

The Cost of Rape

“The National Institute of Justice estimates that rape and other sexual assaults of adults cause an annual minimum loss of 127 billion dollars, or about \$508 per U.S. resident. This includes tangible losses such as initial police response, medical care, mental health services, property damage or loss, and loss of productivity; and intangible losses, such as loss of quality of life, pain, and suffering. These costs do not include the costs of investigation, prosecution or incarceration of offenders. This figure makes sexual assault the costliest crime; even higher than murder.” *US Department of Justice, Victim Costs and Consequences: A New Look, 1996; Summary by Virginians Aligned Against Sexual Assault*

When thinking of the needs of rape victims, it is common to focus on psychological, rather than medical, needs. Survivors’ mental health needs are indeed staggering. In the U.S., about 25-50% of rape and child sexual abuse survivors receive some form of mental health treatment as a result of the victimization, at an estimated annual cost of \$863 million for victims of attempted or completed rape and \$2.1 billion for adult survivors of child sexual abuse (Miller). But equally important, and yet less well known, is the medical cost of rape – both for the victim and for the health care system.

For victims. The acute, immediate outcomes of a rape include non-genital trauma for 25-45% of survivors, genital trauma in 19-22%, sexually transmitted diseases in up to 40% and pregnancy in 1-5% -- that’s an estimated 32,000 rape-related pregnancies a year among adult women in the U.S. (Holmes). These and other ongoing medical concerns mean that, compared to before the assault, survivors’ visits to physicians increase 18% in the year of the assault, 56% in the year following, and 31% in the second year following the assault (Koss, 1993). Average medical costs for an assault survivor during a one year period average \$89 to \$239 higher than those of non-victims (Koss, 1991).

The Alliance’s Research Department found that in one year 6,869 calls following a sexual assault were received by city hotlines, while only 841 victims received hospital accompaniment. Survivors are not receiving the immediate care they need and deserve. A lack of public awareness about the importance of specialized medical treatment for sexual assault is one of the reasons rapes go unreported and untreated.

For providers. In 1994, U.S. hospital emergency departments treated 70,000 persons who were injured by an offender during a completed or attempted rape or sexual assault (Greenfield). For medical providers, treating survivors of violent victimization is 2.5 times more costly than treating non-victims (Koss, 1991). In 1998, a Department of Justice study calculated that female victims of intimate violence incurred a yearly average of \$61,000,000 in medical expenses (Greenfield).

Hindrances to care. All hospital Emergency Departments strive to provide the best medical treatment to rape survivors. But top quality medical care and forensic evidence collection do not routinely occur in an Emergency Department environment because of the setting. There are aspects of emergency care that inadvertently hinder a patient’s recovery from rape.

1. The triage system, by necessity, must rate patients by serious health complications. In most cases of sexual assault there are no life threatening injuries. This means that the rape survivor is triaged as a low priority and can spend countless hours waiting for medical and forensic care.
2. Space in NYC hospitals is at a premium and often Emergency Departments have few private patient areas. Privacy and confidentiality are paramount to rape survivors who are often humiliated and embarrassed about what has been done to them.

3. Most Emergency Departments have an on-call system that utilizes Obstetric-Gynecology residents to respond to a rape exam. However, this is only a small part of the regular responsibilities of these physicians. Because of their multiple priorities, a rape survivor may have to wait a long time for treatment in which case valuable evidence and treatment options, such as HIV and pregnancy prophylaxes are lost.
4. Rape causes severe emotional and psychological trauma. This means that hospital procedures are seen through the lens of the trauma and may be interpreted to mean disbelief, disrespect and disregard for the person's experience. Studies have shown that the first institutional response is key to a positive psychological recovery from rape.
5. Limited funding and resources prevent hospital and community programs from providing their communities with information on the importance of specialized treatment for sexual assault.

Hospital based Comprehensive Sexual Assault Treatment Programs (CSAT) improve care to victims in the Emergency Department by utilizing a five point program. The program includes rape crisis counselors to provide immediate support and crisis intervention, sexual assault examiners who are well versed in the medical and forensic care of the rape survivor, a private examination area with a door, use of a colposcope to maximize evidence collection, and follow-up medical and psychological services within one institution. In addition, designated staff ensures that attention is paid to policies and procedures and ongoing training of all Emergency Department staff.

The need for an improved healthcare response to sexual assault victims has been recognized on local and national levels. With the passage of the Sexual Assault Reform Act of 2001, New York State mandated that the standard level of care available to victims of sexual assault in hospitals be increased. This was to be done, in part, by the creation of sexual assault forensic examiner programs. On a national level, the Violence Against Women Act has been providing funding to programs that emphasize collaboration between hospitals, victim advocates and the criminal justice system. And recently, drafts of legislation such as the Debbie Smith Act, the DNA Sexual Assault Justice Act of 2002 and others, emphasize the need to increase the resources provided to improve the successful collection and timely processing of evidence in sexual assault cases and allow for more sophisticated training for medical professionals.

In the last few years, New York City hospitals have been rising to the challenge of improving the care received by rape victims in Emergency Departments. The support of the FHP augments the effectiveness of their efforts, increasing their treatment capacity and catchments, reaching survivors that would otherwise go untreated, and providing the highest standard of care possible.

Works Cited

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