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Background:

When economists estimate how much violence 'costs', they rarely address the longer-term mental health harms resulting from sexual violence or the combined impact of sexual and physical violence, nor have most gender-disaggregated costs. **Methods:**

We applied prevalence-based modelling techniques to estimate the annual cost of experience of violence in adulthood, in terms of reduced quality of life and health service costs. Data were drawn from multiple sources, including the general population probability sample Adult Psychiatric Morbidity Survey. Prevalence and duration estimates used weighted data. Adjusted marginal effects for limiting mental health conditions and substance dependence were estimated for experience of sexual violence, physical violence, and sexual and physical violence combined. Disability weights were applied to estimate associated reduced quality of life and relative risks applied to health service delivery costs.

Findings:

The estimated cost in 2019 of long-term reduced quality of life adults in England experienced because of violence during their adult years was £3,767 mil (€4,290 mil), with associated healthcare costs of £4,130 mil (€4703 mil). Both the costs of long-term lost quality of life and healthcare were higher in women than men. The costs associated with combined sexual and physical violence were particularly high, with an estimated 96% of these costs resulting from experiences of violence in women. Combined sexual and physical violence in women was associated with the highest cost per victim.

Conclusions:

Sexual and physical violence both have substantial and independent associations with long-term mental distress, substance dependence and treatment and service use. Violence reduction interventions have the potential to reduce health service costs and increase population level quality of life. Future costings of sexual violence should fully incorporate the long-term impacts on mental health and gender-disaggregate estimate.

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Sally McManus