

Economic Costs of Abuse

Economic costs of abuse are high for government, the not-for-profit sector and survivors themselves. Total annual costs attributable to violence were estimated at \$13,162 per survivor for selected government, non-profit, private and personal expenditures.

We aimed to calculate both state (government) and private economic costs of violence, with emphasis on health-related costs for the Women's Health Effects study sample (WHES). We obtained women's self-reports of health, legal and social service use in the previous month, and costs related to transportation and day care required to access services. Costs for services were based on Ontario rates for 2004, the year data collection began. We calculated only those costs for which we could obtain an appropriate comparison. Suitable comparisons were unavailable for some costing categories, such as monthly medication use, and days off from work due to illness. As a result, these are not included in our estimates. Thus, our cost estimates are conservative.

Some service use, such as shelters, could be considered a direct cost of violence. Other service use such as food banks or visits to family physicians could not be totally attributed to violence. For these services we calculated costs attributed to violence as costs for services in excess of what Canadian women in general used. For each service, we obtained an estimate of service use from large studies, using national data when available and data that were collected as close to 2004-2005 as possible. Where possible we sorted the comparison samples (for example, by age and gender) to provide the closest possible comparison to women in our sample. We then calculated the difference in service use for each service between women in the WHES and those in the selected comparison study, and used this difference to calculate an annual per woman cost that could be attributed to violence.

Costs Directly Attributable to Violence

Services/costs directly related to violence included: woman abuse/help lines, sexual assault/rape crisis services, shelters, second stage housing, advocacy/counseling for violence, and victims services. Because there was only one violence-specific state health cost (sexual assault services), both health and non-health costs were combined. For costs to women themselves, only out-of-pocket expenses associated with a stay at a battered women's shelter could be directly attributed to violence.

Total cost incurred by the state directly attributable to violence: \$4,212.28 per woman per year.

Out-of-pocket expenses related to shelter/transition house: \$381.94 per woman per year.

Costs Partially Attributable to Violence

For all services that are not directly attributable to violence, the rate of use in our study sample was higher than the rate of use for the comparison samples.

State non-health costs: Legal Aid, Social Assistance, and visits to Child Protection Worker resulted in an annual cost attributable to violence of **\$2,187.70** per woman.

Example: Social Assistance: 33.66% (n=103) of the women in the WHES received social assistance in the month prior to interview, compared with 4.3% of women in the comparison group, for a difference of 29.36%. Use of social assistance by 29.36 % of the sample is attributable to violence. Using an average cost of \$494.67 per month, over the sample (n=309) the annual per woman cost related to violence is \$1742.82.

Private third party non-health costs: Food bank and counseling yielded an annual per woman cost attributable to violence of **\$389.41**

Example: Food Bank Use: 22% (n=68) of the women in the WHES visited a food bank in the month preceding interview, compared with the national rate of 1.66%, for a difference of 20.67%. Thus, using an average cost of \$133.19 per visit (assuming only one visit per month), use of the food bank by 20.67 % (n=64) of the women in the WHES is attributable to violence, for a one month cost of \$8524.16. Over the sample (n=309) the annual per woman cost attributable to violence is \$331.04.

State health costs: In total, the state health services for which we could identify appropriate comparisons contributed an annual per woman cost attributable to violence of **\$4,969.79**.

Example: Physician Visits: The women in the WHES visited a physician a mean of 1.9 times in the month preceding interview as compared 0.374 visits in the comparison sample of women. The difference of 1.59 visits per month represents the proportion that may be attributed to violence. Therefore, using an estimated average cost of \$47.08 per visit, the annual per woman cost of physician visits attributable to violence is \$898.29.

Example: Emergency Unit Visits: In the WHES there were 24.27 visits to Emergency rooms per 100 women per month as compared to 14.21 visits per 100 per year in the comparison group. The difference of 23.09 visits per 100 women per month is attributable to violence. At a cost of \$180.00 per visit, this is an annual cost of \$498.74 per woman attributable to violence.

Private health costs: The costs for the sample that could be attributed to violence for private costs borne by third parties such as employers or women themselves (eg.dentist or psychologist) yielded an annual per woman cost attributable to violence of \$1021.27.

Example: Psychologist visits: In the WHES, there were 31 visits to the psychologist per 100 women per month as compared to 1.8 visits per 100 women per month in the comparison study. The difference of 21 visits per 100 women per month is attributable to violence, costing \$491.40 per woman each year.

Total state costs attributable to violence:	\$11,369.77
Total private costs attributable to violence:	<u>\$ 1,792.62</u>
Total Costs	\$13,162.39

Our findings translate into a national annual cost of \$3.1 billion for those who have left abusive partners within the past 3 years. Given that the women in the WHES had been living apart from their abuser for an average of 20 months but 40% were still experiencing abuse from their ex-partner, our study emphasizes that health costs of violence continue long after leaving. *In turn, this finding underscores the importance of providing early and continuing secondary prevention services that address the health effects of abuse/trauma to contain the long term costs of abuse.*