



VICTORIA POLICE

Fact sheet:

Challenging misconceptions about sexual offending



This fact sheet summarises the 15 commonly held misconceptions described in the original document *Challenging misconceptions about sexual offending: Creating an evidence-based resource for police and legal practitioners*, developed by Victoria Police and the Australian Institute of Family Studies.



MISCONCEPTION

Reports of rape and sexual offences are easy to make and difficult to defend.

REALITY

National and international research consistently demonstrates that **incidents of rape, sexual offences and child sexual abuse are significantly under-reported, under-prosecuted, and under-convicted.**

There are many barriers to reporting sexual offences and conviction rates in Australia are extremely low.

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MISCONCEPTION

Real victims would report rape and sexual offences immediately.

REALITY

The majority of victims who experience sexual offences delay disclosing and/or reporting or never disclose/report their experiences.

Common reasons include:

- » Shame
- » Confusion, guilt, or shock about the offence
- » Fear of the offender and of consequences of reporting
- » Protecting an offender they know
- » Fear that they will not be believed and
- » They may not recognise what they have experienced as a sexual offence or may blame themselves for what has occurred.

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MISCONCEPTION

Real rapes are committed by strangers to the victim.

REALITY

A common rape myth relates to a belief that victims are often attacked violently by strangers and that this is 'Real Rape'. This is actually very rare.

The majority of rapes are committed by someone known to the victim, often in a familiar residential location. They are often committed by family members, within intimate partner relationships or another known person.

Victorian law is clear that consent to a sexual act with the same person at some time in the past is not an indicator of consent in the future.

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**MISCONCEPTION**

Real rape victims would sustain physical injuries at the time of the offence.

Offenders typically use physical force against their victims during sexual offending.

Real rape victims would resist and fight off the violent offender.

REALITY

Most offenders have a prior relationship with the victim and do not need to use significant physical violence to commit their sexual offence(s).

Some studies have found very low rates of injury caused during sexual offending.

Offenders typically have power over their victims and groom their victims into compliance over time; this is not the same as consent.

During the assault, victims may be more likely to freeze and cooperate; this can be a conscious response or they may not be able to control it.

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**MISCONCEPTION**

Memory of rape should be clear, coherent, detailed, specific, and not contain any inconsistencies or omissions.

REALITY

Victims of one-off traumatic events typically recall only a few clear details, therefore, many details are often lacking. Where they have been repeatedly raped within a relationship it will be difficult to isolate the details of single incidents.

Following rape trauma, a person may not remember everything and different parts of memory may come back at different times. Memories are also vulnerable to impact of alcohol and other drugs, to impacts of previous or current injury, trauma or illness.

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**MISCONCEPTION**

The rate of false rape allegations is high. Many people lie and fabricate reports of rape and sexual offences.

REALITY

There is **no evidence that many women make vexatious reports of sexual offences.**

The rate of false allegations of sexual offences is very low. A range of studies show approximately 5% of rape allegations are proven false.

This myth about false allegations is harmful for society and harmful for victims of sexual offences. It contributes to under-reporting. And victims wrongly fear they will be met with disbelief and blame if they report.

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**MISCONCEPTION**

Victims affected by alcohol consent to sex but regret it afterwards and allege rape.

People who are very drunk are responsible for their own rape. They could have prevented the rape by drinking less.

REALITY

The media often focuses on date-rape drugs such as Rohypnol, however **alcohol is the most common drug of choice that offenders intentionally use to incapacitate a victim before committing a sexual offence.**

Many offenders are opportunistic and will take advantage of victims who are already drunk and incapacitated.

The law assumes a 'heavily intoxicated' person is incapable of consenting to the act.

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**MISCONCEPTION**

One person's word against another is not enough to convict rape; there needs to be witnesses or more evidence.

REALITY

Most rapes or other sexual offending occurs away from public view such as in a residence so victims and offenders are often the only witnesses to the crime(s).

Sexual offences do not require additional evidence in order to be taken seriously by police. Judges will instruct juries about how to consider these issues.

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**MISCONCEPTION**

'Real rape' victims would break off a relationship with the offender or stay away from them.

REALITY

Staying connected to an offender may be described as a counter-intuitive response but it is also a common response.

When we consider that **sexual offending is most often a relationship-based crime it is more obvious that simply avoiding an offender is often not realistic.**

Victims often stay in a relationship with their abusers. This may be for a multitude of reasons: fear for the safety of themselves or others such as children, friends, family or pets; feelings of shame and responsibility for their own rape; belief they can change the abuser's behaviour; the reality that they are isolated with no financial support, etc.

Leaving a relationship with an abusive partner is often associated with a heightened risk of violence, including lethal violence.

Offenders often build up a relationship of trust, power, and fear with the victim, rendering it difficult for victims to simply discontinue a relationship with their abuser after an offence even if they wish to.

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**MISCONCEPTION**

Real victims will show distress when reporting rape to police and in court.

REALITY

Judges, police investigators, the media and the public tend to assess a victim of a sexual offence who is upset and emotional as more credible than those who aren't. But **evidence shows credibility is not related to emotional display.**

Victims are human with a full range of emotions. Their lives are significantly impacted by being raped. Victims could be emotional and visibly displaying stress, could be anxious and irritable, numb or appear controlled. Controlled presentation can be a coping mechanism or it may be because they have received enough support and help.

Victims' emotions are also likely to change during different stages of the legal system. The experience of seeking justice can also accelerate or settle emotionality.

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**MISCONCEPTION**

Physiological responses by a victim such as erections and orgasms during a sexual offence must mean the person consented.

REALITY

Unwanted sexual arousal and physiological responses can occur during rape/sexual offences, and **such responses do not in any way indicate that the person consented to sexual activity.**

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**MISCONCEPTION**

Only women can be the victims of rape. It is impossible for males to be victims of rape. Only males can be perpetrators of rape.

REALITY

There is consistent evidence that **sexual offending is a gendered crime**. The majority of sexual offence victims are female and the majority of sexual offenders are male.

However, some **males are victims and some females sexually offend**. The 2013 Australian Bureau of Statistics Personal Safety Survey (PSS 2013) showed that 4% of men 18 years and over had experienced sexual offence(s) since the age of 15, and that women committed up to 1.6% of all sexual offences against men and women in the period 2011-12.

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**MISCONCEPTION**

No one would rape or sexually offend against a person with a disability.

REALITY

People with disabilities are over-represented as victims of sexual offences, and often face many additional barriers to reporting them.

Many offenders will target those with intellectual disabilities or severe disabilities because they perceive them as being powerless, vulnerable, and unable to make accusations or to make reports that will be taken seriously.

Case studies show that while some people with mental health issues may make disclosures of sexual offending that appear unusual, investigation has revealed them to be genuine.

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**MISCONCEPTION**

Sexual offenders are only interested in young attractive people.

REALITY

The PSS 2013 showed that more than half of sexual assault victims were less than 35 years of age, and women in the 18-to-24 years age groups are most at risk of experiencing sexual assault.

An **offender's choice of victim is likely to be based on perceived vulnerability, access and opportunity** not specifically on attractiveness.

Older women are also victims of sexual offenders more often than the public is aware. They are just as likely to be assaulted, just as likely to experience severe methods of coercion and, when injured, sustain similar injuries to those incurred in younger age groups.

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**MISCONCEPTION**

Child victims would stay right away from someone who sexually abused them and will tell an adult because they are so distressed.

REALITY

Child sexual abuse is also most often perpetrated by someone known to them, often within familial or trusted community relationships, and it is often committed in close proximity to other people. This impacts on whether children are believed even if they do tell an adult.

Offenders make use of multiple grooming strategies to facilitate their offending. Many children are groomed gradually over time so that they are desensitized to sexual touching and may not realise that something inappropriate is occurring or may have such strong feelings they do not tell.

Reactions following child sexual abuse are variable and should not be a factor when assessing the credibility of the child's account, positive emotions may have an adaptive value when coping with traumatic experiences.

Contrary to some beliefs, children's accounts are especially likely to be accurate and detailed when the interviewer asks non-leading open-ended questions that lets the child speak in their own words.

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You can find more information and links to the research evidence in *Challenging misconceptions about sexual offending: Creating an evidence-based resource for police and legal practitioners* available at www.police.vic.gov.au/sexualoffencespublications

Options for seeking help

» **CASA Sexual Assault Crisis Line 1800 806 292** (free call in Victoria, Australia)

A state-wide, after-hours, confidential, telephone crisis counselling service.

» To report a sexual offence to police please don't hesitate to call **Triple Zero (000)** or your local police station.



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