

Summarising the evidence

# NON-PARTNER SEXUAL ASSAULT AGAINST WOMEN

Research summary



Australian Government

Australian Institute of  
Family Studies

**RESPECT  
VICTORIA**



# Non-partner sexual assault against women

This research summary draws on an evidence review undertaken by Antonia Quadara (Australian Institute of Family Studies) in 2022 as part of the Summarising the evidence project. The summary was developed by Respect Victoria in consultation with the evidence review authors.

Visit the [Summarising the evidence project page](#) for the accompanying context brief, as well as information about the scope and aims of the project.

Respect Victoria gratefully acknowledges the work of the Australian Institute of Family Studies and all authors in conducting this work.

Domain	Summary of research
<b>Definition</b>	<p>An act of a sexual nature carried out without a person's consent through the use of physical force, intimidation or coercion, including any attempts to do this. This includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity.<sup>1</sup> Lack of consent includes circumstances of verbal coercion, use of/threat of violence or force, physical restraint or incapacitation such as intoxication, sleeping, and unconsciousness.</p>
<b>Behaviours</b>	<p>The focus of the review and this summary is on 1) actual and attempted rape: non-consensual penetration (penetration of the vagina, anus or mouth without consent) and 2) indecent assault: sexual touching without consent. Additional forms of sexual violence discussed in other research summaries include:</p> <ul style="list-style-type: none"> <li>• child sexual assault occurring in a familial context</li> <li>• intimate partner sexual assault</li> <li>• sexual Harassment in the Workplace sexual harassment</li> <li>• technology based sexual violence.</li> </ul> <p>Sexual violence in conflict / war settings is not included.</p>
<b>Prevalence and victim survivor &amp; perpetrator profile</b>	<p><b>Across the Australian population</b>, a significant proportion report having experienced sexual assault. In 2021-22, one in five women (20%) and one in 20 men (5.1%) reported experiencing sexual assault since the age of 15.<sup>1</sup> 2016 Personal Safety Survey (PSS) prevalence data indicates that the likelihood of experiencing sexual assault is highly gendered particularly for women:</p> <ul style="list-style-type: none"> <li>• Nine out of ten women who reported experiencing sexual assault were assaulted by a male.</li> <li>• Men's experience of sexual assault is less distinctly gendered: in addition to being less likely to experience sexual assault, perpetration is also more nuanced. Just over half of men (57%) who had experienced sexual assault were assaulted by a female and 43% reported assault by a male.<sup>2</sup> This more mixed picture of male sexual victimisation is replicated in other research.<sup>3</sup></li> </ul> <p>The 2016 PSS also indicates that:</p> <ul style="list-style-type: none"> <li>• Sexual assault of women is overwhelmingly perpetrated by a man that they know: while current and former intimate partners are the single largest category of known perpetrators (56%), non-partner perpetrators comprise over half (58%) of other known perpetrators, most typically by friends, housemates, acquaintances or neighbours (72% of known, non-partner perpetrators).</li> <li>• 70% of the most recent incident of sexual assault experienced by women occurred in the victim's home (39.5%) the perpetrators home (17.1%) or at someone else's home (13.2%).<sup>2</sup></li> </ul>

Research indicates that some populations experience higher rates of sexual assault compared to national estimates:

**Young women** aged 18-24 are more likely to experience sexual assault compared to older women.<sup>2,4-6</sup>

Homeless young people, particularly young women have also been found to report high rates of sexual victimisation, These experiences often occur within a broader context of sexual risk, such as engaging in survival sex and street-based sex work.<sup>7</sup>

**Higher education students:** Systematic reviews of sexual assault on US college campuses suggest prevalence of 24%-36% women reporting sexual assault (with 8%-16% reporting rape or attempted rape).<sup>8,9</sup> The 2021 Australian National Student Safety Survey also examined the prevalence of sexual harassment and sexual violence among university students. This survey found that 1) a third of students (30.6%) had experienced sexual assault in their lifetime and 2) the most likely populations to have experienced sexual assault were: women, transgender students and students identifying as non-binary or another gender.<sup>10</sup>

**Defence Force Personnel** experience high rates of sexual assault however most studies are carried out in the USA with prevalence rates varying across these studies.

- A 2018 meta-analysis of 69 studies found that 23.6% of women (current and veterans) reported an experience of sexual assault (compared to 1.9% of men).<sup>11</sup>
- US Defence force monitoring of sexual violence reported that 6.2% of active-duty women had experienced sexual assault in the past year.<sup>12</sup>
- *The Canadian Forces Mental Health Survey* found that sexual assault was more prevalent among women (15.5%) than men (0.8%) respectively.<sup>13</sup>
- In a US survey, representative of active-duty Service Members regarding their sexual assault experiences in the past year, the majority who had experienced sexual assault were assaulted by a friend or acquaintance and one third had been assaulted by more than one person. Where the relationship was not specified, 91% of respondents stated the perpetrator was a military member and almost three quarters (73%) reported that the perpetrator was of a higher military rank than them (compared to 23% being the same rank). Almost a third (32%) reported being perpetrated against by more than one person.<sup>14</sup>

**Older Women:** Whilst sexual assault is not one of the most significant forms of “elder abuse” reported by older Australians, perpetration patterns are similar to those in the general population with women being the majority of victims and partners, friends, acquaintances and neighbours being the most common perpetrators.<sup>15</sup> A review of research focusing on sexual assault in **nursing**

**homes** found that sexual assault was the least reported type of assault. Characteristics of sexual victims were being female, Caucasian, widowed and having a cognitive or physical impairments.<sup>16</sup>

**People with disability** are more likely to experience sexual assault, compared to people without disability. A meta-analysis of studies published between 1978-2018 found that:

- Overall, people with disability were twice as likely to experience sexual assault than the general population.
- Intellectual, physical, sensory and mixed types of disability were all associated with increase in sexual violence victimisation, with the highest risk related to sensory impairment.<sup>17</sup>

In other studies, sensory impairments and psychological or cognitive impairments are also indicated to be the most common type of disability associated with sexual assault.<sup>17-19</sup>

**Women with disability** are significantly more likely to:

- experience sexual assault compared to 1) women without disability and 2) men with disability<sup>17-22</sup>
- to be assaulted by strangers than women without disabilities (41.5% compared to 28.2%).<sup>23</sup>

**People with severe mental illness** have been found to be six times more likely to be sexually victimized than those in the general population. Women with severe mental illness reported a median prevalence rate of 9.9% and men 3.1%.<sup>24</sup>

**LGBTIQ+ people** experience higher rates of sexual assault compared to those who identify as heterosexual and cis gender. A consistent finding is that women identifying as bisexual or queer report higher rates of sexual assault overall.<sup>25</sup>

In terms of gender identity, research suggests that people identifying as trans, non-binary, or gender diverse experience higher levels of sexual assault compared to those that identify as cis-gender separate from sexual orientation<sup>4,26-30</sup> with transwomen being particularly at risk overall.<sup>31</sup>

Relying on crime rates for the years 2014-2021, the AIHW reports that comparing the Australian rates per 100,000 to the Indigenous rates, they are consistently between 2-4 times higher across those states that reliably record Indigenous status NSW, QLD, SA and the NT.<sup>32</sup> It should be noted that, 1) due to under reporting of sexual assault to the police, this data is likely to be under estimate prevalence rates, 2) this data does not identify the gender of the victim or perpetrator, or the relationship between the victim or the perpetrator.

The use of physical force in instances of sexual assault is less common than **other tactics used by perpetrators which include:**

	<ul style="list-style-type: none"> <li>• incapacitating the victim including administering alcohol or drugs without the women’s consent</li> <li>• verbal coercion / continual arguments and pressure / told lies /made promises that were untrue</li> <li>• other forms of coercion such as showing displeasure via anger, swearing and sulking to make women feel guilt.<sup>33,34</sup></li> </ul> <p>Up to 10% of these self-report behaviours would meet a definition of rape.<sup>9,35</sup> It should also be noted that the use of physical force in instances of sexual assault is uncommon.</p>
<p><b>Researcher’s indication of the main drivers and reinforcing factors.</b></p>	<p>Risk factors is a term most commonly used across some disciplines to describe the elements underpinning non partner sexual assault. Due to the prevalence of sexual assault perpetrated against specific cohorts, this can result in identification of risk factors such as being female, Indigenous, LGBTIQ or having a disability.</p> <p>However, the <i>identity</i> of specific cohorts is not what places them at risk but rather the systematic and structural forms of oppression that drive high perpetration rates across specific cohorts. To understand how community and organisational factors may contribute to sexual revictimisation, Grauerholz reminds us to be concerned with ‘how social power is derived and how one’s (lack of) social power contributes to vulnerability.’<sup>36(p12-13)</sup> Apart from factors such as socio-economic position, gender, disability, ethnicity, class and sexuality having an influence on social power, so too does a history of victimisation. This can translate into how a victim-survivor experiences their relationships with the broader community and organisations with which they engage.<sup>36</sup></p> <p>"To fully understand the process of revictimisation or any gender/family violence, one needs to take into account the larger cultural context in which the individual, her relationships, and the community are embedded."<sup>36(p14)</sup> In order to achieve synergy with contemporary violence prevention paradigms and discourse, the elements underpinning non partner sexual assault are presented utilizing the concept of drivers and reinforcing factors.</p> <p><i>The main gendered drivers of non-partner sexual assault perpetrated against women identified in the research include:</i></p> <p><b>Rigid gender roles and constructions of masculinity and femininity and male peer relations that emphasis aggression and disrespect towards women.</b> These drivers are reflected in attitudes, beliefs and cognitions about male dominance with hostile masculinities and impersonal sex, often linked to male consumption of pornography, being shown to predict perpetration. Peer support for sexual violence is also linked with hypermasculine or hierarchical organizational structures and institutions such as defense forces. It should also be noted that these two drivers, when combined with Heteronormativity,</p>

cisnormativity, homo-, bi- and transphobia also have relevance for LGBTIQ cohorts.<sup>37</sup>

**Limits to women's independence in public and private life** which is linked to higher measures of gender inequality and associated with men's sexual assault perpetration and women's victimization.

*The Main Reinforcing Factors identified in the research include:*

**Condoning of violence in general**, which can lead to the 'normalisation' of violence.

**Experience of, and exposure to, violence**, particularly during childhood and adolescence.

- Experiences of child maltreatment, particularly child sexual abuse, is identified in a number of studies and systematic reviews as being associated with sexual assault **perpetration** later in life.<sup>6,38-42</sup>
- Prior exposure to and experiences of IPV is associated with sexual assault **perpetration** in adolescence and in adulthood.<sup>41,43</sup>
- Prior sexual violence experience in adolescence is also associated with increased likelihood of experiencing future sexual victimization.<sup>44</sup>

**Factors that weaken prosocial** behaviour and reduce empathy, respect and concern for women. These factors include:

- **Consumption of Alcohol** and other drug by both victims and perpetrators is a common situational factor in incidents of sexual assault however, the role that it plays in the facilitation of sexual assault is less clear.<sup>45</sup> There are a range of pathways through which alcohol is seen to influence the occurrence of sexual assault which include:
  - **Impaired cognitive functioning:** impaired ability to read social cues, such as non-consent; impaired ability to assess risk.
  - **Disinhibition:** increased aggression; impaired impulse control.
  - **Alcohol expectancies:** beliefs and norms about the effects of alcohol on confidence, sexual desire, and sexual availability.
  - **Incapacitation:** Victims inability to consent; Perpetrators deliberate incapacitation of the victim or targeting of an incapacitated person.<sup>46</sup>

Alcohol consumption is not an excuse for perpetration and victim survivors should not be blamed for having consumed alcohol.

- **Exposure to violent pornography, impersonal sex orientation, and hostile masculinity** increases the likelihood of sexual aggression.
  - Results from the *National survey of pornography use, relationships, and sexual socialization* found that 1) extreme pornography exposure and impersonal sexuality were both associated with a higher probability of sexual aggression and 2) men who were more exposed to pornography and are impersonal in their approach to sex were more likely to be

sexually aggressive than men who were impersonal in their approach to sex but less exposed to pornography.<sup>47</sup>

- Consumption of pornography is associated with sexual aggression among both males and females.<sup>48</sup>

**Resistance and backlash** to the prevention of violence against women and gender equality efforts including actions that seek to block change, uphold the status quo of gender relations, or re-establish male privilege and power.

**Individual characteristics** have also been associated with sexual assault perpetration and victimization including, mental ill health and cognitive disability.

**Previous perpetration** is also a factor associated with sexual assault. Of college men who reported perpetrating at least one incident of sexual coercion and assault, 68% engaged in repeated sexual coercion. Repeat offenders engaging in aggressive acts of higher severity began at an earlier age.<sup>49</sup>

**Researcher's overarching conceptualisation / analysis**

A whole of population approach to preventing sexual assault targets and seeks to change the conditions and factors that enable this violence to occur in the first place. The field of public health has long recognised that preventing harm before it occurs requires moving beyond individualised “risk” and “protective” factors to looking further upstream for the underlying conditions and enablers that create risk in the first instance.<sup>50</sup> In health, these have been termed the “determinants of health”, which is used to refer to the environmental, social and economic structures that influence the likelihood of harm occurring.<sup>51</sup> At a community or population level, it is inequities within these structures that shape health outcomes more than individual differences.<sup>52</sup>

In relation to sexual violence, “rather than focusing on individual risk factors for either sexual violence perpetration or victimisation, many scholars conversely argue that the focus instead should be on the social structures that underpin the perpetration of sexual violence.”<sup>53(p.2)</sup> *Change the story* draws on the extensive evidence base on violence against women and adapts the concept of determinants as **key drivers** and **reinforcing factors** that enable violence to occur.<sup>54</sup>

Research in this arena makes it clear that the gendered drivers of men's violence against women have significant salience in relation to non-partner sexual assault perpetrated across cohorts. It is also acknowledged that other systematic and structural forms of discrimination and oppression such as ableism, ageism, colonization, race-based discrimination and heteronormativity, cisnormativity, homo-, bi- and transphobia escalate the prevalence of non-partner sexual assault perpetrated across individual cohorts.



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# Further reading

All resources from Summarising the evidence can be found on the [project page](#).

## Research summaries

- Adolescent violence in the home (E Campbell & L Wall)
- Child maltreatment: a snapshot summary (D Higgins & G Hunt)
- Intimate partner violence perpetrated against women by men (Respect Victoria)
- Intimate partner violence perpetrated by women against men (M Salter & D Woodlock)
- Online violence and harassment perpetrated against women (B Harris)
- Non partner sexual violence (A Quadara)
- Sexual harassment occurring in the world of work (S Charlesworth & C Deen)
- Violence perpetrated against older people by another family member or carer (E Stevens, R Kaspiew & R Carson)

## Context briefs

- Summarising the evidence: Exploring what we know about drivers of violence against women, family violence and other forms of gendered violence - Project overview
- Summarising the evidence: Adolescent violence in the home
- Summarising the evidence: Child maltreatment
- Summarising the evidence: Elder abuse
- Summarising the evidence: Online harassment and abuse against women
- Summarising the evidence: Women's intimate partner violence against men
- Summarising the evidence: Work-related sexual harassment

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## Acknowledgement of Country

Respect Victoria acknowledges Aboriginal peoples throughout Victoria as the First Peoples and Traditional Owners and Custodians of the lands and waterways on which we rely. We proudly acknowledge the Aboriginal communities throughout Victoria and their ongoing strength in practising the world's oldest living culture.

We acknowledge the significant and ongoing impacts of colonisation and commit to working alongside Aboriginal communities to effect change. We recognise the ongoing leadership role of Aboriginal communities in addressing and preventing family violence and violence against women, and will continue to work in collaboration with First Peoples to eliminate these forms of violence from all communities.

## Victim survivor acknowledgement

Respect Victoria acknowledges the significant impact of family violence and violence against women on individuals, families and communities, and the strength and resilience of the children, young people and adults who have, and are still, experiencing this violence. We pay our respects to those who did not survive, and to their loved ones.



Respect Victoria is the state's dedicated organisation for the prevention of family violence and violence against women. Our vision is a Victorian community where all people are safe, equal and respected, and live free from family violence and violence against women.

To achieve our vision, we lead and support evidence-informed primary prevention and act as a catalyst for transformational social change. Primary prevention aims to stop violence from occurring in the first place, by changing the culture that drives it. We drive coordination and effectiveness of the prevention system. We build and promote primary prevention knowledge and evidence. We keep prevention on the public and policy agenda. We guide prevention wherever Victorians live, work, learn and play. We raise awareness that violence against women is preventable and influence community conversations to fuel social change.

We are an independent voice, with functions, powers and duties enshrined in legislation.