

According to a 2003 study, crime victims have a much higher lifetime incidence of posttraumatic stress disorder (PTSD) than people who have not been victimized (25 percent versus 9 percent).¹

This same study found that almost 27 percent of women and 12 percent of men who have been molested develop PTSD later in life.²

Women who experienced a homicide of a family member or close friend have higher levels of PTSD than non-homicide survivors; 22 percent experience PTSD at some point in their lives, and 9 percent currently have PTSD.³

Of crime victims diagnosed with PTSD, 37 percent also suffer from depression.⁴

The most comprehensive comorbidity study to date showed that lifetime prevalence of other psychological disorders in male and female crime victims with PTSD is 88 and 79 percent, respectively. The most common comorbid disorders are depression, substance abuse, and phobia.⁵

The estimated risk of developing posttraumatic stress disorder is 49 percent for survivors of rape, 32 percent for survivors of severe beating or physical assault, 24 percent for survivors of other sexual assault, 15 percent for survivors of a shooting or stabbing, and 7 percent for those who witness a murder or an assault.⁶

Major depressive disorder affects an estimated one-third of all women who are raped, often for an extended period of time. One-third of women who are raped contemplate suicide and 17 percent attempt suicide.⁷

In a study of domestic violence victims who had obtained a protective order, significantly more women who were stalked after receiving the order reported PTSD symptoms than women who were not stalked after obtaining a protective order.⁸

A study of Medicare and Medicaid records found that elders who called an elder abuse hotline were twice as likely to use behavioral health services as elders who did not call a hotline.⁹

In a national study of adolescents, 28 percent of boys who had been sexually assaulted had had PTSD at some point in their lives, as compared to 5.4 percent of boys who had not been sexually assaulted. For girls, 30 percent of sexual assault victims had had PTSD, versus 7 percent of girls with no sexual assault history.¹⁰

In a large-scale study of adults, the more types of abuse respondents had experienced as children, the worse their mental health as adults.¹¹

In 2009, nine percent of payments made through victim compensation funds were for mental health counseling for crime victims.¹²

Roughly one-third of mental health care bills for intimate partner rape, physical assault, and stalking victims were paid for out-of-pocket.¹³

A 2003 study found that women with high scores on a PTSD screening test had median annual health care costs of \$1,283, while those scoring low on the screening test had median costs of \$609.¹⁴

One study showed that the long-term effects of childhood sexual coercion on mental health in adulthood is partially mediated by instrumental support—how many people a victim could count on for child care, to help with small favors, and to loan money in an emergency—and self esteem.¹⁵

Another study showed that victims of physical assaults are at substantial risk for PTSD. The study also found diagnosis of certain acute stress disorder symptoms is an efficient predictor of development of PTSD after six months.¹⁶

¹ Dean G. Kilpatrick and Ron Acierno, "Mental Health Needs of Crime Victims: Epidemiology and Outcomes," *Journal of Traumatic Stress* 16 (2003): 126, <http://www.ncjrs.gov/pdffiles1/nij/194972.pdf> (accessed August 26, 2010).

² *Ibid.*

³ *Ibid.*

⁴ *Ibid.*, 127.

⁵ *Ibid.*, 129.

⁶ Sidran Foundation, "Posttraumatic Stress Disorder Fact Sheet," <http://www.sidran.org/sub.cfm?contentID=66§ionID=4> (accessed August 23, 2010).

⁷ National Center for Posttraumatic Stress Disorder, "Sexual Assault against Females," (Washington, DC: Department of Veteran Affairs, 2007), <http://www.ptsd.va.gov/public/pages/sexual-assault-females.asp> (accessed August 23, 2010).

⁸ T.K. Logan and Jennifer Cole, "The Impact of Partner Stalking on Mental Health and Protective Order Outcomes over Time," *Violence and Victims* 22, no.5 (2007): 553.

⁹ Lawrence Schonfeld, Rebecca G. Larsen, and Paul G. Stiles, "Behavioral Health Services Utilization among Older Adults Identified within a State Abuse Hotline Database," *The Gerontologist* 46, no.2 (2006): 193, <http://gerontologist.gerontologyjournals.org/cgi/reprint/46/2/193> (accessed August 23, 2010).

¹⁰ Dean G. Kilpatrick, Benjamin E. Saunders, and Daniel W. Smith, "Youth Victimization: Prevalence and Implications," *NIJ Research in Brief*, (Washington, DC: GPO, 2003), 9, <http://www.ncjrs.gov/pdffiles1/nij/194972.pdf> (accessed August 26, 2010).

¹¹ Valerie J. Edwards et al., "Relationship between Multiple Forms of Childhood Maltreatment and Adult Mental Health in Community Respondents: Results from the Adverse Childhood Experiences Study," *Am J Psychiatry* 160, no. 8 (August 2003): 1,456, <http://ajp.psychiatryonline.org/cgi/reprint/160/8/1453> (accessed August 26, 2010).

¹² National Association of Crime Victim Compensation Boards, "Facts about Crime Victim Compensation" (Alexandria, VA: NACVCB, 2009), <http://www.nacvcb.org/NACVCB/files/ccLibraryFiles/FILENAME/00000000090/Statistical%20information%202010.doc> (accessed October 27, 2010).

¹³ Centers for Disease Control and Prevention, "Costs of Intimate Partner Violence Against Women in the United States," (Atlanta, GA: U.S. Department of Health and Human Services, 2003), Table 11, 39, <http://www.cdc.gov/violenceprevention/pdf/IPVBook-a.pdf> (accessed November 19, 2010).

¹⁴ Edward A. Walker et al., "Health Care Costs Associated with Posttraumatic Stress Disorder Symptoms in Women," *Archives of General Psychiatry* 60 (April 2003): 369, <http://archpsyc.ama-assn.org/cgi/reprint/60/4/369.pdf> (accessed August 23, 2010).

¹⁵ Terrence D. Hill et al., "Victimization in Early Life and Mental Health in Adulthood: An Examination of the Mediating and Moderating Influences of Psychosocial Resources," *Journal of Health & Social Behavior* 51, no.1 (2001): 48, 52.

¹⁶ Ask Elklit et al., "Acute Stress Disorder as a Predictor of Post-Traumatic Stress Disorder in Physical Assault Victims," *Journal of Interpersonal Violence* (June 2004): 709.