



## SEXUAL ASSAULT ADVOCACY SERVICES AND EFFICACY

---

The best available research tells us that crime victimization costs the United States \$450 billion annually (National Institute of Justice, 1996). Rape is the most costly of all crimes to its victims, with total estimated costs at \$127 billion a year (excluding the cost of child sexual abuse). In 2008, researchers estimated that each rape cost approximately \$151,423 (DeLisi, 2010).

Sexual abuse has a negative impact on children's educational attainment (MacMillan, 2000), later job performance (Anda et al., 2004), and earnings (MacMillan, 2000). Sexual violence survivors experience reduced income in adulthood as a result of victimization in adolescence, with a lifetime income loss estimated at \$241,600 (MacMillan, 2000). Sexual abuse interferes with women's ability to work (Lyon, 2002). Fifty percent of sexual violence victims had to quit or were forced to leave their jobs in the year following their assaults due to the severity of their reactions (Ellis, Atkeson, & Calhoun, 1981). In 2008, violence and abuse constituted up to 37.5% of total health care costs, or up to \$750 billion (Dolezal, McCollum, & Callahan, 2009).

In Washington State, 38 percent of all women have been victims of sexual assault in their lifetimes. Of these, 80 percent were victimized before the age of 18 (OCVA, 2001).

Sexual assault has an impact not just on victims, but also on their families, friends, and community.

Last year 18,580 victims (12,735 primary victims and 5,845 secondary victims) came to Community Sexual Assault Programs for services including: advocacy, crisis intervention, therapy, support groups, and medical evaluations. *These services are confidential and free.*

Investment in victim services is essential and cost effective. Research demonstrates that advocacy services are effective and offer a multitude of benefits in the lives of survivors.

When victims receive advocate-assisted services following victimization, they experience less secondary trauma or re-victimization as they interact with the medical and legal system (Campbell, 2006). This in turn results in higher prosecution rates, increased offender accountability, and reduced long-term cost to the community.

An absence of helpful services and secondary victimization (negative effects from dealing with the aftermath of a crime) have been linked to increased psychological distress, physical health struggles, sexual risk-taking behaviors, self-blame, guilt, depression, and a reluctance to seek further help among sexual assault survivors. Over time, these consequences can take an emotional and financial toll on victims and the larger society.

Supportive, non-victim-blaming interventions provided immediately following a sexual assault can help to prevent complex, long-term health and mental health struggles among victims and survivors.

When victims receive advocate-assisted services following victimization, they experience less secondary trauma or re-victimization as they interact with the medical and legal system. This in turn results in higher prosecution rates, increased offender accountability, and reduced long-term cost to the community.

---

*Core Services provided by Community Sexual Assault Programs across the state:*

**Information & Referral:** Trained advocates are available 24 hours a day to answer questions and to provide resources and referrals related to sexual abuse/assault.

**Crisis Intervention:** Trained advocates are available 24 hours a day to provide an immediate personal response to individuals presenting crises relating to sexual abuse/assault.

**Legal, Medical, and General Advocacy:** Advocates are available to provide legal, medical, and general information about sexual abuse/assault. Advocates are able to help clients identify their options in the different systems of care and can provide in-person support and advocacy services for clients in these settings. Advocates can act on behalf of clients to ensure their interests are represented and their rights are upheld.

**System Coordination:** Community Sexual Assault Programs work to coordinate the network of services that are available to survivors of sexual violence and their friends and family members.

**Prevention Services:** Community Sexual Assault Programs provide a wide array of services aimed at the prevention of sexual violence including: education & awareness, skill building and community development.

#### *Specialized Services:*

**Therapy:** Individual treatment to identify, understand and ameliorate the effects of sexual assault and to promote healing.

**Support Groups:** Regular facilitated meetings for victims or those close to victims, with a supportive and educational focus to provide emotional stability and promote the understanding of the impact of sexual assault.

**Medical Evaluation:** Specialized medical examination, consultation or interpretation to evaluate and treat medical problems resulting from sexual assault; to promote healing.

---

Anda, R. F., Fleisher, V. I., Felitti, V. J., Edwards, V. J., Whitfield, C. L., Dube, S. R., & Williamson, D. F. (2004). Childhood abuse, household dysfunction, and indicators of impaired worker performance in adulthood. *The Permanente Journal*, 8(1), 30-38. Retrieved from: <http://xnet.kp.org/permanentejournal/winter04/childhood.pdf>

Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference? *Violence Against Women*, 12, 30-45. doi:10.1177/1077801205277539

Delisi, M. (2010). Murder by numbers: Monetary costs imposed by a sample of homicide offenders. *The Journal of Forensic Psychiatry & Psychology*, 21, 501-513. doi:10.1080/14789940903564388

Dolezal, T., McCollum, D., & Callahan, M. (2009). Hidden costs in health care: The economic impact of violence and abuse. Eden Prairie, MN: Academy on Violence & Abuse. Retrieved from: <http://avahealth.org/vertical/Sites/%7B75FA0828-D713-4580-A29D-257F315BB94F%7D/uploads/%7B316BEE7E-F7BB-418E-A246-AF9BB8175CF8%7D.PDF>

Ellis, E. M., Atkeson, B. M., & Calhoun, K. S. (1993). An assessment of long term reaction to rape. *Journal of Abnormal Psychology*, 90, 263-266. doi:10.1037//0021-843X.90.3.263

Lyon, E. (2002). Welfare and domestic violence against women: Lessons from research. Harrisburg, PA: National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from: [http://vawnet.org/advanced-search/summary.php?doc\\_id=317&find\\_type=web\\_desc\\_NRCDV](http://vawnet.org/advanced-search/summary.php?doc_id=317&find_type=web_desc_NRCDV)

MacMillan, R. (2000). Adolescent victimization and income deficits in adulthood: Rethinking the costs of criminal violence from a life-course perspective, *Criminology*, 38, 553-588. doi:10.1111/j.1745-9125.2000.tb00899.x

National Institute of Justice. (1996). The extent and costs of crime victimization: A new look. Washington, DC: U.S. Department of Justice. Retrieved from: <http://www.ncjrs.gov/pdffiles/costcrim.pdf>

Office of Crime Victims Advocacy (2001). *Sexual Assault Experiences and Perceptions of Community Response to Sexual Assault: A Survey of Washington State Women*.