



New York City Alliance
Against Sexual Assault

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The Cost of Inaction: Social and Economic Consequences of Untreated Sexual Violence in NYC

As sexual violence silently permeates our communities, it wreaks its damage- high economic costs and incalculable pain on society as a whole.

Sexual Violence: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.¹

Facts

- Rape is one of the most underreported crimes and is difficult to document because **approximately 84% of rapes are not reported**. Available data greatly underestimate the true magnitude of the problem.²
- In NYC, approximately **1.3 million women** and over **200,000 men** have been raped at some point in their lives.³
- In the last year alone in NYC, it is estimated that over **22,000 women** and nearly **7,000 men** were raped.⁴
- Nearly **1 in 10 young women attending NYC public high schools** have been raped.⁵

Consequences

Sexual violence can have very harmful and lasting consequences for victims, families, and communities. Victims of sexual violence face both immediate and long-term physical and psychological consequences, including disability preventing work, symptoms of post-traumatic stress disorder, depression, and attempted or completed suicide. There are also social consequences including strained relationships with family, friends, and intimate partners, and lower likelihood of marriage.

Social Problems Associated with Sexual Assault

Poverty

Sexual violence interrupts work and education. According to the National Center for Injury Prevention and Control, 20% of rape victims report missing work as a result of their attacks, with 1 in 5 reporting more than 11 days out of work as a consequence of the physical and mental strain following their attack.⁶

Survivors of sexual violence often struggle on the job due to trauma, persistent fear, physical complications, depression and anxiety, and the need for time off for court dates, counseling, and health care. For many victims, it may be difficult to obtain or keep a job, which greatly increases their risk for poverty.⁷

In 1998, New York State implemented the Family Violence Option which protects victims of domestic violence and sexual abuse from receiving public assistance sanctions, recognizing that physical and sexual violence can severely impede a survivor's ability to comply with welfare requirements and achieve economic stability.⁸

Education

A study published in the *American Journal of Public Health* found that women who survived sexual abuse had greater than a three-fold increase in risk for not completing high school than women who reported no sexual abuse.⁹

Homelessness

Many homeless persons are on the street to escape previous sexual abuse, causing them to be vulnerable to further victimization. Victimization can prolong homelessness by creating additional physical and psychological barriers.

Young people trying to escape sexual abuse at home are at risk of becoming homeless. 61% of homeless girls and 16% of homeless boys reported having been sexually abused before leaving home.¹⁰

Incarceration

Research shows that 82% of incarcerated women report experiencing childhood sexual abuse or severe parental violence before reaching adulthood.¹¹

A study of the American Psychological Association found that 31% of male adolescent sex offenders report experiencing some form of sexual abuse.¹²

Health and Mental Health

Sexual assault is associated with an increased lifetime rate of attempted suicide. In women, a history of sexual trauma before age 16 years is a particularly strong correlate of attempted suicide.¹³

Women who experience sexual assault report more somatic complaints, poorer perceptions of physical health, greater psychological distress, and increased use of medical services.¹⁴

Men who reported experiencing early childhood sexual abuse had a two-fold increase in prevalence of HIV infection relative to men who reported no abuse.¹⁵

Substance Abuse

Research has documented a high incidence of posttraumatic stress disorder (PTSD) and substance abuse among survivors of sexual assault. Women substance abusers in particular show high rates of this dual diagnosis, most commonly deriving from a history of repetitive childhood physical or sexual assault.¹⁶

Adolescent Substance Abuse

A diagnosis of PTSD among adolescents increases the risk of marijuana and hard drug abuse and dependence. Data shows that victimized youth begin using substances before non-victimized youth. The cycle of victimization often begins in the form of sexual assault, physical assault, or witnessing violence.¹⁷

Conclusion

The high economic cost of untreated sexual assault demonstrates the need for a city wide plan to provide the best possible care to survivors, and prevent sexual violence. The economic, social, and human costs inflicted by sexual violence are immeasurable. However, these costs could be dramatically reduced by providing the best methods of detection, intervention, and prevention of sexual assault in New York City.

¹ Jewkes, Sen, & Garcia-Moreno, 2002.

² Kilpatrick, D.G., Edmunds, C.N., & Seymour, A.K. (1992). Rape in America: a report to the nation. Arlington, VA: National Victim Center and Medical University of South Carolina.

³ Tjaden & Theonnes. (2006). National prevalence proportion applied to NYC 2000 population estimates.

⁴ Tjaden & Theonnes. (2006). National incidence proportion applied to NYC 2000 population estimates.

⁵ CDC. (2005).

⁶ National Center for Injury Prevention and Control. (2003). Costs of Intimate Partner Violence Against Women in the United States. Atlanta, GA: Centers for Disease Control and Prevention.

⁷ Breaking the ties that bind: the link between poverty and sexual assault. Pennsylvania Coalition Against Rape. Fall/Winter 2006.

⁸ <http://www.nyc.gov/html/ocdv/html/services/assistance.shtml>

⁹ Zierler, S., Feingold, L., & Laufer, D. (1991). Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *American Journal of Public Health*, 81(5), 572-575.

¹⁰ <http://new.vawnet.org/SpecialDocs.Documents.php?docid=558>

¹¹ Browne, A., Miller, B., & Maguin, E. (1999) Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal of Law and Psychiatry*, 22(3), 301-322.

¹² Worling, J.R. (1995). Sexual abuse histories of adolescent male sex offenders: differences on the basis of the age and gender of their victims. *Journal of Abnormal Psychology*, 104(4), 610-613.

¹³ Davidson, J.R., Hughes, D.C., George, L.K., & Blazer, D.G. (1996). The association of sexual assault and attempted suicide within the community. *Archives of General Psychiatry*, 53(6), 550-555.

¹⁴ Calhoun, K., Kimerling, R. (1994). Somatic Symptoms, Social Support, and Treatment Seeking among Sexual Assault Victims. *Journal of Consulting and Clinical Psychology*, 62 (2), 333-40.

¹⁵ Zierler, S., Feingold, L., & Laufer, D. (1991). Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *American Journal of Public Health*, 81(5), 572-575.

¹⁶ Najavits, L.M., Weiss, R.D., & Shaw, S.R. (1997). The link between substance abuse and posttraumatic stress disorder in women: a research review. *American Journal on Addictions*, 6(4), 273-283.

¹⁷ Kilpatrick, D.G., & Schnurr, P.P. (2000). Risk factors for adolescent substance abuse. *Journal of Consulting and Clinical Psychology*, 68(1), 19-30.