

The Costs of Sexual Violence – excerpt from NM-SV Free 2015-2020

In 2010, researchers estimated that each rape in the United States cost taxpayers \$151,423 (based on 2008 U.S. dollars) in tangible victim costs (e.g., medical care, mental health services, economic productivity loss), intangible victim costs (e.g., psychological pain and suffering and generalized fear of victimization) (Post et al., 2002), and criminal justice costs and offender productivity costs (Delisi et al., 2010). In 2013, New Mexico law enforcement agencies reported 1,445 incidents of rape (Caponera, 2014). Multiplying the number of rapes reported by law enforcement by the estimated cost per rape indicates that the costs of reported rape alone in New Mexico was close to \$219,000,000. The number of unreported rapes in New Mexico in 2013 is estimated to be four times that of reported rapes (Caponera, 2014). Therefore, a better estimate of the total costs associated with rape in New Mexico in 2013 is close to \$1 billion.

Although attaching a dollar amount to the number of rapes committed in one year is sobering, it provides a limited perspective of the effects of sexual violence, considering its many physical, psychological, and relational impacts. For example, sexual violence experienced by young children has been linked to chronic disease and health risk behaviors throughout adulthood (Centers for Disease Control and Prevention, n.d.-a).

Other studies showed that adolescent victimization, including sexual victimization, can disrupt academic performance and educational attainment (Macmillan & Hagan, 2004). This in turn affects participation in the labor force, occupational status, and earnings in early adulthood that can result in significant reductions in earning potential and income over the life span. Additional education-related costs may include special education services for behavioral problems and learning disabilities associated with being a child witness of domestic violence, and training programs for people to re-enter the workforce after leaving abusive partners (Day et al., 2005).

In a review of sexual violence victimization as a public health problem, Basile and Smith (2011) included research linking sexual violence to physical health problems (e.g., genital injuries, sexually transmitted diseases, unwanted pregnancies, chronic pain), psychological issues (e.g., assumptions about the goodness of people, sense of safety in the world, anxiety, sleep disorders, post-traumatic stress disorder (PTSD), depression, suicidality), social and relationship impacts (e.g., readjustment to the workplace and loss of productivity, negative effects on intimate partner, family and friend relationships), and an increased likelihood of participating in risky health behaviors (e.g., unprotected sex, substance abuse, smoking, elevated number of sex partners). There are additional effects on persons with mental and/or physical disabilities and elderly people, among whom abuse is often perpetrated by caregivers at home or in schools or other institutional settings (Alriksson-Schmidt et al., 2010; Jones & Powell, 2006; Martin et al., 2006; Mitra et al., 2011), and reporting may result in changes to living arrangements and limited access to important familial and social relationships.

According to a United Nations report (Day et al., 2005), the consistent finding among studies of costs associated with violence against women is that monetary and societal costs are enormous, with estimates of billions of dollars annually. These calculations vastly underestimate the overall true costs of these crimes, given that they are consistently and significantly underreported. Society pays the price, and will continue to do so until the costs of prevention are recognized to be minimal in comparison and there is the political will necessary to address the underlying, systemic social structures that perpetuate sexual violence victimization and perpetration.