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Abstract | Despite the prevalence of sexual offending in our communities, there is a lack of understanding about the nature and dynamics of sexual crimes. Myths and misconceptions about sexual offending are common and may contribute to the high attrition rates of sexual offence cases throughout the criminal justice system. This study synthesises over 40 years of research evidence to present an accurate and updated picture of sexual offending. With specialist knowledge, we can improve criminal justice responses and outcomes for victims of sexual crime.

Misconceptions of sexual crimes against adult victims: Barriers to justice

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Introduction

Reports of sexual offences in Australia have increased over recent years, with an eight-year high recorded in 2017 (Australian Bureau of Statistics 2018; Australian Institute of Health & Welfare 2018). Attrition of sexual offence cases, however, has remained high, and conviction rates have remained low (Daly & Bouhours 2010; Fitzgerald 2006; Spohn 2020). Just outcomes in cases of sexual crime may rely on the knowledge base of legal professionals and jurors, but public understanding of sexual offending is lacking (Cossins, Goodman-Delahunty & O'Brien 2009; McGee et al. 2011). This is understandable, as sexual offending is a profoundly hidden crime. Much of what we know about sexual crime is imagined or gained through mainstream media (O'Hara 2012). Most people are not aware of the vast body of scientific literature on sexual offending. This is despite specialist knowledge being critical in effective criminal justice responses to sexual crime (Cossins 2006).

Misconceptions about sexual crime may contribute to case attrition rates in several ways. Firstly, community views and stigma may influence initial reporting rates (Weiss 2010). Secondly, legal professionals (eg investigators, police authorising officers, prosecutors) make decisions about whether a case proceeds through the criminal justice system based on their perceptions and expectations about whether it will result in a guilty verdict. This has been referred to as downstream orientation (Frohmann 1997; Pattavina, Morabito & Williams 2016). Thirdly, adversarial justice systems rely on juries making unanimous decisions. Given the complexity of community thinking and values around sexual behaviour, many cases may not present a reasonable prospect of conviction. Jury decisions must be reached beyond any reasonable doubt; misconceptions create doubt.

The purpose of this study is to synthesise over 40 years of research evidence to present an accurate and updated picture of sexual offending. This paper addresses some of the most significant myths and misconceptions about adult rape and sexual assault:

- misconceptions of victim and/or complainant behaviour:
 - reporting (delay, ease of making allegations and difficulty of defending);
 - false allegations;
 - resistance during rape/sexual assault;
 - injury during rape/sexual assault;
 - emotion during reporting;
 - misunderstanding traumatic memory;
 - alcohol, memory and 'regrettable sex';
- misconceptions of sexual crime dynamics:
 - relationship with offender;
 - continued relationship following offending;
 - location and corroboration;
- misconceptions of the prevalence and nature of sexual offending:
 - gender of victims and offenders;
 - age of victims; and
 - disability.

In determining which misconceptions to present here, we have used three criteria: those that are most common in public consciousness, those that are most likely to create doubt in fact-finders' minds (issues to do with memory and credibility, for example), and those most used by defence counsel.

The evidence has been collated from an analysis of the psychological and criminological literature. It provides a clear picture of what should be considered misconception and what should be considered 'typical' and 'common' behaviour in both offenders and victims. It is important to remember, however, that rape and sexual assault experiences are diverse, and the following document should not be used to further stereotype sexual offences.

Finally, it is also important to note that different terminology is used to describe sexual offences across Australian states and territories, and in other countries. In this article, where the term 'rape' is used, it refers to penetration of the anus, mouth, or vagina without consent. The term 'sexual assault' refers to the touching of genitals, buttocks, or breasts without consent.

Misconceptions of victim and/or complainant behaviour

Reporting

There continues to be a misconception that 'real victims' would report rape or sexual assault immediately, and those who delay disclosure are likely to be lying or falsely recalling rapes or sexual assaults. Empirical evidence, however, shows most victims who experience rape or sexual assault delay disclosing and reporting, or never disclose their experiences. Indeed, 83 percent of Australian women did not report their most recent incident of sexual assault to the police (Australian Bureau of Statistics (ABS) 2013; Cox 2016), and only six in 10 women who experienced sexual assault sought advice or help from others (ABS 2013).

Members of the community, including legal professionals, may hold the misconception that reports of rape and sexual assault are easy to make and difficult to defend, and that most sex offenders are swiftly convicted and face severe punishment for their crimes (Eastwood, Kift & Grace 2006). However, both national and international research consistently demonstrate that incidents of rape and sexual assault are significantly under-reported, under-prosecuted and under-convicted.

Common reasons for victims' non-reporting or delays in reporting or disclosure include:

- confusion, guilt, or shock about the assault (Long 2006);
- fear of the perpetrator (Cox 2016), and consequences of reporting (Cook, David & Grant 2001);
- fear that they will not be believed (Cox 2016); and
- rape myth acceptance, where victims do not recognise they have experienced sexual assault or blame themselves for what has occurred (Heath et al. 2013).

Also, the criminal justice system is a difficult, stressful, expensive, and time-consuming process that requires exposing oneself to police and public scrutiny, and potential cross-examination. This may have serious legal and psychological consequences for both the complainant and others involved (Parsons & Bergin 2010; Wall & Tarczon 2013).

It is also important to note that women who experience sexual assault by a known perpetrator are more likely to delay seeking assistance compared to those who experience sexual assault by a stranger (Bicanic et al. 2015; Millar, Stermac & Addison 2002).

Research indicates conviction rates for sexual assault in Australia are extremely low. Between 2008 and 2009, only 12 percent of defendants in sexual assault cases who pleaded not guilty were convicted (ABS 2009). Research from New South Wales showed that 74 percent of alleged offenders in adult sex offence cases in the High Court were acquitted of all charges (Fitzgerald 2006).

In Australia, Canada, England and Wales, Scotland, and the United States, victimisation surveys indicate that only 14 percent of sexual violence victims report the offence to the police. There is significant attrition for those who do, with only 20 percent of cases judged in court, and 6.5 percent resulting in a conviction for the original offence charged (Daly & Bouhours 2010). Research has also shown that conviction rates for sexual offences have significantly decreased over time (Daly & Bouhours 2010; Larcombe 2011). In Australia, the average conviction rate for sexual offences reduced from 17 percent between 1970 and 1989, to 12.5 percent between 1990 and 2005 (Daly & Bouhours 2010). Despite recent advances in police and court practice, these rates have not improved (Spohn 2020). In some countries, both prosecution and conviction rates continue to fall (UK Crown Prosecution Service 2020; UK Home Office 2019).

High attrition and low conviction rates may be due to an array of reasons:

- the nature of sexual assault crimes: they often occur in private locations with a lack of witnesses or medical evidence (Klettke & Simonis 2011; Taylor 2007);
- jurors who have negative attitudes to or hold myths about sexual assault (Taylor 2007; Victorian Law Reform Commission 2004); and
- rape law that makes it difficult to prove that rape or sexual assault occurred (Larcombe et al. 2016).

False allegations

There is a misconception that the rate of false rape allegations is high, and that many people lie and fabricate reports of rape and sexual assault. The National Community Attitudes towards Violence against Women Survey in 2017 (Webster et al. 2018) found that 16 percent of Australians believe 'many allegations of sexual assault made by women are false'.

Research is clear that false allegations of sexual crime are not common (Kelly 2010; Lonsway 2010). Studies estimate approximately five percent of sexual crime allegations are false (Kelly, Lovett & Regan 2005; Lisak et al. 2010). A range of personal and contextual factors can influence whether someone falsely reports a sexual assault. Often motives are complex and stem from fear, or a need for assistance, rather than malice (Spohn, White & Tellis 2014; Wall & Tarczon 2013). Even studies that suggest the false report figure may be higher than five percent (eg Ferguson & Malouff 2016) acknowledge that most false reports are not malicious. It is important to understand the whole context of the report, rather than dismissing or categorising it as true or false (Weiser 2017).

The incorrect assumption that false allegations of sexual assault are common has negative consequences for victims of sexual assault by perpetuating the idea that victims will be met with disbelief and blame when they report assault. This contributes significantly to under-reporting (Wall & Tarczon 2013).

Resistance during rape or sexual assault

There remains a community misconception that ‘real’ rape involves a victim physically resisting a violent offender (Webster et al. 2018). Research is unequivocal, however, that most sexual offenders have a prior relationship with the victim, and many do not use physical violence during an assault (Salter 1988; Tidmarsh, Powell & Darwinkel 2012). Most sexual assaults do not involve the use of a weapon (ABS 2019). Typically, offenders have power over those they victimise, and gradually groom them into compliance over time. Offenders may build trust so that victims do not realise something inappropriate is occurring until the offending itself commences (Craven, Brown & Gilchrist 2006). Victims may freeze or cooperate rather than fight off the offender (Gidycz, Van Wynsberghe & Edwards 2008; Heidt, Marx & Forsyth 2005; Kalaf et al. 2017).

In a study of 317 rape reports made in Minnesota, 57 percent of victims did not actively resist at any point during the assault (Carr et al. 2014). Another study of 2,500 female victims of sexual assault found almost half did not resist during the assault. Of those who did resist, verbal resistance, as opposed to physical resistance, was the most common means (Larsen, Hilden & Lidegaard 2015).

Women often match their resistance to the level of aggression displayed by the offender. In one study in the United States, women were more likely to use physical resistance strategies (eg physically fighting, running away) if the offender used physical force, but were more likely to use non-physical resistance (eg reasoning, pleading, quarrelling) if the offender used verbal threats and less physical aggression (Gidycz, Van Wynsberghe & Edwards 2008). Women with previous sexual victimisation histories tended to engage in less direct physical resistance and were more likely to freeze during an assault (Gidycz, Van Wynsberghe & Edwards 2008).

Research has also found that unwanted sexual arousal and physiological responses (eg erections, orgasms) can occur during rape and sexual assault, and such responses do not indicate that the person consented to sexual activity (Levin & van Berlo 2004). Researchers have concluded that a defence based simply on the idea that genital arousal proves consent has ‘no intrinsic validity and should be disregarded’ (Levin & van Berlo 2004: 87).

Injury during rape or sexual assault

The ‘real rape’ myth that victims are often attacked violently by strangers suggests that victims would sustain serious physical injuries during the rape or sexual assault. Injury rates during sexual assault are variable, however, and rape victims may or may not experience injury. Some research has found very low rates of injury during rape or sexual assault. In a study of 317 rapes reported in Minnesota, four percent of victims experienced a physical injury requiring medical intervention, and 11 percent sustained ano-genital injuries requiring medical intervention (Carr et al. 2014). Out of 400 cases of rape reported to the central UK police force, most victims (79%) sustained no physical injuries during the attack (Waterhouse, Reynolds & Egan 2016).

Other studies have found higher injury rates in their samples. Sugar, Fine and Eckert (2004) found that, out of 819 female sexual assault victims, 52 percent had a general body injury, 20 percent had ano-genital trauma, and 41 percent were without injury. Maguire, Goodall and Moore (2009) found that, out of 164 cases of sexual assault, 61 percent of victims sustained a general body injury, 39 percent sustained a genital injury and 18 percent were without injury.

Moreover, where an ano-genital injury is present following rape or sexual assault, it is very difficult to determine whether that injury was sustained during consensual or non-consensual intercourse (Quadara, Fileborn & Parkinson 2013). Therefore, focusing on such evidence when assessing rape or sexual assault may be unproductive. In summary, presumptions about the credibility of rape victims should not be made based on whether or not they experienced injury.

Emotion during reporting

Research has found that laypersons, judges, and police investigators tend to perceive emotional victims of sexual assault as more credible than unemotional victims (Ask 2010; Bollingmo et al. 2008; Klippenstine & Schuller 2012; Schuller et al. 2010). Despite these expectations of a 'typical' sexual assault victim, emotional reactions and demeanours following sexual assault (and during interviews/testimonies) can be highly variable. Indeed, rape victims may respond in a calm and controlled manner, often as a coping mechanism (Petraik & Hedge 2002). Two basic responses to crime generally, and to sexual assault specifically, are (a) an emotional victim who visibly displays stress, and (b) a numbed victim whose emotions are under control (Klippenstine & Schuller 2012; Schuller et al. 2010).

Some research has found people expect that sexual assault victims will respond consistently over time and are, in turn, less believable if they show varying emotional responses (Ask 2010; Klippenstine & Schuller 2012). This contrasts with reality, where victims' emotions may change during different stages of the legal system, potentially due to improved coping over time, or counselling (Klippenstine & Schuller 2012).

Misunderstanding traumatic memory

It is a common belief that memories of rape will be clear, coherent, detailed and specific and will not contain any inconsistencies or omissions (Levine 2015). There is comprehensive research to suggest this will not be the case. Misconceptions about human memory contribute to the high attrition rates of rape cases in the criminal justice system (Hohl & Conway 2016). The following are recent research findings about human memory:

- Fragmented, confused, inconsistent, unspecific memories lacking in detail are the norm. Omissions, and differences between accounts, are normal features of everybody's memories (van der Kolk 2014).
- Memories represent only short time segments of an experience, rather than a complete record (Hohl & Conway 2016).
- Remembering many peripheral details of an event or experience is unusual (Conway, Justice & Morrison 2014; Howe 2013).
- Memories for details tend to become weaker over time (Murre & Dros 2015).
- There is no significant link between confidence in and the accuracy of a memory (Hohl & Conway 2016; Roediger, Wixted & DeSoto 2012).

The following research findings concern memory as it relates to the experience of rape or sexual assault:

- Victim–survivors of one-off traumatic events typically recall only three to five clear details; therefore, many details are often lacking (Holmes, Grey & Young 2005).
- Following rape trauma, memories may be impaired with amnesia or amnesic gaps, or may contain differences between accounts (Conway, Meares & Standart 2004; Holmes, Grey & Young 2005; McNally 2003; Tromp et al. 1995).
- Memories can also be affected by brain damage, psychological illness and pharmacological interventions (eg medications). Victims who suffer from injury or illness during or following rape might experience memory loss or memory inconsistencies (Conway 2005; Hohl & Conway 2016).

Alcohol, memory and ‘regrettable sex’

There is evidence that alcohol can have a detrimental effect on memory, including on the encoding and retrieval of core and peripheral details (Harvey, Kneller & Campbell 2013; Schreiber Compo et al. 2011). Alcohol and recreational drugs can lead to amnesia or memory discrepancies (Conway 2005), and high blood alcohol concentrations can lead to blackouts in some people, where information is prevented from entering long-term memory (Wetherill & Fromme 2016). However, research specific to the effect of alcohol on memory of sexual assault suggests that, while recall of peripheral details diminishes, recall of core memories is more robust (Flowe et al. 2016). Such findings are significant, as complainant memory is crucial to sexual offence investigations, and alcohol is involved in a significant proportion of sexual assaults. One study found that, out of 2,541 reports of sexual assault, alcohol was involved in 60 percent (Larsen, Hilden & Lidegaard 2015).

Alcohol is frequently used to discredit victims, perpetuating a misconception that intoxicated victims consent to sex, but are later regretful and allege rape (Powell et al. 2013). Little attention is focused on the way alcohol is used by perpetrators to commit rape and sexual assault. Alcohol can be used deliberately by perpetrators to facilitate sexual assault. The media often focuses on date-rape drugs, such as Rohypnol, when discussing drug-facilitated sexual assault. However, alcohol is the most common drug of choice, intentionally used by perpetrators to incapacitate victims prior to sexual assault (Horvath & Brown 2007; Wall & Quadara 2014). Perpetrators may also be opportunistic, taking advantage of people who are heavily intoxicated and incapacitated (by their own actions), a theme commonly voiced in interviews with Australian sexual assault survivors (Wall & Quadara 2014).

Alcohol is also a tool used by perpetrators to enhance their own confidence, and to excuse their actions. They may take advantage of social attitudes that drunkenness denotes sexual availability or consent, as well as societal views that blame women for engaging in drinking (Wall & Quadara 2014). Disinhibition theory asserts that alcohol can limit impulse control and the ability to inhibit inappropriate behavioural responses. This may also explain some acts of opportunistic sexual assault perpetrated by offenders (Wall & Quadara 2014).

Misconceptions of sexual crime dynamics

Relationship with offender

It is a common misconception that most rapes are committed by strangers (Webster et al. 2018) despite significant evidence, over many decades, that rapes are usually committed by someone known to the victim, often in a familiar residential location. Rapes are often committed by family members or within intimate partner relationships (ABS 2013, 2017a; Australian Institute of Health & Welfare 2018; Larsen, Hilden & Lidegaard 2015; Waterhouse, Reynolds & Egan 2016).

The ABS 2016 Personal Safety Survey found that women were four times more likely to have been sexually assaulted since the age of 15 by a known person compared to a stranger and, in their most recent incident of sexual assault by a male, 87 percent of women aged 18 and over were sexually assaulted by a known male. In a study of 400 rape cases in the United Kingdom, 71 percent were committed by someone known to the victim (domestic and acquaintance rapes; Waterhouse, Reynolds & Egan 2016). Out of 2,500 sexual assault cases in Denmark, 75 percent of victims had met the perpetrator before the sexual assault, and almost half reported the offender was a current or previous boyfriend, family member, or friend (Larsen, Hilden & Lidegaard 2015). The same study found female victims were most often assaulted in their own home or the offender's home. In Australia, a greater proportion of females than males report experiencing sexual assault in the context of intimate partner relationships (ABS 2013; Tarczon and Quadara 2012).

Continued relationship with offender

People may believe that 'real rape victims' would discontinue a relationship with the offender. However, offenders often build a relationship with the victim involving trust, power and fear, rendering it difficult for victims simply to discontinue a relationship with their abuser after an assault. Offenders often engage in coercive control and a grooming process where they gradually manipulate the victim into thinking they are responsible for or have consented to the abuse, and that there will be negative consequences if they disclose the abuse (Craven, Brown & Gilchrist 2006; Tidmarsh, Powell & Darwinkel 2012). It is important to recognise that grooming can occur with adults in many different relationship contexts and is not a tactic reserved solely for children (Tanner & Brake 2013).

In a sample of 11,795 college students in Canada and the United States, approximately 30 percent of women and 12 percent of men reported having been sexually assaulted at some point in their lives. Among assault victims of both genders, 23 percent stated that they had had sexual intercourse with the perpetrator on at least one subsequent occasion, and a substantial minority of female sexual assault victims continued to date and/or engage in sexual activity with the perpetrator following the assault. This was more likely if the assault resulted in completed sexual intercourse than if the victim prevented penetration. The study concluded that some offenders were using assaultive tactics to secure sex partners beyond a single sexual episode (Ellis, Widmayer & Palmer 2009).

Victims often stay in a relationship with their abuser. This may be for a multitude of reasons: fearing for their own safety or the safety of others such as children, friends, family or pets; feeling ashamed and responsible for their own rape; believing they can change the abuser's behaviour; or realising that they are isolated or without financial support (Long 2006). Leaving a relationship with an abusive partner is often associated with a heightened risk of violence, including lethal violence (Fleury, Sullivan & Bybee 2000; McFarlane, Campbell & Watson 2002).

Location and corroboration

The misconception that 'real' rape involves a woman being attacked in an outdoor area can also lead to assumptions that the offence will be corroborated, either by a third-party witness or physical evidence (Waterhouse, Reynolds & Egan 2016). As most rapes and sexual assaults occur in a residential location, isolated from potential witnesses, such corroborative evidence is seldom available. Sexual assault victims (and offenders) are often the only witnesses to the crime (Cossins & Goodman-Delahunty 2013; Tidmarsh, Powell & Darwinkel 2012). Typically, there is no forensic medical evidence to prove that rape or sexual assault occurred, especially if the incident occurred some time ago (Cossins & Goodman-Delahunty 2013). Even when forensic evidence is present, it may show only that sexual activity took place, without proving the vital factor in determining whether a crime was committed—that the act took place without consent.

In 2011, 50 percent of sexual assaults reported in Australia occurred in a private residence (ABS 2013; Tarczon & Quadara 2012). In 2013, two-thirds of sexual assaults occurred in a residential location, as opposed to a public space (ie away from public view: ABS 2014). Similarly, a study of 400 cases of sexual assault in the United Kingdom revealed that most rapes (74%) occurred inside a person's home (Waterhouse, Reynolds & Egan 2016).

Misconceptions of the prevalence and nature of sexual offending

Gender of victims and offenders

There is consistent evidence that sexual assault is a gendered crime. Most sexual assault victims are female (84% in 2018; ABS 2019) and most sexual assault perpetrators are male (ABS 2013; Turchik & Edwards 2012). Yet in 2017 the National Community Attitudes towards Violence against Women Survey found a decline in Australians' understanding of the gendered nature of sexual offending and victimisation (Webster et al. 2018). Between 15 and 20 percent of women and five percent of men will experience rape or sexual assault after the age of 15 (ABS 2012). Young women between the ages of 18 and 25 are most at risk and, in any given year, approximately 2.5 percent of the adult female population will experience rape or sexual assault (ABS 2017a, 2013; Tarczon & Quadara 2012).

Despite the gendered nature of sexual crime, some research suggests not only that victimisation rates for men may be significantly higher than currently believed, but also that female perpetration occurs at a greater rate (Stemple, Flores & Meyer 2017; Stemple & Meyer 2014). The misconception that men cannot be victims of sexual crime is still present, despite clear evidence to the contrary (Turchik & Edwards 2012; Stemple & Meyer 2014).

In Australia, 4.3 percent of men report having experienced sexual assault since the age of 15. In 2016, 0.7 percent of men reported sexual assault in the preceding 12 months (ABS 2017a). Statistics are likely to underestimate the true level of the crime given that many men are unwilling to report sexual assault due to a range of barriers, including the misconception that men cannot be victims, or that men do not suffer harm from non-consensual sex (Sable et al. 2006; Stemple & Meyer 2014; Weiss 2010).

Men may be particularly vulnerable to rape in institutional settings such as the military and prison (Turchik & Edwards 2012; Stemple & Meyer 2014), but also experience rape in a range of community settings (Fisher & Pina 2013; Sable et al. 2006; Stathopoulos 2014; Turchik & Edwards 2012). Despite evidence that abuse of men by women may be more common than currently believed (Stemple & Meyer 2017, 2014), the majority of men are offended against by other men, with a significant proportion of offenders identifying as heterosexual (Hodge & Canter 1998; Turchik & Edwards 2012).

It is also important to note that there is significant sexual offending in same-sex relationships. Gay and bisexual men report higher levels of sexual victimisation than heterosexual men, and bisexual women more than lesbian or heterosexual women (Rothman, Exner & Baughman 2011; Walters, Chen & Breiding 2013). See Mortimer, Powell and Sandy (2019) for an exploration of misconceptions about sexual violence impacting lesbian, gay, bisexual, transgender and queer people.

Age of victims

Research has indicated that girls and young women are over-represented as victims of sexual assault. For example, in 2016 young women aged 15–19 had the highest rates of reported sexual assault of any age and gender group (ABS 2017b). The Australian Personal Safety Survey also found that more than half of sexual assault victims were aged under 35 (ABS 2013). Nevertheless, it is important not to overlook older women as victims of sexual assault.

Looking again at the Personal Safety Survey, approximately 5,812 women aged 55 years and over had experienced sexual assault in the 12 months prior to the survey (ABS 2013). While rates of sexual violence against older women appear to be lower than for younger women, existing prevalence estimates are likely to underestimate the true extent of victimisation. Older women face a range of barriers to recognising and disclosing their experiences of sexual violence, especially if they grew up in an era when sex was a taboo topic, or when rape within marriage was not legally recognised (Fileborn 2016).

Many older female victim–survivors do not or cannot report to the criminal justice system. For those who do, their cases suffer from high levels of attrition. Living in an aged care facility may increase older women’s vulnerability to sexual assault, especially if they have a disability or experience cognitive decline or social isolation (Fileborn 2016). Offenders may be other residents or staff/carers who have power over older women (Fileborn 2016).

Research has shown that sexual assaults against older women (55–87 years) share many characteristics with assaults against younger women (15–30 & 31–54 years). Women in the older age group were just as likely to be assaulted by an acquaintance as by a stranger, and just as likely to experience severe methods of coercion such as restraint or physical violence (Del Bove, Stermac & Bainbridge 2005). They sustained similar injuries to those incurred by younger women (eg lacerations, bruises), but suffered higher rates of vaginal injuries (Del Bove, Stermac & Bainbridge 2005).

Disability

People with disabilities (including mental health issues and intellectual disabilities) are over-represented as victims of sexual crime, and often face many barriers to reporting (Murray & Powell 2008; Plummer & Findlay 2012). Victoria Police data have revealed that, out of 850 reported rapes, 27 percent of victims were identified as having an intellectual or physical disability, a psychiatric disorder or mental illness (Heenan & Murray 2006). People with intellectual disabilities may be particularly at risk of sexual abuse by carers, staff, and other residents at residential settings, in addition to family members, intimate partners and ex-partners (Murray & Powell 2008). Perpetrators often target those with intellectual disabilities because they perceive them as being powerless, vulnerable, and unable to make accusations (Pillay & Sargent 2000).

Despite evidence to the contrary, people with disabilities and mental health issues are often presumed to be unreliable witnesses (Keilty & Connelly 2001). People with disabilities are the least likely to have their cases heard in court and are twice as likely to have their stories seen by investigators as false reports (Murray & Heenan 2012; Vera Institute of Justice 2018). Case studies show that people with mental health issues may make disclosures of sexual assault that appear implausible, but are subsequently found to be genuine—for example, a patient who claimed she was ‘raped by Santa Claus’ was in fact raped by a groundsman who had a white beard and was wearing a red T-shirt (Ashmore, Spangaro & McNamara 2015). It is vital that police take disclosures at face value, until the matter is thoroughly investigated. Disclosures may be plausible accounts of current events, or disclosures of past abuse, triggered by recent traumatic experiences.

People with disabilities are often capable of relaying accurate details about their abuse, particularly if they are interviewed in a developmentally sensitive and non-intimidating manner (Pillay & Sargent 2000). It is important for investigators to take all disclosures seriously and remember that a lack of coherence does not equate to a lack of honesty (Ashmore, Spangaro & McNamara 2015).

Conclusion

Misconceptions of sexual crime and victim behaviour are likely to influence investigators and fact-finders in the criminal justice system. They may contribute to under-reporting, high case attrition rates and low conviction rates. This paper has outlined some key misconceptions about sexual offending and synthesised leading empirical evidence that counters such misconceptions. This could be used as a guide to assist fact-finders (eg police investigators, lawyers, judges, jurors) in their decision-making about sexual offence cases. With specialist knowledge, we can improve criminal justice responses and outcomes for victims of sexual crime.

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