

“Ripple effects” of sexual assault

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This paper discusses some of the widespread effects of sexual assault on families, professionals and society as a whole, demonstrating the significance of sexual assault as a social issue.

This paper is about how the effects of sexual assault are wide-reaching. As well as the profound effects of sexual assault on victim/survivors, a victim/survivor’s family members and friends, workers in the sexual assault field, and society as a whole are affected by sexual assault in detrimental and still under-recognised ways. These “ripple effects” of sexual assault are the subject of this paper. We use the term “ripple effects” as a metaphor to describe the effects and costs of sexual assault on a victim/survivor’s personal and professional networks, and the broader society within which they exist. As Remer and Ferguson (1995) state, “victimization has a ripple effect, spreading the damage in waves out from victims to all those with whom they have intimate contact” (p. 407). In this paper, we concentrate mostly on the ripple effects of the sexual assault of adults.

The most recent statistics show that sexual assault remains prevalent in Australia. The Australian Bureau of Statistics’ Personal Safety Survey (Australian Bureau of Statistics [ABS], 2006) found that 19.1% (or nearly 1 in 5) women have experienced sexual violence (defined as sexual assaults and sexual threats) since the age of 15, and that 1.6% of women over the age of 18 had experienced sexual violence in the past 12 months (Morrison, 2006).

Research documents a myriad of harmful effects experienced by primary victim/survivors as a result of being sexually assaulted. The impact on the individual includes psychological and emotional effects such as: intense fear of death and disassociation during the assault; anxiety and ongoing fears (Petrak, 2002); feelings of low self esteem, self-blame, and guilt; shock, confusion, and denial; self-harm, suicidal ideation (Stepakoff, 1998) and attempted suicide (Petrak, 2002); and post-traumatic stress disorder (PTSD) (Calhoun & Resnick, 1993 cited in Astbury, 2006). Physical effects

The most recent statistics show that the prevalence of sexual assault remains unacceptably high in Australia.



Australian Government

Australian Institute of Family Studies
Australian Centre for the Study of Sexual Assault

The Australian Centre for the Study of Sexual Assault aims to improve access to current information on sexual assault in order to assist policymakers and others interested in this area to develop evidence-based strategies to prevent, respond to, and ultimately reduce the incidence of sexual assault.

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of sexual assault include: chronic diseases, headaches, eating disorders, gynaecological symptoms, irritable bowel syndrome, and damage to the urethra, vagina or anus. Sexual assault can have profound effects on the relationships and social life of the victim/survivor, impacting intimate partner, friendship and family relationships (Crome & McCabe, 1995). It can disrupt and alter a victim's work life, leisure activities and community life. Furthermore, victims can suffer "secondary victimisation" through their experience of the response of the criminal justice system and health service providers (Ahrens, 2006) and receive other harmful and negative responses from friends, family and broader society (Davis & Brickman, 1996). Sexual assault may have financial costs, including loss of earnings, loss of earnings capacity, medical expenses, counselling expenses and, of course, a myriad of intangible costs not measurable in monetary terms (Mayhew & Adkins, 2003).

The sexual assault of an individual does not occur in a vacuum. Research on the ripple effects of sexual assault suggests that the effects of sexual assault extend well beyond those numbers of individuals indicated in prevalence statistics (which are themselves often underestimates and the subject of debate, see Neame & Heenan, 2003). Thus, the aim of this paper is to look at the ripple effects of sexual assault and demonstrate the scope and significance of sexual assault as a major social issue, affecting many more people than the prevalence statistics suggest, and costing society as a whole.

A paucity of research exists on the ripple effects of sexual assault, consistent with their lack of recognition. Much of the research that does exist is within the field of trauma. Trauma research has recognised that witnessing violence or abuse against a "significant other", or being exposed to traumatic material in other ways, is traumatic within itself, creating "secondary victims" of sexual assault and other traumas. In this paper, we discuss concepts of "secondary traumatisation" and "vicarious traumatisation". The other body of research that exists on the ripple effects of sexual assault has documented the effects of sexual assault on people's interaction with their local space, including literature on the social geographies of fear, and the impact on wider society, such as studies that have financially "costed" sexual assault.

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).¹
- 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

¹ 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).