3. **Prevalence of rape and sexual assault**

This section sets out the numbers in relation to rape and sexual assault.

### Key Points for Service Provision

- People find it hard to report rapes and sexual assaults
- Services need to be accessible to all, ensuring that physical or perceived barriers are acknowledged and addressed, in terms of access, financial inclusion, travel arrangements, translators, free phone call number etc.
- It is important that already marginalised communities are afforded equal access to services and efforts are made to ensure that confidential access and reporting mechanisms are in place.
- Staff should have the relevant training to be able to deliver sensitive and inclusive services.
- Knowledge of local communities and geography also helps to plan services, particularly community healthcare and social services.

#### 3.1 Prevalence

No formal needs assessment of people requiring healthcare and forensic medical services for sexual offences examination in Scotland has been undertaken. The information outlined here has therefore been compiled from publicly available secondary literature sources.

The *Scottish Crime and Justice Survey 2014-15* (Scottish Government 2016) found that:

- 2.7% of adults had experienced at least one form of sexual assault since the age of 16 (89% were female and 11% were male).
- More than half of respondents said that they had experienced their first (or only) incident of serious sexual assault between the ages of 16 and 20.
- Serious sexual assault was most commonly carried out by someone known to the individual.
- Almost nine-in-ten (87%) said they knew the offender in some way.
- Over half (55%) said that the offender was their partner.

The *British National Survey of Sexual Attitudes and Lifestyles* (Natsal) includes questions about the experience of rape or sexual assault. Participants who reported having had heterosexual intercourse or sex with someone of the same sex were asked: *Since the age of 13 years, has anyone tried to make you have sex with them against your will?* Those who answered ‘yes’ were defined as having experienced ‘attempted rape or sexual assault and were then asked, *Has
anyone actually made you have sex with them, against your will?’ which was used to define the experience of ‘completed rape or sexual assault.

These questions were asked in the self-completion part of the interview. Natsal Key Findings from Scotland (Fuller et al. 2015) found that:

- A higher proportion of women than men reported having experienced rape or sexual assault.
- Around one in five women (19%) reported that someone had tried to make them have sex against their will.
- About half of these (10%) went on to report completed rape or sexual assault.
- Amongst men, 4% reported that someone had attempted to have sex with them against their will.
- 2% went on to report completed rape or sexual assault.

The levels of reporting of attempted and completed rape or sexual assault were similar across the three countries. As in England and Wales, women in Scotland were more likely than men to report that someone had attempted to have sex with them against their will and to report that an attempt had been completed (Fuller et al. 2015).

3.2 Social Factors

3.2.1 Socio-economic

The 2014/15 Scottish Crime and Justice Survey: Sexual Victimisation and Stalking found that the risk of serious sexual assault since the age of 16 varied by neighbourhood deprivation: 4% of those living in the most deprived areas of Scotland reported abuse, compared to 2.5% of those living in the rest of Scotland (Murray 2016).

Analysis from the Youth Justice Liaison and Diversion pathfinder scheme data-set suggests that young women in gangs have some of the highest health and social vulnerabilities including sexual assault (x11) compared to the broader group (x2) (Department of Health 2012).

3.2.2 Health

The relatively high prevalence of sexual violence in young women is worse for those with pre-existing vulnerabilities and for some, may be associated with several other life risks.

3.2.3 Men
Regardless of sexual orientation or gender identity rape is a crime of power and aggression and not sexual attraction, however societal expectations of men as being non-passive make it difficult for them to report this crime. Men may struggle afterwards with issues surrounding their sexual orientation and how this will be perceived by others (NHS Education Scotland 2018). The Stern Review on Rape Reporting in England and Wales found that male rape was under-reported and men experience additional socio-cultural barriers to reporting rape and sexual assault (Government Equalities Office and Home Office 2010). Services therefore need to be set up to support the needs of men.

Resources: For further information on the impact of sexual violence on men: Male Sexual Abuse – The Myths & The Realities Survivors UK.

3.2.4 Black and Ethnic Minorities
Rape amongst people from ethnic minorities is underreported and stigmatised. The maintenance of virginity may be an issue and the opportunity to marry after a rape may be affected. This is complicated by language barriers, cultural issues, social isolation and family pressures (BASHH 2012).

A study undertaken with asylum seeking women in Scotland found that:

- 26% of those interviewed (n 46) reported forced or coerced sex, and had experience this multiple times.
- 11% experienced this in the past 12 months.

(Zimmerman et al. 2009).

An issue that has been raised with Rape Crisis Scotland is around immigration status and sexual violence. If someone has no recourse to funds because of their asylum status, this is a barrier to disclosure and to accessing services.

3.2.5 LGBTI
Many large-scale surveys on sexual violence do not take into consideration participants’ sexual orientation or gender identity. This makes it difficult to gauge the full extent of sexual violence experienced by LGBTI (lesbian, gay, transgender/, bisexual, and intersex, individuals and communities).

Research suggests that members of LGBTI may face significant levels of abuse, harassment and violence (Fileborn 2012).

The Hate Crime Report: Homophobia, biphobia and transphobia in the UK surveyed people from the LGBT community regarding their experiences of hate crime. They found that:

- 1 in 10 LGBT people said the hate crime they experienced involved some form of sexual violence (9%).
• Trans people were most likely to have experienced sexual violence as part of a hate crime (16%), followed by bisexual people (10%), lesbian women (8%) and gay men (7%).
• This group were slightly less likely to be satisfied with the outcome of reporting (43% compared with 49% in general).
• They were also more likely to say they thought they would not report next time they experience hate crime (21% compared with 11% in general).
• The main reason given for this was their fear that it would not be treated seriously (66% compared with 44% in general) (Antjoule 2016).

LGBTI individuals are likely to face additional barriers to disclosure such as fear of judgement, stigmatisation and ‘outing’ of their sexual orientation or gender identity.

3.2.6 People in Prison
There has been limited research on sexual abuse in prisons and the nature and extent of the problem in Scotland is unknown. Her Majesty’s Inspectorate of Prisons (HMIP) data for England and Wales demonstrate that 1% of the prisoners reported being sexually abused in prison. Extrapolating from this data, the Howard League for Penal Reform’s Coercive sex in Prison briefing estimates that between 850 and 1650 prisoners in England and Wales could be individuals of sexual abuse whilst in prison. The Howard League for Penal Reform suggests that the number of sexual assaults could be many times higher as evidence indicates that some individuals are assaulted several times, with gay and transgender prisoners at higher risk of sexual assault than heterosexual prisoners (Howard League for Penal Reform 2015).

3.2.7 Reporting of sexual crimes to Police
Recorded sexual crimes have been on a long-term upward trend since 1974, and have increased each consecutive year since 2008-09. Police Scotland has advised that the increase in recorded sexual crime may in part be due to increased reporting, including that of non-recent crimes. The successful outcome of cases featuring historic offending may have highlighted to survivors that cases will be listened to by the police, regardless of how long ago they occurred. Media coverage has also led to the identification of further survivors who previously may not have reported crimes to the police.

Sexual crimes account for 5% of all crimes recorded in Scotland in 2016-17.

During 2016-17 Police Scotland recorded 1,878 recorded crimes of rape and 4,281 recorded crimes of sexual assault. This includes children as well as adults (Scottish Government 2017, Recorded Crime in Scotland 2016-17). For those who did report to the police;

• 32% did so within 7 days.
• 39% reported between 7 days and 1 year.
• 28% reported over a year from the incident taking place.
In the Crime and Justice Survey 2015-16, of those who reported that they had experienced forced sexual intercourse, 17% said the police were informed about the most recent incident (Murray 2016).

### 3.2.8 Conviction rates

The *Criminal Proceedings in Scotland Statistical Bulletin* shows that in 2016-17 the number of convictions for sexual crimes in Scotland totalled 1,037 and has remained relatively static from 1,156 convictions in 2015-16, although it should be noted that this is still 37% higher than the conviction rate in 2010-11. The number of proceedings in court for sexual crimes has remained relatively static in 2016-17 with 1,510 proceedings in comparison to 1606 in 2015-16. Although this has been static over the previous 2 years there is still a 62% rise since 2010-11, likely related to an increased level of reporting in the wake of high profile cases.

Further to the above, conviction rates for rape and attempted rape saw a slight decrease in 2016-17 with a total of 98 convictions compared to 105 in 2015-16 and further to this saw an increased number of proceedings, 251 in comparison to 216 in 2015-16. Due to the complex nature of high court cases it should be noted that figures may be underestimated due to delays in recording information.

Although the number of convictions and proceedings for sexual crimes have remained relatively static it is important to highlight that rape / attempted rape and sexual assault in 2016-17 saw the highest acquittal rates at 59% and 35% respectively.

### 3.3 Social and Economic Costs

Estimates of the social and economic cost of reported crime have been produced by Scottish Government ([Scottish Government Cost of the Criminal Justice System in Scotland 2018](#)).

The total cost is estimated at £1.6million. This total includes estimates of economic and social costs of crime including costs for:

- the anticipation of crime (e.g. defensive expenditure such as household alarms and insurance administration);
- the consequences of crime (e.g. value of property stolen/damaged, lost output and emotional or physical impact of crime) and;

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2 The figures are developed from various sources of crime data such as the Scottish Crime and Justice Survey, which publishes data on the actual levels of crime experienced by the public, not just those crimes that are reported to the police. Costs for particular crime types are based on UK Home Office estimates of economic and social costs of crime, adjusted to 2015-16 prices.
• responses to crime (e.g. police, health services, prosecution, court, legal aid, criminal justice social work, and prisons).

Useful resources


Fuller et al. (2015) *Natsal Key Findings from Scotland*

Government Equalities Office and Home Office (2010) *Stern Review on Rape Reporting in England and Wales*

The Howard League for Penal Reform’s *Coercive sex in Prison*

Murray (2016) *2014/15 Scottish Crime and Justice Survey: Sexual Victimisation and Stalking*


Scottish Government (2018) *Cost of the Criminal Justice System in Scotland*

Survivors UK: *Male Sexual Abuse – The Myths & The Realities*

Zimmerman, C., et al. (2009) *Asylum-Seeking Women, Violence & Health: Results from a Pilot Study in Scotland and Belgium*, London School of Hygiene & Tropical Medicine (LSHTM) and Scottish Refugee Council (SRC)