Positive ripple effects of working in the sexual assault field

The concept of vicarious traumatisation is just one aspect of the ripple effects of sexual assault. In seeking to raise awareness about the significance of sexual assault as a social issue, it can be easy simply to focus on the negative effects. It is also important to point out positive ripple effects of working in the sexual assault field.

Firstly, apparently negative effects of this work may in fact assist therapists to do a better job. One study (Wasco & Campbell, 2002) points out that while work in the sexual assault field may engender negative emotions such as fear and anger, such emotional reactions are also found to be an important part of their work with rape victims. As the authors suggest:

> intense emotional reactions [to working with sexual assault victim/survivors], previously conceptualised within a vicarious trauma framework, may at times serve as resources for women working with rape survivors. (p. 120).

Also, besides an income, career progression for some, and other general benefits of paid work, research has found positive effects peculiar to the field of sexual assault. In another study (Iliffe & Steed, 2000), participants reported they felt privileged to share their clients' struggles and enjoyed seeing growth and change. As one worker put it, work in the sexual assault field can provide the opportunity for fulfilment and spiritual reflection, and greater appreciation of positive experiences:

> Like those of our clients, our spiritual questions are about evil, about the nature of humanity, about the nature of what is holy, about whether the universe is benign, or about existential angst and despair. Our questions emerge from the concrete realities of the stories we hear or see in the course of our daily work. … We cannot return to innocence, but perhaps because we know the worst, we can appreciate even more the delightful, playful surprises that awaits us. (Arms, 2003, p. 5)

Another writer discussed how witnessing "suffering provides a humbling and unrelenting experience of my own humanness" (Rankow, 2006, p. 96). A worker pointed out that working in this field meant you were "changing the world":

> [Workers are], one step at a time, changing the world. Each time we refuse to let the horror and pain of sexual assault define our lives, each time we can refuse to let it destroy another person, each time we transform the pain into greater knowledge, strength, compassion and wisdom we are one step closer to creating the world we want: a world free from sexual violence. (Rankow, 2006, p. 96)

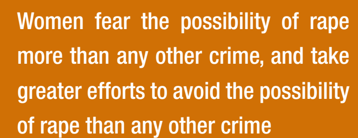
Ripple effects on women's use of local and public space

The fear of sexual assault

The fear of sexual assault looms large in the minds of many women. Stanko (1995) argued that a generalised awareness of sexual assault permeates women's consciousness, leading women to disclose a fear of crime at levels three times that of men. Women fear the possibility of rape more than any other crime, and take greater efforts to avoid the possibility of rape than any other crime (Holgate, 1989). Individual women manage this threat in their daily lives, learning to avoid

situations perceived as "risky", which often translates into a fear of public areas, dark places and lonely streets. Research on the social geographies of fear has found that both individual sexual assaults in a local geographic community that receive specific media coverage, and the occurrence or phenomenon of sexual assault in general, has implications on the behaviour and autonomy of women within the public spaces they occupy.

A significant body of scholarship has examined women's feelings of vulnerability in their local communities and in public spaces as a consequence of the fear of rape (Brownmiller, 1975; Ferraro, 1996; Gordon & Riger, 1989; Koskela & Pain, 2000; Pain, 1991; Stanko, 1985, 1990; Valentine 1989; Warr 1985). However, much of this research is concerned with the impact of the fear of rape on women in the community. Little research proceeds from the question of how the fear and occurrence of sexual assault impacts on communities generally; that is, in terms of the health, wellbeing and even ideals of communities. While the costs of violence on communities are beginning to be considered, some of which are considered below, this understanding has yet to be extended specifically to sexual assault.



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The effects of fear on women's lives

Research has found that the public realm has been defined as dangerous, unpredictable and unsafe for women (Day, 1999, 2001; Fisher & Sloan, 2003; Gardner, 1995; Hughes, Marshall, & Sherrill, 2003; Koskela, 1997; Pain, 2000, 2001; Stanko, 1992). This research also shows that women are most worried about sexual assault by a stranger, feel most unsafe outside at night time, regard certain areas such as underpasses and parks as frightening, and perceive neighbourhoods other than their own to be dangerous (Day, 1999 p. 307). Managing the threat involves strategies that minimise risk in public areas, such as carrying a personal alarm, not going out at night, not going out alone, or being accompanied by a male. These strategies are often couched as a "natural" or commonsense responses to the threat of victimisation.

Misattributed fear and the reality of sexual assault

Yet researchers have also noted that this generalised fear felt by women does not reflect actual forms of victimisation. Contrary to popularly held fears, perpetrators are usually known to victims (rather than strangers), violence against women occurs more often in private residences (rather than on dark alien streets), and does not usually involve the use of a weapon. Thus, the tendency to misattribute violence against women to strangers in a dangerous outside world glosses over the ways violence against women is part of the social structures of heterosexuality (that is, the meanings attached to romance, seduction and relationships) and social expectations about gender (that is, expectations about what it means to be a woman or a man). As a consequence, the extent of violence against women is minimised, since only one form of violence against women—that perpetrated by strangers in public spaces—is most collectively recognised (Haksell & Randall, 1998–1999, p. 115). The majority of violence against women, perpetrated by intimates and other known people, still remains a private, "domestic" matter rather than a political issue of women's rights to safety.

Some consequences of fear

This combination of fear and misattributed fear can have several consequences:

- *Impact on women's participation and presence in the public sphere*—It impacts on how women participate in the public domain, resulting in a restricted freedom of movement and participation in a range of forms of public life. Indeed, some strategies employed by women to maintain their safety result in the women disappearing from the public realm: "they avoid this space and are forced to reproduce the masculine domination over space" (Koskela, 1997, p. 121; see also Day, 2001).
- *Impact on women's presence in "the home"*—It ties women even more closely to the home, despite the fact that, as most empirical research indicates, this is the site of greatest danger for women.
- *Debates about women's safety are informed by problematic assumptions*—It becomes second nature, taken for granted and invisible in debates about women's safety for women to be in a state of fear, take precautions and restrict their movements, and to idealise the home as a safe place.
- *Sexual assault that does not fit the stereotype is not adequately recognised*—It encourages the response of "denying or minimising the reality of violence against women", through not naming certain experiences of rape that do not fit popular stereotypes of a stranger rape in a dark alleyway as sexual assault, while people in general "may believe that women who are victimised [in less stereotypical ways] are somehow responsible for what happened to them" (Haskell & Randall, 1998–1999, p. 120).

Impact of the fear of rape on wider community wellbeing

These impacts do not only affect individual women, but the wider community as a whole. Recently, researchers have started to think about community strength and wellbeing beyond economic indicators or neutral benefits such as "the greater good" (Broom, 2005). Freedom from violence and discrimination, economic participation and security, and social inclusion are regarded by many health promotion experts (VicHealth, 1999) as key determinants of mental health and overall community wellbeing. As this research suggested, levels of personal health and wellbeing, community connectedness, and personal and community safety tell us something about community health overall. Women's pervasive sense of fear and apprehension in public areas, in addition to the prevalence of sexual violence could suggest that these key areas of community wellbeing are yet to be realised (we discuss this in more detail below).

Ripple effects on diverse communities

Diverse communities exist within broader society. We are not able to discuss in this paper the many and different ripple effects of sexual assault in refugee communities, Indigenous communities, CALD communities, and among people with a disability. There are different issues and ripple effects for many of these groups that need to be the subject of future research. We hope that this paper will be the initiation of discussion and formation of these.

Ripple effects on wider society

If we only conceptualise sexual violence as an issue of private trauma, social costs of sexual assault, including the economic costs, are made invisible. Yet in countries such as Britain, the US, Canada and Australia, where researchers estimate between a fifth to a quarter of women will experience some form of sexual assault in their lifetime (ABS, 2006; Gannon & Mihorean, 2004; Myhill & Allen, 2002; Tjaden & Thoennes, 2000), sexual assault will inevitably have an effect on health and economic issues at a national level, as studies we discuss below have demonstrated.

Measuring the costs of intimate partner and sexual violence

Recent studies have measured both tangible and intangible costs of intimate partner and sexual violence. Tangible costs of sexual assault are taken to include direct costs (such as medical care, the use of mental health services, insurance, administration costs, police investigations, criminal prosecutions and costs associated with the correctional system), as well as indirect costs (such as loss of economic productivity). Intangible costs are taken to include the psychological pain and suffering of survivors, and a generalised, heightened fear of victimisation.

A recent study in Australia found the economic costs of intimate partner violence (of which sexual assault is a part) for 2002–2003 to be $8.1 billion (Access Economics, 2004; see also Laing & Bobic, 2002). In the US, the health-related costs of intimate partner violence were estimated to exceed US$5.8 billion (National Center for Injury Prevention and Control, 2003, p. 40), and US$67 billion when property damage and pain and suffering of intimate partner violence is included (Miller, Cohen, & Wiersema, 1996). Similar costs have been demonstrated in Jamaica, New Zealand and Britain.

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In relation to sexual assault, some attempts have been made to determine economic costs. Working with figures that suggest about 93,000 sexual assaults took place in 2001, Mayhew & Adkins (2003) estimated that the cost of sexual assault totalled $230 million in Australia—about $2,500 per sexual assault. However, only a limited range of costs were included, and it did not, for instance, include the probably significant cost of mental health care, indicating it was likely to be an underestimate.

In other countries, a UK Home Office report showed sexual offences generated costs of £8.46 billion, and that it was the second most expensive interpersonal crime, followed only by homicide (Dubourg, Hamed, & Thorns, 2005). A study estimating the financial costs of sexual assault in the US state of Michigan showed that sexual assault cost Michigan US$108,447 per incident (including quality of life costs). Based on prevalence data, the study estimated the total cost of sexual assault to be US$6.7 billion (Post, Mezey, Maxwell, & Wibert, 2002). Across all these studies, lost productivity, lost quality of life and mental health care were consistently the most costly impacts.

Who bears the costs?

Research has found that the heaviest economic burden of sexual assault falls on victim/survivors themselves.

Research has found that the heaviest economic burden of sexual assault falls on victim/survivors themselves. For example, a US study on rape in intimate relationships found that not only did medical and mental health care contribute the largest proportion of costs (representing a half and a third of costs respectively), but that the primary methods of payment for medical and mental health care costs were through out-of-pocket payments by the victim/survivor or through private or group insurance (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004).

By contrast, research has suggested that core agencies, such as those within the criminal justice system, bear little of these costs through their official responses. For example, research in the UK has found that, while sexual assault may be the second most costly interpersonal crime (following only homicide), this is not reflected in the response of the criminal justice system (Dubourg et al., 2005). This can be seen in Table 1, where the costs of sexual offences are compared with the costs of serious wounding.

Table 1: Breakdown of (financial) costs of offences of sexual offences and serious wounding, UK (selected cells highlighted)

Offence	Impact on victim (£)	Lost output (£)	Health services (£)	Criminal justice system (£)	Average total cost (£)
Sexual offences	£22,754	£4,430	£916	£3,298	£31,438
Serious wounding	£4,554	£1,166	£1,348	£14,345	£21,422

Source: Adapted from Dubourg et al. (2005).

Table 1 shows that although serious wounding cost £10,000 less per incident, and generated one-quarter of the cost in terms of impact on victim and lost output, the cost of this offence within the criminal justice system is more than four times that of sexual assault. Thus, while the bulk of the costs associated with serious wounding is generated by the criminal justice system in investigating, prosecuting and incarcerating offenders, in contrast, most of the cost of sexual offences is connected to the impact it has on the victim.

In a recent Australian study on violence against women more broadly, Access Economics (2004) found that the majority of costs associated with family violence were borne by the victims themselves. Of the total cost of $8.1 billion, victims as a single category bore half (49.9%) of the annual costs of domestic violence. The study found that the next largest group to bear the costs was “the community”, bearing $1.2 billion of the costs (Access Economics, 2004, p. xi).

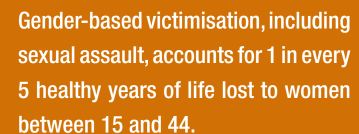
Measuring the international health costs of sexual assault and violence against women

Koss, Heise, and Russo (1994) compared international data on sexual violence in a range of sociocultural contexts, such as rape in war, acquaintance rape, partner rape, and rape occurring on college campuses. Numerous health impacts of sexual assault were identified, including psychological distress (e.g., major depression and PTSD), reproductive health consequences (such as unwanted pregnancies and

sexually transmitted infections), and loss of quality of life through poor general health.

Over the last decade, there has been growing interest by governments, researchers and health planners in the concept of the "burden of disease". This refers to estimating the impacts of health problems by taking into account illness, disability and death that result from injuries. There are few studies that specifically examine the health burden of sexual assault. However, numerous studies examine the health burden associated with violence against women in general, and intimate partner violence against women specifically, both of which encompass sexual violence and share other conceptual features.

At an international level, the estimates of the *World Development Report* (World Bank, 1993) have suggested that gender-based victimisation, including sexual assault, accounts for 1 in every 5 healthy years of life lost to women between 15 and 44. In Australia, VicHealth (2004) conducted research measuring the health burden of intimate partner violence, and found that the cumulative effects of intimate partner violence make it the leading risk factor contributing to death for women in Victoria between the ages of 15 and 44, outweighing smoking, obesity, alcohol and drug use. In part, this is related to the fatal impacts of intimate partner violence: 57% of deaths of women in this age group were the result of homicide or violence perpetrated by a violent partner. However, it is the range of non-fatal impacts that account for much of the health burden. Reviewing the available literature, the burden of disease report related physical injuries and adverse impacts on reproductive health, mental health and general wellbeing to experiences—past and current—of intimate partner violence. Poor mental health accounts for almost two-thirds (60%) of this burden of disease (VicHealth, 2004).



Gender-based victimisation, including sexual assault, accounts for 1 in every 5 healthy years of life lost to women between 15 and 44.

The relationship between mental illness and sexual violence

Research has indicated the close relationship between mental illness and sexual assault. Bryer, Nelson, Miller, and Krol (1987) found that almost three-quarters (72%) of a sample of patients admitted to a private psychiatric hospital had been physically and/or sexually abused at some point in their lives. More recently, Goodman et al. (2001) found in four US states that 68% of women with severe mental illness had been sexually assaulted in their lifetimes. However, despite the strong relationship between sexual assault and mental health, women's mental health and sexual trauma are usually viewed as unrelated. As one survivor stated:

> I have disclosed [the sexual assault] many times … but within the psychiatric system everyone seems to get the same thing. They put you on medication and it's a vicious circle. They talk about what has happened in the last week but they never talk about the underlying problem that makes you feel unhappy and depressed. (Graham, 1994, p. 90).

In this way, a woman's reaction to sexual violence is treated as an individual, medicalised problem that must be "fixed". As mentioned in the context of trauma, the individualising tendency of many branches of therapeutic sciences such as psychiatry and psychology, combined with a historical tradition of perceiving the words of women (particularly about violence) as untrue, irrational and hysterical, combine to make the structural and mutually constitutive relationship between poor mental health and sexual assault invisible.

Reflections on costing sexual assault

While costing sexual assault will inevitably leave many costs out, and while there are inherent problems in putting any monetary figure on some effects of sexual assault, those costs that have been measured are substantial. Costs of sexual assault in terms of many billions of dollars indicate the serious impact sexual assault has on victim/survivors and the communities within which they exist. On the basis of economics alone, sexual assault has collective costs. As the authors of the Michigan study concluded: "laws and public policy that ignore the economic burden sexual violence places on society at large, as well as on individual survivors, are laws and public policy that misunderstand and underestimate the nature and cost of sexual violence" (Post et al., 2002, p. 780). Burden of disease methodology shows the effects of violence against women are cumulative and persistent, and violence against women is the major factor in premature death, poor reproductive health and poor mental health among women. Sexual assault should no longer be thought of as private burden and experience, but rather as a significant social cost in urgent need of reduction. Some writers have asked: who benefits economically from violence against women? For example, Stanko (cited in Laing & Bobic, 2002) wrote:

> If studies showing the economic costs of violence against women are not effective in directing government and business efforts towards reducing male violence, it may be because the economic costs revealed in such studies are less than the unspoken economic benefits of maintaining male dominance in social institutions. The millions of pounds in costs resulting from male violence may be a small price for men to pay in exchange for their continued control of political and economic power, resources and status. (p. 11)

Certainly, however, it needs also to be emphasised that, in the end, violence hurts all of society, not only certain groups within it. Overall, it is important to raise awareness of the ripple effects of sexual assault, and draw attention to how these may harm many members of society, as well as society itself.

Conclusion

Sexual assault and violence against women in general have often been only characterised as "private experiences". This means that sexual assault and other violence remain hidden and taboo, and are believed by many to be rare events. It also renders the ripple effects of sexual assault and other violence invisible. This paper has recognised that sexual assault affects many individuals in profound ways, and has demonstrated that the effects of sexual assault spread out into the community in a ripple effect among those close to the victim/survivor, those who work with her or him, and the communities and wider societies within which the violence of sexual assault exists. A number of implications flow from this.

- *In relation to family members and friends*—If we acknowledge that many family members and friends will also be profoundly harmed by the sexual assault of a significant other, then specialist services will need to be adequately funded to formalise and expand already existing services for these people. These people's "wounds" must be validated, and their recovery assisted.
- *In relation to people working in the sexual assault field*—Given that the latest research suggests vicarious traumatisation is at least to some degree inevitable