

The structure of the paper is as follows:

- The paper begins with a short critical discussion about the concept of “trauma”, a key term in this field.
- Secondly, the paper reviews the research on the effects of sexual assault on non-perpetrator family members and friends of victim/survivors (secondary traumatisation).<sup>1</sup>
- Thirdly, it examines the literature on the effects of sexual assault on counsellor–advocates and other professionals working in the sexual assault field (vicarious traumatisation).
- Fourthly, it will consider how fear of sexual assault impacts on the way women in particular are able to lead their lives in public space.
- Finally, it will consider the costs of sexual assault on broader society, including a review of research performed on the economic costs of sexual assault. The article will conclude by considering the implications of the ripple effects of sexual assault.

A paper on the ripple effects of sexual assault has many limitations, not only because the ripple effects of sexual assault are under-recognised, but also because the ripple effects are potentially endless. This paper is limited to discussing just some of the ripple effects of sexual assault that have been researched and documented so far. We have not, for instance, discussed the ripple effects of rape as a weapon in war/civil strife, and the ripple effects of rape in refugee communities—these need to be the topics of other papers. We have also not discussed the ripple effects of sexual assault and trauma in Australian Aboriginal communities. Where appropriate, we indicate the gaps in existing research, and opportunities for further research and consideration.

### Examining the concept of “trauma”

Some ripple effects of sexual assault on individuals have been conceptualised through the concept of “trauma”. The concept of “secondary traumatisation” is used to describe the effects of sexual assault experienced by non-perpetrator family members of victim/survivors. “Vicarious traumatisation” is used to conceptualise the effects on counsellors and other professionals working in the sexual assault field. We look at both these concepts in detail in this paper. Before going on to discuss them, it is important to examine the concept of “trauma” itself.

### Useful aspects of the concept of “trauma”

The concept of trauma has been useful in understanding the effects of rape. Judith Herman’s ground-breaking work *Trauma and recovery* (1992) validated and legitimised the effects of the trauma of rape. Wasco (2003) argued that the trauma response model and clinical diagnosis of post-traumatic stress disorder helped to

<sup>1</sup> The term “secondary traumatisation” should be distinguished from the term “secondary victimisation”. Secondary traumatisation refers to the effects of the sexual assault on people who were not the primary victim of the assault, but are nonetheless adversely affected by it, for example, non-perpetrator family members and intimate partners. By contrast, secondary victimisation refers to the process that occurs for (primary) victim/survivors when they disclose sexual assault and receive negative or inadequate responses from family, friends or systems (including legal, health and therapeutic systems) that lead to further trauma for the victim/survivor (see Astbury, 2006).

acknowledge the significance of the harm caused to people who have been sexually assaulted, and the extent of the violation they have experienced. PTSD offers a “scientific explanation” for their distress, which does not blame the victim for “bringing it on herself” (Gilfus, 1999, cited in Wasco, 2003). This stands in contrast to previously held conceptions of “masochism” or “hysteria”, which focus on the pathology or illness of an “hysterical” individual, rather than the traumatic event/s that caused the victim/survivor’s understandable distress (Wasco, 2003, p. 310).

Also, applying PTSD to rape victims connects rape to an extensive body of research on treatments that may effectively alleviate painful symptoms of PTSD, including exposure therapy, cognitive behavioural process and others (see Astbury, 2006, for an extensive review of these treatments). For both primary and secondary victims of sexual assault who suffer from “chronic and severe distress”, these treatment options can be extremely valuable.

Furthermore, acceptance of PTSD as a valid condition by the health care system means that victim/survivors who experience PTSD may access mental and physical health care, which may be essential for recovery.

Finally, measuring levels of trauma (as some of the literature we use in this paper has done) can lend further evidence to the fact that violence against women is pervasive and has severe and widespread effects. For example, measuring trauma levels in family members of survivors of sexual assault, or of various professionals who work in the field, can produce quantifiable “evidence” of the ways in which they have been affected. Thus, the examination of the concept of trauma has been and continues to be a useful way of understanding the effects of sexual assault, and a practical way of assisting both primary and secondary survivors to access the services they may need.

We engage with literature that uses concepts of trauma in this paper. Firstly, because it constitutes almost the only literature written about the ripple effects of sexual assault. Secondly, as mentioned above, because the concept of trauma provides a way of measuring and illustrating how the “wounds” of sexual assault are not limited to the primary victim/survivor, but are pervasive throughout society.

### **Criticism of the concept of “trauma”**

While engaging with the concept of trauma, however, we do this with knowledge of the concept’s limitations.

Various measures of trauma are not always adequately sensitive to diversity. For instance, trauma measures may be developed with one population group, who may have different life experiences and perceptions of life experience to other population groups. For example, Green, Chung, Daroowalla, Kaltman, and DeBenedictis (2006) found that a trauma measure of “stressful life events”, developed with US college women, was not entirely consistent with the experience of stressful life events experienced by low-income black women. While the black women on low incomes ranked items such as death, physical violence, violent relationships, sexual abuse, rape and serious illness as similarly traumatic as the college women, they did not rank robbery, being threatened with a weapon or attempted rape as traumatic and, in addition, nominated miscarriage, emotional abuse, substance abuse and eating disorders as additional traumatic life events. Green et al. hypothesised that not nominating robbery or being threatened with a weapon as traumatic may have been because of the ubiquitous nature of trauma in these women’s lives: “in a life with rape and murder among one’s significant others, a robbery or threat may seem less traumatic” (2006, p. 1206).

Similarly, the authors suggested that not ranking attempted rape as traumatic may be because many of the women had been raped or molested, and all seemed to know someone who was, suggesting that within this context, an attempt that did not succeed may not be seen as particularly problematic (in comparison to actual rape).

Different contexts may also influence the effects of rape. Within a trauma model, an effect of rape for both primary and secondary victims is generally understood to be a “shattered world view”, which is said to lead to profound feelings of distrust and other negative experiences. However, as Wasco (2003) pointed out, this is imagined from the position of an individual for whom the world has previously (that is, before the assault) been “basically safe and fair”. In fact, for many—and particularly for the most disempowered—other profound and traumatic harms might have already been experienced. Thus, an experience of sexual assault may not necessarily shatter these assumptions about the world, because the world has been and already is experienced as unsafe and unjust. That is, while rape will always be a traumatic experience and a violation of human rights, the effects of this trauma for an individual may be different in different contexts.

Similarly, a long-term “symptom” of vicarious traumatisation among professionals working in the field, following prolonged exposure to traumatic material, is “disrupted” or “distorted” “cognitive schema” (fundamental beliefs about the world, other people and oneself). While acknowledging the distress disrupted cognitive schema can cause, it could also be suggested that, rather than these views necessarily being disrupted or distorted, they may in fact be a more accurate reflection of the reality of unfortunate aspects of the world, reflecting knowledge that workers have acquired through working in the field. Thus, some trauma measures reflect dominant views about the world that many people do not share.

Researchers also point out that certain symptoms of trauma, rather than being viewed as problems to be treated, need to be viewed in a more positive light—as “coping mechanisms” an individual has adopted for protection and other purposes. Hyper-vigilance, for example, has been found to, in fact, effectively protect a victim/survivor from further violence. Also, it may be difficult to generalise about symptoms of trauma. The ways people experience and express trauma will be culturally and even locally specific, making it difficult to accurately state what, in general, symptoms of trauma will always be. This highlights the importance of conducting research on cultural sensitivity, difference and translation.

Finally, trauma conditions such as PTSD do not encompass all the individual effects of sexual assault. Depression, low self-esteem, self-blame and stress-related physical symptoms experienced by victim/survivors of rape, are all examples of psychological symptoms or effects that are not included in PTSD (although they may be noted as “associated features”, rather than “diagnostic criteria” for this condition). And as this paper points out, the effects of sexual assault are much more wide-ranging than these.

Indeed, as already mentioned, a trauma model tends to look at and measure the effects on the individual of a traumatic event, classify “symptoms” and indicate the helpfulness of certain “treatments”. While this is crucial in validating an individual’s experience and alleviating their pain, on its own it can also have an individualising effect: our focus on the effects of rape stays at the level of the individual. This is problematic if we are also to view rape as a social problem, with social solutions.

Overall, these criticisms and others indicate the limits of using the trauma model in mapping ripple effects of sexual assault.