



# Counting the cost of Abuse

**Male violence against women is very costly. It involves significant justice, welfare and health costs and diverts time and resources away from productive causes.**

Interest in estimating the cost of domestic violence emerged in the late 1980s, with the first research of note emerging from the USA in 1987. By quantifying the cost of domestic violence, it was hoped that a dollar figure would make it clear that domestic violence is a social problem that affects the whole community, and that once governments realised the scale of its economic impact they would act urgently.

Since then, many countries have looked at the issue. While there have been challenges about how to integrate the different costing tools and methodologies used, it is clear that domestic violence is an expensive issue globally.

In 2004, the British government estimated the total cost of domestic violence to be £23 billion a year, a figure that included a significant allowance for emotional and human costs. British employers lose around £2.7 billion pounds a year as a direct result of domestic violence.

In 1996, economist Suzanne Snively estimated the cost of domestic violence in New Zealand to be between \$1.2 and \$5.8 billion per annum<sup>1</sup>. Recent estimates in Australia cost domestic violence at AUD\$8.1 billion per year. Effects of psychological/emotional abuse for women and children include:

## **The indirect impact of domestic violence**

We also need to factor in the cognitive, emotional and behavioural consequences produced by the trauma of domestic violence, especially in children. Experiencing events that are so extreme or severe and threatening that they demand extraordinary coping efforts produces traumatic stress.

Psychiatrist Terr<sup>2</sup> (1991) describes 'Type I' and 'Type II' traumatic events. Type I takes the form of a single, short-term event (e.g. rape, assault, severe beating). Type II involves repeated or prolonged exposure to such events. Research suggests that Type II trauma – into which domestic violence falls – tends to have a greater impact on an individual's functioning.

Trauma can manifest as shock, terror, guilt, anxiety, hostility, confusion, lowered self-efficacy, sleep disturbance, social withdrawal, interpersonal stress, substance abuse and other self-harming behaviour. These can have a life-long impact on a woman's ability to function properly in her family, workplace and community

### **The link between domestic violence, poverty and social exclusion**

Victims of domestic violence are among the groups most at risk of poverty and social exclusion. Social exclusion refers to what happens when people suffer from a multiple of linked problems such as poor housing or homelessness, low incomes, violence and trauma. The soaring costs of social exclusion in the UK have seen it become one of the British's government's spending priorities.

The nature of domestic violence means its female victims are often unable to work, work in their preferred career, or stay at a job long-term. International studies also show that victims of domestic violence in the last three years have 15 percent more chance of being jobless, and 55 percent more chance of being on a benefit.

Women who experience violence are a significant part of the homeless communities in the UK and the USA. And in 2008, Kevin Rudd – the Australian prime minister at the time – made the observation that the single biggest cause of homelessness in Australia was domestic violence.

Policy and law makers tend to focus on the direct costs of domestic violence. While these are significant and warrant focus and attention, the indirect and long-term costs to women and children are also crucially important and are often overlooked.

While domestic violence remains at high levels, society as a whole will continue to bear the burden socially and economically.

Sources:

1 Snively, Suzanne, The New Zealand Economic Cost of Family Violence (1996)

2 Terr, L C (1991) Childhood traumas: An outline and overview American Journal of Psychiatry, 148(1), 10-20