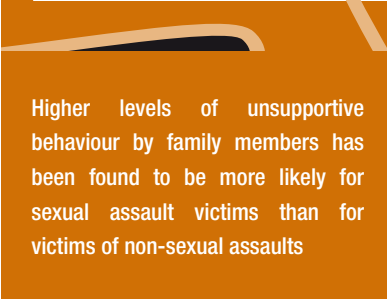


“Secondary victims” of sexual assault

Non-perpetrator family members, partners, friends and children of victim/survivors are affected by a sexual assault and its aftermath (Daane, 2005), yet there has been relatively little primary research and supporting literature focused on the impact of sexual assault on these “secondary victims”. To the extent that secondary victims are considered in the literature, the focus is usually on the manner in which their response to the victim/survivor’s experiences helps or hinders the primary victim’s recovery.

This is an important concern. Higher levels of unsupportive behaviour by family members has been found to be more likely for sexual assault victims than for victims of non-sexual assaults (Davis, Taylor, & Bench, 1995; Davis & Brickman, 1996). Research has found that the response of family members to a victim/survivor’s disclosure of the sexual assault, but particularly the negative responses, can be a determinant of how damaging the sexual assault ends up being to the victim/survivor (Ullman, 1996). Negative and/or otherwise inappropriate responses by family members to a victim/survivor can have many profound negative effects on the victim/survivor, and can lead to a shattering of family relationships, communication and functioning. For instance, pressure from family members on the victim/survivor to remain silent or lie about the sexual assault can be particularly damaging (Ullman, 1996), and indeed inhibit any further disclosures (Ahrens, 2006) and help-seeking. Conversely, being believed and being listened to can be particularly helpful (see Morrison, in press, for an in-depth discussion of these issues).



Higher levels of unsupportive behaviour by family members has been found to be more likely for sexual assault victims than for victims of non-sexual assaults

In addition, this issue of response to disclosure and the limited research on the impact of sexual assault on secondary victims themselves reveal some persistent themes. The most common theme is that secondary victims often experience the effects of trauma as well, sometimes with similar symptoms to those of primary victims. As Figley and Kleber (1995) put it:

Nearly all publications focusing on people confronted with extreme stress events exclude those who have experienced the event indirectly or secondarily and concentrate on those who were directly traumatized (i.e. the “victims” or “survivors”). Yet, diagnostic descriptions of what constitutes a traumatic event ... clearly suggest that mere knowledge of the exposure of a loved one to a traumatic event can be traumatizing as well. (p. 77)

Figley and Kleber (1995) go on to define a “secondary traumatic stressor” as “the knowledge of a traumatizing event experienced by a significant other” (p. 78).

This suggests that the support needs of secondary victims warrant attention in their own right. Indeed, if we recognise the impact of sexual assault on the people who care about victim/survivors and address their needs, it will not only assist a group whose needs have been previously overlooked. It will also better equip these people to provide a support network for the victim/survivor, which would greatly assist the primary victim/survivor’s recovery and provide an overall better response to victim/survivors.

Why use the term “non-perpetrator family members”?

We use the term “non-perpetrator family member” in order to acknowledge the extent to which family members and significant others are themselves the perpetrators of sexual assault. The existing research on secondary victims usually fails to point this out. We also acknowledge that members of the perpetrator's family and other people who are significant in the perpetrator's life may also be affected, sometimes profoundly, by the sexual violence their family member has perpetrated towards another. However, that is not the focus of this paper.

The concept of “secondary traumatisation”

The term “secondary traumatisation” is generally used to refer to the ripple effects of sexual assault where a secondary victim experiences similar trauma symptoms to the victim/survivor themselves. Remer and Ferguson (1995) outlined a model of “trauma processing” that can be used to understand the effects of rape on both primary and secondary victims. The specific aspects that apply to secondary victims are:

- *Trauma awareness:* The secondary victim may not always know all the details straight away. Each disclosure by the primary victim may result in a new level of awareness for the secondary victim, both in terms of their knowledge of what happened, and the effects on the primary victim.
- *Crisis and disorientation:* For healing to occur, the trauma must be recognised, “dealt with”, or “integrated”. This recognition involves a degree of being “off balance”.
- *Outward adjustment:* An appearance of coping, but without the full depth of the trauma having been “integrated”. This occurs at both personal and relational levels. Established relationship patterns will prevail, as if there had been a return to the previously existing status quo, usually until the primary victim begins to “move on” in her/his own healing process.
- *Re-organisation:* New forms of relating will develop as a result of the “integration and resolution” of the trauma. Reorganisation will also occur in terms of the personal cognitive schema of primary and secondary victims.
- *Integration and resolution:* The trauma is integrated and resolved within the person's life; the person has “recovered”.

The literature suggests this is not a linear process. Individuals may return to various stages from time to time in a back-and-forth process. For example, if a primary victim feels she or he can trust a family member to respond in supportive ways, they may disclose further aspects of the abuse over time, perhaps prompting a return to the “awareness” phase. This may also mean the healing of the secondary victim is intertwined with that of the primary victim.

For healing to occur, the trauma must be recognised, “dealt with”, or “integrated”. This recognition involves a degree of being “off balance”.

Are secondary victims of sexual assault actually primary victims dealing with their own experience of abuse?

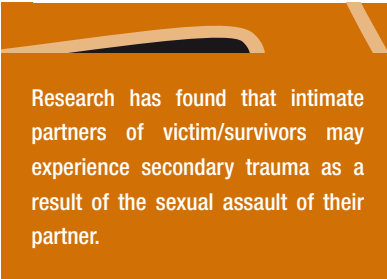
Most studies on secondary traumatisation do not identify the direct experiences of abuse of secondary victims. However, in the few that do, individuals have been found to experience symptoms of secondary traumatisation even if they have not been abused themselves (Nelson & Wampler, 2000; 2002). We discuss this at more length when reviewing the literature on vicarious traumatisation in professionals,

which contains studies that suggest that a professional's own abuse history is not a predictive factor in regard to experiencing vicarious traumatisation (see section below). Research suggests that witnessing the harm that sexual assault causes to someone else is also traumatic within its own right. One's own history of abuse will, however, be fundamental to these issues, and more research needs to be done on the experiences of victim/survivors in this regard.

Secondary trauma and intimate partners of victim/survivors of sexual assault

Research has found that intimate partners of victim/survivors may experience secondary trauma as a result of the sexual assault of their partner. For example, Nelson and Wampler (2000; 2002) studied couples of whom one or both partners had a history of childhood sexual or physical abuse. They measured stress symptoms and relationship functioning of 96 heterosexual couples, with a comparison group of 65 couples with no history of abuse. They found that non-abused individuals displayed traumatic symptoms similar to their abused partners, and that non-

abused partners of abuse survivors had significantly higher levels of trauma symptoms than their peers in the comparison group. Similarly, Wiersma (2003) interviewed six couples (five heterosexual couples and one lesbian couple) of whom one female partner was a survivor of child sexual abuse. The study focused particularly on communication issues within the relationship. The study found that abuse-related issues, such as whether, how and when to raise issues about the abuse, can be a constant factor in communication between couples.



Research has found that intimate partners of victim/survivors may experience secondary trauma as a result of the sexual assault of their partner.

Female partners of male victim/survivors of sexual assault

While research exists on female partners of male victim/survivors of other traumas, such as participation in war, little research exists on female partners of male victim/survivors of sexual assault. Jacob and Veach (2005) found that female partners of male victim/survivors of child sexual abuse commonly experienced abuse themselves at the hands of their victimised partners. The study was conducted with 10 female partners of male survivors of child sexual abuse. The women reported experiencing abuse, rape and unwanted sexual attention from these men. They also reported being blamed for their partners' anger. Most of the women believed that the abusive sexual behaviour of their male partners was an "acting out" of their childhood sexual abuse. The women also spoke about feelings of sadness and empathy for their partner. The authors qualify these findings by speculating that the women who volunteered to participate in the study may have been partly motivated by a wish to disclose their experiences of violence at the hands of their partners.

Jacob and Veach (2005) contend that male partners and female partners need to be understood as distinct populations. That is, the effects on and responses of female partners of victim/survivors are of a different kind to those for male partners. Results of studies of female and male partners would confirm this.

Male partners of female victim/survivors of sexual assault

The bulk of the literature on secondary victims has focused on the intimate heterosexual male partner of female victim/survivors (see below for a discussion on this focus). Authors write that male partners are affected by and respond to

the sexual assault of their partner in a myriad of ways, ranging from extremely unhelpful to extremely supportive (Daane, 2005).

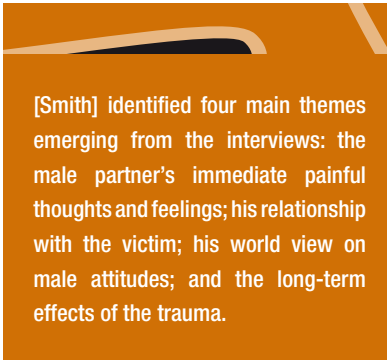
Rodkin, Hunt, and Owen (1982, cited in Foley, 1985) suggested four major themes relevant to male partners of female victim/survivors: guilt and self-blame; desire for revenge and frustration; jealousy, anger and a sense of loss; and the need to protect or confine the victim. These themes are reflected in other studies.

Holmstrom and Burgess (1979) categorised men's reactions to the rape of their female partners as either "modern" (that is, they see rape as an act of violence causing injury to the victim) or "traditional" (that is, the men see rape as sexual, and focus on the emotional harm/stigma caused to themselves). In Holmstrom and Burgess' study, nine men took the "modern" view that rape was an act of violence that had caused injury to their partner. They found six men took the "traditional" view, focusing on their own hurt (including feeling betrayed, ashamed and repulsed by their partner). They also tended to blame their partner for the assault.

Smith's (2005) more recent study consisted of open-ended interviews with five male partners of adult female rape victim/survivors. She identified four main themes emerging from the interviews: the male partner's immediate painful thoughts and feelings; his relationship with the victim; his world view on male attitudes; and the long-term effects of the trauma. While the men generally described PTSD-like symptoms, some of their responses also reflected an acceptance of common societal "rape myths". Smith stated that the men were at times "critical of the victim ... making inappropriate and negative comments" (p. 149). She wondered if this may have been part of their response to such an horrific experience. Smith argued that, from a therapeutic perspective, it is important to be able to hear these men express such damaging rape myth beliefs—which can be unhelpful to both primary victim and partner—in order to help dispel them.

Chauncey (1994) interviewed 20 male partners of female child sexual abuse survivors and found that the men generally felt highly responsible for others, and prone to self-doubt, self-blame and guilt. When discussing the guilt a male partner may experience over their "failure to protect" their partner, Smith (2005) found this could often result in the female victim/survivor having to provide emotional support to her partner at precisely the time she most needed to be receiving such support herself.

Overall, a shift over time seems to have occurred in the way the effects of this trauma on the male partner of victim/survivors is represented in the research. Comparing the work of Holmstrom and Burgess (1979), for example, with Nelson and Wampler (2000; 2002), there is a marked shift from conceptualising a male partner's unhelpful responses as being "unsupportive" and "traditional" in the earlier work, to similar patterns of behaviour being described as "symptoms of trauma" in the later study. Smith (2005) combined both perspectives. This is perhaps due to the development and impact of clinical concepts of trauma on the sexual assault field. While this shift presents perhaps a more compassionate understanding of men as partners, there is also an implicit danger of reinforcing and justifying harmful reactions based on what could be seen as values of male



[Smith] identified four main themes emerging from the interviews: the male partner's immediate painful thoughts and feelings; his relationship with the victim; his world view on male attitudes; and the long-term effects of the trauma.

privilege and entitlement if men's stereotypical and pejorative views of victim/survivors are not challenged.

Questioning the focus on male heterosexual partners in secondary victim literature

The focus on male intimate partners in the literature on secondary victims of sexual assault is said to be because "the one who is probably most important both in the initial reaction to the rape and in providing support afterwards is the male significant other (e.g. husband, boyfriend)" (Cwik, 1996, p. 102). Remer and Ferguson (1995) made a similar statement: "the majority of the secondary victims of sexual assault are male, because the majority of primary victims are female" (p. 407). Yet, perhaps the assumption that the "wounds" of rape will be greatest for the male sexual partner of the female victim/survivor itself reflects traditional notions of sexual ownership and entitlement. The intimate heterosexual relationships of rape victims, if they are in one, may not always be the most important relationship in their lives. Other studies suggest friends and family members also play a crucial role for victim/survivors, and the effects of the sexual assault on these people can also be profound (Ahrens & Campbell, 2000; Davis & Brickman, 1996; Davis et al., 1995). Furthermore, in those situations where the male intimate partner is the perpetrator of the sexual assault, non-partner supporters will obviously be crucial.

It also needs to be noted that almost all the couples studied so far have been heterosexual. Clearly, more research needs to be done on the response to sexual assault within same-sex couples, validating the harm that will be caused to a partner in a gay or lesbian relationship if their partner is raped, and studying responses.

Secondary trauma, parents and other family members of victim/survivors

We have not found any research to date devoted to the secondary trauma of (non-perpetrator) parents and other family members of people sexually assaulted in adulthood. Much of the literature on parents of adult victim/survivors and other family members instead addresses the response of these people to the disclosure of rape, and to the victim/survivors themselves. This literature discusses the responses that are helpful and thus assist with support and recovery, and responses that serve to re-victimise the victim/survivor and impede their recovery.

However, some of the research on families in general, and family therapy in the context of sexual assault in particular, does discuss the impact of sexual assault on family members, including parents (for example, Cwik, 1996; Feinauer, 1982; Davis et al., 1995; Silverman, 1978). (Some of the key texts still used in this field were written decades ago.) This literature states that, following the sexual assault of a family or loved one, family and friends often experience considerable emotional distress and physical and psychological symptoms that can disrupt their lifestyles and family structures (Cwik, 1996). Responses of family members to the assault, including shock, helplessness, rage and so on, which can "parallel the affective responses of the victim" in the acute post-traumatic period (Silverman, 1978, p. 169). Feinauer (1982) stated that victim/survivors and their families "have a sense of isolation and estrangement from others. They may feel violated and different. They may lose their sense of community and belonging" (p. 38). Both survivors and family members may feel a "sense of devaluation and guilt" (White & Rollins, 1981, p. 105) or "devaluation and shame" (Silverman, 1978, p. 168).

These feelings may be reflected in both self-blame and blame directed toward other members of the family. Overall, this literature emphasises the extent to which the crisis of rape can have a significant impact on family and marital relationships. It may also “bring to the surface” other longstanding relationship issues (White & Rollins, 1981, p. 104). Again, this literature tends to focus more on male family members, including partners/husbands and fathers.

By contrast, there is a relatively large body of research on the parents of victim/survivors of child sexual assault, including intra-familial rape, about which we do not have the space to fully engage with here. Whereas male family members tend to be the focus in literature dealing with adult victim/survivors, the body of research on child sexual assault tends to focus more on mothers (see Breckenridge, 2006, for a recent review of many of the articles in this field). In this field, much of the research again focuses on the mother’s responses to disclosure of the abuse, and her own history of abuse (Breckenridge & Davidson, 2002). This literature points out that the relationship between this and secondary traumatisation is not straightforward (see Breckenridge, 2006).

However, some of this research also demonstrates the profound harm parents can experience because of the sexual assault of their child. It is worth briefly mentioning some of these studies here because of their potential relevance to the issue of the parents of adult victim/survivors. Studies of parents of child victims of sexual abuse have found these parents suffer clinical levels of distress at up to three times the prevalence of the general population (Manion, McIntyre, Firestone, Ligezinska, Ensom, & Wells, 1996; Newberger, Gremy, Waternaux, & Newberger, 1993). Manion et al. studied 93 parents (63 mothers and 30 fathers) of extra-familial child sexual abuse victims, and compared this group to 136 “non-clinical” parents (74 mothers, 62 fathers), and concluded that parents experience secondary traumatisation when sexual abuse of their child is disclosed. Similarly, Newberger et al. studied 44 mothers and 2 maternal caregivers of child victims of sexual abuse over one year. Perpetrators included biological fathers of the children and other male partners of the women. The research found that mothers experienced significant symptoms of traumatisation, with 55% of the group scoring in the “clinical range” in the first interview. Symptoms diminished over the 12 months but were still present for a substantial number of the group. Newberger et al. pointed out that the definition of PTSD includes effects from “serious threat or harm to one’s children” (p. 95).

Hill (2001) described a UK study based on interviews with 11 women attending a peer support group for mothers whose children had been sexually abused. A sense of guilt and failure as a mother was a common initial reaction to discovery of the abuse. Many of the women also described strong feelings of anger towards men in general, and feelings of depression. Some mothers expressed their belief that the “recovery” of mothers was a key factor for the recovery of their children. This brief glance at some of the literature on the parents of child victims of sexual assault could suggest that mothers and fathers of adult victims of sexual assault would also be significantly affected, if not traumatised, by the rape of their adult child.

Clearly, large gaps in this literature still exist in relation to family members of adult victim/survivors. We have pointed out the small amount of literature on parents, while siblings of victim/survivors (both child and adult) hardly figure at all in any of this literature. Yet, it is important that these people are able to access services to support them in their recovery: “All too often the ‘other’ victims

of rape are overlooked during the acute and follow-up phases of intervention” (Cwik, 1996, p. 96). Researchers have also emphasised the importance of long-term (rather than short-term crisis) counselling in relation to families of victim/survivors of sexual assault, as well as victim/survivors themselves (Silverman, 1978; White & Rollins, 1981).

Secondary trauma and children of adult victim/survivors of sexual assault

We have not found any primary studies to date on the specific effects of sexual assault on the children of adult victim/survivors of rape. Mio and Foster (1991) stated that the lack of attention to children in the literature on secondary victims of sexual assault may be because many authors consider rape a “sexual” rather than a “violent” act. Thus, as sex is seen as an issue for adults, children are excluded from consideration.

However, it should be noted that there has been extensive national and international research on the impacts of domestic violence on children, and many perpetrators of domestic violence include sexual assault as part of their repertoire of controlling behaviour. We do not have the space to fully engage with this substantial body of literature here. Most recently, this research has found that the impact on children of witnessing family violence is so profound, it needs to be considered a form of children abuse within its own right (Victorian Law Reform Commission, 2006). Children who have been exposed to violence between parents often display similar reactions and developmental problems as children growing up in war zones (Berman, 2000). Children of all ages suffer emotional distress, psychological disturbance and behavioural difficulties as a result of witnessing family violence (Imbesi, 2005–2006; James, 1994). Research has also recognised a connection between family violence and direct child abuse (Tomison, 2000), including sexual abuse of children. One Australian study found domestic violence in the families of 40% of cases of child sexual assault presented to a city children’s hospital (Goddard & Hiller, 1993, cited in Baker, 2004), and another identified domestic violence in at least 52% of families where children were abused or neglected (Tomison, 2000). This brief glance at some of the literature on children and family violence would suggest that the sexual assault of adults probably has a profound effect on the adults’ child/ren.

Secondary trauma and friends of victim/survivors

Ahrens and Campbell (2000) surveyed 60 friends of adult female rape victims, collecting both quantitative and qualitative data. Of all the participants, 96.6% felt angry at the assailant, 71.7% felt shocked, and 68.3% wanted to get even. Ten per cent of friends had nightmares about the assault, 8.3% were afraid of what others would think, and 6.7% felt alone in dealing with it. Similarly, Davis et al. (1995), in their study of 138 “significant others”, which included male partners, male and female friends, and family members of adult female sexual assault victims, found high levels of distress, particularly among female secondary victims.

Gender and secondary trauma

The literature on PTSD and other trauma suggests trauma is experienced differently by women and men (Gavranidou & Rosner, 2003): female partners, friends and

mothers appear to describe and/or experience sexual abuse-related secondary trauma differently to their male counterparts.

Davis et al. (1995) found that female significant others of victim/survivors displayed greater levels of distress than their male counterparts. Also, some female significant others had a heightened fear of rape following the assault of their friend/family member. Manion et al. (1996) found responses to sexual abuse of children correlated with the gender of the parent. However, they also suggested that fathers' lower levels of distress compared to mothers' does not necessarily imply that the fathers were less affected by the assault. Rather, there may be issues of measurement and gendered experiences of distress that are not best conceptualised as "more" traumatised or "less" traumatised.

McGuffey (2005) found that parents may not only respond in ways that are gendered, but also respond in ways that are traditionally "gender re-affirming". Gender re-affirmation represents an attempt to restore the "known" order through exaggerated recourse to traditional gender roles and identities, even among groups that are conventionally expected to hold "liberal" attitudes towards gender. Such actions may need to be viewed in the face of a traumatic event that potentially unsettles existing assumptions about the world, which people may want to restore. Such re-affirmation of traditional roles tends to assert men's position of power and be detrimental to women. Such responses may include "mother-blaming" for the abuse, and emphasise idealised child-caring expectations on mothers, while ignoring father's responsibilities in this area. While McGuffey found in this US study that both fathers and mothers (particularly white mothers) and some external others (such as service providers) engaged in this process, some mothers (especially black mothers) resisted such moves. Gender reaffirmation may be a useful concept for wider understanding of the reactions of some secondary victims of adult sexual assault.

Positive ripple effects for family and friends of victim/survivors of sexual assault

The process of supporting a victim/survivor of sexual assault can also be a rewarding experience for the supporter or secondary victim. Research on family members of victim/survivors has stated that the trauma of the rape may stimulate a total re-evaluation of the quality of the relationship, a new-found closeness and common sense of purpose in response to the external crisis the couple shares (Silverman, 1978). Research on friends of victim/survivors has found that the assault may often result in the establishment of a stronger relationship between the supporter and the primary victim/survivor (Ahrens & Campbell, 2000).

We discuss in more detail the positive ripple effects of supporting victim/survivors of sexual assault in the following section on professionals working in the field.

Ripple effects on sexual assault counsellor/advocates and other professionals working in the field

Both theorists and practitioners have recognised that working with traumatised clients and traumatic subject matter can trigger reactions in workers similar to those experienced by the client (Dunkley & Whelan, 2006). In this section, we discuss the issue of vicarious traumatisation as a ripple effect of sexual assault, and also positive ripple effects of working in the sexual assault field. (See also Morrison, in press, on this topic).