



THE CCASA CONNECTION

NEWSLETTER OF THE COLORADO COALITION AGAINST SEXUAL ASSAULT

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Sexual Assault is the Costliest Crime to Society

by Cynthia Stone, CCASA

Aggregate annual victim costs are computed by considering medical costs, other tangible/ out-of-pocket expenses and the value of intangible quality of life losses of crime victims. When these costs are considered along with incidences of crimes and repeated victimizations, the following list rank-orders the top five crimes in the United States that have the highest, annual victim costs:

1. Rape (excluding child sexual abuse): \$127 billion year
2. Assault: \$93 billion/ year
3. Murder: (excluding arson and drunk driving): \$71 billion/ year
4. Drunk driving (including fatalities): \$61 billion/ year
5. Child abuse (all categories): \$56 billion/ year

- *The Extent and Costs of Crime Victimization: A New Look*, National Institute of Justice, 1996

Costing our society a staggering \$127 billion per year nationally, sexual assault outweighs all other crimes in terms of tangible and intangible costs.¹ Victims of sexual assault may experience on-going negative consequences as a result of their assaults that can have economic repercussions for many years after.

"Our whole society pays, literally, when someone is sexually assaulted," says Jill McFadden, Executive Director of the Colorado Coalition Against Sexual Assault (CCASA).

As a result of an assault, a survivor may have tangible costs such as mental health services, legal fees, and medical expenses. A study of one HMO found that women with a history of sexual abuse have significantly higher medical expenses than women without a similar history, by more than \$7 million annually.² Productivity losses (lost wages and/or lost productivity at work, home or school) are also high for survivors – 36% of rape and sexual assault victims lost more than 10 days of work after being assaulted.³

What makes sexual assault the costliest crime are the adverse, long-term psychological effects that the assault may have on the survivor. Up to 75% of women in treatment for alcoholism report a history of incest or childhood sexual abuse. In a study of males sexually abused as children, over 80% had a history of substance abuse. Sexual assault survivors are also at higher risk for mental health problems such as eating disorders, low self-esteem and depression. In addition, they are thirteen times more likely than non-victims to have attempted

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One study of homeless women found that 38% had a history of childhood sexual abuse; and 46% had a history of rape as an adult.
-*Journal of Interpersonal Violence*, 1996.

62% of pregnant or parenting adolescents had experienced contact molestation, attempted rape or rape prior to their first pregnancy; between 11-20% of girls were pregnant as a direct result of sexual assault.
-*Family Planning Perspectives*, D. Boyer and D. Fine, 1992.

Polygraph results of 35 sexual offender inmates in the Colorado Department of Corrections indicated the median number of sexual offenses by an offender was 95 offenses committed against 26 victims.
- *Sex Offenders: Myths, Facts and Treatment*, Colorado Department of Corrections, 2002.

Men and women who have been raped or forced to have sex either in childhood or adolescence were four times more likely to have worked in prostitution compared with people who have not been abused.
- *Population Reports: Ending Violence Against Women*, 2000.

Dear Friends of CCASA,

In this edition of the CCASA Connection we focus on the cost of sexual violence. As we are all too keenly aware, the cost manifests itself in many ways. For some of you the first things that come to mind may be the life-impacting costs to survivors of sexual violence including the physical, emotional, or psychological effects. Some of you may think of the cost to family members, friends, or co-workers of sexual violence survivors. You may add to this the tangible costs of health care, forensic evidence exams, counseling, lost wages or jobs, or legal fees. Or you may look more globally at the cost of sexual violence and how it plays out in public policy, the criminal justice system, or its impact on our society as a whole. Either way, I am certain I have not covered even half of the costs of this devastating crime and the havoc reeked by its perpetrators.

Given this vast array of issues, we must continue to assess the cost of sexual violence in the broadest context possible. We must continually stretch our thinking. What are we doing in our organizations and agencies to identify and address these costs? For example, what is the cost of sexual violence to a marginalized or underserved community that we have not reached effectively? (See page 3). What is the cost to survivors, families, and loved ones who do not have support services they need? What is the cost to our social structure if we continue to deny that sexual violence occurs at an endemic rate?

This may be a bit overwhelming to think about, but there are many ways we have and continue to effectively address the issues. You all do remarkable work and as I frequently say, if we do this together, we can make a difference. As Margaret Mead reminds us, "Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has."

In Peace,

Jill McFadden

CCASA Executive Director

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Member Spotlight: Mary's Hope

by Emily Davis

CCASA



Following a sexual assault, victims experience any number of trauma symptoms ranging from withdrawal of family and friends to substance abuse. Spiritual trauma is often neglected in healing from sexual violence. Frequently people who have experienced sexual assault wonder how God or a Creator could have let this horrific thing happen to them. Feelings of betrayal may discourage survivors from looking to their spirituality for strength.

This lost connection with one's spirituality is an aspect of healing that is rarely recognized or addressed by advocates or spiritual or religious leaders. Advocates may find discussing an individual's religion feels too complex to address in a productive way. Victim advocates are not usually trained to offer specific religious or spiritual support because each person has such a unique perspective on religion and spirituality. Spiritual or religious leaders may not know how to begin to support the healing process. They may want the victim to heal by forgiving the perpetrator instead of holding the perpetrator accountable. This approach can diminish the victim's faith in his or her church, religion, or spiritual path.

Often a survivor's first acknowledgment of sexual violence will be within the church and religious leaders may not have the tools to address the issue in a way that supports the survivor. This is one reason among many that Sherry Niemann and Rev. Diane Moore from Mary's Hope see it as essential to educate people on spiritual trauma in sexual assault cases.

Mary's Hope originated out of a call from a mother who wanted her daughter to know what spiritual healing

looked like after she survived incest. As Sherry and Diane went out to create a film on spiritual healing after sexual trauma they realized that there existed a supreme lack of education among the religious community.

Sherry and Diane now primarily visit with various religious and spiritual organizations to offer introductory sexual assault classes to explain the dynamics of sexual assault and ways to support a survivor. Sherry describes the classes as miniature hotline training. In these sessions, they are able to explain why having religious leaders ask the survivor to forgive the perpetrator may be inappropriate and they help to give religious leaders specific language useful in encouraging the survivor to begin healing and restoring a relationship with his or her God or Creator.

In restoring this relationship, Sherry and Diane feel that survivors can achieve a sense of strength and willpower to continue the healing and recovery process from sexual assault. They hope that the education will connect clergy to a survivor's healing process and encourage the survivor to reconnect with his/ her God or Creator.

Since 2000, Mary's Hope (composed of Sherry and Diane as the only staff) has provided trainings on spiritual healing throughout Colorado and they hope to "enlighten folks to what spiritual wounds are." If you are interested in participating in a training conducted by Mary's Hope or would like them to come to your organization, contact Sherry Nierrman or Reverend Diane Moore at 303-377-0293 or at maryshope@qwest.net.

CCASA Conference Learning Experience

One of the learning experiences we had at our statewide conference in May was the impact of incorrectly listing a workshop title. The workshop was intended to address issues affecting underserved communities. Not correctly describing the workshop may have limited attendance, minimized the breadth of the available information, and minimized the importance of the additional topics to be covered in the workshop. This left presenters to explain our error themselves, again feeling marginalized and somewhat invisible. Even "well-intended" efforts to be inclusive of marginalized groups, if not well done, can further marginalize and disenfranchise these individuals. We hope that in bringing this to your attention that it will be helpful in your efforts to reach and support marginalized communities effectively.

Beyond Financial Costs: The Mental Health Perspective

By, Jean McAllister, MSW, Domestic Abuse Assistance Program, Colorado Department of Health and Human Services

“One of the most difficult things about rape is that many people see rape as bad sex. From the victim’s perspective, the act of rape bears almost no resemblance to sex. Victims experience rape as a terrifying trauma where they often fear for their lives” (EVAW Non-Stranger Sexual Assault Training, 2003). Sexual assaults are acts of profound violence where victims are subjected to the most intrusive and humiliating acts of control that can be imagined. While there are numerous negative consequences of sexual assault, many victim survivors would say that the “wounds that bleed on the inside,” or the psychological aspects of the trauma, are the most painful and the most difficult to overcome.

Psychological trauma is caused by the experience of an inescapable stressful event or series of events, such as sexual assault, so extreme or severe, so powerful, harmful or threatening that they demand extraordinary coping efforts. These extraordinary coping efforts shape victim’s reactions during the experience of the rape and become the basis for long-term trauma reactions later. Initial trauma responses include the following:

- **Dissociation** (compartmentalization of all or part of an event); including feeling numb or disconnected, feeling like one is witnessing rather than experiencing the event, feeling like one is in a dream or a daze, stupor and even amnesia for parts of the event.
- **Anxiety**; including emotional distress and fear, hyper-arousal, loss of ability to concentrate or focus, tension, restlessness, or jumpiness.
- **Affective responses** (feelings); including terror, rage, despair, hopelessness, shame or guilt.

50-60% of psychiatric inpatients and 40-60% of psychiatric outpatients reported childhood histories of physical or sexual abuse.

-Trauma and Recovery, J. Herman, 1992

Rape survivors report dramatic negative changes in their experience of themselves, other people and the world. During and after sexual assaults, victim survivors

commonly experience extreme powerlessness, overwhelming intrusion, intense emotional responses, trauma symptoms and victim blaming. They often report feeling out of control of their lives and overwhelmed with reminders of the assault, in themselves and their reactions to others, in any contact they have with helpers or the criminal justice system, and in the reactions of others to their assaults. Both the general trauma literature and the literature regarding Rape Trauma Syndrome (Burgess and Holstrom, 1979) have effective information that can assist us in understanding the impact of sexual assault.

Initial reactions immediately following a sexual assault can include:

- Difficulty being alone
- Difficulty sleeping
- Difficulty concentrating
- Irritability, crying, difficulty handling everyday stresses
- Significant distress or impairment in social or occupational functioning
- Sudden changes in current circumstances such as moving, changing jobs or schools
- Difficulty in completing necessary tasks or mobilizing resources.

Of all human experience of trauma, sexual trauma is second in severity only to those who have experienced more than 242 consecutive days in combat.
- Wilson, Smith and Johnson, 1985

After a sexual assault, approximately one third of victim survivors develop rape related Post Traumatic Stress Disorder (PTSD) (National Victim Center, 1992). PTSD includes the following symptoms, most often experienced as harmful impacts to victim survivors’ lives:

- **Intrusive or Re-experiencing Symptoms:** Including intrusive thoughts about the event, flashbacks, nightmares, distress at environmental reminders of the event, fears, sleep disturbance, and serious emotional distress
- **Avoidant or Numbing Symptoms:** Including avoidance of reminders of the event, emotional numbness, loss of interest in normal activities, social withdrawal, and use of substances to blunt the negative feelings
- **Hyper-arousal:** Including exaggerated startle response, hyper-vigilance or watchfulness, jumpiness, sleep disturbance and difficulty concentrating.

In addition to the possible development of PTSD, sexual assault survivors are at much higher risk to develop Major Depression, other Anxiety Disorders, Panic Attacks and Sleep Disorders as well as substance abuse problems. Sexual assault survivors are over-represented in all clinical or treatment populations, both in-patient and in out patient clinics and treatment programs.

Victim survivors often report that they expect to have some initial difficulty with the assault, but assume that they will recover and return to “normal” quickly. Some victim survivors indicate that the fact that many reactions impact their lives for months and years following a sexual assault is one of the most disturbing and intrusive impacts of their experience. Most survivors eventually understand that their lives have been permanently changed as a result

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Sexual Assault and Substance Abuse: What's the Connection?

By, Ann C. Noonan, MA, CAC III, LPC, Substance Abuse Programs, Boulder County Public Health

Sexual assault and substance abuse are intertwined in several complex ways, including the use of substances to coerce the victim (i.e., date-rape drugs) and/ or the perpetrator's own use of substances during the assault (as many as 50% of perpetrators use drugs or alcohol).¹ This article will focus on one particular area of concern regarding substance abuse: Sexual trauma survivor's use and potential abuse of substances after an assault.

Our society pays a great price for substance abuse and dependence in terms of the impact on our health care system, lost workdays, and a myriad of other associated costs. Some estimates show as much as 185 billion dollars a year in employment, health, and associated expenses are due to use and abuse of substances.² Some of these substance abuse costs are an extension of the impact of sexual assault. Survivors who turn to substances following a traumatic event are affected not only by the trauma, but may find themselves with additional troubles, as the very thing they turned to as a coping mechanism becomes a problem in and of itself.

We now know that people with a history of sexual trauma are disproportionately found in substance abuse treatment programs, but the field of drug and alcohol treatment has been slow to recognize the devastating effects of sexual abuse on its clients. In past years, clients would go through round after round of residential treatment never to have their history of trauma identified and made a focus of treatment. Studies began to show that people, especially women, with a history of failed substance abuse treatment episodes were much more likely

to have had a history of sexual trauma. A high percentage of clients in drug and alcohol treatment have a history of sexual assault; in fact some studies suggest that virtually all teenage girls in residential treatment, and up to 75% of adult women in either outpatient or residential treatment have been abused.³

Traditional treatment philosophy was to 'get them sober' before addressing the trauma issues, but many clients were unable to establish abstinence precisely because Post Traumatic Stress Disorder (PTSD) symptoms were being unmasked, and relapse with substances at least temporarily reduced those symptoms. Concurrent and integrated treatment that acknowledges the trauma and builds the survivor's capacity for coping with PTSD symptoms is essential. We are more likely to uncover the history at intake simply by adding the questions about victimization history on standard intake forms. Once the abuse history is identified, treatment can proceed as an integrated effort to address both the substance abuse or dependence and the trauma recovery issues.

We need to continue to place effort into improving integrated substance abuse and trauma treatment; this will ultimately reduce costs to our society from the impact of sexual assault and substance abuse.

¹*Date Rape and Sexual Aggression in Dating Situations: Incidence and Risk Factors*, Muelenhard and Linton, Journal of Counseling Psychology, Vol. 34, No.2, 1987.

²*United States Department of Justice*, Miller, TR, 1996.

³*Molested as Children: The Hidden Contribution to Alcohol and Substance Abuse*, Rohsenhow, Corbett and Devine, 1986.

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of the rape. Even those survivors who fully recover often struggle with many serious and far reaching negative consequences. Long-term reactions may include:

- Fears and safety concerns (for self and other family members, especially children)
- Disturbed affective states (distressed and overwhelming negative feelings)
- Psychological disorders:
 - Post Traumatic Stress Disorder - 6.2 times more likely than the general population
 - Major depression - 3 times more likely than the general population
 - Suicide attempts - 13 times more likely than the general population
- Increased substance use or abuse
- Disruptions to functioning in work, school or daily activities
 - Disruptions to relationships
 - Sexual dysfunction
 - Multiple sexual partners (most common in younger victims)
 - Guilt, shame, and feelings of self doubt
 - Negative impact on beliefs about self, others, the world and the future
 - Sleep disturbance
 - Mood swings or angry outbursts
 - Panic or anxiety attacks
 - Self-destructive acting out in younger people
 - Sexual assault victim/survivors are over-represented as:
 - Drug users
 - Runaways
 - Prostitutes

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Sexual Assault Nurse Examiner (SANE) Program: The Price Tag on Forensic Evidence Collection

By, Susan Neumann, BA, CCASA and Valerie Sievers, MSN, RN, CNS, CEN, SANE-A, CCASA

Forensic evidence collection is one of many costs associated with the crime of sexual assault. Although the costs may vary among different facilities, the charges for forensic evidence collection typically include the cost of the rape kit, an hourly fee for use of the exam room, hospital supplies such as phlebotomy equipment or a vaginal speculum, physician/nurse time, and lab analysis for tests that may be ordered, such as pregnancy tests. The collection of forensic evidence is a time consuming, costly process that is imperative to ensuring justice and helping a victim begin healing from sexual assault. It is important to understand the costs associated with forensic evidence collection, what is and is not included in these costs, as well as knowing who is responsible for payment of these costs. Although initially expensive, for the education and clinical requirements, the utilization of a Sexual Assault Nurse Examiner (SANE) program can be an effective solution to the expense of forensic evidence collection.

The cost for the actual 'rape kit', which contains blood-draw tubes, sterile swabs and envelopes for the evidence, is about \$12.00, while the other charges for the hospital room, supplies, lab tests and physician/nurse time, can be quite a bit higher. An uncomplicated adult sexual assault exam within a SANE program can be approximated between \$300 and \$600, but it may cost more for a complicated case, or in a healthcare facility without a SANE program. In addition to the collection of forensic evidence, the medical forensic examination includes assessing for medical emergencies, injury and trauma, as well as providing preventative medication and referrals for follow up care. The current standard of care includes providing the adolescent or adult survivor with the option of antibiotic prophylaxis for sexually transmitted diseases (STDs) and emergency contraception (EC) to prevent pregnancy immediately after evidence collection is completed. The long-standing tradition of performing STD cultures on all adult sex assault victims is no longer recommended, as STD tests can add \$100 - \$150 in charges and may not reveal sexually transmitted infections from a recent sexual assault. These are additional costs not included in the price of the 'rape-kit'. Victim's Compensation may reimburse patients for charges billed for hospital lab tests (STD cultures if done at the time of the exam), and administration of preventative medication, including STD prophylaxis and emergency contraception.

Colorado Revised Statute 18-3-407.5 addresses who is obligated to pay for charges assigned to forensic evidence

collection: "Any direct cost associated with the collection of forensic evidence from victims shall be paid for by the referring or requesting law enforcement agency."¹ Historically, despite the existence of this statute, the costs associated with evidence collection from both adult and child survivors of sexual assault has often been billed by healthcare facilities to the victim or to the victim's insurance carrier. This practice of billing the victim, or an insurance company, for charges assigned to forensic evidence collection is inappropriate, and in direct opposition to the intention of the statute. The law enforcement agency that is investigating the crime is responsible for paying for the costs associated with the collection of forensic evidence, including hospital fees for the room, supplies, physician/nurse time, as well as the 'rape-kit'. Additionally, the law enforcement agency is responsible for maintaining chain of custody after the packaged evidence has been turned over by the healthcare provider, and securing the evidence kit in locked, refrigerated storage.

Those involved in providing services to agencies and individuals impacted by sexual violence have an obligation to offer education about appropriate payment for services associated with evidence collection. While the healthcare facility should not expect the care of sexual assault victims to generate a profit, the facility should also not be expected to operate at a loss and will need to be reimbursed at a level that will cover the expenses. Reasonable and ethical costs associated with the care of adult and child sex assault survivors should be determined and agreed to by the hospital facility and law enforcement agencies that will utilize their services.

An effective, long-term solution to the expense of forensic evidence collection may include the development or utilization of a SANE program. A SANE program provides highly qualified and skilled nurses to collect forensic evidence within an ethical and reasonable budget, and can address some of the billing concerns of hospitals and law enforcement agencies. Furthermore, the response of a SANE team in a hospital emergency department allows nursing and physician staff to respond to emergency patients whose illnesses and injuries potentially generate financial reimbursement to the hospital. In contrast, the sexual assault survivor does not typically require medical care for life threatening injuries, but does require time intensive expertise for care and accurate evidence

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Societal Benefits of Proactive Public Policy

By, Terri Livermore, Colorado Organization of Victim Assistance and Michael Valdez, Colorado Bar Association

In the era of shrinking budgets and weakened economies, much of the public's and decision makers' attention focuses solely on the monetary cost or gain of a particular issue. Sexual assault, however, presents a different sort of issue which impacts public safety – an issue clearly more significant than simply that of monetary loss or gain. Consequently, public policy goals related to sexual assault must address a wider range of issues rather than only asking whether or not a program or initiative saves money. The goals of a proactive sexual assault public policy program include: an educational component for increasing public awareness and safety; advocating for an aggressive criminal justice system response including appropriate penalties and increased accountability for offenders; incorporating definitive measures to empower the victims of sexual assault; and always striving to mitigate some of the societal costs associated with sexual assault.

It is no secret that the public's understanding of the intricacies and dynamics of sexual assault crimes is limited. Additionally, sexual assault crimes are frequently dismissed as a significant societal problem, preferring instead to perceive it as a crime of intimacy best kept between two people. This is particularly true of non-stranger sexual assaults. The sexual assault incidents at the United States Air Force Academy, and the response from Academy leaders is just one example of how society and its institutions tend to avoid addressing sexual assault cases.

Though nearly impossible to measure in dollars and cents, the absence of proactive public policy ultimately costs society. Any absence creates a void for decision makers and ensures an uninformed public where the costs are measured directly in terms of public safety. Perhaps the single biggest public policy challenge is to increase public knowledge about sexual assault to a point where it is **always** the offender, and **never** the victim, regardless of the circumstances, who is held accountable for the assault. Every time this equation is reversed, the cost to society is immeasurable, particularly with regard to disenfranchised victims who are consequently less likely to report these types of crimes. So, while good public policy is difficult to measure financially, increased understanding and awareness creates more informed decision makers who can then implement positive and productive change leading directly to offender accountability and increased public safety.

Since 1984, CCASA's mission has been to bring the voices of sexual assault victims and their supporters together to produce change by advocating for public education, resources for survivors, and demanding offender accountability. Groundbreaking work in helping establish the Sex Offender Management Board (SOMB), which now serves as a national model, demonstrates just how successful proactive public policy can lead to positive change with regard to the education of individuals and those who write the laws. Upon its implementation in 1996, the SOMB developed the first ever statewide standards for the assessment, evaluation, treatment and behavioral monitoring of convicted adult sex offenders. The application of those standards led to the knowledge that sex offenders are likely to repeat their offenses. That information resulted in the development of the nation's first indeterminate sentencing law creating lifetime supervision of convicted sex offenders. CCASA also recently extended the criminal statute of limitations on sexual assault as the first step of an effort intended to eventually eliminate the statute of limitations. This new statute enables more victims to accuse their offenders and provides greater opportunity to remove sex offenders from society.

The creation of the SOMB, the development of standards, the enactment of lifetime supervision, and the extension of the statute of limitations demonstrate how a proactive public policy program educates individuals, creates changes and culminates in enhanced public safety. On a fiscal balance sheet, public policy measures related to sexual assault typically cost money through victim service programs, law enforcement and incarceration of offenders. On a public safety and victim assistance balance sheet, those fiscal costs pale in comparison to the societal benefits of removing serial perpetrators from the streets, preventing persons in power from abusing those positions, holding offenders accountable for their actions, and allowing victims to regain power and control in their lives. The benefit of that is incalculable.

Contact CCASA for more information on how to become involved in the CCASA Public Policy Committee and make sure to watch for legislation affecting sexual violence during the 2004 Colorado Legislative Session.

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suicide. Mental health care costs are the largest tangible costs to rape victims.⁴

"A sexual assault victim's overall well-being suffers greatly. And our society's attitude and misunderstanding of sexual assault can play a big role in negatively impacting the survivor. Many victims of sexual assault are not believed or blamed for having been a victim of this crime, this only adds to their distress," says McFadden.

A 1998 study by CCASA and the Colorado Department of Public Health and Environment's Injury Prevention Program found that 1 in 4 Colorado women and 1 in 17 Colorado men experienced an attempted or completed sexual assault in their lifetime, equating to an approximate 11,000 women and men each year.⁵ Although there has been no study determining the specific cost of sexual assault in Colorado, it can be estimated that the cost in our state could be as high as \$1 billion per year by multiplying the 11,000 sexual assaults yearly by the national average of \$86,500 per assault in tangible and intangible costs calculated in a 1996 National Institute of Justice report.

Comparatively, in fiscal year 2002/2003 Colorado received only \$730,000 in federal funds earmarked for

sexual assault prevention, which is less than 1% of the estimated yearly cost of sexual assault to our state. These essential prevention funds are at risk for reduction or elimination as the government feels the pressure to respond to economic challenges resulting in cut programs.

"Prevention programs are key if we are to keep the societal costs of this crime down," says McFadden. "Catching, convicting and monitoring the perpetrators are not only critical for victims' well-being, but also goes a long way toward minimizing the costs of sexual assault. One sex offender can commit up to hundreds of offenses and may have numerous victims."⁶

¹ *Victim Costs and Consequences: A New Look*, National Institute of Justice Report, 1996.

² *Cost of Healthcare Use by Women HMO Members with a History of Childhood Abuse and Neglect*, Walker, Unutzer, Rutter, Gelfand, Saunders, VonKorff, Koss, Katon, 1999.

³ *National Crime Victimization Survey*, Bureau of Justice Statistics, 2002.

⁴ *Rape in America: A Report to the Nation*, National Victim Center and Crime Victims Research and Treatment Center, 1992.

⁵ *Sexual Assault in Colorado*, Colorado Department of Public Health and Environment and Colorado Coalition Against Sexual Assault, 1998.

⁶ *Sex Offenders: Myths, Facts and Treatment*, Colorado Department of Corrections, Revised 2002.

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Psychiatric Patients

For Subsequent Victimization

- Victims of sexual assault can experience elevated levels of psychological distress for up to twenty years post assault.

Clearly, the psychological costs of sexual assault are staggering. Both short and long-term consequences create great harm for victims and for those who love them and share their lives. We know that most victims of sexual assault never report the crime. In fact, research indicates that only about 16% of victims report to authorities (CDPHE and CCASA, 1998). This means that many victims will never seek or receive assistance with the substantial negative impact of the sexual assault. Because support is such an important component of trauma recovery, it is possible that this could contribute to the harm for some victim survivors and prevent others from recovery.

We do know that negative victim impact from sexual assault is substantially reduced when victims are believed, protected and adequately supported (NJEP and APRI, 2003). This means that we can create an environment where long-term negative outcomes are less likely for victim survivors. We need to continue to educate the public, so that belief in myths about sexual assault, especially victim blaming myths is decreased. We need to continue to provide supportive services for sexual assault victim survivors, both inside the criminal justice system

and in the community. Some of these services should always be accessible whether or not the victim chooses to report to law enforcement and no matter how long post assault they seek assistance. And finally, we must effectively identify and contain sex offenders to increase current victim safety and to prevent future victimization.

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Watch for upcoming registration information on CCASA's Statewide Conference on October 24, 2003. The Statewide Conference will be held at The Steamboat Grand Hotel. For more details, contact Emily Davis, Membership Coordinator at (303) 861-7033 or emily@ccasa.org.

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collection. An appropriate, standardized fee to law enforcement for evidence collection costs can cover the expense of the kit, hospital supplies and reimbursement for the SANE's time dedicated to patient care and expert evidence collection.

The development of a SANE program can provide a great community service for survivors who will receive state of the art care and a holistic healthcare response. In

addition, a SANE program can provide a significant benefit to the criminal justice system by ensuring standardized evidence collection and the availability of a knowledgeable healthcare expert for trial. The combination of all these efforts renders expert forensic evidence collection a priceless tool in the process of responding to victims and assisting the criminal justice system

¹Colorado District Attorney's Council, 2001.

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CCASA Supporter, \$25/yr (Students, activists, out-of-state, legislators...)	Receive the CCASA Connection newsletter, Network News monthly email and invitations to special events.
Individual Member, \$50/yr. (SANE nurses, teachers, prosecutors, self-defense instructors, survivors...)	Same benefits as a CCASA Supporter, plus free or discounted copies of CCASA publications, contact info in Member Guide and on website (optional), one Coalition vote and eligible for Committee and Board membership.
Program Member, \$150/yr. (Rape crisis centers, DV/SA centers, LE offices, DA's offices, prevention programs...)	Same benefits as Individual Members, plus multiple copies of newsletter and Network News may be sent to agency staff, discounts at CCASA events and trainings, eligible for travel reimbursement for CCASA membership meetings and sponsored trainings and a total of three Coalition votes. Limited scholarship money for dues available.
Allied Member, \$100/yr. (Alcohol and drug treatment centers, other human rights and advocacy groups...)	Same benefits as Program Members but not eligible for travel reimbursement or scholarship money for dues.

THE CCASA CONNECTION

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Theme, article and contributor ideas for this newsletter are generated through our Education Committee, chaired by Anpeytu Raben. Send your feedback and article ideas to Emily Davis at emily@ccasa.org.

Next Issue— Legal Advocacy in Sexual Assault

THE CCASA CONNECTION

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