

January 15, 2021

The Honorable Joseph R. Biden, Jr.
President-Elect
1401 Constitution Avenue, NW
Washington, DC 20230

The Honorable Kamala Harris
Vice President-Elect
1401 Constitution Avenue, NW
Washington, DC 20230

The Honorable Xavier Becerra
Secretary-Designate, Department of Health & Human Services
1401 Constitution Avenue, NW
Washington, DC 20230

Dear President-Elect Biden, Vice President-Elect Harris, and Secretary-Designate Becerra,

We are 19 national organizations who are leaders on the issues of sexual and domestic violence both in terms of addressing the needs of survivors and in working in our communities to prevent future violence. We urge you to create a new position at the Department of Health and Human Services (HHS) in the Office of the Secretary, to serve as a Special Advisor on Sexual Violence, within the first 100 days of your administration. This position is critical to provide leadership and collaboration within HHS and across other agencies and the White House on the issue of sexual violence. The Special Advisor on Sexual Violence will ensure the needs of sexual violence survivors are met and will help to prioritize prevention of sexual violence.

According to the National Intimate Partner and Sexual Violence Survey:

- 21% of women and 3% of men reported completed or attempted rape ever in their lifetime.
- Among victims of rape, 43% (11 million) of females and 51% (1.5 million) of males reported it occurred for the first time between the ages of 11-17.ⁱ

The estimated lifetime cost of rape is \$122,461 per survivor, or a population-based economic burden of nearly \$3.1 trillion (2014 U.S. dollars) over survivors' lifetimes. This estimate included \$1.2 trillion (39%) in medical costs; and \$1.6 trillion (52%) in lost work productivity among survivors and perpetrators.ⁱⁱ

The short- and long-term effects of sexual violence can undermine a person's physical and mental health. Based on an analysis of studies from 1980-2008, survivors of sexual violence have a significantly higher prevalence of anxiety, depression, eating disorders, post-traumatic stress disorder, and suicide attempts.ⁱⁱⁱ According to the 2005 Behavioral Risk Factor Surveillance System, survivors of sexual violence are more likely to suffer from asthma and joint conditions. Studies have also found an increased risk of cervical cancer and sexually transmitted diseases.^{iv}

Among both women and men, previous non-consensual sex was associated with health conditions such as high cholesterol, stroke and heart disease while sexually victimized

women were more likely to report having had a heart attack or heart disease than non-victims.^v A study of Kansas adults found a significantly higher prevalence of health risk behaviors (heavy drinking, binge drinking and current smoking) among women who had experienced sexual assault.^{vi}

While many survivors encounter the problems of homelessness, substance abuse, mental health problems, trafficking experiences, and chronic health conditions, HHS has historically lacked specific expertise on the issue of sexual violence. The issue of sexual violence cuts across many HHS bureaus, programs, and offices: programs in the Family and Youth Bureau including Family Violence Prevention and Services (FVPSA), Homeless & Runaway Youth, and Adolescent Pregnancy Prevention; the Office on Trafficking in Persons; the Substance Abuse and Mental Health Services Administration; the Office of Refugee Resettlement; and the CDC where the Rape Prevention & Education Program (RPE) is housed.

For the past decade, our nation has experienced a deep reckoning with the devastating depth and breadth of the problem of sexual violence outside the realm of the judicial system and law enforcement. As new programs are contemplated at HHS to directly meet the needs of survivors, sexual violence expertise will be even more imperative.

The Biden-Harris Administration can reach farther in meeting the needs of survivors, preventing sexual violence, and providing the leadership necessary to eventually end sexual violence. To do that, HHS must have staff at the highest level of leadership with extensive knowledge of the problem of and solutions to sexual violence as well as experience in the anti-sexual violence field.

Sincerely,

Asian Pacific Institute on Gender-Based Violence

Casa de Esperanza: National Latin@ Network for Healthy Families and Communities

Futures Without Violence

Girls for Gender Equity

Jewish Women International

Justice for Migrant Women

Legal Momentum, the Women's Defense and Education Fund

me too. International

National Alliance for Safe Housing

National Alliance to End Sexual Violence

National Coalition Against Domestic Violence

National Domestic Violence Hotline

National Network to End Domestic Violence

National Organization of Sisters of Color Ending Sexual Assault

National Resource Center on Domestic Violence

National Women's Law Center

Survivors Know

TIME'S UP

Ujima, Inc., the National Center on Violence Against Women in the Black Community

i <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>

ii [http://www.ajpmonline.org/article/S0749-3797\(16\)30615-8/abstract](http://www.ajpmonline.org/article/S0749-3797(16)30615-8/abstract)

iii Ibid

iv Ibid

v Watson-Johnson, L, Townsend, J, Basile, K, Richardson, L. Cancer screening and history of sexual violence victimization among U.S. adults. *Journal of Women's Health* 2012.

vi <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-1286>