

THE LIFETIME PRICE OF HARM

Economic Costs of Sexual Violence and the
Case for Timely Intervention in Australia

by Ben Perks and David Gilchrist



THE UNIVERSITY OF
WESTERN
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RECOGNITION OF VICTIMS AND SURVIVORS

Allambee and the UWA Public Policy Institute acknowledge the deep harm caused by sexual violence and recognise the immense strength of children, young people, and adults of all genders who have been impacted.

We acknowledge that while statistics provide a valuable method for understanding the magnitude of sexual violence, they do not tell the full human story. We recognise that each data point in this report represents a real person, as well as real and lasting harm.

The analysis within the report is intended to complement the wisdom and expertise held by those with lived experience of sexual violence and support the critical role they play in informing future policy and practice.



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FOREWORD

For those familiar with the human costs of sexual violence, quantifying the economic impacts of sexual violence may seem a dehumanising process. While it is a sad necessity, there is merit in capturing the full costs of sexual violence to bring attention to the human suffering at its core.

For decades the sexual violence sector and lived experience advocates have spoken at volume of the human costs, the crimes committed, the deep level of harm and trauma experienced, and the lives forever changed and lost due to sexual violence. We have come to understand however, that it is only through clearly articulating the full costs that we are likely to see the level of investment required in sexual violence response and prevention.

Specialist sexual violence services are the epicentre of sexual violence response and prevention in Australia, providing a highly specialised suite of service responses for tens of thousands of victim-survivors each year. Yet, they remain unrecognised, undervalued and chronically underfunded. Over the past decade there has been significant increase in public awareness of family and domestic violence and a strong commitment to reform and invest in family and domestic violence response and prevention. The same has not been the case for sexual violence.

It must be asked, when the scale of sexual violence is clear, why are we still not seeing the investment in legislative, policy and funding reform required to tackle an issue of such epidemic proportion? The reasons are varied and complex, but not insurmountable. Sexual violence is entirely preventable.

The widescale lack of understanding of sexual violence, and importantly how it differs from family and domestic violence, is a key limiter to investment in response and prevention. Too often when queried on commitments to address sexual violence, responses refer to actions taken to address family and domestic violence; but they are not one and the same. Sexual violence perpetrated in the context of family and domestic violence is but one example from a continuum of types of sexual violence experienced by children and adults of all genders across the life course. Furthermore, sexual violence service responses are highly specialised and differ distinctly from those for family and domestic violence.

To improve awareness and understanding of sexual violence, it must be brought out of the shadows and into public consciousness through improved evidence and frank conversation. We must overcome our reluctance and discomfort to speak about it. We must address the myths, misconceptions, and the victim blaming that prevents victim-survivors from reporting crimes perpetrated against them. This requires leadership. Government, business, industry, sporting, and community leaders must educate themselves on sexual violence and have the courage to speak openly about it.

As a nation, we can no longer turn away from the enormity of this issue. The prevalence data speaks for itself. Alarming, the data indicates that rates of sexual violence among young people are rising, a trend expected to continue, as legislation fails to keep pace with the rapid developments in online and AI environments. Spaces that are increasingly being used to proliferate and distribute child



sexual abuse material and sexually educate young people through violent and degrading pornography.

Despite this, the investment into sexual violence response and prevention remains shockingly low. While it is encouraging to see an increased focus on sexual violence in policy and legislative environments, to date this has failed to translate into investment in the frontline specialist sexual violence sector that is directly supporting victim-survivors throughout Australia. While services continue to buckle under the weight of demand, delays in access to critical supports create significant, avoidable long-term harm for victim-survivors.

Through quantifying the economic cost of sexual violence, this landmark report, provides governments and policymakers with critical evidence of the value of sustained investment in specialist sexual violence services to ensure better outcomes for victim-survivors into the future.

Nicole Lambert



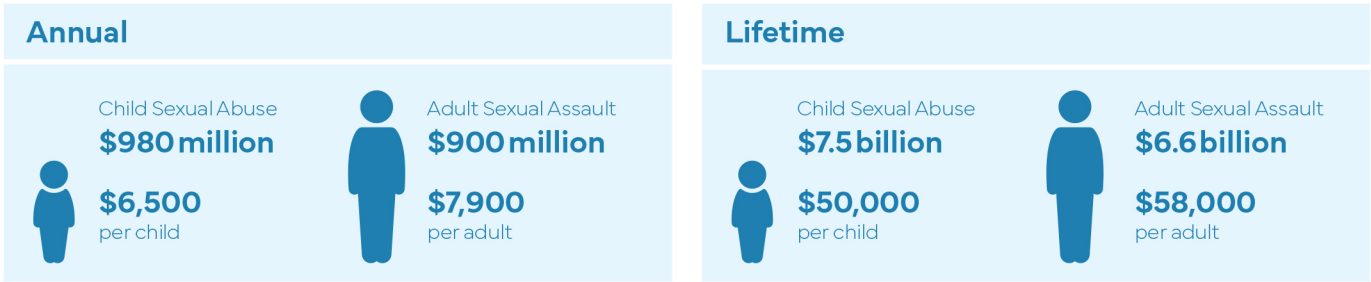
CEO, Allambee

Chair, National Association of Services Against Sexual Violence



Headline Figures

Total economic costs attributable to sexual violence in Australia*



These costs represent approx. **0.5%** of Australia's GDP for **2%** of the population.

National funding shortfall

Around 68,500 people require sexual assault support services annually, but only 45,700 are engaged with a service **leaving about 23,000 with unmet support needs.**

Estimated current national funding (commonwealth and state) is \$160 million annually. **Meeting full demand would require \$240 million, a \$80 million (33%) shortfall.**

ANNUALLY



Commonwealth and State
\$160 million

Meeting full demand
\$240 million

Shortfall
\$80 million

Total stock of economic costs attributable to sexual violence



Equivalent Annualised Cost

Child Sexual Abuse
\$10.8 billion

Adult Sexual Assault
\$7.4 billion

Lifetime

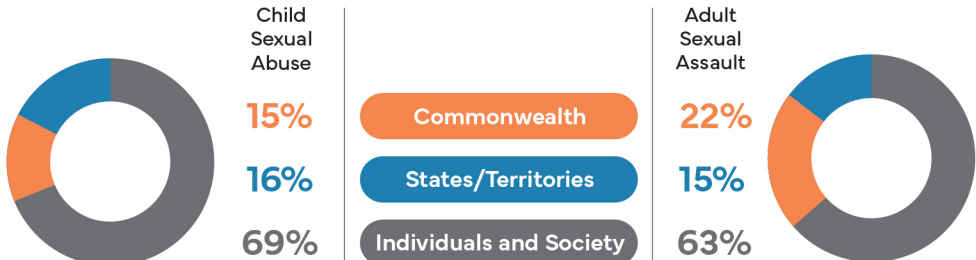
Child Sexual Abuse
\$114 billion

Adult Sexual Assault
\$78 billion

The cost burden is not evenly shared across society

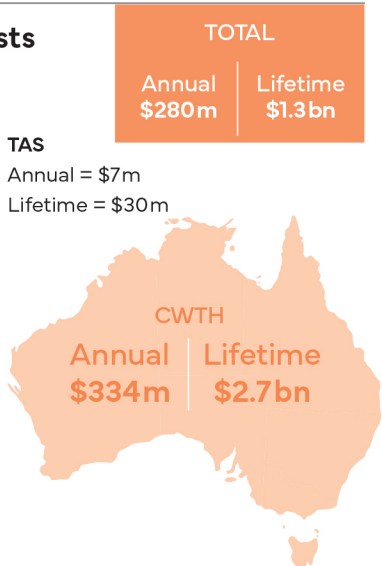
Most of the cost burden falls on the individual and society, through disruptions to **employment, earnings and healthy years lived.**

The remaining costs are shared between the commonwealth and state governments through **foregone tax revenue and welfare, justice and health spending.**



Annual and lifetime fiscal costs

| | | |
|---|---|---|
| WA Annual = \$30m Lifetime = \$136m | NT Annual = \$2m Lifetime = \$10m | TAS Annual = \$7m Lifetime = \$30m |
| QLD Annual = \$61m Lifetime = \$277m | VIC Annual = \$34m Lifetime = \$318m | |
| SA Annual = \$19m Lifetime = \$88m | ACT Annual = \$5m Lifetime = \$22m | |



Forgone Taxation



Child Sexual Abuse

\$140m
per annum

\$1.5 bn
lifetime

\$2.5 bn
total annual cost**

Adult Sexual Assault

\$100m
per annum

\$1bn
lifetime

\$1.3 bn
total annual cost

Efficiency Loss

\$103m
per annum

\$680m
lifetime

*In 2025 dollars

**Sum of new and historical cost burden

EXECUTIVE SUMMARY

In 2021-22, there were an estimated 150,000 cases of sexual abuse towards children and a further 114,000 cases of adult sexual assault costing an estimated \$7.5 billion and a further \$6.6 billion over the life course to individuals and governments.

Sexual violence is a pervasive issue in Australia, having not only acute immediate impacts on victim-survivors and their families but across a range of services and systems. Australian governments at the commonwealth and state-levels have made considerable reform and funding commitments to the broader issues of gender-based violence, with a proportion of this effort being directed at sexual violence.

According to the latest 2024 ABS data, sexual assault victimisation in Australia continues to rise, with 40,087 victims reported to police, an increase of 10% from the previous year. This represents the highest recorded victimisation rate to date (147 per 100,000 persons) and marks the 13th consecutive yearly increase, with rates outpacing population growth in four of the past five years.

Rising incidents of sexual abuse and assault are colliding with under-capacity support services, leaving many impacted unable to adequately access counselling and early intervention. These delays exacerbate trauma and increase the risk of chronic health issues, justice involvement, family instability, and reduced workforce participation.

The resulting social and economic costs, borne by individuals, communities, and public systems, are largely preventable. Insufficient investment in timely, accessible, and coordinated responses perpetuates cycles of harm and downstream pressure on health, justice, and welfare services. Addressing sexual violence proactively is therefore both a social and fiscal imperative, requiring targeted policy action and investment to close service gaps and mitigate long-term impacts.

As part of the growing calls for effective and timely intervention is a renewed emphasis on the part of advocates and governments to better understand the comprehensive costs of sexual violence on individuals, society and the economy. The analysis undertaken in this report aims to estimate the short and long-term costs attributable to sexual violence within the Australian population. Through the estimation of childhood sexual abuse (years 0-17) and adult sexual assault (years 18+) incidence, the annual and lifetime—that is the costs borne over a person's life rather than immediately—are presented and the implications discussed.

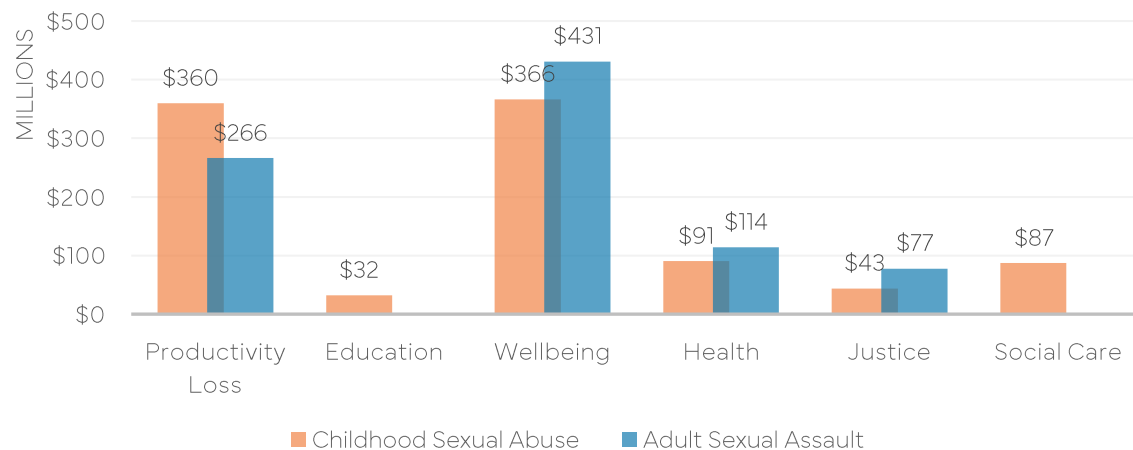
By estimating costs across the lifetime of victim-survivors, the report contributes to the economic case for proactive, timely and sustained intervention into addressing sexual violence across Australia. Further, the report highlights the need for governments to more accurately engage response and recovery service as, not only necessary immediate supports, but crucial prevention policies.



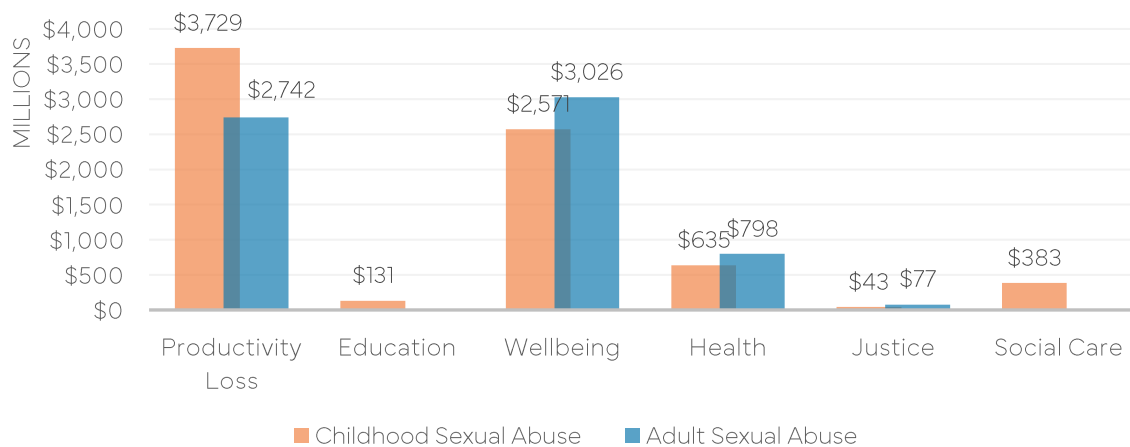
The Total Estimated Costs in Australia are Significant and Compounding Annually

Child sexual abuse (CSA) and adult sexual assault (ASA) impose substantial economic burdens in Australia, each totalling approximately \$1 billion annually.

TOTAL ANNUAL ECONOMIC COSTS ATTRIBUTABLE TO SEXUAL VIOLENCE IN AUSTRALIA



TOTAL LIFETIME COSTS ATTRIBUTABLE TO SEXUAL VIOLENCE IN AUSTRALIA



When considering lifetime costs, the economic impact becomes even more pronounced. Estimating over time using a 7% discount rate, the present value of lifetime costs associated with annual incidences is \$7.5 billion (CSA) and \$6.6 billion (ASA). Combined, these costs represent approximately 0.5% of Australia's 2024 GDP annually being borne from violence towards around 2% of the total Australian population. These estimates represent conservative lower bounds and are unlikely to capture to full extent of the lifetime costs for victim-survivors or the economy overall.

Importantly, when the annual cases are projected across a victim-survivor's working lifetimes they add more than \$6 billion in present-value costs to the economy. This lifetime figure captures lost

productivity, higher service demand and broader societal impacts that unfold long after the incidence year.

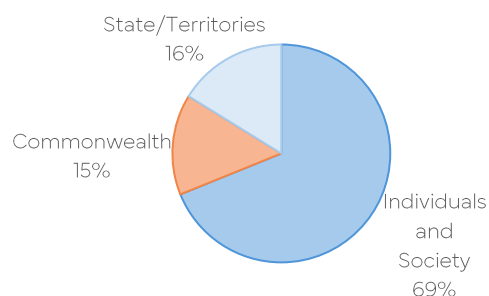
Because every cohort of new cases brings its own multibillion-dollar lifetime burden, the stock of CSA and ASA costs increases each year. While some expenses taper off as individuals age or their needs resolve, these expiring costs are likely modest relative to the year-on-year inflows of lifetime liabilities. The result is a compounding fiscal and economic pressure that grows steadily over time.

The Cost Burden is Not Evenly Shared Across Society

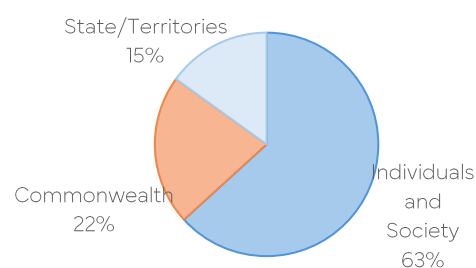
Sexual assault and abuse generate a dispersed burden, with significant costs incurred to individuals, communities and the health, justice, education, welfare, and employment systems. The largest cost burden falls on the individual and society, through disruptions to employment, earnings and healthy years lived. The remaining costs are shared between the commonwealth and state governments through foregone tax revenue and welfare, justice and health spending.

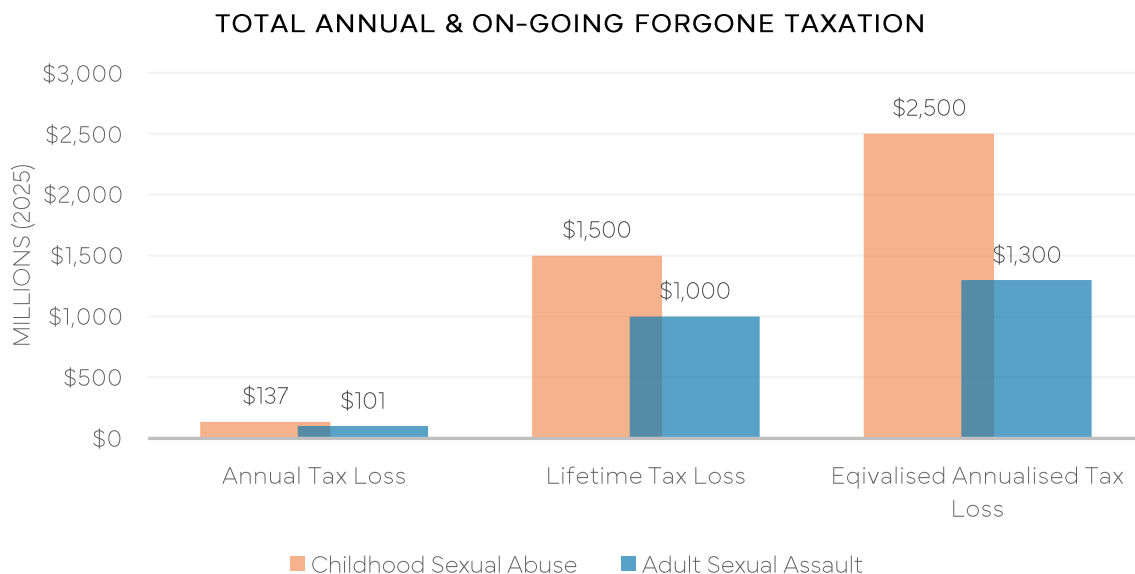
Reduced labour-market participation by victim-survivors erodes the commonwealth's tax base. Lost earnings translate to an annual income-tax gap of roughly \$230 million in foregone revenue, accumulating an average of \$2.5 billion of lifetime tax losses per year of new incidence. When historical costs are annualised, the annual economic 'leakage', or revenue shortfall, from unaddressed past impact is around \$2.5 billion (CSA) and 1.3 billion (ASA) per annum.

**ESTIMATED ANNUAL
CHILDHOOD SEXUAL ABUSE IN
AUSTRALIA 2021/22**



**ESTIMATED ANNUAL ADULT
SEXUAL ASSAULT IN
AUSTRALIA 2021/22**





These shortfalls create a double fiscal burden: governments must both replace the lost revenue and fund additional services to address the harm, generating deadweight loss (DWL). Present DWL attributable to sexual violence is estimated at \$103 million per year, with each new incidence year adding around \$680 million in lifetime efficiency losses; in total, about \$900 million in DWL from recent and historical cases is already embedded in commonwealth and state budgets each year. Every preventable case therefore magnifies economic inefficiency and diverts public funds.

There is a clear rationale for governments to provide further investment into specialist sexual violence services.

Timely intervention and recovery services have been shown to reduce re-victimisation, improve mental health outcomes, and alter life course trajectories, yet access remains severely constrained. More than half of WA clients can wait several months for counselling, delaying or preventing timely support that could mitigate adverse outcomes.

Current estimates indicate that approximately 68,500 individuals require specialist sexual assault services each year, with around 45,700 people currently engaging with such services either being served or in waiting. This suggests a significant unmet need in the community, affecting roughly 23,000 individuals nationally.

Combined commonwealth and state/territory funding for direct sexual assault services currently totals around \$160 million per year. To meet the estimated demand and provide adequate support, funding would need to increase to approximately \$240 million annually, representing a shortfall of about \$80 million per year, or 33% of the required resources.

In WA, funding for specialist sexual assault services, and related services, is approximately \$15.8 million per year. However, estimates indicate that to fully meet community need would require around \$27



million in resourcing annually (a 42% underfund). Each year, it is estimated that at the current funding amount, around 4500 people are unable to access specialist services in WA.

Service gaps are stark when considering the full victim-survivor population with around 17% of those impacted by sexual assault or abuse receiving support services. Without scaling investment, demand will continue to overwhelm frontline capacity, pushing the system into a cycle of crisis response and compounding avoidable downstream social, economic and fiscal costs.

Crucially, evaluation must look beyond narrow budgetary cost offsets. The largest savings emerge when harm is prevented from being fully realised over an individual's lifetime. With sustained and targeted investment, greater service capacity is likely to deliver significant cross-sectoral returns, creating both fiscal efficiencies and long-term public value.

The policy implications and recommendations are timely, feasible and align well with current government priorities.

Annual cases of CSA and ASA impose steep, long-tail costs that are largely borne by victim-survivors and their families through lost earnings, poorer health, and reduced quality of life. On the other hand, government costs are widely dispersed across health, justice, welfare, and other service areas and portfolios. This budgetary fragmentation hides the true scale of reactive spending and impedes coordinated action at scale for governments.

Current government emphasis on short-term crisis-orientated funding skews resources toward acute response. This undervalues the preventative potential of response and recovery services currently under capacity in meeting the need in communities. When lifetime costs are factored in, it appears evident that every dollar spent on avoidable downstream harms crowds out public funds that would be better served addressing other fiscal challenges, particularly within the support and care sectors.

Ultimately, it is necessary for governments to see specialist sexual assault services as not only response and recovery services, but as forms of early intervention and prevention in other areas of the economy. Thereby, ensuring the full benefits and costs are factored into budget decisions.

The following core recommendations for government to consider would best position the service and public sectors to better understand and develop policy for sexual violence in Australia.

1. Develop and Release Sexual Violence Strategy and Action Plans that Improve Targeted Policy Coverage to Address the Consequences of Sexual Assault.

Ensure sexual violence is systematically addressed through established and developing strategic action plans that complement broader gender-based violence strategies and reflect the unique drivers and impacts of sexual violence. For the approach to be effective it must enable adequate monitoring, discrete budget item recognition, responsiveness and cross-departmental coordination in identifying community need and providing sufficient targeted investment to deliver lifetime prevention benefits.



2. Increase Investment in Sexual Assault Services Infrastructure and Delivery

Increase investment to expand access to sexual assault and abuse services to systematically achieve lifetime cost reductions, improve individual outcomes and offset further public investment. Current funding levels leave many without timely care, increasing the risk of long-term harm and otherwise avoidable system contact. Targeted investment would improve outreach, service continuity, and recovery outcomes—reducing the significant lifetime costs associated with childhood sexual abuse and sexual assault.

3. Build and Strengthen Functional Data Assets to Enable the Effective Evaluation and Design of Policy and Programs

To best position the government's policy response, an integrated and functional data asset should be established that captures comprehensive information on sexual abuse and assault prevalence, service demand, client outcomes, and unmet needs. Such data should enable responsive monitoring, support the assessment of service effectiveness, and inform the targeted allocation of resources to where they are most needed, ensuring interventions are timely and responsive to diverse communities.

4. Embed Preventative and Holistic Monitoring and Assessment to Guide Future Government Investment

Build capability to measure, monitor and incorporate the cost offsetting of public preventative and recovery funding into budgeting decision-making. Apply an annualised lifetime prevention lens to future budget decisions and resource allocations. Currently, inconsistent and under-utilised cross-departmental data collection limits accountability and makes it harder to direct resourcing to the most cost-effective interventions. This underscores the capacity to better respond to differences in prevalence and impact across social and age groups.

5. Adopt an integrated, multi-faceted sexual assault service model

Services should adopt a multiagency approach to crisis response including access to forensic and medication examinations and ongoing therapeutic support, health care, advocacy, and legal assistance within a single, coordinated system rather than across disparate providers. Evidence shows that cohesive, accessible, and trauma-informed models improve recovery, reduce re-traumatisation, and ensure survivors receive the full range of supports without navigating fragmented pathways. Priority should be given to strengthening existing services and establishing the preferred service model rather than overextending into new, under-resourced sites.



INTRODUCTION

Sexual violence is a pervasive social issue with consequences extending well beyond the immediate trauma experienced by victim-survivors. Its impacts reverberate across health, education, employment, and justice systems, shaping the lives of affected individuals. The economic and social costs are substantial, compounding over time and reinforcing intergenerational cycles of disadvantage. In Australia, women disproportionately bear this burden, with approximately one in five experiencing sexual assault after the age of 15, and over one in ten having experienced childhood sexual abuse.

This report aims to estimate the economic costs of sexual violence over the life course, focusing on those costs absorbed by individuals and governments. It illustrates the cumulative economic implications associated with sexual violence, highlighting critical transition points such as school completion, labour market entry, and health outcomes. It also estimates service system demands across key domains, including healthcare, education, justice, and income support, and quantifies the economic and fiscal costs, both direct costs (e.g., healthcare, justice) and indirect costs (e.g., lost productivity, foregone taxes).

The analysis employs a population attributable fraction (PAF) approach, utilising Australian prevalence and incidence data alongside established risk ratios to estimate the economic impacts of sexual assault as the most prominent form of sexual violence. The life course approach captures both the immediate and longer-term consequences, showing how early trauma translates into persistent disadvantage and increased service reliance over time.

The findings indicate substantial economic burdens nationally and at state levels. In 2021–22, an estimated 150,000 cases of childhood sexual abuse (ages 0–17) and 114,000 cases of adult sexual assault were associated with lifetime costs of approximately \$7.5 billion and \$6.6 billion, respectively. These cumulative costs reflect ongoing budgetary pressures across public health, justice, and social welfare systems, underscoring the critical importance of timely and sustained intervention.

However, limitations exist due to data paucity, particularly the absence of comprehensive stratification by demographic groups, severity of experiences, and regions. While estimates presented here provide an indicative scope of economic impacts, they are constrained by current data availability and inherent uncertainties around complex causal pathways.

This report offers policymakers a more comprehensive estimation of the costs borne from sexual abuse and assault and a clear rationale for investing in specialist sexual violence services by emphasising the economic prudence and long-term preventative potential of timely and ongoing support.



PREVALENCE OF SEXUAL VIOLENCE IN AUSTRALIA

National Prevalence Rates

Sexual violence remains a pervasive issue in Australia. The ABS Personal Safety Survey (PSS) estimates that 2.8 million Australians aged 18 years and over—equivalent to 14% of the population—have experienced sexual violence since the age of 15. Among women, the prevalence is notably higher, with one in five (22%) reporting such experiences, compared to 6.1% of men. Of these women, 90% (19.9% of the Australia population) experienced sexual assault, with the remaining persons experiencing sexual threats.¹

Abuse experienced in childhood is also prevalent, with 7.5% of the adult population disclosing sexual abuse before the age of 15, including 11.3% of women and 3.6% of men. A recent child maltreatment study expands on this estimate, suggesting that around 28.5% of Australians experienced sexual abuse before the age of 18, including 37.5% of women.

Over the last two decades, measured prevalence of sexual violence in Australia has fluctuated, as shown in Table 1—from a low of 16.9% among women in 2016 to a high of 19.9% in 2022. For sexual abuse before the age of 15, the prevalence rate grew by 3.5 percentage points from 2016 to 2022 to 11% of the female population.

| TABLE 1. PREVALENCE OVER TIME OF SEXUAL ASSAULT AND CHILD SEXUAL ABUSE AMONG AUSTRALIAN WOMEN 2005-2022 | | | | |
|---|------|------|-------|-------|
| Sexual Assault/Abuse | 2006 | 2012 | 2016 | 2022 |
| In the last 12 months | 1.6% | 1.2% | 1.8% | 1.9% |
| Since the age of 15 | 19% | 19% | 16.9% | 19.9% |
| Before the age of 15 | 12% | 14% | 7.7% | 11% |
| Notes: Due to the difficulty in capturing lifetime prevalence rates, these figures should be interpreted as indicative rather than precise estimates. | | | | |

In 2021-22, the incidence of sexual assault occurring in the last 12 months reached a high of 1.9% among women, the most current data available on annual sexual assault prevalence. Incident rates have also climbed consistently. In 2022 alone, the number of victims recorded for sexual assault rose by 11%, marking the twelfth consecutive year of increases and reaching a level not seen since 1992.²

Aside from a genuine rise in incidents, several factors likely underlie these trends, including increased public awareness and reduced stigma leading to higher accuracy in reporting and data collection.

Sociodemographic Patterns

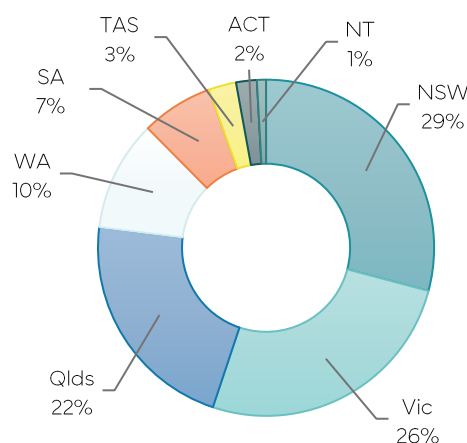
Prevalence of sexual violence varies substantially across demographic groups. Younger women exhibit the highest lifetime risk, with 12.4% of women aged 18 to 24 reporting having experienced sexual violence in the last two years, compared to 4.5% of women aged 25 to 34 and around 2.5% of women aged 35 to 44. Sexual orientation further stratifies risk among women aged 24 to 30: 76% of bisexual women, 55% of lesbian women, and 48% of heterosexual women reported lifetime

experiences of sexual violence. Disability status is also a key factor, with women with a disability or long-term illness reporting higher lifetime and recent incidents at 4% compared to 2.5% for women without a disability.³ Although, the official statistics underestimate the prevalence of sexual violence among Aboriginal and Torres Strait Islander women, it is acknowledged that these women are impacted disproportionately and bear significant costs as a result.

Sexual Violence by State and Territory

Reported sexual violence prevalence varies across states with the proportional spread of incidents broadly aligning with population distribution. Figure 1 illustrates the distributions of incidents occurring within the last 12 months. New South Wales has the largest proportion among the states at 29%, followed by Victoria and Queensland, with these States accounting for the majority of Australia's domestic population and cases of sexual abuse and assault.

FIGURE 1. PROPORTION OF PREVALENCE RATE BY STATE AND TERRITORY



The Australian Sexual Violence Policy Context

Sexual violence imposes extensive social, health, and economic costs, borne not only by victim-survivors but also by government systems tasked with public support and welfare. In response, the commonwealth and state-level governments have established respective, and often complementary, strategies to address sexual violence, reflecting a collective commitment to ending domestic, family and sexual violence. The National Plan to End Violence against Women and Children 2022–2032 serves as the overarching framework, aiming to eliminate gender-based violence within a generation.⁴ This plan emphasises a coordinated approach across all levels of government and society, advancing a range of actions to promote more effective prevention, early intervention, response, and recovery.

Australia has strengthened its policy approach to childhood sexual abuse through significant national efforts. The National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030, coordinated by the National Office for Child Safety, establishes a comprehensive framework focused on prevention, early intervention, and support for victim-survivors.⁵ This strategy builds on key recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, which exposed extensive institutional failures and prompted systemic reforms. Recent evidence highlights the prevalence and complexity of multi-type maltreatment experienced by Australian children, reinforcing the need for integrated and targeted policy responses to effectively mitigate risks and support affected individuals and communities.⁶

At the state level, various jurisdictions have developed specific strategies aligned with the national plan either directly or embedded in other strategies. Two states have explicit strategies, New South



Wales (NSW) has implemented the NSW Sexual Violence Plan 2022–2027⁷, which outlines comprehensive measures to prevent and respond to sexual violence, including through training specialist police, educational programs, and justice system reform. Queensland has introduced the Second Action Plan 2023–24 to 2027–28, alongside the Queensland Women and Girls' Health Strategy 2032 and Investment Plan which highlights needs in workforce development and culturally-appropriate care for victim-survivors.⁸

For those states with broader violence reduction strategies, Victoria has sexual violence commitments embedded in strategies to address gender inequality and gender-based violence more broadly.⁹ Western Australia has been developing its first Sexual Violence Prevention and Response Strategy since 2022, which will serve to coordinate interventions across the state.¹⁰ South Australia, whose previous strategy, *Committed to Safety*, concluded in June 2022, is developing a new family violence strategy, supported by a Royal Commission into Domestic, Family and Sexual Violence.¹¹

There is a clear shift across Australian governments toward whole-of-government investment approaches and longer-term budget thinking, with prevention and early intervention increasingly central to evidence-based policy design. This evolution is particularly relevant in the context of sexual violence, now more widely recognised as a critical public health and safety issue due to its profound psychological, social, and economic impacts on individuals, families, and communities. Despite this growing recognition, the sustainability of government expenditure remains under significant strain. Expanding national programs—including the National Disability Insurance Scheme, aged care delivery, health services and the Medicare Benefits Schedule—have intensified fiscal constraints, placing pressure on frontline services and limiting capacity to meet present or future areas of need.

Within this constrained environment, the service gap for victim-survivors of sexual violence remains persistent and pronounced. Both national and state strategies consistently identify significant unmet demand for timely, specialist support. Yet sexual violence often remains a secondary priority within broader family and domestic violence frameworks, which predominantly focus on intimate partner and familial violence. This framing can obscure the distinct nature, dynamics, and service requirements of non-familial sexual violence, leading to fragmented responses and inadequate resourcing.

This under-prioritisation poses significant risk. Dedicated services for sexual violence, particularly those outside family and domestic violence contexts, such as forensic medical examinations, are often underdeveloped, underfunded, and inconsistently available across jurisdictions. Access issues are particularly acute for people in regional and remote areas, First Nations communities, refugee communities and culturally and linguistically diverse populations. There is also a need for adequately targeted services, supported by data that captures differences in need for sexual support services across Australian communities.

Without deliberate and targeted policy strategies and measurable action plans, the system risks continuing to displace the long-term costs of sexual violence across already pressured public systems. In this context, a more coordinated and adequately resourced approach to prevention, intervention, and recovery is essential to better positioned government strategies for success.



THE IMPACTS OF SEXUAL VIOLENCE OVER THE LIFE COURSE

The impact of sexual assault and abuse over the life course

The adverse effects of sexual violence are diffuse and well-established. Several studies using large, long-running surveying have provided convincing evidence linking sexual violence to outcome disparities later in life.¹²

A notable 2022 Australian study¹³ using the Australian Longitudinal Survey on Women's Health found significant increased risk for women who had experienced sexual assault. Adverse outcomes were observed in health behaviours, health service usage, mental health presentations, employment, financial distress and increased likelihood of re-victimisation. By using three generational cohorts spanning around 30 years, the study demonstrates that there are residual impacts for victim-survivors of sexual assault that decline yet are sustained over the life course. A review of the Australian Child Maltreatment Study¹⁴ shows a similar, and stronger effect with childhood sexual abuse cases, particularly with respect to mental disorders, chronic illness and health care utilisation rates.

Economic and Labour Outcomes

There is a growing body of international research evidencing a link between sexual violence and lasting effects on educational and labour market outcomes. Findings from Australia, the U.S. and Europe show an association between sexual abuse, and other forms of maltreatment, among young people and reduce educational attainment and higher rates of labour force detachment.¹⁵ Student performance and learning abilities are shown to decline significantly for young girls who experience sexual abuse, with concentration and behavioural difficulties being the main drivers.¹⁶ In their systematic review of the economic burden of abuse, Peterson et al. (2024)¹⁷ corroborate prior economic research,¹⁸ demonstrating lifetime patterns of poor employment and economic disadvantage throughout adulthood.

Beyond direct employment and earnings losses, sexual violence negatively affects workplace functioning through increased absenteeism and turnover. De Venter et al. (2020)¹⁹ report that adults with a history of sexual violence miss work at significantly higher rates than those without such experiences, largely due to mental health sequelae. The impact on absenteeism is further supported by Peterson et al. (2018)²⁰, who estimate a short-term productivity loss averaging 3.7 days per victim.

Health and Healthcare Services

Sexual violence is consistently linked to persistent health problems and elevated use of health services. Large scale studies demonstrate a substantially higher risks of chronic illness and resultant hospitalisation for both physical and mental illness. The intensive healthcare engagement persisted over the life course and was not mediated strongly by the age of the victim-survivor during the first incident.²¹ Multiple large-scale studies have demonstrated the increased usage of healthcare services among victim-survivors. Peterson et al. evidenced the substantial costs associated with preventable acute and chronic conditions. In their systematic costing analysis, the higher healthcare use rate made up the single largest category of economic burden.²²



It is well-established that experiences of sexual violence predict mental ill-health and psychiatric condition prevalence.²³ Consistently, depression, anxiety and PTSD have been associated with sexual violence and childhood abuse, with longitudinal data showing a sustained impact over time for younger victim-survivors.²⁴ Australian studies further corroborate the international literature, with analysis of the ALSWH finding that women who had experienced childhood sexual violence were 40% more likely to report having depression or anxiety in the last three years.²⁵ Systematic review of broader sexual violence has found an increased risk of severe mental illness, such as schizophrenia and borderline personality disorder.²⁶

Suicidality and substance abuse are also well-documented long-run consequences of sexual abuse. A 2022 study found that nearly 30% of sexually abused adolescents had attempted suicide²⁷, a finding echoed by meta-analyses and national cross-sectional studies, which consistently show alcohol and drug risk behaviours elevated suicide attempts and related hospitalisations among survivors.²⁸

Relationship with the Justice System

Sexual violence contributes significantly to the costs of justice and law enforcement. Peterson et al. offer detailed U.S. estimates of the lifetime interactions and costs of sexual assault, drawing on national longitudinal survey data and meta-analyses.²⁹ Their analysis catalogues activity in the criminal justice processes, court finalisations, victim legal support and compensation schemes, revealing a complex array of economic burdens being distributed to individuals and the government, alongside a per person cost that was gradually growing in real terms. Hunt et al. further demonstrates that sexual violence incurs considerable expenses at every stage of the justice system, including police investigation, prosecution, and conviction.

The low reporting rate among sexual violence victim-survivors, would suggest a significant hidden cost within the community. It is unclear to what extent sexual violence cases are coupled with family and domestic violence cases thereby masking the prevalence in the court system. A similar counting difficulty is seen among those experiencing incarceration.

Other literature identified focused on the qualitative experiences of sexual violence victim-survivors when interacting with the justice system. The research is consistent in detailing extensive personal costs, particularly through re-traumatisation and stigmatisation, that individuals may bear when engaging legal proceedings.

Social Support and Care

Sexual violence has been associated with heightened risk of homelessness, and disadvantage, as well as future forms of violence and victimisation. A 2015 meta-analysis focused on developed countries indicates that individuals with a history of CSA were almost 3 times more likely to become homeless.³⁰ Most research focuses on homelessness as a risk factor for sexual abuse, however, SA is also a significant predictor of later homelessness, particularly in the context of broader gender-based violence.³¹

Comparative studies have also shown that exposure to prolonged sexual violence can double the risk of long-term welfare dependence into middle age, even after accounting for socioeconomic and other confounding factors.³² Longitudinal research further underscores the persistent relationship



between sexual abuse, home insecurity and later forms of violence, including intimate partner and emotional violence.³³

Understanding the underlying drivers of negative lifetime outcomes

What drives these life course effects are diverse and complex. A detailed review across the cost categories assessed is beyond the scope of this report. However, the research centres on the role of neurobiological change and the development of chronic stress responses that obstruct important decision-making and processing faculties.³⁴

The research highlights the importance of specialist sexual assault services in mitigating these effects. Timely intervention by specialist sexual assault services, such as sexual assault services in Victoria and Sexual Assault Referral Centres in the U.K., are effective in reducing the severity of mental health burdens among victim-survivors, underscoring the importance of timely and trauma-informed support.³⁵ Complementing this, recent research evidences a mismatch often exists between victim-survivor readiness to seek help and the availability of services, as support systems tend to prioritise immediate safety over the individual needs of trauma recovery.³⁶

Intergenerational Transfer of Abuse and Violence

Addressing sexual violence also requires recognition of its intergenerational impacts, which extend beyond the survivor's lifetime. Unresolved trauma from childhood sexual abuse can affect parenting and family dynamics, increasing the risk of mental health and behavioural issues in children.³⁷ Parents who experienced multiple forms of abuse in childhood are significantly more likely to have children diagnosed with such issues³⁸, yet these impacts are often overlooked in economic assessments.

The evidence also points towards a cyclical risk of maltreatment among those who experience sexual abuse. Approximately one-third of parents who were maltreated as children will maltreat their own children. The evidence points to a significant link between a parent's experiences of sexual violence and the outcomes of their children. Without proper intervention, the intergenerational effects will likely have tangible consequences for tackling entrenched forms of disadvantage and the efficacy of the current policy measures being implemented to address this issue.³⁹

Efficacy of Intervention and Recovery Service Elements

Evidence from systematic and rapid reviews indicates that specialist sexual assault services can deliver measurable improvements in psychological wellbeing, perceived safety, and satisfaction with support, particularly when embedded within integrated, trauma-informed systems.⁴⁰ Effective service components include crisis advocacy, specialist counselling or psychotherapy, and coordinated engagement with health, justice, and social care systems. Positive outcomes are most consistent for reductions in post-traumatic stress, depression, and anxiety, although variability in intervention models, delivery contexts, and outcome measures limits the generalisability of findings.⁴¹

Australian research reinforces the importance of early, sustained, and culturally safe engagement. The AIFS rapid evidence assessment found that trauma-informed and integrated service approaches reduce the risk of re-traumatisation, improve recovery trajectories, and can support functional and relational outcomes, but highlighted gaps in rigorous evaluation—particularly for



Aboriginal and Torres Strait Islander peoples, CALD communities, and people with disability.⁴² Longitudinal qualitative research also points to the importance of “readiness”—both survivor readiness to engage and organisational readiness to provide flexible, sustained support. Services that maintain continuity and adapt over time are perceived as more effective.⁴³

System-level reviews identify persistent structural constraints, namely, unmet demand, regional access inequities, and limited infrastructure investment, as significant barriers to consistent best-practice delivery.⁴⁴

International evidence supports trauma-focused psychological therapies as first-line treatments for sexual violence-related psychological effects,⁴⁵ with meta-reviews reporting moderate-to-large short-term symptom reductions, with some evidence for sustained benefit, although long-term effects and comparative efficacy between modalities remain unclear.⁴⁶

Broadly, the research supports multi-component, trauma-informed, and accessible service models with effectiveness contingent on timely access, ease of access and coordination across services, cultural safety, and continuity. Strengthening the evidence base will require larger-scale, methodologically rigorous evaluations, better reporting of intervention returns in communities, and the explicit inclusion of diverse victim-survivor groups.

Estimating the Lifetime Costs of Sexual Violence in Adults and Children

There is a paucity of evidence estimating the costs of sexual assault and violence with much of the extant research focusing on the health and justice costs in the United States context. The most comprehensive study to date is a meta-analysis based on the U.S. National Intimate Partner and Sexual Violence Survey 2011 wherein government medical spending and broad justice system costs were estimated.⁴⁷ While the cost items included were substantial, no aggregate or individual level costs were projected over the lifetime of those who experienced sexual abuse.

In Australia, costing studies have broadened the scope from sexual violence to other forms of abuse, namely physical and emotional in the broader gender-based violence context. A 2015 report costing the unresolved childhood trauma from abuse in Australian adults utilised a broad range of cost items across health, justice, employment and life satisfaction.⁴⁸ The analysis concluded that around \$6.8 billion (AUD\$2015) of budget savings for Australian governments could be realised with targeted mitigation and early intervention strategies with a further \$3 billion in savings coming from broader societal benefit from economic activities.

Similarly, a 2019⁴⁹ analysis calculated the annual and lifetime economic costs of violence against children and young people in Australia and New South Wales. An Australian-wide total cost of \$23 billion was estimated across health, education, justice, child protection, homelessness, disease burden and productivity. While sexual violence is included in the previous study, the available literature favours the analysis of physical forms of violence in young people. Further, single year cases are used to derive the prevalence rate of abuse in young people, an approach that would have underestimated the overall cost burden in the economy significantly. The remaining analyses focus on domestic violence and economic engagement for a given year, omitting estimation of longer-term spillover and downstream crisis costs.⁵⁰



The analysis found in this report is believed to be the first attempt to estimate both the childhood and adult annual and lifetime costs of sexual abuse in Australia. In doing so, it provides a conservative set of costs that suggest a significant burden borne on individuals, society and governments.



METHODOLOGY AND SAMPLING APPROACH

Overview

The analysis draws on a range of administrative, epidemiological, and economic data sources to estimate the current economic burden of sexual violence among women in Australia, as well as the annual and forward-looking costs. To do this, a population attributable fraction (PAF) approach was used, alongside effect estimates sourced from relevant literature to estimate the proportion of outcomes attributable to the population who have experienced sexual assault. A cost value related to each outcome is then applied to the attributable population.

This report uses a mixed prevalence–incidence approach to estimate the economic cost of sexual violence. The prevalence approach captures the current ‘stock’ of costs borne by victim-survivors, reflecting the long-term burden of past harm across education, employment, health, welfare, and justice systems.

The incidence approach estimates the ‘flow’ of new harm each year, reporting both the immediate annual cost and the projected lifetime cost per year of new cases. This forward-looking view helps assess the potential cost savings of timely intervention and lifetime prevention efforts.

Although these estimates are not additive—since doing so would double-count overlapping populations—they serve complementary purposes. Incidence estimates highlight the marginal cost of new harm and the return on prevention for each year of new cases, while the prevalence estimates show the enduring stock of cost already embedded in the system from historically underserved sexual assault cases.

**TABLE 2. CHILDHOOD SEXUAL ABUSE AND ADULT SEXUAL ASSAULT
SAMPLE PARAMETERS 2021/2022**

| | Prevalence % | Prevalence Count | Annual Incidence % | Annual Count |
|--|--------------|------------------|--------------------|--------------|
| Sexual Assault Since Age 18+ | 16% | 1,586,960 | 1.14% | 113,780 |
| Child hood Sexual Abuse – Girls (≤17) | 14.1% | 1,407,300 | 1.08% | 107,790 |
| Child hood Sexual Abuse – Boys (≤17) | 5.5% | 548,949 | 0.42% | 41,900 |

Notes: Original data is sourced from the ABS Personal Safety Survey 2021-2022. The sample has been restricted to women and estimated to ages 18+ to improve consistency across the cost categories. Relative standard errors of the estimates are below the 25% threshold for reliability as set by the ABS.

Sampling Approach

Estimates are drawn from the ABS 2021-2022 Personal Safety Survey, which provides the most nationally representative data on recent and historical sexual violence. To best align with the research available and promote consistency across domains and datasets, the analysis is restricted, when possible, to the working-age female population aged 18 to 64. This age range best reflects the life stage in which most health impacts manifest, and much of the economic participation and service utilisation is likely to occur.

To better delineate between childhood and adult sexual violence, the age range for CSA was expanded from “before age 15” (as defined in the ABS Personal Safety Survey) to age 17. This adjustment reflects evidence suggesting that approximately 20% of lifetime sexual assaults occur between ages 15 and 17. As a result, the estimated lifetime prevalence of CSA among girls increased from 11% to 14.1%, while the corresponding adult (18+) lifetime prevalence for women decreased from 19.9% to 15.9%.

Annual incidence for CSA was derived by evenly distributing the adjusted prevalence across ages 5 to 17, yielding estimated annual incidence rates of 1.1% for girls and 0.42% for boys. For adult women, the 12-month prevalence of sexual assault (1.9%) was adjusted to reflect that approximately 60% of cases are likely new, resulting in an estimated annual incidence of 1.14%.

Table 2 displays the estimated historical prevalence of sexual assault and abuse, in addition to the incidence rate occurring within the last 12 months, as of 2021-2022. Each sample captures a different period and proportion of the population. The cost type column denotes the use of each group as either estimating the stock costs in the economy or the flow of new costs annually.

Attributing cost burden to sexual assault using the PAF approach

The PAF approach quantifies the proportion of an outcome (e.g. hospitalisation or unemployment) in the population that can be linked to a specific exposure, in this case, sexual assault or abuse.

POPULATION ATTRIBUTABLE FRACTION

$$PAF = \frac{P(RR - 1)}{1 + P(RR - 1)}$$

Where:

P = prevalence of exposure in Australian population

RR = risk of the outcome among the victim-survivor group relative to non-victimisation group

Relative risks used in this analysis are drawn from peer-reviewed literature that employed sufficiently rigorous statistical methodologies. Namely, studies where adjustments were made for key confounding factors, including socio-demographic and geographic variables, and sampling was reasonably externally valid.

These PAF values are then applied to observed population counts and population-level costs, such as total public hospital spending or productivity lost to labour disruptions, to estimate the attributable economic burden of sexual violence across domains. Lifetime costs are derived by multiplying annual attributable costs over the assumed impact duration for each cost category. All future costs are discounted at a 7% real rate, consistent with the Australian government guidance to derive present values.⁵¹ Further adjustments are detailed in each section, as is relevant.

This modelling approach is designed to be conservative, acknowledging the heterogeneity in individual experiences and the limitations in data granularity present in the subject matter. A full list of PAF values and sources used across cost domains is included in Appendix #.



Scope of Costs Included in Analysis

A range of cost categories were identified through the literature review, with core themes being education, labour, health, justice, and social welfare. The specific cost categories included in this report were selected based on their relevance to the broader population, the availability of robust and credible RR estimates, and the generalisability of sample populations used in the underlying literature.

To maintain analytical clarity and avoid double counting, the scope of cost estimation was constrained within each domain. The basket of cost categories selected reflects an average economic impact across the population, balancing comprehensiveness with methodological caution. This approach ensures that the reported figures provide a reliable and conservative indication of the broader societal burden of sexual assault and abuse.

Limitations in capturing intersectional costs and cost difference across communities

There was a lack of disaggregated data for high-risk populations. This analysis was unable to examine inter-group disparities, including those affecting Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) communities, LGBTQIA+ individuals, and young adults specifically. The absence of sufficiently granular data limits the capacity to estimate incidence or costs for these groups, despite evidence of disproportionate vulnerability. These limitations reflect the need for more granular longitudinal data on hidden costs and unmet need in communities which should be considered when interpreting the findings.

Caveats and Considerations

Several limitations affect the accuracy of cost estimations, including general under-reporting, the time lag between incidence and survey reporting, inability to account for repeated victimisation, differences in severity and victim circumstances (e.g. perpetrator relationship or context of gender-based violence), and the presence of informal support systems across individuals. Lastly, the research on ASA is primarily based on samples aged 18 and over and tends to concentrate on university settings where prevalence is higher, introducing possible upward bias due to convenience sampling and self-selection.

The applicability of RR values drawn from the literature cannot be fully guaranteed. Efforts were made to align the sample characteristics used in this analysis with those in the source literature, for instance, by focusing on working-age populations for most outcomes and adjusting for female-only estimates, given the gendered scope of the analysis.

Co-occurrence of maltreatment types is a key consideration in estimating the burden of CSA. Moore et al. (2015) estimated that 42–43% of CSA cases occur without other forms of abuse.⁵² This analysis assumes that, where multiple types of maltreatment are present, sexual abuse is the most disruptive factor to psychological and emotional development. Additionally, recurrence and delayed impacts are also important but not consistently captured in the literature. As such, no specific adjustments were applied.



A LIFE CHANGED BY SEXUAL VIOLENCE

As a typical 15-year-old, Emily had been a dedicated and cheerful student who aspired to becoming a teacher. With the support of her family, she held good grades and actively engaged with the world around her.

In her active social life, Emily was often invited to friend's gatherings. It was there that Emily was approached by an older acquaintance whose familiarity led her to a separate room; there, he sexually assaulted her.

Shocked and disoriented, **Emily felt powerless in the moment.** Afterwards, she felt unable to share her trauma, while life around her went on.

As trauma took hold, Emily suffered socially and academically. Her behaviour became reckless and impulsive. **The spiral of sadness and anger left her isolated**, as she became increasingly difficult to reach by friends and family.

Labelled a "risk" by the people in her life, Emily's change in demeanour was misunderstood by those around her. Who, without the tools or understanding to appropriately respond, often left her further isolated.

Unable to cope with the on-going impact of the trauma she had experienced, Emily began to seek escape in alcohol, drugs, and self-harm. **Disconnected from herself and others**, she saw herself as tainted; her pain, something no one could truly understand.

Over the years, **the absence of timely specialist care meant Emily's trauma was left unresolved.** When she sought support, long waitlists meant she was referred to generalist services whose responses contributed to her sense of neglect.

Emily's decreasing mental and physical health led to health issues and increased doctor's visits. **Disruptions in education limited her employment opportunities** after school.

Since she struggled to find consistent well-paying work, **stable housing became difficult to maintain** resulting in periods of insecure living and deepening vulnerability. Drawn towards abusive relationships, her sense of safety and worth eroded despite her perseverance.

The pervasive and enduring **feelings of danger, shame and worthlessness can seep into every aspect of life**, often shaping a victim-survivors self-image, relationships, and opportunities to contribute to their community.

Emily's story is not the exception; it reflects an all-too-common trajectory for victim-survivors in Australia.

What may begin as a single event, can cascade into a lifelong struggle, fundamentally **altering an individual's trajectories in health, education, work, and wellbeing.**



ESTIMATING THE ANNUAL AND LIFETIME COSTS OF SEXUAL VIOLENCE

| CHILD SEXUAL ABUSE | | COST TYPES | ADULT SEXUAL ASSAULT | |
|--------------------|----------|--------------------|----------------------|----------|
| ANNUAL | LIFETIME | | ANNUAL | LIFETIME |
| \$45m | \$186m | EDUCATION SUPPORT | – | – |
| \$83m | \$881m | LOST EARNINGS | – | – |
| \$421m | \$4,361m | LOST EMPLOYMENT | \$266m | \$2,742m |
| – | – | ABSENTEEISM | \$509m | – |
| \$550m | \$5,428m | TOTAL LABOUR COSTS | \$266m | \$2,742m |

Education Adjustment Support

Children who have experienced sexual abuse are less likely to perform well in academic pursuits.⁵³ Therefore, the first estimation is for the additional education funding adjustment required for primary and secondary school students in Australia. Under the Schooling Resource Standard⁵⁴, a disability loading is applied to the total per student funding. As of 2025, the Commonwealth government is expected to spend \$4.3 billion under the student with disability loading.

Australia's student disability loadings are divided into three need levels—Cognitive, social-emotional, and physical disability—which determine the loading values.⁵⁵ To better reflect the learning and developmental difficulties identified, the estimation is restricted to cognitive and social-emotional disability. These disability categories align with the supplementary (\$5,870) and substantial (\$20,406) loading categories respectively. In 2024, 80% of disability loading eligible students received the supplementary loading, with the remaining students receiving the higher loading.⁵⁶

Taking an average loading per student, the annual attributable cost is around \$377 million. This represents 8% of total disability loading funding and 1.6% of all school funding from government in 2024. Assuming a conservative school-life expectancy of five years for sustained support—reflecting typical adjustment periods in middle-to-late primary and early secondary schooling wherein support is wound down or ceased⁵⁷—the estimated annual and lifetime costs of educational support attributable to CSA are approximately \$45 million and \$186 million per annum.

The estimate assumes stable prevalence over schooling years, consistent school-level loading application, and limited school disruptions over time. As it excludes severe disability cases and broader costs related to absenteeism or disengagement, the estimate should be interpreted as a lower-bound estimate of the education system burden linked to CSA.

Employment and Earnings

Earnings Disparity

Childhood sexual abuse is associated with long-term educational and employment disadvantages, including lower qualification attainment and reduced lifetime earnings. A 2022 ALSWH study found a 4.8 percentage point disparity in year 12 attainment among women who had experienced sexual abuse.⁵⁸

Taking the sub-population of those who do not currently hold a year 12 certificate, adjusting for the aggregate education employment gap of 13.1%,⁵⁹ the analysis estimates that approximately 115,000 people were both employed and affected by CSA-related educational disadvantage. Using the median annual gross earnings gap of \$6,637.58 between year 12 and no year 12 income, the productivity loss attributable to CSA is estimated to be \$83 million per annum.⁶⁰ When projected over a conservative 20-year working life⁶¹, the additional lifetime loss was estimated at approximately \$881 million.

Employment Disparity

Childhood sexual abuse contributes to significant labour force disparities among women and men, manifesting through both long-term non-participation and shorter-term unemployment. While education is an important channel for the divergence, disruptions later in life, such as poorer health would also contribute to disparate economic outcomes for those impacted by sexual assault or abuse.

Labour force statistics are used to estimate the cost of lower employment for CSA victim-survivors via unemployment or not in the labour force status. The total number of attributable workers is adjusted for current NILF and unemployment rates, as well as for the proportion of men and women who work part-time and full-time as of 2022.

Using the median salary for men and women who work either full-time or part-time, the annual cost of NILF attributable to sexual violence is estimated at \$405.8 million, with a lifetime cost of \$4.3 billion.⁶² For the unemployed group, the annual cost is \$16.1 million, and the lifetime cost is \$62.5 million. These figures highlight the enduring and structural impact of sexual violence on women's economic participation, with most of the loss concentrated among those excluded from the workforce over the long term.

The analysis assumes that individuals classified as NILF receive no income—government or informal—during the period of detachment. While this is unlikely in practice, it simplifies estimation by focusing strictly on productivity loss.

Using the same labour assumptions regarding hours worked and employment likelihood, estimates for NILF and unemployed are calculated for the adult sexual assault cohort using the relevant PAF. The costs were estimated at \$254 million annually and around \$2 billion over the lifetime for NILF and \$11 million annually and \$43 million over the lifetime for unemployment attributable to ASA.



Sexual Violence-related Absenteeism

Work disruptions are associated with sexual violence experiences in earlier life. Victims of sexual violence were estimated to take an additional 3.76 days off work annually compared to non-victims.⁶³ Applying a PAF of 5.6% among working-age women and using the median weekly earnings of \$1,250⁶⁴, the annual cost to employers due to increased absenteeism was calculated at approximately \$509.5 million. Due to uncertainty in labour market exit rates among the exposed cohort and absenteeism changes over the working life, a lifetime estimate was not calculated.

Total Education and Labour Costs

Table 3 reports the total costs for education and labour costs. These estimates represent conservative and indicative values for additional funding support through disability student loadings, disparities in earnings based on year 12 attainment and employment generally, and averaged absenteeism.

Health and Healthcare Services

Total Health Costs Attributable to Sexual Violence

Overall, the cost estimates related to health, health services and peripheral costs are substantial in both annual and lifetime terms. When consideration is also given to the monetary value of disability-adjusted life years the total cost of sexual violence increases significantly. Table 4 displays the total health-related costs attributable to CSA and ASA.

| CHILD SEXUAL ABUSE | | COST TYPES | ADULT SEXUAL ASSAULT | |
|--------------------|-------------|-------------------|----------------------|-------------|
| ANNUAL | LIFETIME | | ANNUAL | LIFETIME |
| \$411,000 | \$2,580,000 | DALYs | \$475,000 | \$3,340,000 |
| \$34,000 | \$234,000 | HOSPITALISATION | \$45,900 | \$322,700 |
| \$11,000 | \$77,900 | PRIMARY CARE | \$11,500 | \$80,800 |
| \$3,600 | \$25,300 | REFERRED SERVICES | \$3,900 | \$27,900 |
| \$100 | – | ALCOHOL AND DRUG | – | – |
| \$6,200 | \$63,600 | SUICIDE | \$2,200 | \$23,000 |
| \$54,900 | \$409,800 | TOTAL COST | \$63,500 | \$454,000 |
| \$465,900 | \$2,900,800 | TOTAL COST/DALY | \$538,500 | \$3,800,000 |

Wellbeing as Quality-Adjusted Life Years

Estimating the welfare burden using Disability-adjusted Life Years (DALY)-based metrics⁶⁵ is essential for developing a comprehensive estimation of the economic costs of sexual violence. While service cost estimates capture the immediate fiscal impact on healthcare and other systems, they do not account for the broader human consequences of lost wellbeing and life opportunity. By quantifying welfare losses in monetary terms using the statistical value of life, these estimates allow decision-makers to better weigh the long-term costs of inaction against the potential value of early intervention and prevention savings stemming from response and recovery services. In effect, they help elevate under-recognised harms into measurable impacts, strengthening the case for investment in evidence-based, trauma-informed responses to sexual violence.

The conditions included were selected based on their prevalence in the reviewed literature wherein credible and robust relationships with sexual violence over the lifetime have been established⁶⁶. Therefore, the conditions selected are depressive and anxiety disorders, alcohol- and drug-related disorders, sexually transmitted diseases, and obesity-related conditions—namely cardiovascular disease, type 2 diabetes, gastrointestinal disease, and chronic kidney disease. The condition PTSD was omitted due to concerns about conceptual overlap with anxiety and the risk of double-counting welfare and health service costs. Anxiety held preference because the evidence linking the condition is more established in the Australian context.

**TABLE 3. BURDEN OF DISEASE COSTS FOR
SEXUAL VIOLENCE VICTIM-SURVIVORS (\$M)**

| | Childhood Sexual Abuse | | Adult Sexual Assault | |
|-------------------|------------------------|----------------|----------------------|----------------|
| Condition | Annual | Lifetime | Annual | Lifetime |
| Depression | \$87 | \$611 | \$113 | \$798 |
| Anxiety | \$126 | \$889 | \$165 | \$1,162 |
| Alcohol disorder | \$94 | \$661 | \$120 | \$848 |
| Drug abuse | \$33 | \$234 | \$43 | \$304 |
| Cardiovascular | \$15 | \$106 | \$19 | \$135 |
| Chronic kidney | \$3.1 | \$22 | \$4.1 | \$28 |
| Type 2 Diabetes | \$4.9 | \$34 | \$6.3 | \$44 |
| Gastrointestinal | \$1.6 | \$11 | \$0.8 | \$6.2 |
| HIV/STI | \$1.2 | \$8.5 | \$1.5 | \$11 |
| Total DALY | \$411 | \$2,580 | \$475 | \$3,340 |

Notes: All values are in 2025 dollars. CSA uses ages 0–75, while ASA uses ages 18 to 75. Lifetime costs are projected 10 years which is the average difference between the life expectancy and health-adjusted life expectancy. A 7% discount rate was used to calculate present values.

Table 3 presents the costs estimated using the burden of disease years of life lost, years of lived with disability and the most recent value of a statistical life.⁶⁷ The total cost estimated in quality-adjusted life years irrespective of economic loss is \$411 and \$475 million annually and a further \$2.5 and \$3.3 billion over the lifetime.⁶⁸

Healthcare Services

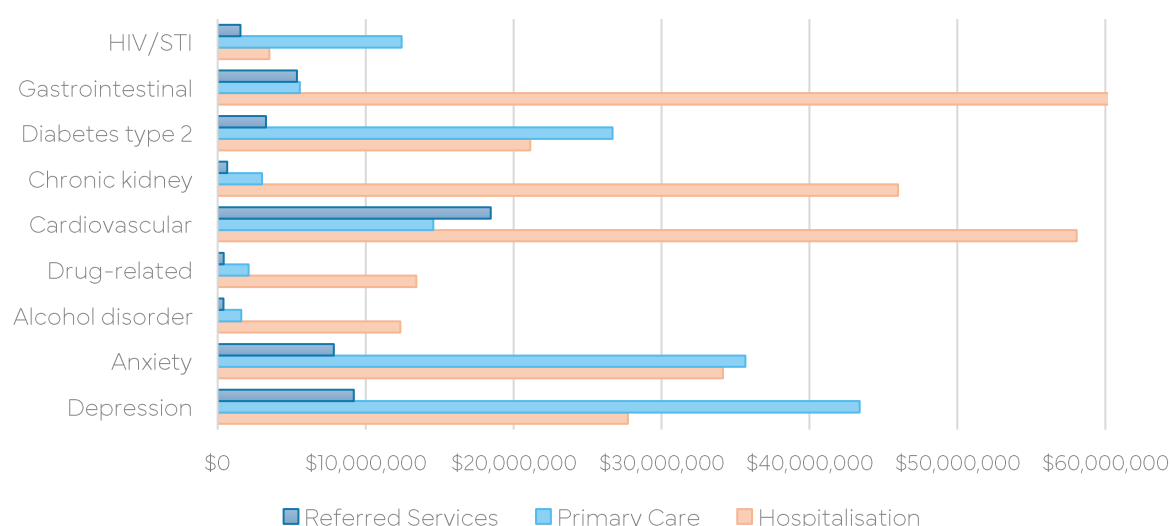
The health system costs attributable to sexual violence were calculated across three broad health service categories—hospitalisation, primary care and referred services. These delineations reflect the AIHW health system expenditure categories from which the data was sourced.⁶⁹

Table 4 reports the total annual and lifetime costs of CSA and ASA annual incidents. Most healthcare costs are borne from contact with the hospital system, followed modestly by primary care. Over the lifetime, an additional \$346 and \$431 million of health care costs were associated with CSA and ASA, respectively.

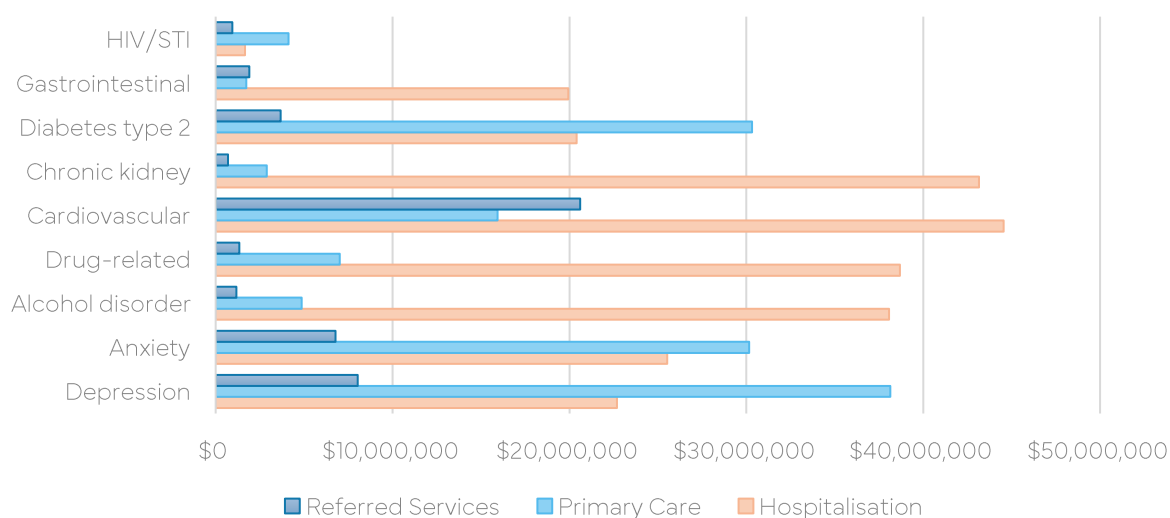
| | CSA Annual | CSA Lifetime | ASA Annual | ASA Lifetime |
|-------------------|-------------|--------------|-------------|--------------|
| Hospitalisation | \$34 | \$243 | \$45 | \$322 |
| Primary Care | \$11 | \$77 | \$11 | \$80 |
| Referred Services | \$2.6 | \$25 | \$3.9 | \$27 |
| Total | \$49 | \$346 | \$61 | \$431 |

Notes: All values are in 2025 dollars. CSA uses ages 0–75, while ASA uses ages 18 to 75. Lifetime costs are projected 10 years which is the average difference between the life expectancy and health-adjusted life expectancy. A 7% discount rate was used to calculate present values. Totals were adjusted by 30% for capital expenditure in health services in line with the AIHW recommendation. CSA and ASA denote childhood sexual abuse and adult sexual assault respectively.

FIGURE 2. CSA ATTRIBUTABLE LIFETIME HEALTH COSTS BY DISEASE TYPE



**FIGURE 3. ASA ATTRIBUTABLE LIFETIME HEALTH COSTS
BY DISEASE TYPE**



Figures 2 and 3 decompose the health costs by disease type. As can be seen, the costs are largely driven by the obesity-related hospitalisation costs, with gastrointestinal, cardiovascular and chronic kidney disease having the largest cost values for both affected groups. Mental health disorders were another significant cost base, particularly in primary care settings. Collectively, sexual violence-attributable mental and depressive disorders constituted around \$100 million.

These estimates highlight the extensive cost of sexual violence on the Australian healthcare system, particularly through long-term engagement with services related to mental health and chronic disease. Notably, these estimations capture only those conditions that had robust risk ratios available in the literature. It is likely that the health burden is considerably higher once all associated chronic and acute diseases and premature deaths are incorporated accordingly.

Health-related Costs

Alcohol Disorders and Drug Use

Given the higher likelihood that victim-survivors of sexual violence exhibit harmful consumption patterns throughout their lives, the broader social and economic burden of alcohol and drug abuse should be considered, particularly in cost areas that fall outside of the healthcare system.⁷⁰ The SA population was first adjusted by the proportion of women whose alcohol consumption is considered high risk.⁷¹ A per person cost of the direct costs of alcohol and drug use was calculated and applied to the adjusted population.⁷²

Each category captures unique justice costs encompass direct policing, court proceedings, and traffic accidents related to substance-related offences. Productivity losses include reduced presenteeism, workplace costs and job turnover associated with substance use. Social service costs reflect increased demand for child protection and community programs.⁷³ Health system costs were omitted to avoid double-counting and to focus on justice, productivity, and social service impacts.

Attributable costs were adjusted for gender-specific risk (alcohol), and a 50% split was applied for illicit drug costs to reflect equal usage rates across sexes. Table 5 shows that the substance use costs attributable to child sexual abuse are material in annual terms with a combined cost of \$102 million.

| TABLE 5. TOTAL ANNUAL DIRECT COSTS RETURNING FROM ALCOHOL AND DRUG USE ATTRIBUTABLE TO CHILDHOOD SEXUAL ABUSE (\$M) | | |
|---|-----------------|--------------|
| Cost Domain | Alcohol-related | Drug-related |
| Justice and Law Enforcement | \$31 | \$32 |
| Workplace disruption | \$19 | \$13 |
| Substance support services | \$4.2 | \$1.1 |
| Total Other Costs | \$55 | \$47 |
| Notes: All values are in 2025 dollars. Health costs are omitted to avoid potential overcounting. | | |

Suicide-related Costs

The link between sexual assault and suicide is well-established in both Australian and international research, with exposure to sexual violence significantly increasing the risk of self-harm and completed suicide—particularly in young women.⁷⁴ Direct costs—including coronial, police, ambulance, and bereavement expenses—were sourced from prior estimates at a per-incident level.⁷⁵ In 2022, the number of women aged 18 to 65 who died by suicide was 610 and children aged 5-17 was 283.⁷⁶ To estimate productivity loss due to premature death, the suicide death count is adjusted using the relevant PAFs and for differences in employment for women and those with mental illness.⁷⁷ The annualised weekly median earnings for women and men, across full- and part-time workers is then used to calculate the annualised productivity loss per attributable person.

The CSA-attributable direct costs of suicide were approximately \$233,600 in direct costs annually, and a further \$6 million in productivity losses through reduced labour capacity and production. Projected over the working life, this loss increased to \$63.6 million. The relatively small cohort of attributable suicide deaths meant that productivity loss made up most related costs. Adult sexual assault-attributable suicide direct costs were estimated at around \$90,000, with a further \$2.2 million in productivity losses annually.



Justice System Costs

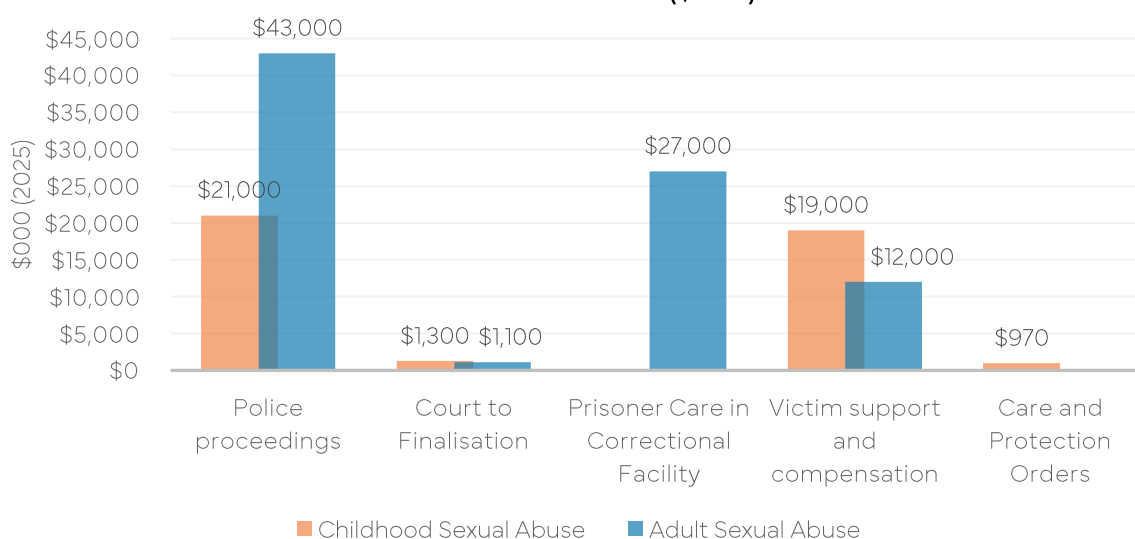
| CHILD SEXUAL ABUSE | COST CATEGORY | ADULT SEXUAL ASSAULT |
|--------------------|--|----------------------|
| \$21,000 | POLICE PROCEEDINGS | \$43,000 |
| \$1,300 | COURT TO FINALISATION | \$1,100 |
| – | PRISONER CARE IN CORRECTIONAL FACILITY | \$27,000 |
| \$19,000 | VICTIM SUPPORT AND COMPENSATION | \$12,000 |
| \$970 | CARE AND PROTECTION ORDERS | – |
| \$43,500 | TOTAL DIRECT COSTS | \$85,000 |

Despite several large justice-based sexual assault costing studies in the U.S., there is a paucity of reliable risk ratios applicable to the Australian context. As such, the cost estimates in this section were developed using available crime and justice data.⁷⁸ The annual total of \$85 million highlights the substantial public resources devoted solely to the justice response to sexual violence on an annual basis and is consistent with international estimates of comparable annual justice costs.⁷⁹

Police operations constitute the bulk of the costing—roughly \$43 million—by handling more than 9,100 sexual assault proceedings annually. Prison custody for about 2,500 convicted offenders in 2022 accounts for a further \$27 million, which includes associated court proceedings.⁸⁰ Lastly, victim-support programs (principally counselling services and victim compensation schemes) cost around \$12 million.

Direct justice system costs attributable to childhood sexual abuse are estimated at around \$43 million annually. Police investigation costs are estimated at \$21 million by applying the share of CSA-

FIGURE 4. ANNUAL ATTRIBUTABLE COSTS IN JUSTICE SYSTEM (\$000)



related finalisations to total police expenditure.⁸¹ Court costs are set at \$1.3 million, based on national expenditure data for substantiated Children's Court matters. Victim support and compensation costs are estimated at \$19 million using conservative service usage rates and capped payment values.⁸² Care and protection order costs are estimated at over \$970,000, based on the 8,039 new protection orders linked to CSA in 2022.

All estimates reflect direct system engagement and total verified cases, deliberately excluding unsubstantiated reports, informal pathways, and overlapping abuse categories. Imprisonment costs are not included due to the relatively lower rate of CSA convictions resulting in custodial sentences.

Social Care and Support

| ANNUAL | COST TYPE | LIFETIME |
|--------|----------------------------------|----------|
| \$10m | CHILD PROTECTION SYSTEM | – |
| \$2.2m | FDV CRISIS ACCOMMODATION | – |
| \$7.9m | SPECIALIST HOMELESSNESS SERVICES | \$7.9m |
| \$67m | INCOMES SUPPORT PAYMENTS | \$67m |
| \$87m | TOTAL COSTS | \$301m |

The relationship between social vulnerability and subsequent support is complex and multi-faceted. Relevant research, including major studies in the Australian context, evidence an increased likelihood of experiences of housing insecurity, homelessness, intimate partner violence and severe financial distress.⁸³ Aligning with the available literature, the direct costs of income support payments, crisis payments, child protection, domestic violence crisis accommodation and specialist homelessness services are estimated using the most recent client numbers and average recipient values publicly available through the ABS and Services Australia.

The estimates show a new annual cost of almost \$90 million nationally. Given the relative size of the victim-survivor cohort compared to the wider population, this amount may reflect the extent of vulnerability experienced by people who have experienced CSA specifically. Unfortunately, a more comprehensive usage rate cannot be calculated using the available data. However, the narrowness of categories included suggests that this estimate is a plausible lower bound social support cost attributable to experiences of sexual violence.

Income and Crisis Payments

To estimate the crisis payment costs attributable to SA through its association with family and domestic violence (FDV), we applied the calculated PAF to a base of 21,136 women who received FDV-related crisis payments in 2021–22. Approximately 5.2% of these cases could be attributed to CSA and ASA through instances of severe financial distress.⁸⁴ An estimated 1,101 crisis payments were attributable to SA. Assuming one annual payment per person at the maximum base JobSeeker rate

(equivalent to \$505.75 per week), the total annual cost to government was around \$4,780 per year for new incidence and around \$55,700 per year for the total population of CSA persons. While a select cohort not representative of broader gender-based violence, the crisis payment was the most credible proxy for broader violence costs available.

Moving to income support, based on Australian Government expenditure on income support for the unemployed and sick in 2023–24 (\$14.7 billion)⁸⁵, the annual cost attributable was estimated at \$67 million per year of additional support payments. Using JobSeeker and Disability Pension payments as a proxy for income support, the average time on income support was 4.7 years and 10 years respectively as of 2023.⁸⁶ The lifetime attributable welfare burden on the Commonwealth government budget was estimated at approximately \$300 million. This estimate reflects the long-term economic burden of income support reliance in annualised terms and correlates well with the substantial disparities in labour and health outcomes already observed.

Specialist Homelessness Services

To estimate the annual cost of homelessness services attributable to sexual violence, the 2023–24 national expenditure on homelessness services across all Australian states and territories, totalling \$1.5 billion, was used.⁸⁷ Approximately \$7.9 million in annual homelessness service costs are attributable to CSA exposure. Due to the episodic nature of homelessness and a lack of reliable data on long-term service engagement for victim-survivors, no lifetime projection was calculated.

Family and Domestic Violence Support and Crisis Accommodation

Sexual violence significantly increases the risk of experiencing family and domestic violence (FDV) later in life for adults and children.⁸⁸ Given this relationship, a portion of FDV service demand can be reasonably attributed to earlier experiences of sexual assault or abuse. Applying a baseline of \$1.2 billion in annual recurrent direct FDV Commonwealth funding⁸⁹, the estimated attributable cost is \$26 million per year for the full population.

About \$2.2 million per year of national FDV service funding is attributable to each year of new incidents of abuse. This estimate was further adjusted to reflect only those women who seek formal support after an incident. According to AIHW, around 33% of women who experience partner violence access formal support or advice. Given this adjustment and the limited data available on abuse histories of service users, the estimate should be considered a likely lower bound.

Child Protection System Cost

To estimate the annual child protection system costs attributable specifically to CSA, we first calculated the share of all child protection substantiations that were for girls and boys respectively (16,853 first-time substantiations in 2022). To ensure a conservative and focused estimate, we further narrowed these proportions by applying a 40% adjustment, reflecting evidence that only around 40% of substantiations involve strictly sexual abuse rather than other forms of maltreatment. This approach ensures that only the costs plausibly and directly attributable to sexual abuse are included, avoiding overstatement by excluding substantiations for other abuse types.



These final percentages were then applied to each major child protection cost category—including out-of-home care (OOHC), child protection and intensive family preservation (CP+IFP), and family support services (FSS)—using national expenditure figures sourced from the Productivity Commission.⁹⁰ Total annual costs attributable to the child protection system are estimated at \$10.3 million, with the largest share incurred through OOHC at \$5.4 million. Additional costs include \$2.8 million for IFP services, and \$2.1 million for FSS.



THE TOTAL COSTS OF SEXUAL ASSAULT AND ABUSE

The analysis identifies substantial and cumulative economic cost burdens associated with childhood sexual abuse and adult sexual assault across multiple categories. This section presents total cost estimates for both annual and historical incidence of abuse, expressed in annual and lifetime terms. The cost burden is disaggregated between commonwealth and state governments, as well as individuals. Emphasis is placed on the cumulative legacy of annual sexual abuse, the fiscal burden on public budgets as distinct from broader economic costs, and the estimation of foregone government revenue and system inefficiencies. All disaggregated cost estimations are provided in the previous section.

The Annual and Lifetime Flow Costs of Sexual Violence in Australia

| TABLE 6. TOTAL ANNUAL ECONOMIC COSTS ATTRIBUTABLE TO SEXUAL VIOLENCE (\$M) | | | | |
|---|------------------------|----------------|----------------------|----------------|
| | Childhood Sexual Abuse | | Adult Sexual Assault | |
| Cost Categories | Annual | Lifetime | Annual | Lifetime |
| Productivity Loss | \$359 | \$3,728 | \$266 | \$2,742 |
| Education | \$32 | \$131 | - | - |
| Wellbeing | \$366 | \$2,571 | \$430 | \$3,025 |
| Health | \$90 | \$634 | \$113 | \$797 |
| Justice | \$43 | \$43 | \$85 | \$85 |
| Social Care | \$87 | \$301 | - | - |
| Total Cost Burden | \$1,092 | \$7,492 | \$990 | \$6,643 |
| Notes: All values are presented in 2025 dollars | | | | |

For CSA, the total annual incidence costs were around \$1 billion in Australia. Most of the burden was borne through reductions in productivity and wellbeing, followed by annual health spending of \$90 million (Table 6). Collective costs across the welfare, justice, and education sectors were estimated at around \$160 million per annum nationally. The estimated costs were similar for adult sexual assault annual incidence, with a total just under \$1 billion. Figure 5 displays the total costs by category for both cohorts.

Turning to estimated lifetime costs, the burden over time from annual incidences in Australia is significant. Total estimates produce a present value estimate of \$7.4 billion for CSA and \$6.6 billion for adult SA. These totals reflect the new cost burden generated by each additional yearly incidence of sexual assault and abuse. To put this in perspective, the combined burden is equivalent to around 0.5% of Australia's GDP in 2024—roughly \$14 billion in economic activity each year.

FIGURE 5. TOTAL ANNUAL ECONOMIC COSTS ATTRIBUTABLE TO SEXUAL VIOLENCE IN AUSTRALIA

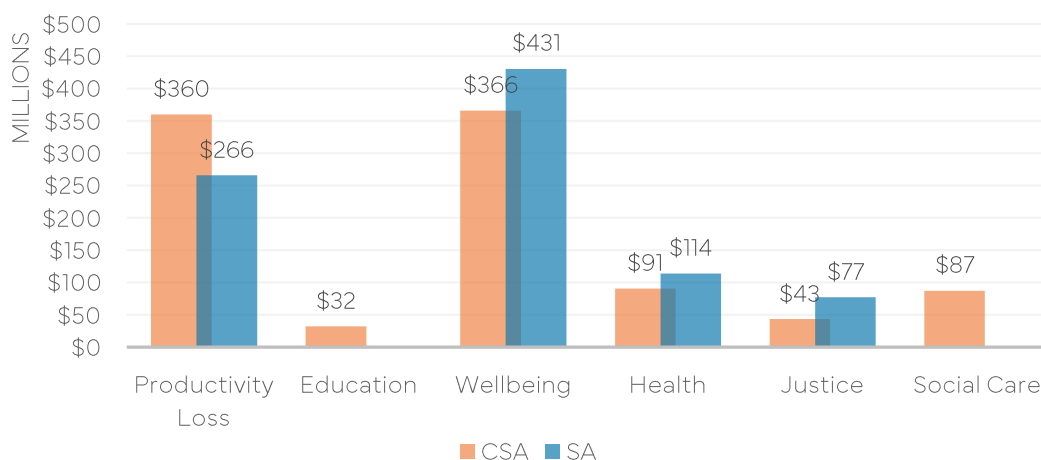
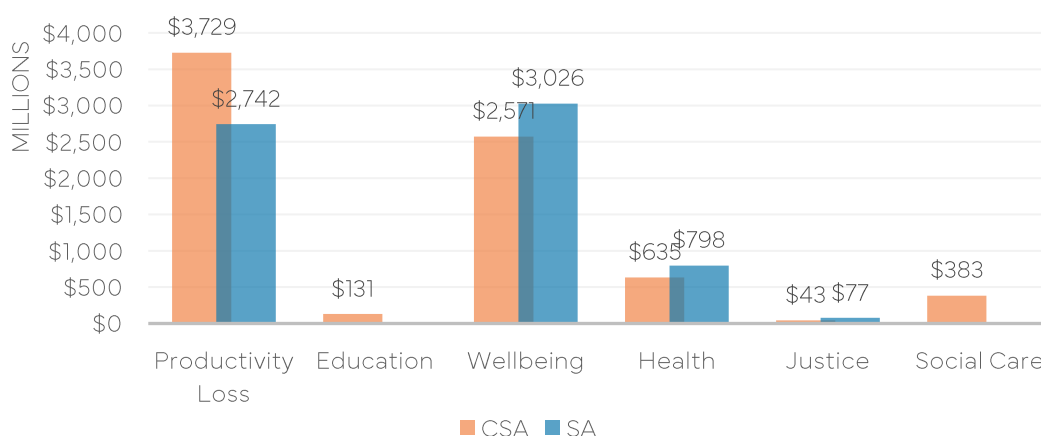


FIGURE 6. TOTAL LIFETIME COSTS ATTRIBUTABLE TO SEXUAL VIOLENCE IN AUSTRALIA

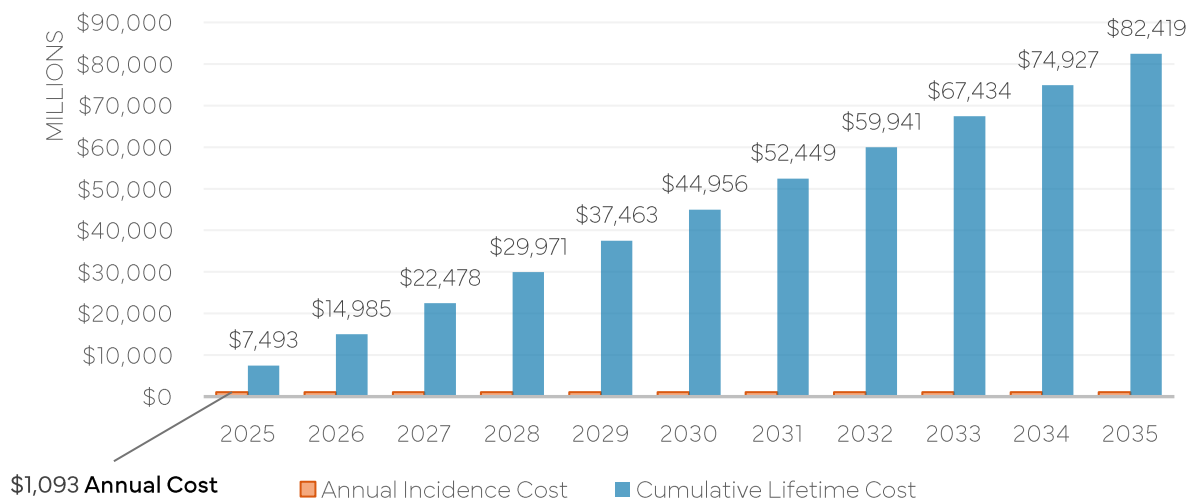


Again, most of the burden relates to losses in productivity and wellbeing, followed by approximately \$600 million and \$700 million in additional health system costs. The observed reduction in earning potential over time places significant vulnerability on those impacted by sexual violence through increased risk of economic forms of abuse, homelessness and housing precarity, and reduced access to private health insurance and other beneficial private products.

Figure 7 illustrates the cumulative economic impact of CSA using both annual incidence and lifetime cost projections. While the annual inflow of new CSA cases is estimated to generate approximately \$1 billion in costs each year, when accounting for the full burden over the working lifetime of those affected, the annual addition to economic costs rises sixfold to more than \$6 billion.

The annualised costs capture the immediate impact, whereas the lifetime costs accumulate as each new cohort of affected individuals enters the population. This compounding effect results in a steadily increasing economic burden over time. Although some of this burden dissipates as individuals age out or costs resolve, the overall cumulative cost continues to grow and is not substantially offset by these reductions, as illustrated in Figure 7.

**FIGURE 7. PROJECTED ANNUAL CUMULATIVE FLOW IN COSTS
FROM CHILDHOOD SEXUAL ABUSE**



The Stock of Historical Cost Burden within the Australian Economy

Aside from the new costs flowing into the economy each year as sexual assault and abuse occur, there is also a cumulative cost burden—or ‘stock’—already embedded in the economy from past incidents. This economic leakage arises from the long-term impacts experienced by victim-survivors across their life course. Table 7 presents two measures of this stock burden: (i) the equivalent annualised stock cost (EAC), which represents the ongoing yearly economic impact currently being realised, and (ii) the lifetime stock cost, which reflects the total cumulative cost borne by victim-survivors over their lifetimes.

**TABLE 7. TOTAL STOCK OF ECONOMIC COSTS
ATTRIBUTABLE TO SEXUAL VIOLENCE (\$M)**

| | Childhood Sexual Abuse | | Adult Sexual Abuse | |
|-----------------------------|------------------------|------------------|--------------------|-----------------|
| Cost Categories | EAC | Lifetime | EAC | Lifetime |
| Productivity Loss | \$6,769 | \$71,737 | \$3,238 | \$34,315 |
| Education | \$229 | \$2,429 | - | - |
| Wellbeing | \$3,249 | \$34,424 | \$3,567 | \$37,818 |
| Health | \$352 | \$3,731 | \$462 | \$4,905 |
| Justice | \$53 | \$565 | \$91 | \$966 |
| Social Care | \$107 | \$1,139 | - | - |
| Total Economic Costs | \$10,761 | \$114,026 | \$7,359 | \$78,005 |

Notes: All values are presented in 2025 dollars

For CSA, the total annualised economic burden is estimated at \$10.7 billion. The largest contributor is productivity loss, accounting for \$6.7 billion each year, followed by wellbeing-related losses at \$3.2 billion, which capture diminished quality of life, mental health impacts, and associated social exclusion. Health system costs add a further \$352 million annually, alongside \$229 million in lost educational attainment, \$107 million in social care costs, and \$53 million in justice system expenses. When projected across the lifespan of survivors, the total lifetime economic burden of CSA rises sharply to \$114 billion.

ASA also generates significant economic costs, estimated at \$7 billion per year. Of this, \$3 billion is attributed to productivity losses and \$3.5 billion to wellbeing. Health-related costs contribute \$462 million annually, while justice system costs reach \$91 million. No data was available for education and social care costs specific to adult survivors in this model. Over the lifetime of affected individuals, the cumulative economic cost of adult sexual assault is projected at \$78 billion.

Together, these figures highlight a combined annual burden of over \$18 billion and a lifetime stock burden nearing \$192 billion. These are not hypothetical future losses but real and current economic leakages, reflecting the ongoing costs of historical sexual assault and abuse. The scale of this impact brings into stark focus the proportion of victim-survivors who do not report an incident or engage with formal support systems. This suggests a significant hidden cost that continues to weigh heavily on both society and the economy.

The Distribution of the Cost Burden

The cost burden is not borne unilaterally but distributed across different areas of society. Here, related costs are allocated by main cost-bearing group, namely, individual/society,⁹¹ the Commonwealth government and the collective State and Territory governments.

As shown in Figure 8, around 63% of estimated CSA annual costs are borne by individuals/society, with 15% borne by state and territory governments and the remaining 22% by the Commonwealth government. Over lifetime estimates, the cost burden shifts further towards individuals/society, rising to 68%. The reduction of the state and territory government share by 5 percentage points reflects the assumption that justice costs, predominantly financed by state governments, are contained within annual expenditure only.

For adult sexual assault, the proportions are similar, with individuals and society bearing most of the costs. The higher share reflects the more immediate productivity losses among the working-age population.



FIGURE 8. PROPORTION OF ANNUAL AND LIFETIME COSTS BY COSTS BEARER 2021/22

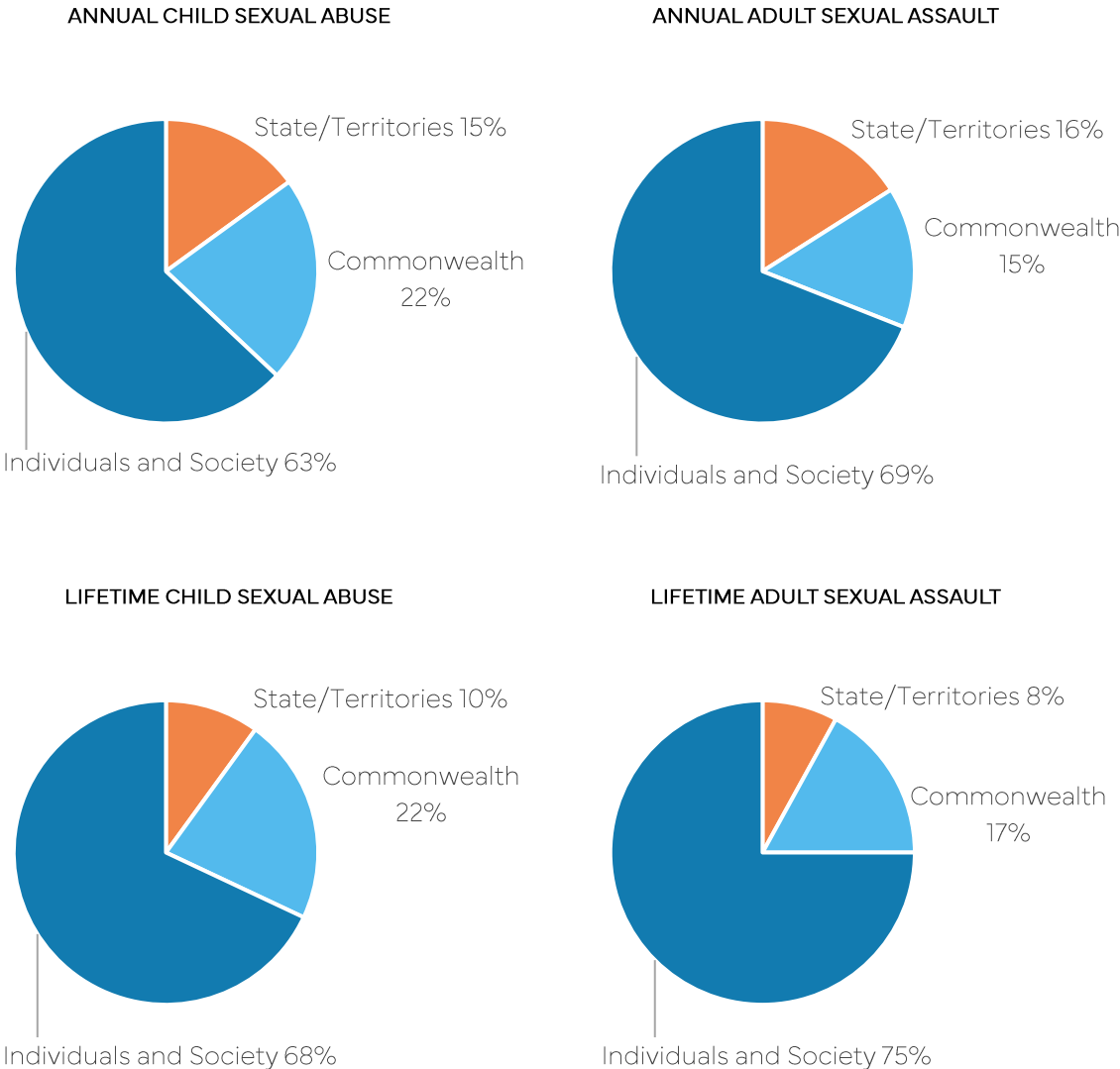


FIGURE 9. CHILDHOOD SEXUAL ABUSE COST BURDEN BY COST CATEGORY AND BEARER

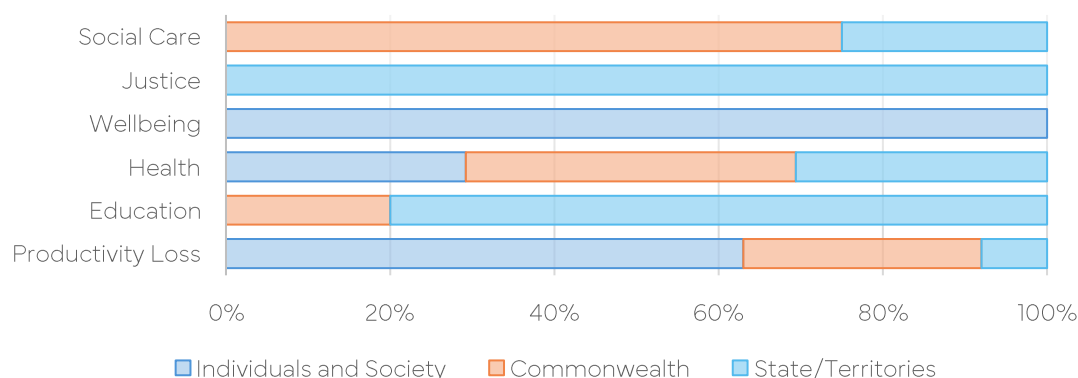
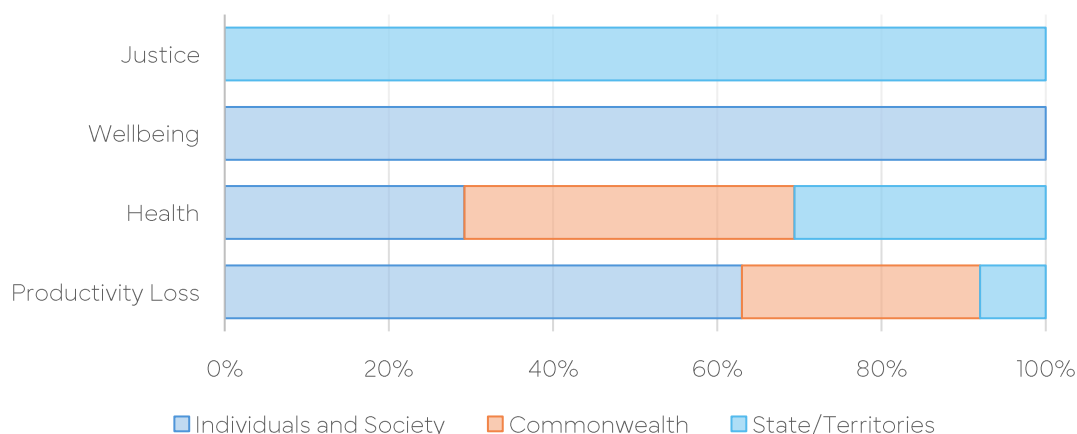


FIGURE 10. ADULT SEXUAL ASSAULT COST BURDEN BY COST CATEGORY AND BEARER



Figures 9 and 10 below disaggregate the annual cost burden by category and cost bearer. As displayed, individuals and society bear most of the productivity and wellbeing losses across the economy. Alternatively, the cost proportions in social care, justice, health and education reflect the respective fiscal responsibilities of the commonwealth and state/territory governments.

Forgone Taxation Revenue

The largest cost burden for the Commonwealth government is foregone income tax revenue. Diminished labour market participation and reduced earnings attributable to sexual violence result in significant losses to government revenue. As shown in Figure 11, annual income tax losses are estimated at \$89.6 million (CSA) and \$66.2 million (ASA).

Indirect tax revenue losses, primarily GST, which is distributed to states and territories, arising from reduced economic activity are estimated at \$47 million to \$34.8 million annually. When combined, the total annual foregone tax revenue amounts to around \$238 million. Accumulated over the life course

of non-working or lower-earning victim-survivors, lifetime foregone tax revenue rises to \$2.5 billion for each new year of incidence.

Figure 12 shows the equivalent annualised costs of the historical incidence costs. This is the additional foregone annual tax revenue resulting from on-going and under-serviced productivity loss within the economy at present. Given the higher prevalence of historical cases in Australia, the total foregone revenue, or stock tax loss, each year is around \$2.5 billion and \$1.2 billion for CSA and ASA respectively.

Losing tax revenue in this way creates a double fiscal burden for government. Not only does revenue decline because of reduced workforce participation and earnings, but additional expenditure is also required to address the health, social, and economic consequences of sexual violence. This represents a significant inefficiency in public finance: money that could otherwise be directed to new initiatives or infrastructure is instead diverted to cover preventable costs.⁹²

Table 8 shows the distribution of this fiscal inefficiency. The annual deadweight loss is estimated at \$103 million, with lifetime projections reaching around \$680 million for each additional year of incidence. In total, around \$900 million in inefficiencies are currently present across governments from both recent and historical incidences. While the attributable costs of adult sexual assault are smaller due to fewer policy domains being captured, they nonetheless remain material.

| TABLE 8. PROPORTION OF ANNUAL AND LIFETIME DEADWEIGHT LOSS BY COST BEARER (\$M) | | | |
|---|--------------|--------------|--------------|
| Cost Bearer | New Annual | New Lifetime | On-going EAC |
| Childhood Sexual Abuse | | | |
| Commonwealth | \$51 | \$343 | \$451 |
| State and Territories | \$31 | \$205 | \$271 |
| Individuals/Society | \$20 | \$137 | \$180 |
| Total Deadweight Loss | \$103 | \$686 | \$903 |
| Adult Sexual Assault | | | |
| Commonwealth | \$36 | \$238 | \$232 |
| State and Territories | \$22 | \$142 | \$139 |
| Individuals/Society | \$14 | \$95 | \$92 |
| Total Deadweight Loss | \$73 | \$476 | \$464 |
| Notes: All values are in 2025 dollars | | | |



While attributing fiscal inefficiency can be difficult, commonwealth government deadweight losses primarily result from income support, education expenditures, and income-tax-funded initiatives, while state and territory deadweight losses arise from justice system spending, substantial portions of health-related expenditures, and their share of GST-related revenue impacts. Deadweight loss to individuals and society more broadly describes the loss of potential output or wellbeing resulting from various inefficiencies or barriers to participation in economic life.

Fiscal Cost Distribution across Commonwealth and State Governments

As seen across the cost burden on society and governments, individuals bear most of the economic cost over time, while governments experience fiscal costs through service delivery, public systems, and foregone revenues. Economic costs reflect the total losses to individuals and society—including lost productivity, wellbeing, and social participation—whereas fiscal costs refer specifically to direct government expenditures with budgetary implications.

FIGURE 11. NEW ANNUAL FORGONE TAXATION FOR 2021/22

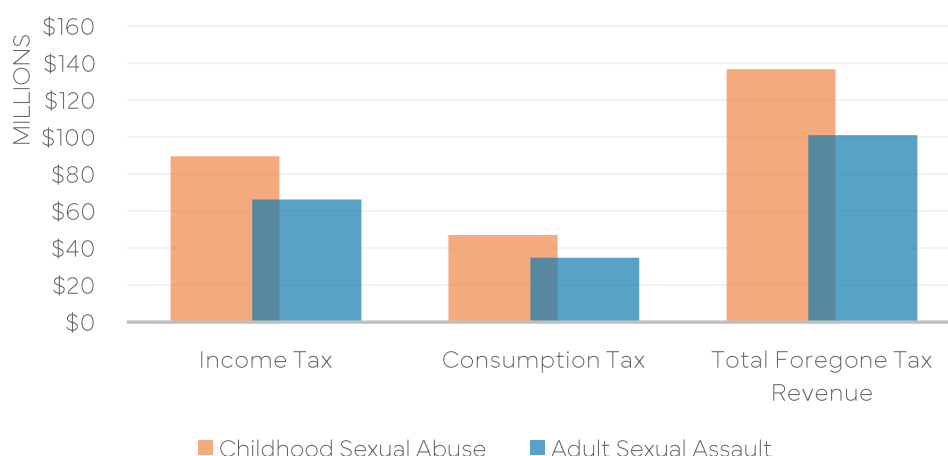


FIGURE 12. EAC ON-GOING FOREGONE TAXATION 2021/22

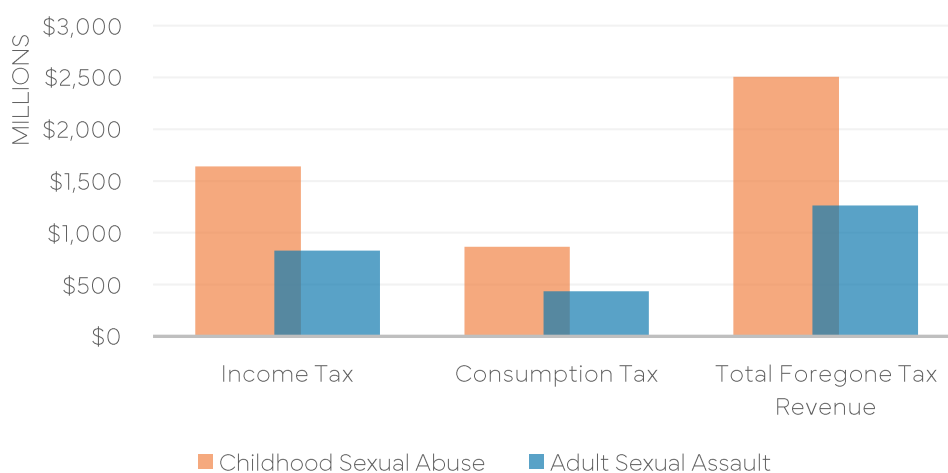


Table 9 presents the new annual and lifetime fiscal costs of sexual assault and abuse for the Commonwealth and the collective state and territory governments. Annually, the total fiscal burden is estimated at between \$212 million and \$122 million for the Commonwealth government, and between \$147 million and \$133 million for states and territories, with the largest contributors being productivity loss and social care at the commonwealth level, and justice and education at the state level. Over the lifetime horizon, total fiscal costs are projected at \$1.6 billion to \$736 million for the Commonwealth government, and \$1.1 billion to \$540 million for states and territories.

These estimates underscore the scale of the fiscal pressures imposed by sexual violence on all levels of government and the cumulative fiscal risk posed by inaction. For instance, the Commonwealth's annual fiscal burden represents approximately 1.4% of its total community services expenditure for 2024–25.⁹³

| TABLE 9. PROPORTION OF FISCAL COSTS BY GOVERNMENT LEVEL PER ANNUM (\$M) | | | | |
|---|---------------------------|-----------------|----------------------|-----------------|
| | New Annual Fiscal Costs | | | |
| | Childhood Sexual Abuse | | Adult Sexual Assault | |
| | Commonwealth | State/Territory | Commonwealth | State/Territory |
| Productivity Loss | \$104 | \$28 | \$77 | \$21 |
| Education | \$6 | \$25 | - | - |
| Health | \$36 | \$27 | \$45 | \$34 |
| Justice | \$0 | \$43 | \$0 | \$77 |
| Social Care | \$65 | \$21 | - | - |
| Total Costs | \$212 | \$147 | \$122 | \$133 |
| | New Lifetime Fiscal Costs | | | |
| | Commonwealth | State/Territory | Commonwealth | State/Territory |
| | Commonwealth | State/Territory | Commonwealth | State/Territory |
| Productivity Loss | \$1,081 | \$298 | \$795 | \$219 |
| Education | \$26 | \$104 | - | - |
| Health | \$255 | \$194 | \$320 | \$244 |
| Justice | \$0 | \$43 | \$0 | \$77 |
| Social Care | \$287 | \$95 | - | - |
| Total Costs | \$1,650 | \$736 | \$1,116 | \$540 |
| Notes: All values are presented in 2025 dollars. New costs refer to those borne from per annum incidence of sexual assault and abuse respectively. Each annual incidence has an annual cost and costs borne over a victim-survivors lifetime. The dashes denote that no estimate was calculated due to insufficient data or no applicability. | | | | |



Annual and Lifetime Costs by State and Territory Government

Table 10 presents the estimated annual and lifetime fiscal costs across Australian state and territory governments. Annual costs range from \$1.1 million in the Northern Territory to \$45 million in New South Wales for CSA alone. Lifetime costs are more pronounced, exceeding \$200 million in New South Wales and approaching \$180 million in Victoria for this cohort. ASA present similar proportions across annual and lifetime fiscal pressure.

| TABLE 10. ANNUAL AND LIFETIME FISCAL COSTS BY STATE AND TERRITORY (\$M) | | | | |
|---|------------------------|--------------|----------------------|--------------|
| | Childhood Sexual Abuse | | Adult Sexual Assault | |
| State/Territory | Annual | Lifetime | Annual | Lifetime |
| New South Wales | \$45 | \$226 | \$38 | \$157 |
| Victoria | \$35 | \$178 | \$34 | \$140 |
| Queensland | \$32 | \$160 | \$29 | \$117 |
| Western Australia | \$16 | \$79 | \$14 | \$57 |
| South Australia | \$10 | \$51 | \$9.1 | \$37 |
| Tasmania | \$3.3 | \$16 | \$3.6 | \$14 |
| ACT | \$2.5 | \$12 | \$2.6 | \$10 |
| Northern Territory | \$1.1 | \$5.1 | \$1.1 | \$4.8 |
| Total | \$147 | \$736 | \$133 | \$540 |
| Notes: All values are presented in 2025 dollars | | | | |

Focusing now on WA where Table 11 outlines the estimated fiscal and total economic costs of childhood sexual abuse (CSA) in Western Australia, disaggregated by cost category. Annual fiscal costs attributable to CSA are projected at around \$16 million, with the largest components arising from productivity loss, health, and education expenditure. When counting the compounding lifetime fiscal burden over new cases annual, the total increases to \$79 million. This annualised cost burden equates to 2.8% of total recurrent spending on community services, 1.2% of total education spending, and 4.3% of community safety expenditure.⁹⁴ While these costs are realised over time, the fiscal burden is borne annually and continues to erode budget integrity for years to come. These figures rise significantly when wellbeing losses to individuals through declines in life quality are included, reaching \$369 million in annualised lifetime costs.

| TABLE 11. ALL COST ESTIMATES BY CATEGORY FOR WESTERN AUSTRALIA 2021/2022 (\$M) | | | | |
|---|-------------|--------------|--------------|--------------------|
| WA Costs by Category | Annual | Lifetime | Stock EAC | Total Stock Burden |
| Productivity Loss | \$3.2 | \$33 | \$60 | \$643 |
| Education | \$2.8 | \$11 | \$20 | \$217 |
| Health | \$3.1 | \$21 | \$11 | \$123 |
| Wellbeing | \$42 | \$290 | \$366 | \$3,855 |
| Justice | \$4.8 | \$4.8 | \$5.9 | \$63 |
| Social Care | \$2.4 | \$7.8 | \$2.9 | \$31 |
| Total Fiscal Cost | \$16 | \$79 | \$102 | \$1,079 |
| Total Cost | \$58 | \$369 | \$468 | \$4,935 |

Note: All values are presented in 2025 dollars. EAC denotes the equivalent annual cost of the historic total stock burden from all people in the population who have experienced CSA or ASA and experience negative outcomes.

When the stock of historical cost burden is included, the equivalent annualised fiscal cost to the state is estimated at \$102 million. Accounting for broader societal impacts, such as wellbeing losses, the total historic economic burden for Western Australia rises to \$468 million per year and exceeds \$4.9 billion when considering the full lifetime prevalence.

FIGURE 13. ANNUAL AND LIFETIME COST PROPORTIONS BY COST CATEGORY IN WESTERN AUSTRALIA

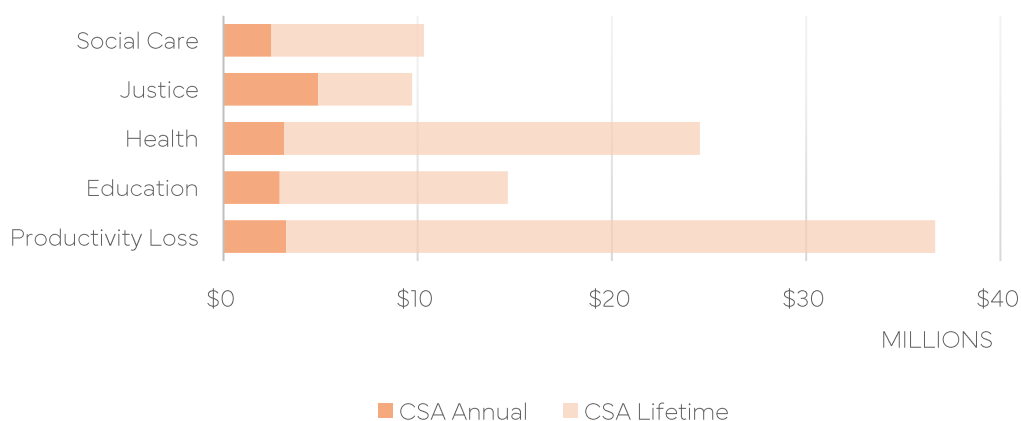


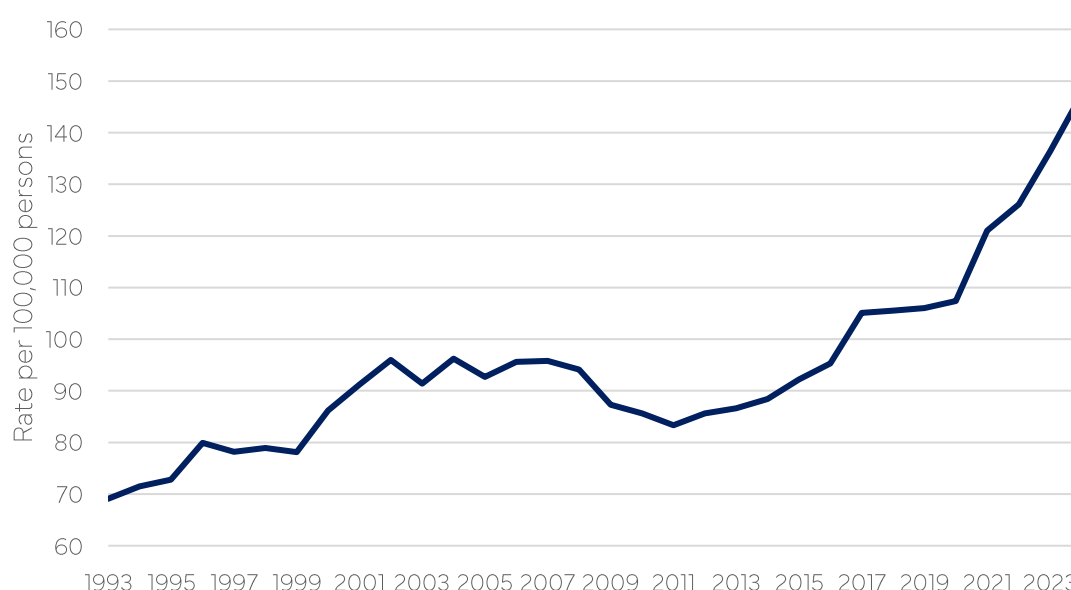
Figure 13 depicts the proportion of annual and lifetime costs attributable to childhood sexual abuse. Importantly, many of the costs with direct fiscal implications—across health, education, economic activity, and social care—are realised over the lifetime of individuals rather than immediately. In these estimates, only around 5% to 10% of costs are incurred in the short term. This underscores the rationale for support services that function not only as immediate recovery and crisis responses, but also as broader preventative interventions.

SPECIALIST SEXUAL VIOLENCE SERVICES

Sexual violence is increasing and with it demands for specialist services

Nationally, sexual assault victimisation rates are rising, with police data showing 40,087 victims in 2024, marking 3735 additional reports (10%) from the previous year. Notably, this, not only, reflects the highest victimisation rate recorded to date (147 per 100,000 persons), but the 14th consecutive year-on-year increase and the fourth year it has significantly outpaced population growth.⁹⁵ Of these victims, 81% were female, and a significant minority (39%) were aged between 10 and 17 years when the assault occurred (see figure 14).⁹⁶

FIGURE 14. SEXUAL ASSAULT VICTIMISATION PER 100,000 PERSONS IN AUSTRALIA



Using the WA case, the state recorded a 9% increase in sexual assault victims in 2023, with 3,429 reported victims—the second-highest number in the past 31 years. The victimisation rate similarly increased to 119 victims per 100,000 persons. Again, a sizable proportion (56%) were aged under 18 at the time of reporting. Recent commentary in the WA government budget papers places the budgetary pressures in stark view, with the government having to “[increase] service appropriation to address cost and demand pressures to effectively manage sexual offence prosecutions caseloads.”⁹⁷

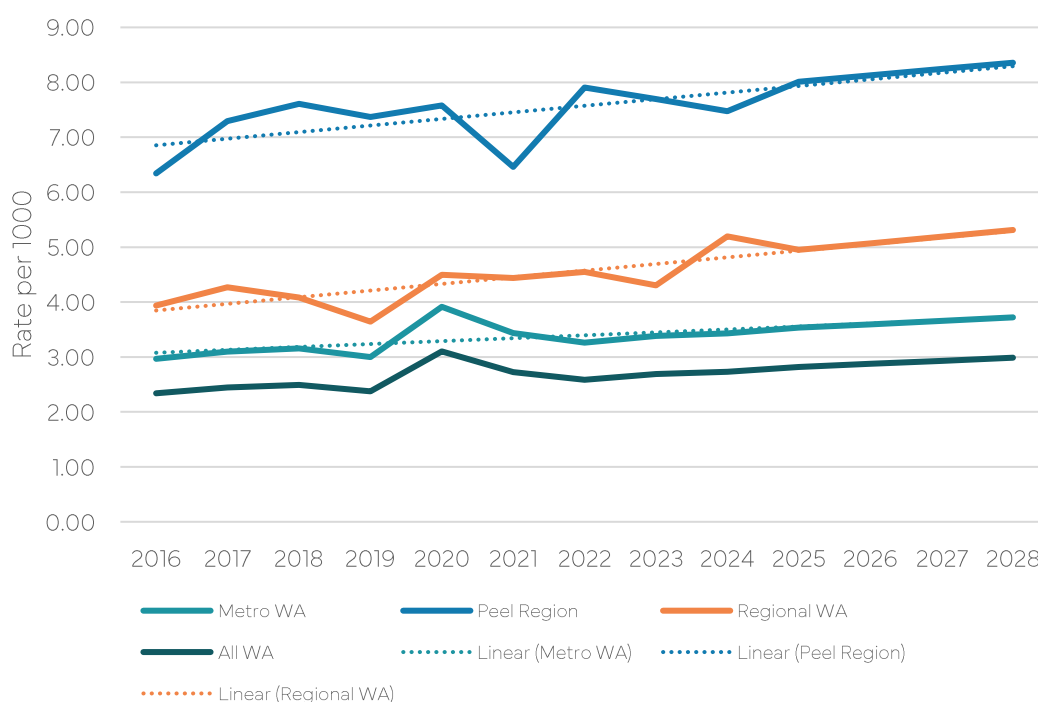
Figure 15 demonstrates the described increase over the long-term, with the dotted lines representing averaged trends over time. Since 2016, the sexual assault rate per 1,000 people has steadily increased, reaching a 10 year high of 7.9 per 1000 in the Peel Region in 2022. As these are police records, the actual number is likely significantly larger due to under-reported of cases, with current reporting estimated at around 10% of total incidents.⁹⁸

There is a clear rationale for government to provide further investment into specialist sexual violence services

The economic costs of sexual assault over the lifetime of a victim-survivor are considerable and materially impactful to community wellbeing and government budgetary decision-making. As the incidence of sexual assault increases, further pressure will be placed on frontline services to deliver effective specialist programs to support recovery and prevention of further lifetime negative outcomes, as well as the associated broader costs of the individual, society and public funds.

Timely intervention and response in sexual assault and abuse is crucial for mitigating long-term adverse outcomes, with early support observed to reduce the risk of re-victimisation and long-run negative outcomes.⁹⁹ Evidence also supports the efficacy of various crisis and post-crisis interventions, including counselling and advocacy, which have been associated with improved psychological outcomes and reduced trauma symptoms.¹⁰⁰ Importantly, programs focusing on timely intervention have shown promise in altering life course trajectories, particularly when they address underlying risk factors and provide sustained support.¹⁰¹

FIGURE 15. SEXUAL ASSAULT RATE PER 1000 IN METRO WA, REGIONAL WA AND THE PEEL REGION 2016-2028



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While there is clear opportunity to achieve greater benefits through timely response and recovery services, significant access gaps remain. In WA, over 50% of sexual assault support service clients waited from four weeks to several months for counselling. Such delays prevent victim-survivors from receiving the timely and effective support that could mitigate long-term adverse outcomes and the associated economic estimated in this report.¹⁰³

These challenges are not unique to WA but reflect broader national issues. Across the country, there is a persistent mismatch between the growing scale and complexity of sexual violence and the capacity of current funding arrangements and services to absorb and respond effectively. The disproportionately high assault rate among young people is of particular concern, as it suggests higher lifetime costs to governments.

Assessing Prevention Savings in the Context of Budget Cost Offsets and Broader Economic and Social Returns is Crucial

At the national level, it is estimated that around 68,500 individuals require specialist sexual assault services each year, with around 45,700 people currently engaging with such services either being treated or in waiting. This suggests a significant unmet need in the community, affecting roughly 23,000 individuals nationally.

Combined Commonwealth and State/Territory funding for direct sexual assault services currently totals around \$160 million per year.¹⁰⁴ To meet the estimated demand and provide adequate support, funding would need to increase to approximately \$240 million annually, representing a shortfall of about \$80 million per year, or 33% of the required resources to meet community need.

Current funding for sexual violence recovery and prevention services in WA is approximately \$15.8 million per year.¹⁰⁵ However, sector estimates indicate that to fully meet community need would require around \$27 million in funding annually. This means existing investment services only about half of those needing support any given year. The result is a persistent funding shortfall of 42% that leaves around 4500 victim-survivors without timely support.

That said, evaluating further sexual violence service investment in strictly budget-neutrality terms has inherent limitations. A narrow fiscal lens captures only direct budgetary flows, excluding the significant share of avoided costs that fall outside the funding department's accounts. Many of the benefits of recovery, such as reduced health expenditure and sustained workforce participation, accrue across the whole of government and society and are not fully visible in any single portfolio's balance sheet. These represent not just operational efficiencies, but preventative savings that compound year-on-year, particularly when early intervention interrupts the cycle of trauma before it entrenches long-term disadvantage. For this reason, it is imperative that governments develop the capacity to properly estimate and attribute cost reductions generated by effective service delivery outcomes, so that future budgetary decisions are informed by their full economic impact.

Future evaluations should move beyond isolated cost-offset periods to consider the full public value of services—their efficiency in cost per case supported, and the comparative cost-effectiveness of timely intervention versus crisis-driven responses. The greatest savings arise from preventing harm from escalating, thereby avoiding the far larger fiscal and social costs that follow unmet need.

Maintaining the status quo risks significant cost escalation. Without scaling investment toward the necessary annual resourcing for community need, demand for high-cost crisis services will continue to grow, workforce and infrastructure pressures will intensify, and the fiscal and social burden on future budgets will compound each year.



CONCLUSION AND POLICY IMPLICATIONS

This report estimates the significant annual and lifetime costs of sexual assault and abuse to individuals, society, and governments. Although research limitations and subsequent methodology decisions, even the conservative estimates presented highlight a significant range of costs, both annually and over the lifetime of those impacted.

The findings make a strong case for increased investment in specialist sexual violence services. Enhanced funding would reduce service gaps, support better victim-survivors' outcomes, and likely ease material pressure on community services and systems. The following core recommendations for government to consider would best position the service and public sectors to understand and develop policy for sexual violence in Australia.

- 1. Develop and Release Sexual Violence Strategy and Action Plans that Improve Targeted Policy Coverage to Address the Consequences of Sexual Assault**

Ensure sexual violence is systematically addressed through established and developing strategic action plans that complement broader domestic and family violence strategies and reflect the unique drivers and impacts of sexual violence. For the approach to be effective it must enable adequate monitoring, discrete budget item recognition, responsiveness and cross-departmental coordination in identifying community need and providing sufficient targeted investment to deliver lifetime prevention benefits.

- 2. Increase Investment in Sexual Assault Services Infrastructure and Delivery**

Increase investment to expand access to sexual assault and abuse services to systematically achieve lifetime cost reductions, improve individual outcomes and offset further public investment. Current funding levels leave many without timely care, increasing the risk of long-term harm and otherwise avoidable system contact. Targeted investment would improve outreach, service continuity, and recovery outcomes—reducing the significant lifetime costs associated with childhood sexual abuse and sexual assault.

- 3. Build and Strengthen Functional Data Assets to Enable the Effective Evaluation and Design of Policy and Programs.**

To best position the government's policy response, an integrated and functional data asset should be established that captures comprehensive information on sexual abuse and assault prevalence, service demand, client outcomes, and unmet needs. Such data should enable responsive monitoring, support the assessment of service effectiveness, and inform the targeted allocation of resources to where they are most needed, ensuring interventions are timely and responsive to diverse communities.

- 4. Embed Preventative and Holistic Monitoring and Assessment to Guide Future Government Investment**

Build capability to measure, monitor and incorporate the cost offsetting of public preventative and recovery funding into budgeting decision-making. Apply an annualised lifetime prevention lens to future budget decisions and resource allocations. Currently,



inconsistent and under-utilised cross-departmental data collection limits accountability and makes it harder to direct resourcing to the most cost-effective interventions. This underscores the capacity to better respond to differences in prevalence and impact across social and age groups.

5. Adopt an Integrated, Multi-faceted Sexual Assault Service Model

Services should adopt a multiagency approach to crisis response including access to forensic and medication examinations and ongoing therapeutic support, health care, advocacy, and legal assistance within a single, coordinated system rather than across disparate providers. Evidence shows that cohesive, accessible, and trauma-informed models improve recovery, reduce re-traumatisation, and ensure survivors receive the full range of supports without navigating fragmented pathways. Priority should be given to strengthening existing services and establishing the preferred service model rather than overextending into new, under-resourced sites.



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APPENDIX

A. Definitional Differences Across Data Sources

Estimates of sexual violence prevalence in Australia rely on multiple sources, each employing different definitions and methodologies. These differences influence the accuracy and interpretation of prevalence data.

Sexual violence encompasses a spectrum of behaviours, ranging from sexual harassment and threats to forced sexual activity and trafficking for sexual purposes. It may involve force, coercion, manipulation, or deceit.

The Australian Bureau of Statistics' Personal Safety Survey (PSS) uses a broad definition, capturing sexual assault, attempted sexual assault, and sexual threats experienced since age 15, regardless of whether incidents were reported to police. This allows for a more comprehensive measure of victimisation than administrative records alone.

In contrast, the Recorded Crime and Victimization series includes only sexual assaults reported to and recorded by police. Given significant underreporting due to a range of reasons, the recorded crime data is thought to substantially understate the actual prevalence rate. Similarly, the National Research Organisation for Women's Safety (ANROWS) defines sexual assault as any non-consensual sexual act, emphasising lack of consent and coercion. ANROWS' definition highlights the methodological trade-off between comprehensive victimisation measures and reliable administrative data.

For this analysis, the ABS Personal Safety Survey was selected due to its relative comprehensiveness. Although Recorded Crime data provides concrete case counts and indicates underreporting trends, it insufficiently captures the true prevalence of sexual violence.

Importantly, this report excludes sexual threats from the ABS dataset due to limited evidence linking threats alone to significant negative outcomes over the life course. To avoid overstating prevalence, only sexual assaults and attempted assaults were included for both age cohorts. The term sexual violence is used throughout the report to denote both childhood and adult experiences.



B. Methodology Notes

Deriving Incidence-Based Calculations

To estimate the economic burden attributable to incident cases in a given year, lifetime prevalence-based cost structures were applied on a per-case basis to the annual incidence population. Relative risks and the equated PAF derived from lifetime data were not recalculated for incidence, as they reflect long-term exposure-outcome relationships. Instead, we disaggregated the lifetime stock burden by applying average per case costs to the estimated number of new cases occurring this year, under the assumption that these individuals will, over time, experience similar outcome trajectories. This method enables estimation of the annual flow of costs associated with new cases while maintaining the integrity of lifetime-derived effect estimates.

Data Completeness and Scope

The scope of this report was to estimate an indicative overall scale of economic burden rather than precise counts. This is because the data are inherently incomplete due to underreporting, varying definitions, and inconsistent severity measures across studies. As cost categories are broad and robust, anchored in large empirical datasets, we aggregate these categories recognising that finer demographic disaggregation would introduce complexity without materially altering policy-relevant conclusions.

Productivity Loss

A human capital approach was used to estimate productivity losses associated with sexual violence. This method measures the long-term impact on an individual's employment and earnings potential, assuming that lost productivity is not replaced by other workers. It captures the economic cost of reduced workforce participation and lower income over the life course because of sexual violence experienced in childhood or adulthood.

Deadweight Loss

Deadweight loss refers to the economic inefficiency that arises when raising government revenue through taxation distorts behaviour or market outcomes. In the context of public spending, every dollar raised through taxation imposes a broader economic cost, often estimated at around 20–30 cents per dollar. Including deadweight loss in economic evaluations ensures a more accurate reflection of the true fiscal burden on society, beyond the direct costs of service expenditure.

Present Value and Time Discounting

Discounting future costs to present value allows the comparing of costs and benefits that occur at different points in time. A 7% discount rate, consistent with Treasury guidance for social investment appraisal, reflects both the time preference for immediate resources and the opportunity cost of investment. Applying this rate ensures the analysis remains conservative; using a lower discount rate (e.g., 3–5%) would increase the present value of long-term costs and benefits, potentially overstating the immediate fiscal cost associated with sexual violence.



Rationale for 20-Year Working Life Assumption

A 20-year working life assumption was applied to estimate long-run productivity and earnings losses from sexual violence, reflecting the lack of precise data on age of incident, recurrence, and recovery. While the full working life spans 45–50 years, applying this without adjustment risks overstating the costs. The 20-year horizon provides a conservative and consistent approach across labour and education estimates, acknowledging the concentration of incidents before age 25 and the potential for recovery over time. This aligns with accepted practice in the absence of longitudinal administrative data.

Adjusting for Employment Rates among Women

To avoid overstating the economic burden, employment-related cost estimates were adjusted using the female employment rate of 58.3%, as of 2024. This adjustment recognises that not all individuals affected by sexual violence would have been employed even in the absence of the experience, and therefore not all would generate earnings-related losses.

The same approach was taken when distinguishing the unemployed and not in the labour force counts for the employment disparities. The unemployed cohort used the unemployment rate of 2.5%, which is based on the total working age population not just those in the labour force.

C. Health and Health Service Specific Estimation Adjustments

Estimating Attributable Costs Across Healthcare Service Types

To estimate the total health system costs attributable to sexual violence, expenditure was analysed across three service types: hospital, primary care, and referred services. While hospital costs could be directly attributed to ASA through known condition-specific risk ratios and prevalence-based PAFs, equivalent data were unavailable for primary and referred services. To address this, a proportional allocation method was employed. Specifically, the total system-wide spending ratios of primary and referred care to hospital costs were calculated using condition-level expenditure data. These ratios were then applied to the CSA and ASA-attributable hospital costs to generate conservative and proportionally consistent estimates for primary and referred service use linked to related conditions.

Health Relative Risk Pooling – Inverse Variance Weighting Method

To generate a pooled risk ratio for the health outcomes across multiple subgroups and studies, we applied the inverse variance weighting method. This approach assigns greater weight to estimates with higher precision (those with narrower confidence intervals), thereby reducing the influence of less precise estimates.

Each risk ratio was first converted to its natural logarithm to stabilise the variance. The standard error of the log risk ratio was derived from its 95% confidence interval. We then calculated a weighted average of the log-transformed risk ratios, using the inverse of the squared SE as the weight. The final pooled risk ratio and its confidence interval were obtained by exponentiating the weighted average and corresponding bounds.



10-Year Disease Burden Duration

Lifetime estimation for health categories used a population-weighted average of time spent in ill-health among people aged 5 to 75 for CSA and 18 to 75 for ASA of 10 years. While it doesn't reflect condition-specific chronicity (e.g., depression vs. cardiovascular disease), it gives a consistent, conservative assumption for the time spent in ill-health, and therefore likely to engage health services or experience wellbeing decline.

The value was derived from the difference between the life expectancy and the health-adjusted life expectancy across the age spans specified.

Alcohol Total Costs Gender Prevalence Adjustment

To ensure accurate attribution of alcohol and drug-related societal costs to women affected by sexual assault, a gender adjustment was applied to reflect the female share of harmful substance use. National prevalence data indicates that 18.1% of women and 35.8% of men exceeded the national alcohol guidelines.¹⁰⁶ Using these figures, women represent approximately 33.6% of the total population engaging in risky use. This proportion was applied to the aggregate cost estimates to isolate the share plausibly attributable to females, aligning with the focus of the analysis on the consequences of sexual violence among women.

Suicide Cost Breakdown

Table 12 shows a breakdown of the direct costs of suicide used in estimated related suicide costs in the body of this report.

| TABLE 12. AVERAGE COST PER SUICIDE IN AUSTRALIA 2021/2022 | |
|--|---------|
| Cost Type | |
| Coronial costs | \$3,189 |
| Ambulance costs | \$904 |
| Police costs | \$3,190 |
| Grieving costs | \$2,406 |
| Notes: All values are presented in 2025 dollars | |



D. Relative Risk Ratios by Cost Category

Below are the relative risk values used to calculate the PAF for each cost estimation. Not all cost categories had a coinciding risk ratio and separate values were used for childhood and adult cases, as implied in the report proper.

| TABLE 13. RELATIVE RISK RATIO VALUES USED IN CHILDHOOD ABUSE COST ESTIMATIONS | | |
|---|------------|-------------------------|
| Cost Category | Risk Ratio | Source |
| Education | | |
| No Year 12 | 1.46 | Kearns & Dirienzo, 2024 |
| Education support | 1.68 | Rees & Sabia, 2013 |
| Productivity | | |
| Not employed | - | - |
| Not in the labour force | 1.06 | Sabia & Dills, 2013 |
| Absenteeism | - | - |
| Wellbeing | | |
| Depression | 1.68 | Guha et al., 2020 |
| Anxiety | 2.53 | Guha et al., 2020 |
| Obesity | 1.87 | Guha et al., 2020 |
| High risk alcohol use | 2.07 | Townsend et al., 2022 |
| Illicit drug use | 1.33 | Townsend et al., 2022 |
| Risky sexual behaviour | 1.84 | Townsend et al., 2022 |
| Suicide | 2.12 | Ng et al., 2018 |
| Healthcare | | |
| Respiratory disease | 1.31 | Frank et al., 2024 |
| Mood disorders | 1.44 | Frank et al., 2024 |
| Hospital-treated obesity | 1.40 | Frank et al., 2024 |
| Gastrointestinal disease | 1.22 | Frank et al., 2024 |
| Alcoholic and substance abuse disorders and disease | 1.28 | Frank et al., 2024 |
| Justice | | |
| All justice system costs were estimated using publicly available data as described in text. | | |
| Social Welfare | | |
| Child Protection System | - | McCarthy et al., 2016 |
| Future Victimisation | 1.50 | Townsend et al., 2022 |
| Accessing homelessness services | 1.53 | Sundin & Baguley, 2015 |
| Welfare recipient | 2.42 | Domond et al, 2023 |



| TABLE 14. RELATIVE RISK RATIO VALUES USED IN ADULT ASSAULT COST ESTIMATIONS | | |
|---|------------|-----------------------|
| Cost Category | Risk Ratio | Source |
| Productivity | | |
| Not employed | 0.93 | Townsend et al., 2022 |
| Not in the labour force | - | - |
| Absenteeism | 1.37 | Ickeson et al., 2024 |
| Wellbeing | | |
| Depression | 1.45 | Townsend et al., 2022 |
| Anxiety | 1.48 | Townsend et al., 2022 |
| Obesity | 1.11 | Townsend et al., 2022 |
| High risk alcohol use | 1.73 | Townsend et al., 2022 |
| Illicit drug use | 1.31 | Townsend et al., 2022 |
| Risky sexual behaviour | 1.84 | Townsend et al., 2022 |
| Suicide | 1.89 | Ng et al., 2018 |
| Healthcare | | |
| Respiratory disease | 1.31 | Frank et al., 2024 |
| Mood disorders | 1.44 | Frank et al., 2024 |
| Hospital-treated obesity | 1.45 | Frank et al., 2024 |
| Gastrointestinal disease | 1.22 | Frank et al., 2024 |
| Alcoholic and substance abuse disorders and disease | 1.77 | Frank et al., 2024 |
| Justice | | |
| All justice system costs were estimated using publicly available count data as described in text. | | |

E. Cost Allocation Assumptions by Cost Category

Table 15 shows the cost allocation assumptions used to delineate the cost burdens across the selected cost categories.

| TABLE 15. COST ALLOCATION ASSUMPTION BY AUSTRALIAN JURISDICTION ¹⁰⁷ | | | |
|--|--------------|--------------------|-----------------------|
| Category | Commonwealth | State/Territory | Individuals & Society |
| Productivity | 29% | 8% | 63% |
| Health | 40.2% | 30.6% | 29.2% |
| Education | 20% | 80% ¹⁰⁸ | 0% |
| Justice | 0% | 100% | 0% |
| Social Welfare | 100% | 0% ¹⁰⁹ | 0% ¹¹⁰ |
| Wellbeing | 0% | 0% | 100% |
| Deadweight loss | 50% | 30% | 20% |



The deadweight loss from raising and spending public funds is allocated as 50% to the Commonwealth, 30% to state and territory governments, and 20% to individuals and society. This reflects the tax mix and spending responsibilities across jurisdictions—Commonwealth taxes are more distortionary, states rely on less efficient taxes, and individuals bear non-budgetary costs. The allocation aligns with fiscal incidence and tax efficiency principles within Australia's intergovernmental system.



ENDNOTES

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- ¹ An overview of the definition used, and broader distinctions is available in Appendix A.
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<https://www.abs.gov.au/statistics/people/crime-and-justice/sexual-violence/2021-22>.
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- ¹⁷ Peterson et al, 2024. Systematic Review of Per Person Violence Costs. *American Journal of Preventative Medicine*, 66(2): 342-350.
- ¹⁸ See Sabia & Dills, 2013. Sexual Violence against Women and Labour Market Outcomes. *American Economic Review*. 103(3): 274-278 for use of robust econometric treatment of the topic.



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- ⁹² Further detail on deadweight loss is available in the appendix, as is information of the allocation of deadweight loss across cost bearers in this report.
- ⁹³ The summation of direct costs for community services as of the 2024-25 Budget Paper No. 1. Budget Paper No. 1
- ⁹⁴ Budget figures for health, education, community safety and community services sourced from the 2024-25 Budget Statements. Budget Paper No. 2, Volume 1. 2024-25 Budget Statements. Budget Paper No. 2 – Volume 1
- ⁹⁵ Australian Bureau of Statistics. (2023). Recorded Crime – Victims. ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/2023>.
- ⁹⁶ Australian Bureau of Statistics. (2024). Recorded Crime – Victims. ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release>.
- ⁹⁷ WA Treasury. (2025). Budget Paper No. 2, Volume 1. Western Australia Government: Perth, P. 466.
- ⁹⁸ The ABS estimates that 81% of victim-survivors did not report the most recent incident to police. Australian Bureau of Statistics. (2023-24). *Crime Victimisation*. ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/crime-victimisation/latest-release>.



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- ⁹⁹ Centre for Women's Safety and Wellbeing. (2024). Review of the Specialist Sexual Assault Support Services. Centre for Women's Safety and Wellbeing.
- ¹⁰⁰ Coates, D., Koleth, M., & Hamilton, L., (2022). The effectiveness of crisis and post-crisis responses for victims and survivors of sexual violence: An overview of findings from reviews. ANROWS.
- ¹⁰¹ Australian Institute of Family Studies. (2017). Current approaches to preventing and responding to sexual assault: A rapid evidence assessment.
- ¹⁰² Estimates from 2025 to 2028 were estimated using the simple exponential smoothing method.
- ¹⁰³ Ridgway, A., Hamilton, G., Powell, A., & Heydon, G. (2024). Time Will Tell: A Temporal Analysis of Victim-Survivor's Formal Support-Seeking for Co-occurring Family Violence and Sexual Harm. *The British Journal of Criminology*, 1-17; Centre for Women's Safety and Wellbeing. (2024). Review of the specialist sexual assault support services. Centre for Women's Safety and Wellbeing: Perth.
- ¹⁰⁴ These estimates do not account for variations in the duration of services or individual delays in accessing support, although some smoothing over multiple years has been assumed through an annual engagement rate of 26%. This proportion of those impacted aligns with ABS survey data of the proportion of victim-survivors who thought the assault was a crime, and therefore more likely overall to seek formal support. This number was then weighted with available empirical evidence on clients and wait times. The government expenditure totals cited relates strictly to specialist sexual assault services, not full gender-based or domestic/family violence funding. Where distinct sexual violence budget line items were unavailable, a 15% proportion of total FDSV funding has been assumed.
- ¹⁰⁵ The WA sexual violence funding estimate is derived from budget line items sourced the Budget Papers 2024-25. The line items included were sexual assault support services (SASS), sexual assault resource centres (SARC), children's sexual abuse therapeutic services (CSATS) and childhood sexual abuse prevention.
- ¹⁰⁶ Australian Bureau of Statistics. (2022). *Alcohol consumption*. ABS. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/alcohol-consumption/latest-release>.
- ¹⁰⁷ Productivity Commission. (2025). Review of Government Services. Australian Government: Canberra; Australian Institute for Health and Welfare. (2024). Health Expenditure. AIHW: Canberra. Health expenditure - Australian Institute of Health and Welfare
- ¹⁰⁸ The funding proportion is the inverse for non-government schools, whereby the Commonwealth Government provides around 80% and the State Governments 20%.
- ¹⁰⁹ State governments social program funding is not captured in the analysis as all select programs are under the commonwealth's responsibility.
- ¹¹⁰ It should be noted that these proportions refer strictly to fiscal allocations, not the intangible costs to individuals and society because of these systems.

