jory, phone: 02 6207 0579.

OTHER DATA SOURCES

NO.	DATA TYPE	CATEGORY	DATA SOURCE AND DESCRIPTION
13	ABP	Incident Response	<i>Annual Report and Statistical Review</i> , South Australian Police. Covers persons arrested by South Australian Police. Presents data on rape/attempted rape and other sexual offences, against females and against males. Age/sex breakdowns are given for accused and for victims; time series data from 1991–92. Annual publication; also electronic; available as PDF files on web site: < http://www.sapolice.sa.gov.au >.
14	Survey	Impact Response	<i>Australian Longitudinal Study on Women's Health (ALSWH)</i> , conducted by Women's Health Australia. ALSWH is a longitudinal survey of the health and wellbeing of Australian women, involving mail-out surveys to collect self-report data on health and related variables from three cohorts of women, who were aged 18–23 years, 45–50 years and 70–75 years when the project began in 1996. Over 40,000 women were recruited on a random basis from the Medicare database, with higher sampling representation of women living in rural and remote areas. The project is designed to run for 20 years so that each cohort can be tracked through periods of life changes. The aim is to conduct a series of interlocking data analyses in order to develop an understanding of structural and societal factors that affect the health and wellbeing of women in order to inform government health policy in the 21st century. The survey includes questions about the experience of unwanted sexual activity and of abuse. Two mailed substudies and one phone substudy have been conducted of women who reported abuse, mainly identifying those who have experienced relationship abuse and focusing on what has helped them to cope. A detailed description of the background, aims, themes, methods and progress of the study is given on the project web page: < http://www.fec.newcastle.edu.au/wha >. Contact: Professor Christina Lee, Project Manager, Women's Health Australia, The University of Newcastle, University Drive, Callaghan N.S.W. 2308; phone: 02 4921 8609; fax: 02 4921 7415; email: whasec@mail.newcastle.edu.au.
15	Survey	Response	<i>Bettering the Evaluation and Care of Health (BEACH)</i> , General Practice Statistics and Classification Unit, a collaborating unit of the Family Medicine Research Centre of the University of Sydney and the Australian Institute of Health and Welfare. Database covering general practice activities; continuous collection of data by sample survey of general practitioners since April 1998. PDF files on Australian Institute of Health and Welfare (AIHW) web site; interactive data cubes available: < http://www.fmrc.org.au/cognos.htm > Contact: Helena Britt, phone: 02 9845 8150, email: < helenab@fmrc.med.usyd.edu.au >.

NO.	DATA TYPE	CATEGORY	DATA SOURCE AND DESCRIPTION
16	ABP	Risk Incident Response	<i>Call Centre Offence Reporting System (CCORS/Crime Analysis System (CAS)</i> , Department of Police and Public Safety, Tasmania. Operational police recording system, used to generate crime reports and as a management tool. Basic counting unit is the victim; contains offences recorded and offences cleared; details include date offence reported, date and time offence committed, suburb offence committed, attempt, type of offence, type of premises/location committed, age and sex of victim, relationship of victim to offender, weapon type, type of clearance, information regarding suspects and alleged offenders; no Indigenous or ethnicity identification. Published in Annual Report; requests for unpublished data considered on an individual basis; cost recovery applies. Contact: Sue Steinbauer, Executive Support, phone: 03 6230 2293, email: <sue.steinbauer@police.tas.gov.au>.
17	ABP	Incident Response	Canberra Rape Crisis Centre. Data collection to provide information about the demand for services and profile of service users, to assist in internal planning and for community education purposes. Service users are women and children who have experienced sexual violence at any time in their lives; service covers ACT and region. Reported in <i>Canberra Rape Crisis Centre Annual Report</i> , available in hardcopy. Details include age, cultural background, type of abuse, perpetrator, report to police, place of assault, weapon used, housing status, referral source. Indigenous and ethnicity identification included. Contact: Di Lucas.
18	ABP	Incident Response	Centres Against Sexual Assault (CASAs) — CASA Forum, Victoria. Nine CASAs use SWITCH system for record-keeping and reporting to Department of Human Services; three use CASADATA; one uses IBA Allied Health system. Covers CASA sub-regions, postcodes, suburbs and Local Government Areas. Includes client registration data, sexual assault information, Indigenous and ethnic data. Publications by individual CASAs in hardcopy and electronic data sets. Contacts: Judy Flanagan, CASA Forum, c/- Loddon Campaspe CASA, Bendigo, phone: 03 5441 0430; Jaina Bromilow, Upper Murray CASA, Wangaratta, phone: 03 5722 2203; Karen Hogan, Director, Gatehouse Centre for the Assessment and Treatment of Child Abuse, Royal Children's Hospital, Melbourne; phone: 03 9345 5522.
19	ABP	Incident Response	Child Protection, Department of Community Development, Western Australia. Internal and external reporting, evaluation and research regarding child maltreatment allegations, investigations and substantiations; information input to client information system by child protection workers. Includes child protection notifications involving sexual abuse; mandatory Indigenous identifier (not ABS standard); ethnicity identification through Home Language and Country of Birth. Data items include: allegation details, harm/injury, response, investigation, family/carer details, person responsible, relationship to child, police involvement. Published in <i>Annual Report</i> , and as part of national report, <i>Child Protection Australia</i> . Electronic data from 1994; some from 1990. Data can be extracted and presented in tables; cost recovery basis. Information requests require approval by Director, Research and Information. Contact: Richard Matthews, Director, Research and Information, Department of Community Development.
20	ABP	Response	<i>Child Protection Australia</i> , Child, Youth and Families Unit, Australian Institute of Health and Welfare (AIHW). Biennial publication since 1994–95, available as PDF file on AIHW web site, < http://www.aihw.gov.au >; latest issue 2000–01. National data on children who come into contact with community services departments for protective reasons. Data collected annually from community services departments in each state and territory, recording notifications, investigations and substantiations of child abuse or neglect; children aged 0–17 years. Tables 2.5 (Substantiations, by main types of abuse or neglect, state and territory), 2.11 (Children who were the subject of a substantiation: type of abuse and/or neglect, by Indigenous status and state and territory), A1.1 (Children in substantiations: type of abuse and/or neglect, by sex, state and territory) and A1.3 (Children aged 0–17 years who were subjects of substantiations: type of abuse or neglect, by Indigenous status, state and territory). Contact: Helen Johnstone, AIHW, phone: 02 6244 1157, or email: < helen.johnstone@aihw.gov.au >.
21	ABP	Response	<i>Court Appearance Data</i> , Department of Justice (DOJ), Western Australia. Record of all court appearances; only offender details are recorded. Court services statistics based on key outputs, including case processing: percentage of cases finalised by trial and within time standards, average length of trials, backlog and cost of cases finalised. Key data items are: charge, offence date, address of defendant, court dates, outcomes, sentences. Indigenous identifier used, but incomplete data; no ethnicity identifier. Publication; electronic data downloads available on web site: < http://www.justice.wa.gov.au >. Contact: Guy Bowra, Department of Justice, phone: 08 9264 1152, email < guy.bowra@justice.wa.gov.au >.
22	ABP	Risk Incident Response	<i>Crime and Justice in South Australia</i> , Office of Crime Statistics. Provides statistics on all offences, including sexual offences, reported to police, together with characteristics of victims and alleged offenders. Also information on young offenders and various court jurisdictions. Annual publication since 1987; electronic format available online at web site: < http://www.ocsar.sa.gov.au >. Contact: Office of Crime Statistics, phone: 08 8207 1731.

NO.	DATA TYPE	CATEGORY	DATA SOURCE AND DESCRIPTION
23	ABP Survey	Risk Incident Response	<p><i>Crime and Justice Statistics (Queensland)</i>, Office of Economic and Statistical Research (OESR), Department of Premier and Cabinet, Queensland. Annual publication providing an overview of crime and justice statistics in Queensland, presenting offences recorded by police, courts and corrections, including sexual assault. Also presents data from <i>Queensland Crime Victimization Survey</i>, which includes estimates of sexual assault incidents. Available in hardcopy or electronically.</p> <p>OESR also publishes a series of <i>Queensland Crime Statistics Bulletins</i> — relevant topics have included Violence in the Family (No. 1), Prisoners in Queensland (No. 5), Abuse of Children (No. 7), Trends in Queensland Crime (No. 9) and Stalking Offences (No. 10). Web site: <http://www.oesr.qld.gov.au/views/statistics/topics/crime/crime_main.htm>.</p>
24	ABP	Risk Incident Response	<p><i>Crime and Justice Statistics for Western Australia</i>, Crime Research Centre, University of Western Australia. Annual statistical report covering data from the WA Police Service and the WA Ministry of Justice, with some analysis and commentary. Includes: Crime Reported to Police; Police Apprehensions and Juvenile Cautions; Adult Court Records; Children's Court Appearances; and Adult Imprisonment and Community Corrections. Electronic copies available from the Crime Research Centre web site: <http://www.crimeresearch.ecel.uwa.edu.au/crc/>. Contact details: Crime Research Centre, University of Western Australia, Nedlands, Western Australia, 6907. Phone: 08 9380 2830; fax: 08 9380 1034; email: <crime.research@uwa.edu.au>.</p>
25	ABP	Risk Incident Response	<p><i>Crime Reporting Information System for Police (CRISP)</i>, Queensland Police Service. Covers crimes reported to police in Queensland; to monitor the nature and extent of crime occurring in Queensland. Police regions, police districts. Data include number of offences, including sexual assault, by age and sex of offender and of complainant, and relationship of offender to victim. Data in system from 1995, updated daily. Summary information available publicly; ad hoc data requests fulfilled using Excel spreadsheets.</p> <p><i>Annual Report</i>, Queensland Police Service. Annual publication including data on offences reported and/or cleared, including sexual assaults; rates. Latest edition 2000–01.</p> <p><i>Annual Statistical Review</i>, Queensland Police Service. Detailed information on various offences, including sexual offences. Data on characteristics of victims, characteristics of offenders, locations of crimes, victim-offender relationship, etc. Presented by Queensland region. Latest edition 2000–01; time series from 1974–75 on rates of offences, including sexual offences.</p> <p><i>Annual Report and Statistical Review</i> available on web site: <http://www.police.qld.gov.au/pr/services/statsnet/index.htm> Contact: Ms Jennifer Purdie, Manager — Statistical Services Section, Queensland Police, phone: 07 3364 4387.</p>
26	ABP	Response	<p><i>CRIMES Database</i>, Magistrates Court of Tasmania, Department of Justice and Industrial Relations. Information on Tasmanian adult persons appearing before the Magistrates Court. Data items includes offence details, court outcomes, age, gender. Contact: Jim Connolly, Administrator of Courts, Magistrates Court of Tasmania, 23–25 Liverpool Street, Hobart, Tasmania 7000.</p>
27	Survey	Risk Incident	<p><i>Crime Victimization Survey, Queensland, 2000</i>, Office of Economic and Statistical Research, Department of the Premier and Cabinet. Survey of the nature and extent of crime experienced by persons in Queensland, conducted in 2000. Includes estimates of sexual assault rates.</p>
28	ABP	Incident Response Outcome	<p><i>Criminal Court Appearances in New South Wales</i>, NSW Bureau of Crime Statistics and Research (BOCSAR). Official source of court statistics for NSW; covers all criminal court appearances in NSW Courts; annual; Local Court data from 1990; District and Supreme Court data from 1998. Published in hardcopy or electronically. Includes Indigenous information for both victims and offenders, country of birth for offenders. Web site: <http://www.lawlink.nsw.gov.au/bocsar1.nsf> Contact: Bronwyn Lind, BOCSAR, phone: 02 9231 9158, email: <bronwyn_lind@agd.nsw.gov.au>.</p>
29	ABP	Response	<p><i>Criminal Register System (Qld)</i>, Courts Division, (Higher Courts) Department of Justice (Queensland). Recording of information on all criminal matters lodged in the Supreme and District Courts (for Brisbane, Rockhampton, Townsville and Cairns). System holds data from June 1998 and is updated daily. Data includes information about defendant, charges, court events, pleas, verdicts and results of charges. Indigenous information will be obtained from 2003. Contact: Neil Hansen, Sheriff of Queensland, phone: 07 3247 4319.</p>
30	ABP	Incident Response	<p><i>Demographics of CARAU clients</i>, Child at Risk Assessment Unit, Community Care, ACT Department of Health. Profile of clients of the service and of types of abuse experienced, providing information on children who have experienced any kind of abuse, neglect and/or domestic violence who present to the agency directly or by referral; service covers southern region of New South Wales and the Australian Capital Territory. Data from 1989; includes details of child, region, abuse type, disability of child, residence of child, Aboriginality, Non-English Speaking Background. Data in Excel spreadsheet. Contact: Annabel Wyndham, Manager, CARAU; phone: 02 6244 2712.</p>
31	Survey	Incident (perpetrator)	<p><i>Drug Use Careers of Offenders (DUCO)</i>, Australian Institute of Criminology, not yet released. Self-report data from adult male and female prisoners, and juvenile inmates in their final year; offending patterns and illicit drug use; information on illicit drug markets and costs associated with drug-related criminal behaviour. Contact: Dr Toni Makkai, Australian Institute of Criminology, phone: 02 6260 9231.</p>

NO.	DATA TYPE	CATEGORY	DATA SOURCE AND DESCRIPTION
32	Survey	Incident (perpetrator)	<i>Drug Use Monitoring in Australia (DUMA)</i> , Australian Institute of Criminology, quarterly data published annually; data available from 1999–2000. Measure of recent drug use among police detainees at designated sites; detainee characteristics include sex and age of detainee, previous history. Contact: Dr Toni Makkai, AIC, phone: 02 6260 9231.
33	Survey	Incident (perpetrator)	<i>Family Violence Prevention Legal Services (FVPLS)</i> , Family Violence Prevention Program, National Centre for Legal and Preventative Services, Aboriginal and Torres Strait Islander Commission (ATSIC). Measures FVPLS workload and identifies types of services provided and client demographic information (victims of family violence, largely Indigenous women and children); data from 13 service sites located in each state and territory, except ACT and Tas.
34	ABP	Incident Response	<i>Forensic and Medical Sexual Assault Services (FAMSA)</i> , Canberra Hospital, ACT Department of Health and Community Care. Record-keeping for medico-legal purposes, about people who have been sexually assaulted and present for medical and/or forensic care; service covers ACT and surrounding areas. Information includes client details, nature and details of assault, type of examination and care, medical information. Data stored electronically. Contact: Cassandra Beaumont-Brown.
35	ABP	Response Impact	<i>Integrated Justice Information System (IJIS)</i> , Northern Territory Department of Justice (Court Administration). Information management for the Police, Courts and Correctional Services. Data on persons appearing before the courts in the Northern Territory; available from 1992, but data quality variable prior to 1996. Offender information includes details of apprehension, court appearance (including offence and penalty), and custodial episode (including most serious offence), and/or community corrections episode. Indigenous identification derived from 'Race' field (from Police identification in PROMIS system); ethnicity may be recorded as citizenship, place of birth, country of birth. Contact: Stephen Jackson, Director, Research and Statistics — Office of Crime Prevention; phone: 08 8999 7042, email: <stephen.jackson@nt.gov.au>.
36	ABP	Incident Response Impact	<i>Initial Presentations to NSW Sexual Assault Services</i> , NSW Health Sexual Assault Services Data Collection, NSW Health Department. Based on record-keeping for initial presentations to NSW Health network of 50 sexual assault services; used for planning of sexual assault services, development of government policies, inter-departmental planning and coordination and informing the community. Data presented in three sections: Child Sexual Assault (under 16 years), Adult Sexual Assault (16 years and over) and Adult Survivor of Child Sexual Assault. Publication <i>Initial Presentations to NSW Sexual Assault Services</i> , latest edition 1995–96 to 1997–98, December 1999. Web site: < http://www.asnsw.health.nsw.gov.au/im/ims > Contact: Information Management and Support Branch, phone: 02 9391 9108.
37	Survey	Risk Incident Response Impact	<i>Interpersonal Violence and Abuse Survey, September 1999</i> , Dal Grande et al., Epidemiology Branch, Department of Human Services, South Australia, December 2000. Survey of 6,000 South Australians, conducted by Social Environmental Risk Context Information Service (SERCIS), a telephone monitoring system designed to provide health data on large samples of the South Australian population. Estimates for each of 11 health regions in South Australia and for state level. Investigated sexual assault as well as physical, sexual, emotional and economic violence in a domestic context, child abuse and elder abuse. Data items relating to sexual assault include prevalence, physical and mental health indicators, current feelings, characteristics of sexual assault, relationship of attacker, effects on health, health and non-health services contacted. Country of birth included. Available as hardcopy publication or online at web site: < http://www.health.sa.gov.au/pehs/cpse.html >.
38	Survey	Risk Incident Prevention	<i>Local Safety Survey</i> , Crime Prevention Victoria, Department of Justice. Survey to measure community perceptions of safety; conducted annually 1999–2001. Includes safety ratings in specific locations; identification of perceived unsafe locations in local area; identification of perceived crime problems. Coverage by Local Government Area. Summary available in hardcopy and electronically. Contact: Derek Prout or Nick Turner, Crime Prevention Victoria, phone: 03 9651 6937.
39	ABP	Response Prevention	<i>Line Australia Statistical Report</i> . Line Australia is a national family relationships counselling service which provides telephone counselling and referral services specifically focusing on men's relationship difficulties, hoping to reduce male suicide and family violence. It is funded under the Men and Family Relationships initiative through the Commonwealth Department of Family and Community Services. Aggregated data are published in monthly reports which are available on request. Contact: Terry Melvin, phone: 03 9326 8522; email: < tmelvin@menslineaus.org.au >; web site: < http://www.menslineaus.org.au >.
40	ABP	Incident Impact	<i>National Coronial Information System (NCIS)</i> , Monash University National Centre of Coronial Information (MUNCCI), located at Victorian Institute of Forensic Medicine. The NCIS is a national Internet-based data storage and retrieval system to provide an efficient and effective research tool in the fields of death and injury surveillance and public health and safety. It has text-coded fields which can be searched for qualitative information, including Cause of Death (per coroner's finding), Mechanism (e.g. strangling, stabbing), Object (e.g. rope, knife), and Intent type (interpersonal violence, but not sexual assault at present). Can text search documents for mention of sexual assault (or rape) in police summary of circumstances or in coroner's findings, which may mention autopsy or toxicology results. Access available; fees apply. Refer to web site: < http://www.vifp.monash.edu.au/ncis >. Contact: Marde Hoy, Applications Officer; phone: 03 9684 4323, email: < mardeh@vifp.monash.edu.au >.

NO.	DATA TYPE	CATEGORY	DATA SOURCE AND DESCRIPTION
41	ABP	Incident Impact	<i>National Homicide Monitoring Program</i> , Australian Institute of Criminology (AIC), annual data from 1989. Monitors trends and patterns in the incidence of homicide across Australia; data on victims and offenders of homicide, including whether the homicide occurred during the course of a sexual assault; other data includes location, time and date of offence; various characteristics of offender and of victim, including age, gender, racial appearance, marital status, employment status. Data are presented in research papers, journal articles, conference papers, presentations and on the AIC web site, < http://www.aic.gov.au > Contact: Jenny Mouzos, AIC, phone: 02 6260 9250.
42	ABP	Incident Response Impact	<i>National Hospital Morbidity Database (NHMD)</i> , Hospitals and Mental Health Services Unit, Australian Institute of Health and Welfare (AIHW). Information on the principal diagnosis and diagnosis-related groups of patients admitted to Australian hospitals; compiled by AIHW from data supplied by the state and territory health authorities. Data based on National Health Data Dictionary definitions: <ul style="list-style-type: none"> • Principal diagnosis, classified using ICD-10-AM, Chapter 20, External causes of morbidity and mortality, codes 1909 and Y05, sexual assault by bodily force, includes rape (attempted) and sodomy (attempted). • Other related information available. Interactive data cubes available on AIHW web site: < http://www.aihw.gov.au/hospitaldata/datacubes/index.html > Contact: Narelle Grayson, AIHW, phone: 02 6244 1081, email: < narelle.grayson@aihw.gov.au >.
43	ABP	Risk Incident	<i>Northern Territory Domestic Violence Strategy Data Collection Project Report 1999, Occasional Paper No. 35</i> , Office of Women's Policy, Northern Territory, December 2000. A comprehensive system for collecting and analysing reported incidents of domestic and family violence across the NT, collecting data from 28 agencies including shelters, counselling services, legal services and police. Aims to establish benchmark data from which it can ultimately be determined whether reported levels of domestic and family violence, including sexual assault, are increasing or decreasing. Data items include demographics of victims and offenders; information about agencies at which incidents were reported, including location and type of service provided; type of violence; duration and frequency of violence; relationship of victim to offender; cultural background; and drug/alcohol involvement. Time series from 1996. An initiative under the Domestic Violence Strategy for 2002 is to strengthen Northern Territory data collection to include information on sexual assault, which will start to be collected from NT Police for the 2002–03 financial year, with reporting occurring after the financial year. Report available as PDF file on web site: < http://www.owp.nt.gov.au/dcm/owp/Publications.html >. Contact: Tanya Jacobs, phone: 08 8999 5134, email: < tanya.jacobs@nt.gov.au >.
44	ABP	Risk Incident	<i>Police Real-time Online Management Information System (PROMIS)</i> , Northern Territory Police. Police operational database covering reported crime in the Northern Territory, with details of victims, known/alleged offenders, incidents and recorded offences. Includes a 'Race' field from which Indigenous identification may be derived but data quality may be variable. Ethnicity may be derived from other variables such as citizenship, place of birth, religion. Contact: Assistant Commissioner McAdie, NT Police Force, phone: 08 8922 3333.
45	ABP	Risk Incident	<i>Police Real-time Online Management Information System (PROMIS)</i> , Australian Capital Territory. Police operational database covering reported crime in the Australian Capital Territory. Contact: Tony-Lee Porter, Performance and Evaluation, ACT Policing, Winchester Centre, GPO Box 401, Canberra, A.C.T. 2601. Phone: 02 6256 7564; Fax: 02 6256 7514; email: < toni-lee.porter@afp.gov.au >.
46	Research	Prevention	<i>Preventing Crime in Australia 1990–2002</i> : a selected register of crime prevention projects, Samantha Jeffries, Jason Payne and Russell G. Smith, Australian Institute of Criminology, National Crime Prevention Program — Reports. Includes: list of project numbers and titles, defining crime prevention and evaluating crime prevention in Australia (types of evaluation and evaluation methods). Available on web site: < http://www.aic.gov.au/research/cvp/register >.
47	ABP	Response	<i>Reconnect Data Collection</i> , Commonwealth Department of Family and Community Services; from July 2001; record-keeping of client information from Reconnect Program — target population 12–18 year olds who are homeless or at risk of homelessness, and their families; includes reasons for parent and child involvement with Reconnect; sexual assault categories (of or by the young person) are available; sex, date of birth, postcode, accommodation, relationships, income, work, education. Contact: Paul Regan, phone: 02 6212 9473.
48	ABP	Risk Incident Response	<i>Recorded Crime for New South Wales</i> , NSW Bureau of Crime Statistics and Research (BOCSAR). Annual publication, from 1995, latest edition 2001; overview of trends and some monthly data for a selection of serious offence categories, including sexual assault and other sexual offences. Data extracted from the Computerised Operational Policing System (COPS). Published in hardcopy or electronically. Data include Indigenous status for both victims and offenders, country of birth for offenders. Web site: < http://www.lawlink.nsw.gov.au/bocsar1.nsf > Contact: Bronwyn Lind, BOCSAR, phone: 02 9231 9158, email: < bronwyn_lind@agd.nsw.gov.au >.

NO.	DATA TYPE	CATEGORY	DATA SOURCE AND DESCRIPTION
49	Some ABP some Survey	Response	<i>Report on Government Services</i> , Steering Committee for the Review of Commonwealth/State Service Provision, Productivity Commission. Published annually from 1995; most recent Report released February 2003; to enable ongoing comparisons of the efficiency and effectiveness of commonwealth and state government services, including intra-government services. Published in two volumes; relevant Chapters include 5 Public Hospitals, 6 General Practice, 8 Police Services, 9 Court Administration, 10 Corrective Services, 15 Protection and Support Services, and 16 Housing. Available in hardcopy, on CD-ROM and in PDF files on web site: < http://www.pc.gov.au/Steering Committee > Contact: Robyn Sheen, Assistant Commissioner, Productivity Commission, phone: 03 9653 2184.
50	ABP/Survey	Incident Response Impact	<i>Report on the Snapshot Data Collection by Australian Services Against Sexual Violence May–June 2000</i> , National Association of Services Against Sexual Violence (NASASV). Reports on a project in which data were collected over a three-week period from 54 services against sexual violence around Australia. Covers status of service user, method of service provision, region for contact, service provided, source of referral, gender of victim/survivor, access of victim/survivors with a disability, age of victim/survivor, culture and ethnicity, main presenting assault, time since main presenting assault, place of main presenting assault, report of other assault in addition to main presenting assault, relationship of offender to victim/survivor, gender of single offender, multiple offenders, age of offender. Copies of the report may be obtained from CASA House, 270 Cardigan Street, Carlton, Victoria, 3053; phone: 03 9347 3066; email: < casa@cryptic.rch.unimelb.edu.au >.
51	Administration	Incident Response	<i>Sexual Assault Support and Prevention Program Database</i> , Statewide and Non-governmental Health Services, Queensland Health. Quarterly data collection since 1997–98 for workload monitoring and reporting. Covers females, 15 years and older. Information sorted into three key sections: clients; alleged perpetrators; indirect service delivery. Includes: outreach, group work, waiting periods, age of client, time since assault occurred to time presenting, disability, referred from source, relationship to alleged perpetrator, networking, community education, referrals to. Contact: Lesley Maher, Community Services Manager — Central Zone, Statewide and Non-government Health Services Branch, Queensland Health, GPO Box 48 Brisbane, Qld, 4001; phone: 07 3234 1180, or fax: 07 3234 1577.
52	Administration	Response	<i>Supported Accommodation Assistance Program (SAAP) National Data Collection</i> , Supported Accommodation and Crisis Services Unit, Australian Institute of Health and Welfare (AIHW). Data collection from clients of supported accommodation and crisis services, including main reason seeking assistance, other reasons for seeking assistance, and support provided. Annual Reports, data reports available. Published on web site: < http://www.aihw.gov.au/housing/unit_publications/index.html#saap >. Contact: Gloria Jackson, AIHW, phone: 02 6244 1072, email: < gloria.jackson@aihw.gov.au >, or Colin Farlow, AIHW, phone: 02 6244 1070, email < colin.farlow@aihw.gov.au >.
53	ABP	Incident Response Outcomes	<i>Unacceptable Behaviour in the Australian Defence Force</i> , Defence Equity Organisation, Department of Defence; data from 1994, for the Defence Force to analyse trends and to take necessary action; coverage includes sexual assault of and by Defence Force personnel; data on type of sexual offence; information about people involved; location; outcomes. Contact: Bronwen Grey, Defence Equity Organisation, Department of Defence, phone: 02 6265 4677.
54	ABP	Response Impact	<i>Victims Register</i> , Victims Assistance Unit, Department of Justice and Industrial Relations, Tasmania. Register commenced in August 2002; designed to advise crime victims of the location, length of sentence, release and details of adult offenders within the Tasmanian Prison system; details of victim, of offender and of offence. Contact: Debra Rabe, Manager, Victims Assistance Unit, GPO Box 825, Hobart, Tasmania 7001; phone: 03 6233 5007.
55	Survey	Risk Response Impact	<i>Victorian Crime Victimization Survey</i> , Crime Prevention Victoria, Department of Justice, 1996 and 1999, plans for future surveys. Survey to measure the prevalence of certain offences, to measure the rate of reporting crime to police, to measure the impact of victimisation and to gauge the community's perceptions of safety. Covers personal offences, including sexual assault. Hardcopy publication. Contact: Derek Prout or Nick Turner, Crime Prevention Victoria, phone: 03 9651 6937.
56	ABP	Risk Incident Response	<i>Victorian Family Violence Database</i> , Victorian Community Council Against Violence. Database to bring together data from various sources to help reduce family violence in Victoria, providing a tool for use in reducing family violence and helping to ensure the best possible responses to those affected by it. Contains files from Police, Courts and women's refuges, with limited detail at this stage. Expect to include sexual assault in near future. First report published August 2002, available as PDF file on web site: < http://www.vccav.vic.gov.au > Contact: Suellen Murray, phone: 03 9603 8280.
57	ABP	Risk Incident Response	<i>Victoria Police Crime Statistics</i> , Victoria Police; annual. Extracted from <i>Law Enforcement Assistance program (LEAP)</i> , an operational policing dynamic database. Statistical summaries of offences recorded by police in Victoria for financial year, regardless of when offence committed or reported. Includes: recorded crime; cleared crime; victims of crime against the person by gender; alleged offenders processed; geographical data by police region, by local government area, by postcode. Available in PDF file on web site: < http://www.police.vic.gov.au > under 'Statistics'. For hardcopy publications, contact: Statistical Services Division, Specialist Operations, Victorian Police Centre, 637 Flinders Street, Melbourne, Victoria, 3005; phone: 03 9247 6703 or fax: 03 9247 6712.

NO.	DATA TYPE	CATEGORY	DATA SOURCE AND DESCRIPTION
58	ABP	Risk Incident Response	<i>Western Australian Police Data</i> , Western Australian Police Service. Law enforcement and investigation information on complainants and offenders. Data from direct interview of complainant; updated on report and investigation. Details of complainants and offenders; of incident(s). Indigenous identification (ABS standard); ethnicity or country of birth, depending on collection system. Data quality issues regarding actual dates and locations. Requests for access to information approved or declined through the Information Release Manager; cost recovery fees apply; considered on a case by case basis. <i>Annual Report and Reported Crime Statistics</i> available on web site: < http://www.police.wa.gov.au/AboutUs/AboutUs.asp > Contact: Information Release Manager, email: < cio@police.wa.gov.au >.
59	ABP	Response Prevention	<i>Western Australian Prisoner Data</i> , Department of Justice, Western Australia. Information collected about offenders at entrance to prison. Data include: charge, sentence date, release date, attendance at treatment programs. Indigenous identifier (ABS standard); ethnic identifier. Data downloads available. Contact: Ian D'Mello.
60	ABP	Response	<i>Youth Activity Services — Family Liaison Workers (YAS-FLW) Data Collection System</i> , Youth Bureau Programs Branch, Commonwealth Department of Family and Community Services; record-keeping information gathered based on the presenting needs of the young person (11–16 year olds); sexual assault categories (of and/or by the young person) are available; includes Indigenous identifier and culturally and linguistically diverse background. Contact: Matthew Sproule, Youth Bureau Programs Branch, phone: 02 6212 9471.

OTHER SOURCES OF INFORMATION RELATING TO SEXUAL ASSAULT

CATEGORY	INFORMATION SOURCE AND DESCRIPTION
Context	Australian Bureau of Statistics, Australia's official statistical organisation. It aims to assist and encourage informed decision-making, research and discussion within governments and the community, by providing a high quality, objective and responsive national statistical service. Information and some data are available on the ABS web site: < http://www.abs.gov.au >.
Context Risk Incident Response	Australian and New Zealand Society of Criminology, established to promote understanding, cooperation, training, research and communication in the field of Criminology. See the Society's web site: < http://www.anzsoc.ecel.uwa.edu.au/anzsoc/ >.
Context Response	Australian Domestic and Family Violence Clearinghouse, University of New South Wales, provides a central point for the collection and dissemination of Australian domestic and family violence policy, practice and research. Aims to meet the information needs of government agencies, generalist and specialist service providers, researchers and interested members of the public. Also provides information on international efforts to end these forms of violence. Produces quarterly newsletters and issues papers; has two searchable databases, research and resources and good practice; library/information service; identifies gaps in available information and has the capacity to undertake original research; provides service contacts and links to other web sites. Web site: < http://www.austdvclearinghouse.unsw.edu.au/ > Contact: Lesley Laing, Director, phone: 02 9385 2990, email: clearinghouse@unsw.edu.au .
Context Risk Incident Response Impact Prevention	Australian Institute of Criminology is the national focus for the study of crime and criminal justice in Australia. The Institute draws on information supplied to it by a wide variety of sources. Information and publications are available on the Institute's web site: < http://www.aic.gov.au >.
Response	Australian Institute of Health and Welfare, Australia's national agency for health and welfare statistics and information. Information and publications are available on the Institute's web site: < http://aihw.gov.au >.
Context Incident Response	New South Wales Bureau of Crime Statistics and Research (BOCSAR), a statistical and research agency within the New South Wales Attorney-General's Department. See web site: < http://www.lawlink.nsw.gov.au/bocsar >.
Response	Centres Against Sexual Assault (CASAs) are Victorian government funded services which work against sexual assault. Their peak body is CASA Forum, which has a very useful web site: < http://www.casa.org.au >. It includes details of six metropolitan and nine rural/regional CASAs in Victoria, including information in community languages: Arabic, Croatian, Greek, Italian, Serbian, Somali, Spanish, Turkish. Includes links to other web sites.
Response Prevention	Men's Line Australia, a telephone counselling service for men; web site: < http://www.menslineaus.org.au/home.html >; email < talkitover@menslineaus.org.au >; phone: 03 9326 8522.
Response Prevention	National Child Protection Clearing House, based at the Australian Institute of Family Studies. Aims to inform policy, practice and research into child abuse prevention in Australia, providing information for policy-makers, researchers and practitioners in prevention of child abuse. The Clearing house monitors recent Australian publications and offers a collection of bibliographies and abstracts on key topics such as bullying, domestic violence and child abuse, poverty and child abuse, the media and child abuse, and more. Publishes Issues Papers, Newsletters and other resources and links on web site: < http://www.aifs.gov.au/nch/ >. Contact: Dr Adam Tomison, phone: 03 9214 7821.
Prevention	National Crime Prevention Programme, Attorney-General's Department. Its objectives are to identify and promote innovative ways of reducing and preventing crime and the fear of crime. Web site: < http://www.crimeprevention.gov.au > or < http://www.ncp.gov.au >.
Incident Impact	National Injury Surveillance Unit, Flinders University, South Australia. The Unit aims to inform community discussion and support policy-making on the prevention and control of injury in Australia by developing, coordinating, interpreting and disseminating relevant information, research and analysis. Web site: < http://www.nisu.flinders.edu.au/welcome.html >. Contact: James Harrison, Director and Associate Professor, Research Centre for Injury Studies, Flinders University; phone: 08 8374 0970.
Context Response	Office of the Status of Women (Commonwealth), Department of Prime Minister and Cabinet. For information on the National Initiative to Combat Sexual Assault, see: < http://www.osw.dpmc.gov.au/3rd_combat_sexual_assault.cfm > For information about the Women's Data Warehouse, and links to Window on Women, see < http://www.windowonwomen.gov.au/wdw/index.jsp >.

CATEGORY	INFORMATION SOURCE AND DESCRIPTION
Incident Response	<p>Police web sites in each state and territory contain published police statistics, in copies Annual Reports, other publications, or statistical summaries.</p> <p>New South Wales Police On-Line: <http://www.police.nsw.gov.au/></p> <p>Victoria Police: <http://www.police.vic.gov.au/></p> <p>Queensland Police Service: <http://www.police.qld.gov.au/></p> <p>Western Australia Police Service: <http://www.police.wa.gov.au/></p> <p>South Australia Police Service: <http://www.sapolice.sa.gov.au/></p> <p>Tasmania Police: <http://www.police.tas.gov.au/></p> <p>Northern Territory Police: <http://www.nt.gov.au/pfes/police/index/shtml></p> <p>Australian Capital Territory Policing (Australian Federal Police): <http://www.afp.gov.au/page.asp?ref=/ACT/></p>
Risk Response Impact	<p>South Australian Office of Crime Statistics and Research, responsible for research into and the monitoring of crime trends and the criminal justice system within South Australia. It undertakes statistical monitoring, evaluation and research. See web site: <http://www.ocsar.sa.gov.au>.</p>

APPENDIX 4

INTERNATIONAL DATA SOURCES

Some international data sources are listed below. Some of these are general surveys of crime victimisation and others are specific surveys of violence against women. The surveys have differences in scope and coverage, in definitions of sexual assault, and in methodology; they therefore measure slightly different things. Because of these differences, care must be taken in any comparison of results.

- England and Wales *The British Crime Survey*, Home Office, United Kingdom. The British Crime Survey is an annual survey which measures crime in England and Wales. Information available on web site:
<<http://www.homeoffice.gov.uk/rds/bcs1.html>>.
- Canada *Violence Against Women Survey, Canada 1993*, Statistics Canada; information available on web site:
<<http://www.statcan.ca/english/sdds/3896.htm>>.
- New Zealand *New Zealand National Survey of Crime Victims 1996 and 2001*. Research and Evaluation Unit, Ministry of Justice, PO Box 180, Wellington, New Zealand.

Women's Safety Survey, New Zealand 1996, Statistics New Zealand.
- United States of America *National Crime Victimization Survey, United States*, Bureau of Justice Statistics, United States Department of Justice. Data available on web site:
<<http://www.ojp.usdoj.gov/bjs/cvict.htm>>.

National Violence Against Women Survey, United States, National Institute of Justice and the Centres for Disease Control and Prevention. Publications available on web site <<http://www.ojp.usdoj.gov/vawo/statistics.htm>>:
Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey (November 1998); Full Report of the Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey (July 2000); others.
- International
- International Crime Victims Survey (ICVS)* Van Kesteren, J N Mayhew, P & Nieuwbeerta, P (2000) *Criminal Victimization in Seventeen Industrialised Countries: Key findings from the 2000 International Crime Victims Surveys*, The Hague, Ministry of Justice, WODC. Available on web site:
<http://www.unicri.it/icvs/publications/page_pub.htm>.

*International Violence
Against Women Survey
(IVAWS)*

IVAWS is the first International Violence Against Women Survey and is being conducted in 2003 in conjunction with the United Nations Agency for Interregional Crime and Justice Research. It will result in internationally comparable data on women's experiences of violence, both physical and sexual. It utilises the methodology developed for the International Crime Victims Survey. A total of 6,300 women from metropolitan and regional Australia are being interviewed by telephone for the survey. Data being collected include:

- socio-demographic information about respondents; experiences of violence (including relationship of perpetrator to victim, frequency and recency of violence)
- partner victimisation and non-partner victimisation (including information about most recent incident, utilisation of specialised support services, perceived seriousness of incident, whether regarded as a crime, whether reported to police, police response)
- characteristics of current/previous intimate partner (including length of relationship, other violent behaviour of partner, other abusive behaviour of partner)
- childhood victimisation of respondent (including experience of physical and sexual violence, frequency, relationship of perpetrator to victim).

Results are expected to be available in late 2003 or early 2004. For more information on IVAWS, see web sites: <<http://www.unicri.it/ivaws.htm>> and <<http://www.aic.gov.au/research/projects/0029.html>>.

APPENDIX 5

ACKNOWLEDGMENTS

PROJECT FUNDING AND MANAGEMENT

The development of the Sexual Assault Information Development Framework has been a project funded by the Commonwealth Office of the Status of Women. The Sexual Assault Information Development Project Board has overseen the research and development of the Information Development Framework. Membership of the project board was drawn from senior staff in both OSW and ABS.

OTHER ASSISTANCE

The involvement and assistance of several current and former OSW staff have been greatly appreciated. Other organisations which have provided assistance with research and/or review of earlier drafts have included: Office of Women's Policy, Victoria; Department of Human Services, Victoria; and National Association of Services Against Sexual Violence.

CONSULTATION WORKSHOPS

Two consultative workshops were held as part of the development of the Sexual Assault Information Development Framework. Representatives of commonwealth government agencies attended a workshop held in Canberra on 24 July 2002 and representatives of state and territory agencies and other organisations attended a workshop held in Melbourne on 29 July 2002. Agencies and organisations represented at the workshops included:

Aboriginal and Torres Strait Islander Commission

Attorney-General's Department

Australian Institute of Criminology

Australian Institute of Health and Welfare

Department of Defence

Department of Family and Community Services

Department of Health and Ageing

Department of Immigration, Multicultural and Indigenous Affairs

Productivity Commission

New South Wales Bureau of Crime Statistics and Research

Violence Prevention Unit, New South Wales Health

New South Wales Police Service

Crime Prevention Victoria

Department of Human Services, Victoria

Victorian Community Council Against Violence

Victorian Law Reform Commission

Queensland Health

CONSULTATION
WORKSHOPS *continued*

Department of Community Development, Western Australia

Department of Justice, Western Australia

Office of the Status of Women, South Australia

Yarrow Place Rape and Sexual Assault Service (South Australia)

Department of Health and Human Services, Tasmania

Women Tasmania

ACT Office for Women

CASA Forum, Victoria

National Association of Services Against Sexual Violence

Other people were unable to attend the consultation workshops but have assisted the project in other ways, such as providing information about data sources, feedback on the conceptual framework and feedback on a draft of this Information Paper.

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