



City Research Online

City, University of London Institutional Repository

Citation: Walby, S. (2004). The Cost of Domestic Violence. London: Women and Equality Unit (DTI).

This is the published version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/21681/>

Link to published version:

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

The Cost of Domestic Violence

September 2004

Professor Sylvia Walby
(University of Leeds)

Table of Contents

Foreword	7
Acknowledgements	9
Summary	10
1 Introduction	16
1.1 Why measure the cost of domestic violence?	16
1.2 What is domestic violence?	16
1.3 What are the main costs?	16
1.4 Methodology	17
2 Review of previous research	18
2.1 The cost of domestic violence	18
2.2 Which costs are included?	20
2.3 Methodologies	21
2.4 The cost of crime	21
2.5 Implications for this study	23
3 How much domestic violence?	24
3.1 Introduction	24
3.2 2001 British Crime Survey Inter-Personal Violence self-completion methods	24
3.3 What is included?	25
3.4 Estimates of number of victims of domestic violence	30
3.5 Victims and Incidents	31
3.6 Domestic violence as crime	32
3.7 Number of Comparable Crimes that are Domestic Violence	35
4 Criminal justice system	37
4.1 Criminal justice system costs	37
4.2 Data Sources on the CJS	37
4.3 Recorded Crime	38
4.4 Police Costs	39
4.5 What proportion of violent crime is domestic violence?	43
5 Health costs	45
5.1 Which health care costs?	45
5.2 Data sources	45
5.3 Estimating hospital costs	46
5.4 Estimating GP costs in relation to physical injuries	49
5.5 Total costs	53
6 Mental health	54
6.1 Why include mental health costs	54
6.2 Which mental health issues?	54
6.3 Increased medical service use	57
6.4 How many women?	57
6.5 Increased use of mental health services	57
6.6 Estimating the cost	60
6.7 Conclusions	62
7 Social services and children	64
7.1 Why include social services	64
7.2 Impact of domestic violence on children	64
7.3 Domestic Violence and Child Abuse Co-occurrence	65

7.4 Estimating the proportion of time in child abuse cases that can be attributed to domestic violence	66
7.5 Cost of care of children in need	67
7.6 Estimating the total cost	67
8 Housing	68
8.1 Why housing costs?	68
8.2 Emergency accommodation from the Local Housing Authorities	69
8.3 Definitions and legislation	69
8.4 Numbers	70
8.5 Costs	71
8.6 Potential costs	76
8.7 Total Costs	80
9 Civil legal costs	81
9.1 Why include civil legal costs?	81
9.2 What are the relevant civil legal actions?	81
9.3 Methods and main sources	82
9.4 How many legal actions and what do they cost?	83
9.5 Proportion of divorces and relationship breakdown due to domestic violence	86
9.6 Total costs	87
10 Employment	88
10.1 What employment losses?	88
10.2 Data sources	88
10.3 Costing lost output	89
11 Human and emotional costs	92
11.1 Why include human and emotional costs?	92
11.2 Methods of estimation	92
11.3 Costing human and emotional costs of domestic violence	93
12 Summation of costs	96
12.1 Introduction	96
12.2 The extent and nature of domestic violence	96
12.3 Summary of costs of domestic violence	96
12.4 Who bears the cost?	97
12.5 Further classifications of costs	98
12.6 Costs not measured or measured insufficiently	99
12.7 Children: the next generation	99
12.8 Wider social support and intervention costs	99
12.9 Mental health	99
12.10 Robustness of estimates	100
12.11 Costs and investments	100
12.12 Conclusions	100
13 Developing the estimates	101
13.1 Introduction	101
13.2 British Crime Survey estimates of how much domestic violence	101
13.3 Criminal Justice System	101
13.4 Health care	102
13.5 Social Services	103
13.6 Housing	103
13.7 Civil Legal	103
13.8 Employment	103
13.9 Human and emotional costs	104
13.10 Major review of official statistics?	104

List of tables

S.1	Summary estimates of the cost of domestic violence	12
S.2	Who bears the cost?	13
S.3	Estimate of extent of domestic violence, comparing classifications	14
2.1	Studies on the cost of domestic violence	18
2.2	Cost of violent crime from Brand and Price (2000)	23
3.1	Categories of inter-personal violence in 2001 BCS IPV, by whether included in the estimates of the cost of domestic violence	27
3.2	Estimate of number of victims of domestic violence by type of act	30
3.3	Confidence intervals of estimates of numbers of victims of domestic force	31
3.4	Frequency of inter-personal violence by type of act	31
3.5	Comparable legal categories of different kinds of domestic violence	34
3.6	Estimates of numbers of comparable crimes that are domestic violence	36
4.1	Metropolitan Police violent crime incidents by whether domestic or intimate, 1999/2000	39
4.2	Police Activity	40
4.3	Costs of police activity per type of violent crime	41
4.4	Criminal justice system costs for violence crime incidents	42
4.5	Criminal justice system costs by type of violent incident	42
4.6	Costing domestic violence in the CJS	43
4.7	Costs of domestic violence for police	44
4.8	Costs of domestic violence for CJS	44
5.1	Hospital and ambulance costs by type of crime	46
5.2	Classification of domestic violence for estimation of health costs	48
5.3	Estimated cost of domestic violence to hospital and ambulance services	49
5.4	Estimated cost of domestic violence for GP visits	51
5.5	Estimated cost of domestic violence for prescriptions	51
5.6	Estimated cost of domestic violence in travel and lost wages for visiting GP	51
5.7	Estimated cost of domestic violence for consultations with GPs prescriptions and patients travel costs	52
5.8	Estimated cost of domestic violence for consultations with GPs prescriptions and patients travel costs by gender	52
5.9	Estimated cost of domestic violence for consultations with GPs prescriptions and patients travel costs for individual victims and the state	52
5.10	Estimated total cost of health care for physical injuries due to domestic violence	53
8.1	Homeless households accepted as being unintentionally homeless and in priority due to violent relationship breakdown, 2001-2	70
8.2	Type of temporary accommodation used by households made homeless due to domestic violence and by all homeless households	71
8.3	Refuge costs	76
8.4	Estimated housing costs due to domestic violence	80
9.1	Cost of domestic violence injunctions 2001/2	84
9.2	Divorce numbers and costs	85
9.3	Cost of legally aided family proceedings 2001/2	86
9.4	Estimated civil legal costs of divorce and associated actions due to domestic violence	87
9.5	Estimated civil legal costs associated with domestic violence	87
10.1	Lost economic output estimates	89
10.2	Estimates of lost economic output due to domestic violence	91
11.1	Estimated numbers and basic costs of human and emotional impact of domestic violence	95
11.2	Estimated cost of human and emotional impact of domestic violence	95
12.1	Extent of domestic violence, comparing classifications	96
12.2	Summary of estimated cost of domestic violence, one year, England and Wales	97
12.3	Who bears the cost	98

Foreword

A fifth of all violent crime occurs in the course of, or at the end of, a long term relationship between two people. One in four women will experience this kind of violence during their adult lives. One hundred and fifty people are killed each year by a current or former partner; thousands of people turn up each year in our hospital casualty departments, and our doctors' surgeries, with injuries inflicted by a current or former partner. This has to stop.

But while the broken bones, black eyes and bruises are the most obvious signs of the damage being done by domestic violence, the repercussions of these attacks go much deeper. Victims suffer on many levels. They live in a shadow of fear and lose the freedom to carry on their lives as they would choose.

Children who witness their parents being attacked are left severely traumatised by the experience and are also at much greater risk of being abused themselves.

For many victims, escaping domestic violence means leaving their home, possessions and financial security. They have an impossible choice between freedom in poverty or staying in an abusive relationship.

The Government is acting to give victims different choices. We want to create a society where women and children can be confident that they will be offered protection and places of refuge and that the perpetrators of these crimes will be brought to justice.

The Domestic Violence Crime and Victims Bill will increase the protection, support and rights of victims and witnesses and place victims at the heart of the system. As part of the biggest legislative shake-up for 30 years, the Bill will help ensure an effective police response when victims report domestic violence, and make sure that the civil and criminal law offer the maximum protection to all victims to stop the violence recurring.

But while legislation certainly has an important part to play, it can't solve all of the problems. That's why we're also putting a number of measures in place to prevent domestic abuse from happening, to protect victims and witnesses and to provide more practical support to help victims to rebuild their lives.

We need to get the message out that domestic violence is not acceptable, that victims do have somewhere they can turn for help and that the full force of the law will be brought to bear against the perpetrators.

We have set up a free, 24 hour national help line in conjunction with Women's Aid and Refuge which offers women and children access to emergency refuge accommodation, an information service, safety planning and translation facilities. This service will be targeted at women as they are the main victims of domestic violence and the helpline will also provide a service to those calling on behalf of women experiencing domestic violence, such as friends, family or other agencies. If a man should ring asking for help he will be referred to an appropriate service for more help.

We are working across government to tackle the problem of domestic violence head on. Approximately £57 million was spent on housing-related support services for domestic violence victims through the Supporting People programme in 2003-2004. A further £56.97m has been allocated for 2004-2005. In practical terms the government spent £18.9 million supporting 273 units of new and improved refuges spaces across the country with a further £7.9 million available for further investment in both 2004/05 and 2005/06.

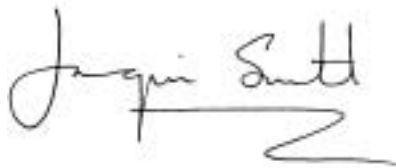


This is a great deal of money – but it pales in comparison with the true costs associated with domestic violence. Until recently, it was impossible to calculate what these social and economic costs actually were as there was a lack of relevant information and evidence.

Last year, the Women and Equality Unit commissioned Sylvia Walby of the University of Leeds to try and fill the gaps in the existing data, with staggering results. Professor Walby estimates that domestic violence is costing society the enormous sum of £23 billion a year.

Each year, the state pays £3.1 billion for the criminal justice system, the health system, social services, social housing and legal aid bills to support victims. Lost economic output is estimated at £2.7 billion, over half of which is borne by employers. And the cost in term of pain, suffering and loss of employment, housing or health amounts to an enormous £17 billion.

Professor Walby's ground-breaking research findings send out a powerful message that although domestic violence occurs behind closed doors, it is everyone's problem and we all have a part to play in eradicating it.



Jacqui Smith
Minister for Women and Equality

Acknowledgements

Several people have contributed to the development of this study. June Greenwell, Purna Sen and Jennifer Turner contributed research assistance. Sam Brand and Jamie Thorns from the Home Office Economics and Resource Analysis Unit offered expert advice. Jonathan Allen was co-author of the report on the 2001 BCS IPV, from which data on the extent and nature of domestic violence was taken. Several people made very helpful comments on the report.

Special thanks also to those who agreed to complete the BCS IPV questionnaire.

Summary

Why measure the cost of domestic violence?

Domestic violence has devastating consequences for both the individual victim and wider society. It drains the resources of public and voluntary services and of employers and causes untold pain and suffering to those who are abused. This report addresses one aspect of domestic violence, the cost, for a range of people and social institutions.

While considerations of justice and fairness provide a sufficient basis for public intervention into domestic violence, a better understanding of the full cost of domestic violence provides the basis for action within an additional policy framework, that of finance. Adding a financial dimension increases the range of ways in which policy interventions can be articulated, measured and evaluated. In particular, it may assist in addressing spending priorities. This is complementary to policy frameworks based on need and justice.

How is it done?

The methodology is based on the Home Office framework for costing crime (Home Office Research Study 217, Brand and Price, 2000), and develops this so as to include the specific costs related to domestic violence (derived from a review of the international literature).

Information on the extent of domestic violence is taken from various sources, including the 2001 Home Office British Crime Survey self-completion module on Inter-Personal Violence (BCS IPV) (Walby and Allen 2004). This includes not only physical domestic violence, but also rape, sexual assault and stalking by intimates.

Information on the costs (e.g. services) is derived from the Home Office study, the BCS IPV, or identified from reports by services on their own expenditure, or from other recent research.

Information on the actual level of service use is gathered from reports by service providers and the BCS IPV.

What domestic violence is included?

Domestic violence includes not only physical force, but also sexual violence and threats that cause fear alarm and distress, including stalking.

The Home Office defines domestic violence as: 'Any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional and financial abuse' (Home Office 2003: 6). While most of the violence reported here is carried out in the home shared with the abuser, some is carried out later after the end of a relationship.

This report includes domestic violence against both women and men. It does not include violence from family members who are not intimates.

What costs are included?

There are three major types of costs:

1. Services, largely funded by government:
 - Criminal Justice System
 - Health Care
 - Social Services
 - Housing
 - Civil legal
2. Economic output losses, sustained by employers and employees;
3. Human and emotional costs, borne by the individual victim.

Both men and women are included in the estimates.

The costs are for one year for England and Wales, centred on 2001.

Criminal Justice System

The cost of domestic violence to the criminal justice system (CJS) is around £1 billion a year. This is nearly one-quarter of the CJS budget for violent crime. The largest single component is that of the police. Other components include: prosecution, courts, probation, prison, and legal aid.

Health Care

The cost to the NHS for physical injuries is around £1.2 billion. This includes GPs and hospitals. Physical injuries account for most of the NHS costs, however, there is an important element of mental health care, estimated at an additional £176 million.

Social Services

The cost is nearly a £.25 billion. This is overwhelmingly for children rather than for adults, especially those caught up in the co-occurrence of domestic violence and child abuse.

Housing

Expenditure on emergency housing includes costs to Local Housing Authorities (and other social landlords) for housing those homeless because of domestic violence; housing benefit for such emergency housing; and, importantly, refuges. This amounts to £.16 billion.

Civil Legal

Civil legal services cost over £.3 billion, about half of which is borne by legal aid and half by the individual. This includes both specialist legal actions such as injunctions to restrain or expel a violent partner, as well as actions consequent on the disentangling of marriages and relationships such as divorce and child custody.

Economic Output

Lost economic output accounts for around £2.7 billion. This is the cost of time off work due to injuries. It is estimated that around half of the costs of such sickness absences is borne by the employer and half by the individual in lost wages.

Human and Emotional

Domestic violence leads to pain and suffering that is not counted in the cost of services. It has become usual to include an estimate for human and emotional costs this in order that this impact is not ignored in public policy. This is practice in the Home Office (for crime) and the Department for Transport (to estimate the cost of road traffic accidents and hence

cost-benefit analysis of road improvement schemes). The methodology to estimate these costs is based on the public's 'willingness-to-pay' to avoid such trauma. Costed in the same way as the DfT and HO, this amounts to over £17 billion.

Service Use

The level of service use is higher among those who are more heavily abused, that is, those who suffer more frequent acts, more severe acts and more serious injuries. This is an important part of the gender asymmetry in service use and costs, since on each dimension of severity of abuse, women are more heavily abused than men.

Summary

Domestic violence costs the state around £3.1 billion and employers around £1.3 billion. The cost of the human and emotional suffering is estimated to be around £17 billion. The total cost is estimated at around £23 billion.

Table S.1 Summary estimates of the cost of domestic violence

Type of cost	£billions
Cost	
Criminal Justice System	1.017
Of which police	(.49)
Health care	1.396
Of which physical	(1.22)
Of which mental health	(.176)
Social services	.228
Emergency housing	.158
Civil legal	.312
All services	3.111
Economic output	2.672
Sub-total	5,783
Human and emotional	17.086
Total	22.869

Note: Costs are estimated for one year for England and Wales and are centred on 2001.

Table S.2: Who bears the cost?

Type of cost	State	Individual victim	Employers	£billions Total cost
Criminal Justice System	1,017			1,017
Health care Physical	1,206	15		1,220
Mental health	176			176
Social services	228			228
Housing and refuges	130	28		158
Civil legal costs	159	152		312
All services	2,916	195		3,111
Employment		1,336	1,336	2,672
Sub-total	2,916	1,531	1,336	5,783
Human costs		17.082		17.086
Total	2,916	18,613	1,336	22.869

Note: Costs are estimated for one year for England and Wales and are centred on 2001.

Methodology

The estimates of the extent and nature of domestic violence are derived from four sources: the 2001 British Crime Survey self-completion module on Inter-Personal Violence (BCS IPV) (Walby and Allen 2004); the Criminal Statistics for homicides; reports from agencies; and a review of previous research.

2001 British Crime Survey, Inter-Personal Violence self-completion module

The British Crime Survey (BCS) is a national sample survey of around 40,000 people carried out for the Home Office each year, which asks people what crimes have been committed against them. While most of the questions in this survey are asked by the interviewer in a standard face-to-face format, the questions about domestic violence, sexual assault and stalking are answered by the respondent reading the questions from a computer screen and entering their responses directly into the laptop computer. This method substantially increases the confidentiality of the process and results in disclosure of domestic violence by approximately five times as more people as is the case in the face-to-face part of the survey.

The findings from this survey are the most robust and reliable estimates of domestic violence in Britain. The amount of domestic violence found by this BCS self-completion methodology is considerably higher than that used in the BCS face-to-face section of the survey. It is accepted by the Home Office that the estimates of domestic violence in the face-to-face part of the BCS represent only a proportion of the actual number of incidents. This is partly because people are less inclined to report such sensitive events during face-to-face questioning than in the more confidential self-completion method. It is also because there is a limit of six 'victim forms' (so that no more than six events can be recorded) and the fact that if an event is defined as a series, a maximum of five incidents is counted. The prevalence rates are unaffected by these restrictions on the number of victim forms, but they are affected by the face-to-face rather than self-completion methodology.

Table S.3 shows the number of victims and incidents of different kinds of

domestic violence. These categories of domestic violence are linked to the most comparable crime category, since most acts of domestic violence are crimes. The estimate number of victims is usually rounded to the nearest thousand.

Table S.3: Estimate of extent of domestic violence, comparing classifications

Comparable crime category	Domestic violence type	DfT severity	Number of female victims	Number of male victims	Number of victims
Homicide	Domestic homicide	Fatal	102	23	125
Serious wounding	choked or strangled	Serious	65,000	6,000	71,000
Serious wounding	used a weapon	Serious	13,000	11,000	24,000
Rape and assault by penetration	Rape and assault by penetration	Serious	37,000		37,000
(Of which rape)	(Of which rape)	Serious	28,000		28,000
Other wounding	kicked, bit, hit with fist	Slight	205,000	177,000	382,000
Other wounding	Threatened to kill		82,000	13,000	95,000
Other wounding	Threatened with weapon		36,000	16,000	52,000
Common assault	pushed, held down, slapped		410,000	174,000	584,000
Other wounding	Stalking		446,000	71,000	517,000
Sexual assault	Non-penetrative sexual assault		26,000		26,000

Source: 2001 British Crime Survey self-completion module on Inter-Personal Violence (Walby and Allen 2004) (some figures are calculated from data in Walby and Allen (2004) rather than taken directly from this report); homicide figures are from the Criminal Statistics (since homicide cannot be self-reported).

Note: No estimates are available for men for sexual assault because the numbers are too small for reliable analysis.

Costing

The methodology used to calculate these estimates follows and develops that used by the Home Office to estimate the economic and social costs of crime, as presented in Brand and Price (2000). These estimates of the cost of crime include the costs of the criminal justice system, the health care system, volunteers, lost economic output and the human and emotional costs. In turn, this research builds on the programme of research in the Department for Transport to estimate the full cost of injuries sustained in road traffic accidents, which provides the basic estimates for health care, lost economic output and human costs in the HO research as well as in this report. This report builds on these estimates and methodologies by including some of the additional costs that are the result of domestic violence. It draws on the experience of domestic violence researchers around the world who have started to estimate the extent of the impact and cost implications of domestic violence. These additional cost elements include mental health costs, emergency housing and refuges, social services, and civil legal costs.

The estimates of costs are generally rounded to the nearest thousand, except where there is an estimated cost per incident or where more precise figures are available from administrative records.

Robustness and development of estimates

Wherever there was any doubt or choice, the more conservative assumptions were used in the preparation of these estimates. There are some costs of domestic violence for which there was insufficient data to enable reliable estimates to be made and some others where only token sums were included. These include: the long term cost implications in relation to children as the next generation; informal support from friends, family, volunteers and the wider society; and mental health, where only a limited range of costs was included.

The report concludes with a review of the data needed in order to improve the estimates of the cost of domestic violence and to monitor the impact of policy development more effectively.

1 Introduction

1.1 Why measure the cost of domestic violence?

Domestic violence has devastating consequences. There are consequences both for the individual victim and wider society. This report addresses the total cost of domestic violence, including those for a range of people and social institutions. Domestic violence drains the resources of public and voluntary services and of employers and causes untold pain and suffering to those who are abused.

Grounds of justice and fairness provide a sufficient basis for public intervention into domestic violence. The costing of domestic violence in this report is additional to and complementary with such a basis for action. The cost of domestic violence establishes even more firmly the enormous burden that it places on both victims and the wider society. The presentation of the issue as a cost facilitates the mainstreaming of policy to reduce and eradicate domestic violence into mainline policy analysis and priorities.

The demonstration of the scale of the impact of domestic violence on society by estimating its cost may enable a wider range of both policy-makers and the general public to understand the extent of the problem and the potential gains to all that could result from the reduction and elimination of domestic violence. This is consistent with the move towards evidence based policy making, and the development of transparent, comparable measures of the costs and benefits that flow from policy action and inaction. It shows the cost of inaction.

1.2 What is domestic violence?

Domestic violence is not restricted to physical force, but also includes sexual assaults and frightening threats that often amount to a pattern of coercive control. It is violence committed by an intimate, that is, a current or former husband or wife, partner or girl/boyfriend. Some definitions of domestic violence include acts from any member of the family, but the definition in this report follows Home Office practice in restricting it to intimates. The Home Office defines domestic violence as: 'Any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional and financial abuse' (Home Office 2003: 6).

1.3 What are the main costs?

There are three main types of cost. First, there is the use of services, often public services. In this report this includes the criminal justice system (including the police), the health care system (including mental health), social services, housing and refuges, and civil legal services. Second, there is lost economic output as a result of the disruption of employment. This is a cost that is borne by both employers and the victim themselves. Third, there is the human cost of pain and suffering. This is included, following Home Office practice, so as not to diminish the importance of this aspect of domestic violence.

1.4 Methodology

Three key types of information are needed in order to cost domestic violence. First, the extent and nature of domestic violence, including both the number of victims and the number of incidents needs to be discovered. Second, there must be a measure of the extent and nature of the impact of domestic violence on victim's lives and society as a whole, including the extent to which it leads to use of services, disrupts employment and causes pain and suffering. The third element is the cost of the provision of services, of lost economic output and the public's willingness-to-pay to avoid the human costs of pain and suffering.

The extent of domestic violence

Information on the extent of domestic violence is discovered from several sources. First, the 2001 British Crime Survey self-completion module on Inter-Personal Violence provides data on the number of victims and incidents, the extent of injuries and some information on the use of services. Details are provided in chapter 3. Second, reports from agencies are important in discovering the extent to which domestic violence led to use of their services. Third, evidence from previous research is used when there are gaps in these data sources.

The impact and cost of domestic violence

The process of estimation of the cost of domestic violence requires investigating the impact of domestic violence both on victims themselves and on a range of social institutions. It requires knowing how badly people are injured, both physically and mentally, and just how badly their lives and the lives of those dependent on them are disrupted as a consequence.

These harms are potentially addressed by a large number of social agencies and institutions, which need to be identified. Here the literature on the cost of domestic violence indicates that a more diverse range of institutions is relevant than does the crime cost literature. In this study the criminal justice system, health care system, social services, housing and refuges, and civil legal services were identified as key. Within each domain a number of specific institutions were identified for more detailed investigation.

However, since people do not always seek help, it is also necessary to find out the extent to which they do use potential services. Information on this was derived from three sources: from respondents to the BCS IPV; from reports of service providers; from previous studies about service use in comparable cases. This area proved complex. The level of service use reported to the BCS IPV was so low that this was helpful for only a few major services. The service providers themselves collect little data on a routine basis on the extent to which their services are used as a consequence of domestic violence. Hence important sources of data for this stage of the project included ad hoc instances of data collection, specialist studies of service use, and research on the extent of service use for injuries from events other than domestic violence.

In particular, the project drew, as do the Home Office estimates of the cost of crime, on research by the Department for Transport on the implications of different types of physical injuries sustained in road traffic accidents. These provide estimates of the use and cost of medical services, of lost employment and economic output, and of the public's willingness-to-pay to avoid such pain and suffering.

2 Review of previous research

Introduction

There are two main bodies of literature relevant to this study: first, those that have costed domestic violence; second, those that have costed crime.

2.1 The cost of domestic violence

There have been several attempts to cost domestic violence in Australia, Canada, Chile, the Netherlands, Nicaragua, Spain, Switzerland, the US and the UK. There have also been overviews and evaluations of this research (Heise et al 1994; Laing and Bobic 2002; Laurence and Spalter-Roth 1996; Yodanis, Godenzi and Stanko 2000). Laing and Bobic (2002) provide the most comprehensive overview of such studies. Key studies are summarised in Table 2.1.

Table 2.1 Studies on the cost of domestic violence

Author, date and country	Costs included	Source of evidence
Roberts 1988 Queensland, Australia	Police Legal Benefits Emotional Health Support Productivity lost	Retrospective case studies with 20 women reached through refuges and support agencies. Unit cost data from services. Incidence from surveys.
NSW Women's Unit 1991 New South Wales, Australia	1. doctors, counsellors, psychiatrists, hospital, medication; income foregone; 2. accommodation legal (incl. divorce) medical income foregone 1&2: government: medical child welfare housing income support law enforcement. also employer costs.	Government and service agency data. Police call out rates. Number of times women visited services. Three groups of abused women identified: 1: women who have not disclosed; 2: acknowledged victims; 3. past violence (costs not calculated).
Blumel et al 1993 Queensland, Australia	Medical and hospital Legal Counselling Lost income Perpetrator programmes	Retrospective case studies with 10 domestic violence, 20 sexual assault and 20 rape victims recruited through support agencies. Information from agencies about costs. Subject's weekly wage and number of weeks lost work
KPMG 1994 Tasmania, Australia	Services Income support Housing (Damage to property) children Employment effects.	Retrospective case studies with 40 women recruited through support services provided information about number and frequency of visits to services. Information about service costs from services.

Author, date and country	Costs included	Source of evidence
Snively 1994 New Zealand	Medical care Social welfare and assistance Legal and criminal justice Employment	Uses NSW model to design 3 scenarios over 3 prevalence rates. Data collected from service providers and government departments.
Day 1995 Canada	Health costs	Costs of medical consultations and short and long-term psychiatric care.
Greaves, Hankivsky and Kingston-Riechers 1995 Canada	Health/medicine Criminal justice Services/education Labour/employment	Derived from surveys, government statistics, case studies.
Kerr and McLean 1996 Canada	Income support Policing Corrections Criminal injury compensation Victim support Counselling Aboriginal programmes Mental and drug care Sexual and women assault centres Loss of paid and unpaid work time Children's programmes Treatment programmes for perpetrators	Literature. Consultations with experts. Budgetary data. Estimating % of police time. Work loss based on VAW survey.
KPMG 1996 Northern Territory, Australia	Services Police Housing Medical Childcare Counselling Support Income support	Retrospective case studies with 32 women recruited through support services and newspapers provided information about number and frequency of visits to services. Information about service costs from services.
Miller, Cohen and Wiersema 1996 USA	Property damage Hospital and physicians Non-hospitalisation injury Mental health care Police and fire services Productivity loss Pain and suffering	Various surveys and local studies. Intangibles based on jury awards to crime victims.
Korf, Meulenbeck, Mot and van den Brandt 1997 Netherlands	Police and justice Medical Psychosocial care Labour Social security	
Stanko, Crisp, Hale and Lucraft 1998 Hackney, London, UK	Social services Civil justice Police Housing Refuge Health	Data collected from service providers, record searches, surveys, and composite case studies.
Godenzi and Yodanis 1999 Switzerland	Medical treatment Police and justice Support, shelters and counselling	Derived from various surveys.

Author, date and country	Costs included	Source of evidence
Morrison and Orlando 1999 Chile and Nicaragua	Employment Health services Children's educational achievement	Survey asked about these issues.
Henderson 2000 Brisbane City Council Australia	Staff turnover Absenteeism Diminished work performance Tax share of relevant public sector costs	Data derived from relevant surveys.
Rudman and Davey 2000 USA	Inpatient medical treatment, including mental disorder, trauma, pregnancy complications	Data from 1994 Health Care Cost Utilization project from 904 hospitals.
National Center for Injury Prevention and Control 2003 USA	Medical services (including mental health), lost economic output.	Prevalence and health care use from National Violence against Women Surveys.
Institute for Women of Andalusia 2003 Spain	Social (pain and suffering), health, judicial, children, employment.	Data from survey on violence against women; and studies of pathways of service use of 300 women.

The only existing UK study is that by Stanko et al (1998). This estimated the cost of domestic violence against women in the London Borough of Hackney for key public services. These included the police (though not the wider cost of the criminal justice system), civil justice, housing and refuges, social services and health (GPs, accident and emergency, health visitors, but not hospitalisation or medicines). The estimates of the number of women suffering domestic violence were obtained either from previous studies or derived from carrying out their own local surveys. For example, they conducted a small scale survey of GP surgeries and produced an estimate that one in nine women attending a GP surgery in Hackney was experiencing domestic violence. They estimated that the selected costs they investigated amounted to £5,130,000 for Hackney, and if this were extended to included other services it would amount to £7.5 million in 1996, amounting to £37.50 per resident.

The Home Office drew on this study when addressing the cost of domestic violence in the Regulatory Impact Assessment published alongside the Domestic Violence Bill 2003. They estimated that grossed to the UK, that domestic violence costed the public purse £2.25 billion. Further they suggested that if the cost of emotional trauma and lost productivity were to be included this would amount to at least £4.5 billion, or roughly 0.5% of GDP.

2.2 Which costs are included?

The studies range from very focused analyses of specific types of costs such as health (Day 1995; Rudman and Davey 2000), business costs (Henderson 2000), health care and economic output (National Center for Injury Prevention and Control 2003), to wider analysis of selected public services (Stanko et al 1998), public and voluntary services (Godenzi and Yodanis 1998), services and impact on the woman's employment (Greaves et al 1995; New South Wales 1991; Roberts 1988; KPMG 1994, 1996; Blumel et al 1993; Korf et al 1997; Snively 1994, 1995; Kerr and McLean 1996; Morrison and Orlando 1999), and services, employment and pain and suffering (Miller, Cohen and Wiersema 1996; Institute for Women of Andalusia 2003).

In summary the majority of the costs are in the following areas:

- Legal – especially the criminal justice system but also civil legal systems;
- Health – physical and mental;
- Social services;
- Housing;
- Refuges;
- Employment – income foregone, lower productivity, fewer taxes paid;
- Human cost of pain and suffering.

A value for the human cost of pain and suffering has only recently been included in studies (Miller, Cohen and Wiersema 1996; Institute for Women of Andalusia 2003). None of the dedicated domestic violence studies included men, though they are included by Miller et al (1996), who included domestic violence and rape alongside a range of other crimes.

All of these areas are investigated in this study. Thus this report includes costs additional to those considered by Stanko et al (1998), which were the basis of the RIA for the Domestic Violence Bill. It builds on and develops previous research in this field.

2.3 Methodologies

There are three main elements to the methodologies used to cost domestic violence:

1. All studies use some kind of survey in order to obtain the information about prevalence and incidence of domestic violence, often a national random sample survey of violence against women (e.g. Miller et al 1996; Institute for Women of Andalusia 2003), sometimes smaller more localised surveys (e.g. Stanko et al 1998).
2. All studies use some data from service providers as to the overall costs of these services.
3. All studies gather information as to how many women access which services how frequently as a consequence of domestic violence, but this is obtained in three different ways.
 - First, some gain this information from surveys such as surveys of violence against women that asked about service use (e.g. Greaves et al 1995).
 - Second, some are able to gain data from service providers, either by request or by investigation, which identifies the extent to which this service use is a consequence of domestic violence (e.g. Stanko et al 1998).
 - Third, some carry out retrospective case study interviews with women who have suffered domestic violence in order to ascertain from them how many times they accessed which services (Roberts 1988; KPMG 1994, 1996; Blumel et al 1993; Institute for Women of Andalusia 2003).

In this report all these methods are used with the exception of the retrospective case study interviews.

2.4 The cost of crime

Among the pioneers in measuring the costs of crime are Miller and Cohen of the US, notably in the report from the US National Institute of Justice (1996), based on Miller, Cohen and Wiersema (1996), as part of a series of outputs (Cohen and Miller 1998; Cohen, Miller and Rossman (1994), though there are other studies including, in Australia, Walker (1997).

Cohen, Miller and Rossman (1994) suggest that the following should be included when estimating the cost crime to victims:

- direct property losses;
- medical and mental health care;
- victim services;
- lost workdays;
- lost housework;
- pain and suffering/quality of life;
- loss of affection/enjoyment;
- death;
- legal costs associated with tort claims;
- long-term consequences of victimization.

This series of studies by Cohen and Miller are focused on the cost of crime to victims, and thus do not include the cost of public services, such as the criminal justice system, other than initial police costs. Miller, Cohen and Wiersema (1996) estimate that the cost of domestic violence to victims in the US is \$67 billion a year, and rape a further \$127 billion.

In the UK Home Office, the study by Brand and Price (2000) build on and develop this research in a manner appropriate for the UK context, including costs to employers, the state and society, not only those to the individual victim. They note that the costing of domestic violence and rape are in need of further development. They suggest that the costs of violent crime can be categorised under the following headings:

- Security expenditure
- Emotional and physical impact on victims
- Lost output
- Victim services
- Health services
- Criminal justice system, including the police

Brand and Price distinguish between the following categories of violent crime:

- Homicide
- Serious wounding
- Other wounding
- Common assault
- Sexual offences
- Robbery/mugging

Table 2.2 notes the component and total costs of these violent crimes calculated by Brand and Price (2000: viii). These categories contain much of the violent crime that may be described as domestic violence. However, they also contain other crimes that are not domestic violence.

Table 2.2 Cost of violent crime from Brand and Price (2000)

	Cost in £ per incident				
	Homicide	Serious wounding	Number of female victims	Number of male victims	Number of victims
Security expenditure		10	0	0	2
Emotional impact	700,000	97,000	120	240	12,000
Lost output	370,000	14,000	400	20	2,000
Victim services	4,700	6	6	6	20
Health services	630	8,500	200	-	1,200
Criminal justice	22,000	13,000	1,300	270	3,900
Average cost	1,100,000	130,000	2,000	540	19,000
Number of incidents ('000s)	1.1	110	780	3,200	130
Total cost £billion	1.2	14.1	1.5	1.7	2.5

Source: Brand and Price (2000).

The total cost of all crimes is estimated by Brand and Price at £59.9 billion. The cost of violent crimes is estimated at £21 billion. This includes £1.1 billion for homicide, £15.6 billion for wounding, £1.7 billion for common assault, and £2.5 billion for sexual offences. Of the £32.2 billion for crimes against individuals and households, £17 billion or 53% was for human and emotional costs, while 18% was for the criminal justice system.

2.5 Implications for this study

This study draws on both the domestic violence and crime literatures. It uses the longer list of relevant costs found in the domestic violence literature and includes the human cost of pain and suffering more usually found in the crime studies. In practice this means that the 'victim' services noted by the Home Office, are expanded into a more diverse set of services additional to that of health care, including housing, refuges, social services and civil legal costs, because of their relevance to the specific costs of domestic violence. The cost of human pain and suffering pioneered in crime studies is included here. The cost for men as well as women is included, uniquely for a dedicated study of domestic violence.

3 How much domestic violence?

3.1 Introduction

It is necessary to estimate both the extent of domestic violence and its impact in order to estimate its cost. The cost of domestic violence depends not only on the number of victims and incidents but also on the extent to which services are used. Three sources of data are used. First, there is data from the Home Office 2001 British Crime Survey self-completion module on Inter-Personal Violence (Walby and Allen 2004). They are used especially for the estimates concerning health care, employment and human and emotional costs. Second, data and reports about and from service providers are used. These are the basis of estimates concerning the criminal justice system, social services, housing and refuges, and civil legal services. Third, additional information from previous research is used where appropriate.

The definition of domestic violence includes not only physical violence, but also sexual assaults and stalking. The estimates are restricted to actions by intimates (or former intimates), that is, spouses, partners, or girl/boyfriends, in keeping with the Home Office definition. This is narrower than that used by the police, which additionally includes other family members.

The estimates of the cost of domestic violence use the methodology developed by the Home Office, which uses crime categories. Thus this chapter will translate between categories of domestic violence and crime.

3.2 2001 British Crime Survey Inter-Personal Violence self-completion methods

The best method of obtaining estimates of the extent of domestic violence is by a survey of the general population. Estimates based on information about the use of services are likely to be serious under-estimates of the extent of domestic violence because many survivors do not use services. Key estimates in this report are drawn from the 2001 British Crime Survey self-completion module on Inter-Personal Violence (2001 BCS IPV) (Walby and Allen 2004). Domestic violence is one component of inter-personal violence, indeed the largest.

The questions about domestic violence were answered directly by the respondent into the computer, in order to provide greater confidentiality. These followed the main part of the BCS survey, which is conducted face-to-face with the interviewer entering the respondent's answers into a laptop computer. When the main phase is complete, the interviewer turns the computer around to the respondent. The respondent reads questions from the screen and answers them by selecting one of a number of offered choices using the cursor key and then pressing the enter key, which is marked with a red sticker.

The data on domestic violence in the self-completion module on inter-personal violence in the 2001 BCS is the most reliable source of data on this subject in England and Wales. The self-completion module is more reliable than the data collected via face-to face interviewing in the main BCS, particularly because a more confidential method is used. While most of the questions are asked face-to-face by an interviewer in a person's home and recorded by the interviewer directly onto a computer, for the section on Inter-Personal Violence the respondent answers the data directly into the computer themselves, so no one else in the room need be aware of the

answers they are giving. This eliminates the potentially distressing, awkward and maybe embarrassing reporting of events, which a person may have kept private, to a stranger or indeed to other members of their household who might be present in the room. It is estimated that approximately five times as many people report domestic violence in the self-completion module than in the face-to-face section of the BCS (Walby and Allen 2004).

The British Crime Survey is now conducted on an annual basis by the Home Office, with the assistance of a commercial survey organisation. It now has an overall sample size of approximately 40,000. The sample design is intended to provide, after appropriate weighting, a representative sample of the population aged 16 or over living in private households in England and Wales. The sample of addresses is derived from the Small Users Postcode Address File using a stratified multi-stage random probability design. In households where there is more than one adult, one is randomly selected. Interviews relating to the data reported here took place during 2001. In the IPV module, when respondents were asked about their experiences in the 12 months prior to interview, the midpoint of victimisation was approximately the beginning of the calendar year of 2001. This means that the findings are only approximately for 2001. Respondents were asked about their experiences in the 12 months prior to interview, as well as about experiences since they were 16 and, for sexual assaults and stalking, ever. While the BCS includes respondents aged 16 and over, the self-completion module on inter-personal violence was only asked of those aged between 16 and 59 because the increasing need for interviewer assistance associated with older age has detrimental consequences on the estimates. The response rate of the whole 2001 issued core sample was 73.1 per cent and within this for the self-completion module 90.1 per cent. The overall response rate for the self-completion was 66 per cent. This means that questions on domestic violence were answered by 22,463 people. The questions on inter-personal violence were addressed to men as well as to women.

The estimates are affected by several possible sources of error, which are addressed in a variety of ways¹. As in all surveys where only a sample of the population is questioned, the estimates will be subject to a number of sources of sampling errors. For instance, it is known that certain groups are less likely to agree to be interviewed than others. In order to address this, an adjustment is made by weighting the interviewed sample in order to bring it into line with the proportions of different types of people known (from other sources) to exist in the population. Further, the BCS does not report findings based on very small numbers owing to the possibility of sampling error. This has had some implications for the present study.

Further details of the methodology can be found in the main report on the 2001 BCS IPV (Walby and Allen 2004) and in the technical report on the 2001 BCS (Bolling et al 2002). The questionnaire used in the 2001 BCS IPV can be found in Bolling et al (2002).

¹ 'It is possible that the exclusion of individuals not living in private households might affect some findings since some of the most recently and heavily abused population may be more likely to be living in refuges, hostels or other temporary accommodation, be staying with friends or be homeless. However, the number of people in these situations is probably too small to significantly affect the prevalence rates, ... nevertheless, it is possible that it might affect the profile of 'last year' victims'. 'Some aspects of the methodology that may have implications for the reported prevalence rates and profile of the victims. These include the use of the settled domestic household as the key unit in the sampling frame; the extent to which respondents are assisted in the completion of the questionnaires; the gender of the interviewer; and the presence of other members of the household in the room. There have been doubts expressed over the extent to which people would report events that they did not think of as crimes within the framework of a crime survey. While it is not possible to be definitive on this issue, it is worth noting that many events were reported that the respondents did not think were crimes. It is possible, given the sensitive nature of the questions, that not all events of inter-personal violence were reported to a computer brought by a stranger to their home, especially those that were longer ago that may additionally be affected by less than full memory recall.'

Further effects on responses were associated with the presence of another person in the room at the time of the interview and the sex of the interviewer.

(Walby and Allen 2004: Appendix A).

3.3 What is included?

There are three components to domestic violence in the 2001 BCS IPV: non-sexual domestic violence; sexual assault; and stalking. The first element falls completely within the category of domestic violence. For the latter two elements data was collected on a range of perpetrators, so it is necessary to distinguish those incidents that were domestic from those that were not.

While the BCS IPV did ask questions about sexual orientation, these were answered by such a small number of respondents that no reliable analysis of this dimension is possible using this data set.

Non-sexual domestic violence itself falls into three categories: abuse, including financial and emotional abuse; threats; and force. While financial and emotional abuse is within the HO definition of domestic violence and can constitute major detriments to the quality of life, it is not possible to estimate the costs associated with this. Data was collected on three types of threat: death threats, threats to use weapons, and stalking. It is hard to estimate the costs that are associated with many forms of threats. Most of these cost estimates concern physical and sexual force.

The costs of sexual assault are included only when the perpetrator was an intimate (or former intimate), that is, it is a form of domestic violence. The 2001 BCS IPV made a series of distinctions between different forms of sexual assault. Among the more serious forms of sexual assault it is possible to identify assaults consistent with the legal definition of rape as introduced in 1994 (penetration of the vagina or anus by penis without consent), the wider legal definition of rape adopted in 2003 in the Sexual Offences Act (additionally including the penetration of the mouth by penis), and the new category of assault by penetration also adopted in 2003 (penetration of vagina or anus by other body parts or by objects). Among the less serious forms of sexual assault, distinctions are made between unwanted sexual touching that caused fear, alarm or distress (formerly indecent assault), flashing (rarely carried out by an intimate so not included in the estimates), and sexually threatening behaviour that caused fear, alarm or distress (only a crime under limited circumstances so not included in the estimates).

The costs of stalking are included only in with those instances where the perpetrator was an intimate (or former intimate). Stalking is defined as a series of events that are intended to cause fear alarm or distress and thus constitute a course of harassment. Respondents were asked about three forms of such behaviour: obscene or threatening phone calls, letters or other material; loitering outside their home or workplace; damaging property.

Table 3.1 summarises the categories of inter-personal violence and identifies those that are included in this study of the costs of domestic violence.

Table 3.1 Categories of inter-personal violence in 2001 BCS IPV, by whether included in the estimates of the cost of domestic violence

Categories of inter-personal violence in 2001 BCS IPV	Included	Included only occasionally
<i>Domestic abuse:</i>		
Prevented you from having your fair share of the household money		•
Prevented you from seeing friends or relatives		•
<i>Domestic threat:</i>		
Frightened you, by threatening to hurt you or someone close to you		•
<i>Domestic force – minor:</i>		
Pushed you, held or pinned you down or slapped you	•	
<i>Domestic force – severe:</i>		
Kicked you, bit you, or hit you with a fist or something else, or threw something at you that hurt you	•	
Choked or tried to strangle you	•	
Threatened you with a weapon, such as a stick or a knife	•	
Threatened to kill you	•	
Used a weapon against you e.g. a knife	•	
Other (non-sexual) domestic violence		
Used some other kind of force against you (not included in sub-categories of minor or severe)	•	
<i>Sexual assault (by intimate or former intimate only)</i>		
Rape (1994 definition)	•	
Other forms of serious sexual assault involving penetration of the body	•	
Unwanted sexual touching that caused fear alarm or distress	•	
Sexually threatening behaviour that caused fear alarm or distress		•
Flashing		•
Stalking (by intimate or former intimate only):	•	
A course of conduct of two or more of: obscene or threatening phone calls or letters or other material; loitering outside home or place of work; damaging property.		

Source: list of items derived from Walby and Allen (2004).

Domestic violence is often a repeat offence; indeed its nature is often that of a course of conduct, rather than an isolated incident. It is often a pattern of coercive control, and incidents may have a cumulative effect beyond that of individual incidents. Nevertheless, each incident is of consequence. Some of the ways in which costs are identified focus on the number of victims, while others focus on the number of incidents. Each will be used at different points in the report according to context. The prevalence rate is concerned with the percentage of people who have suffered domestic violence, while incidence concerns the number of incidents. This means that the number of incidents will be greater than the number of victims.

The costs of domestic violence are estimated for one year. Thus, while the 2001 BCS IPV collected data on the extent of domestic violence since age 16, the concern in this report is on the extent of domestic violence in just one year, the year previous to interview.

Domestic non-sexual force

Domestic violence includes both non-sexual and sexual forms. Sexual forms of domestic violence, that is sexual assault, rape and stalking, are considered below. Non-sexual domestic violence includes abuse and threats as well as physical contact. The section below thus refers to a sub-set of domestic violence, both minor and severe domestic force, the major forms of which are listed below:

Non-sexual domestic force

Pushed you, held or pinned you down or slapped you;
Kicked you, bit you, or hit you with a fist or something else, or threw something at you that hurt you;
Choked or tried to strangle you;
Used a weapon against you e.g. a knife;
Threatened to kill you;
Threatened you with a weapon, such as a stick or a knife.

The BCS estimates that 3.4 per cent of women and 2.2 per cent of men experienced non-sexual domestic violence at this level, in the last year. Within this, 2.6% of women and 1.1% of men suffered 'minor' force and 1.6% of women and 1.2% of men 'severe force'. The average (mean) number of incidents of minor domestic force against any one victim in the last year was 10 for women and 6 for men, while that for severe force it was 18 for women and 6 for men. This means that women are much more likely to be subject to multiple attacks than men. The medians were lower at 2 for minor and 4 for severe force for women and 1 for minor and 2 for severe force for men, indicating that a smaller number of cases had very high numbers of incidents. The number who suffered non-sexual domestic force was 867,000 (529,000 women and 338,000 men), within which 584,000 (410,000 women, 174,000 men) suffered minor force and 428,000 (242,000 women, 186,000 men) who suffered severe force (some experiencing both).

Estimates of the number of incidents of particular types of severe violence were obtained by applying the proportion of victims of each type of violence to the total number of incidents. Thus the total number of incidents of domestic force was 10,520,000 (8,280,000 against women, 2,240,000 against men) within which were 5,040,000 incidents were of minor force (3,970,000 against women, 1,070,000 against men) and 5,470,000 of severe force (4,300,000 against women, 1,170,000 against men).

Other non-sexual domestic violence: abuse and threats

The BCS estimates that 852,000 (456,000 women, 396,000 men) or 2.9 per cent of women and 2.6% of men were subject to domestic abuse in that 335,000 (232,000 women, 103,000 men) (1.5 per cent of women, 0.7% of men) were 'prevented from having their fair share of the household income', and that 628,000 (311,000 women, 317,000 men) were 'stopped from seeing their friends or relatives'. Further, 337,000 (310,000 women, 27,000 men) (2% of women, 0.2% of men) were subject to frightening threats, that is an intimate 'frightened you by threatening to hurt you or someone close to you'.

Sexual assault

The BCS estimates that 0.3 per cent of women were raped in the last year (using the legal definition revised in 2003), while the wider category of penetrative sexual assault (including rape) occurred to 0.5%. This means that 52,000 women were raped, included within the 79,000 women who suffered penetrative sexual assault. These figures follow the Home Office Recorded Crime Guidelines in including attempts at crimes within the count for those crimes, so this includes attempted as well as completed rape. The average (mean) number of incidents of rape and other forms of penetrative sexual

assault was two. These numbers are based on a small number of victims and therefore results should be treated with caution.

A proportion of these rapes and assaults by penetration were committed by intimates. The estimate of the percentage of serious sexual assaults that were committed by intimates is derived from the analysis of the worst incident committed since the victim was 16. Around half of such acts since the respondent was 16 were committed by intimates (or former intimates), 54 per cent in the case of rape and 47 per cent in the wider category of serious penetrative sexual assault. There are two assumptions here: first, that the perpetrator of the worst incident is typical of the perpetrator of all incidents, and second that the perpetrator of the worst incident since 16 is typical of the perpetrator last year. The proportion used here is similar to that reported for the last year (rather than since age 16) and for the most recent incident (rather than worst incident) derived from the summation of responses for BCS surveys in 1998 and 2000, which found that 56% of rapists were intimates, that is, 45% were current partners and 11% ex-partners (Myhill and Allen 2002). The similarity suggests that these assumptions are reasonable. Based on 2001 BCS findings, this means that an estimated 28,000 women were raped by intimates within the broader category of 37,000 women who subject to serious penetrative sexual assault by intimates. It is only these assaults from intimates that are included as 'domestic'.

The 2001 BCS IPV estimates that 1.1 per cent of women suffered non-penetrative sexual assault involving physical contact (comparable to indecent assault), involving 172,000 women. A further 0.6 percent or 90,000 women were subject to sexually threatening behaviour, while 0.5 per cent or 80,000 women were subject to flashing, amounting to a total of 293,000 women who had been subject to some form of less serious sexual assault, some experiencing more than one form.

Of these only a small proportion are from intimates. In the case of any form of less serious sexual assault the perpetrator was an intimate or former intimate in 11 per cent of incidents, rising to 15 per cent when flashing is excluded. This estimate is based on reports about the worst such incident, and it is assumed that the proportion of these that were from intimates is the same as the proportion of all incidents. Using this latter estimate of the proportion of the incidents that are 'domestic', there were 26,000 women who were subjected to unwanted sexual touching from an intimate or former intimate, amounting to 40,000 incidents.

While men were also asked the questions about sexual assault in the BCS IPV, the number of positive responses was too small for reliable analysis to be possible here. This does not mean that there were not some cases of sexual assault against men. But it is not possible to include reliable estimates of the numbers and therefore to provide estimates of their costs.

Stalking

The 2001 BCS IPV estimates that 2,094,000 people (1,206,000 women, 888,000 men) (7.8 per cent of women, 5.8 per cent of men) were stalked in the last year. Stalking is defined as a series of incidents amounting to a course of conduct, so no distinction is made here between the number of incidents and the number of victims (information was only collected about one perpetrator in the last year). In the cases of aggravated stalking, where the stalking was accompanied by additional forms of violence against the victim, 37 per cent of cases concerning female victims were from intimates and 8 per cent in the case of male victims. It is assumed that the same proportion that were from intimates holds for all cases of stalking, not only those of an aggravated nature. It is estimated here that 517,000 (446,000 women,

71,000 men) courses of stalking were from an intimate. It is only these cases involving intimates (or former intimates) that are counted as 'domestic'.

Homicide

Information about homicide is not collected by the BCS IPV since this is a victim based survey. Instead information is taken from the *Criminal Statistics*. The analysis of the costs of homicide proceed differently from those for other violent crimes because the quality and depth of the information provided on this in the *Criminal Statistics* obviates the need for some of the complexity of analysis needed in other kinds of crime.

Homicide is generally regarded as having one of the most robust indicators of the level of a specific crime, since few homicides go unreported. Since there is always a deep investigation, it is possible, if a suspect is identified, to specify the nature of the relationship between victim and perpetrator. So, unusually for criminal statistics, the sex of the victim and their relationship to their killer is usually reported in the *Criminal Statistics*.

Domestic homicide is here defined as the killing (murder or manslaughter) of a person by an intimate (current or former spouse, partner, or lover). There were 102 female and 23 male victims of domestic homicide during 2000/1 (*Criminal Statistics England and Wales 2000*: Table 4.2).

3.4 Estimates of number of victims of domestic violence

Table 3.2 summarises the best estimates of the extent of domestic violence against women and men using data from the 2001 BCS IPV.

Table 3.2 Estimate of number of victims of domestic violence by type of act

Type of domestic violence (violence from intimates)	Number of female victims	Number of male victims	Total number of victims
Domestic homicide	102	23	125
Non-sexual severe domestic force	242,000	186,000	428,000
within which:			
Choked or tried to strangle	65,000	6,000	71,000
Used a weapon	13,000	11,000	24,000
Kicked, bit, hit with fist	205,000	177,000	382,000
Threat to kill	82,000	13,000	95,000
Threat with a weapon	36,000	16,000	52,000
Non-sexual minor domestic force (pushed, held down, or slapped)	410,000	174,000	584,000
All serious penetrative sexual assault	37,000		37,000
of which: rape (2003 definition)	28,000		28,000
Sexual assault (non-penetrative)	26,000		26,000
Stalking	446,000	71,000	517,000

Source: Criminal Statistics (homicide); 2001 BCS IPV (Walby and Allen 2004: Table 2.2).

- (1) Figures may not exactly add up due to rounding.
- (2) The total number of victims cannot be calculated by summing the numbers of victims of different kinds of violence, since some women were subject to more than one form of violence.
- (3) Those included in rape and sexual assault are women only, since the numbers of men reporting sexual assault to the survey were too small for reliable analysis.
- (4) The figures for rape, sexual assault and stalking differ from those reported in Walby and Allen (2004) because these include only assaults from intimates.
- (5) The estimates are for one year, for England and Wales, and are centred on 2001.
- (6) Some figures are calculated from data in Walby and Allen (2004) rather than taken directly from this report.

The estimates in Table 3.2 are derived from a survey, hence they are subject to sampling error. Estimates of the numbers of victims are routinely rounded to the nearest 1,000 in order to avoid the appearance of spurious accuracy. Table 3.3 provides lowest and highest estimates based on 95% confidence intervals and assume a design effect of 1.2.

Table 3.3 Confidence intervals of estimates of numbers of victims of domestic force

	Best estimate	Lowest estimate	Highest estimate
Domestic force against women	529,000	469,000	589,000
Domestic force against men	338,000	286,000	390,000

Source: 2001 BCS IPV (Walby and Allen 2004).

3.5 Victims and Incidents

Some victims of domestic violence suffer multiple acts of violence, while others suffer only one. Table 3.4 provides information as to the frequency of different types of acts of inter-personal violence. Additionally, stalking is already defined as a course of action, that is, a series of at least two acts.

Table 3.4 Frequency of inter-personal violence by type of act

Type of domestic violence	Mean number of incidents per female victim	Mean number of incidents per male victim	% female victims with one incident only	% male victims with one incident only
Non-sexual severe domestic force	18	6	27	49
Non-sexual minor domestic force	10	6	37	50
All serious penetrative sexual assault	2		49	
of which: rape (1994 definition)	2		50	
Sexual assault (non-penetrative)	2		55	

Source: **Criminal Statistics** (homicide); 2001 BCS IPV (Walby and Allen 2004: Table 2.5).

(1) Stalking is defined as a series of at least two incidents.

(2) Estimates for serious sexual assaults include attempts as well as completed acts.

(3) Estimates are for one year, for England and Wales, and are centred on 2001.

Domestic violence can be understood as a pattern of coercive control. Domestic violence is often a series of repeated actions, including those of greater and lesser severity, which has a cumulative impact on the victim. Table 3.4 shows that while some who suffer repeated acts of violence from intimates, there are others who experience just one action.

The 2001 BCS IPV collected detailed information about the incident that the respondent thought was the worst in the last year. This is the worst rather than typical incident and is used to indicate the worst level of violence experienced in the last year.

In estimating costs, the question arises as to whether the focus should be on each incident, or on the victim who has been subject to a course of action of domestic violence. For some services it may be that the cost might accrue in relation to specific incidents, for example, use of hospital accident and

emergency units, while for others it might accrue in relation to the victim, for example, civil legal services to legally disentangle a relationship. The more conservative costing strategy is adopted here, that of a focus on the victim.

3.6 Domestic violence as crime

Many forms of domestic violence are crimes in and of themselves in that they meet the legal criteria of crimes, however, there are some areas where it is ambiguous whether the action is a crime. Nevertheless, many analysts and practitioners, when distinguishing between forms and levels of domestic violence, have used categories that capture nuances specific to domestic violence, rather than using crime categories. This has been done in order to be able to capture distinctions that are especially relevant to the specific field of domestic violence and its interventions. However, it is in the nature of this project to seek to use categories that have a wider resonance across a broader field of policy analysis, in particular, that of the analysis of crime. This is because it is driven by the need to translate between those needed for domestic violence and those used in a broader policy framework. This has already been addressed in relation to the reason why it is relevant to estimate the economic costs of domestic violence. Here the issue is that of translating between domestic violence and the field of analysis and intervention in crime. There are two reasons for this. One is that of broad policy resonance of an approach using crime categories; the second is the specific need to use data that has been constructed using crime categories that is not available in any other form.

Some of the data used in this report derives from previous research by the Home Office on the economic costs of crime, in particular the work by Brand and Price (2000). This work provides estimates of the costs of certain key services, including that of the criminal justice system, which would be hard to estimate in any other way. Their analysis is performed using incidents that are categorised as different types of crime. In order to be able to utilise this set of data, it is necessary to be able to use similar crime categories. Hence, this section will address the translation of the categories used in relation to domestic violence into categories used in relation to crime.

The most relevant crime categories are those of 'violence against the person' and 'sexual offences', (there may be additional areas such as criminal damage to property, but these are not included here). Homicide is one of the categories here. This is obviously outside the scope of the BCS, which is based on information from live victims, so data here is obtained from the *Criminal Statistics*. The main sub-division within 'violence against the person' is between 'wounding' and 'common assault', the latter requiring no visible injury. 'Wounding' itself is sometimes divided into 'serious', which means potentially life-threatening, and 'other wounding', which is not. The main BCS reports on three main categories of 'violence against the person', that is, 'wounding', 'common assault' and (a smaller category of) 'robbery' (when violence is associated with theft). Brand and Price (2000) distinguish between 'serious' and 'other' 'wounding' and draw on unpublished BCS data to enable this.

Crime classifications usually focus on the nature of the act, with a secondary concern with the impact of the act (e.g. what level of injury did it cause); they also require criminal intent. A survey of victims necessarily has difficulty in providing information on such intent. While it is not possible to be definitive as to which acts of domestic violence would be legally classified as what sort of crime, it is possible to provide some approximately comparable categories, while noting these limitations. The discussion below uses the offence codes found in the 'notifiable offences recorded by the police' in *Recorded Crime Statistics* (Povey, Cotton and Sisson 2000), the

fuller descriptions provided in Appendix 3 'Notifiable offences recorded by the police' in *Criminal Statistics England and Wales 2000* (Home Office 2001), and guidance on classification provided in Home Office (2002) *Counting Rules for Recorded Crime for Violence Against the Person and Sexual Offences*. It is probable that many instances of domestic violence would fall into one of three legal categories: 'common assault', 'wounding (serious or other)', or 'sexual offences'.

Common assault involves unwanted physical contact, but does not require visible injury. This is specified in the guidance on recorded crimes issued in April 2002 (Home Office 2002). 'Minor injuries: Recording Practice. Common assault includes assault with no injury. Where battery results in injury, other wounding (class 8A) should be recorded even if the injury amounts to no more than grazes, scratches, abrasions, minor bruises, swellings, reddening of the skin, superficial cuts, or a 'black eye'. Crimes which result in injuries more serious than those listed above should be recorded under the appropriate wounding classification (probably either class 5 or 8)'. (Home Office *Counting Rules for Recorded Crime for Violence Against the person and Sexual Offences* April 2002). It is likely that many of the incidents of minor domestic force, that is 'pushed, held or pinned you down or slapped you', are instances of 'common assault'. This classification is based on the assumption that they did not cause injury, since if they did cause injury they should be included in the more serious category of 'wounding', probably 'other wounding'. This classification decision is thus probably conservative, underestimating the seriousness of the possible classification, since some of those reporting minor physical force did report that this caused some injury. Indeed 49 per cent of women reporting the worst instance of minor force said that it caused a physical injury (though this was the worst rather than the average incident of this type).

It is likely that incidents reported as a form of severe domestic force could be classified as instances of 'wounding'. This includes: 'kicked you, bit you, or hit you with a fist or something else, or threw something at you that hurt you', 'choked or tried to strangle you', 'threatened you with a weapon, such as a stick or a knife', 'threatened to kill you' and 'used a weapon against you e.g. a knife'. It is probable that 'choked or tried to strangle you' and 'used a weapon against you' should be classified as 'serious wounding', since these are potentially life-threatening. It is probable that 'kicked, bit, hit with a fist' is more likely to be 'other' than 'serious' wounding, though not always so, since this category involves a wide variety of violent acts, so may be a conservative classification. 'Threat to kill' and 'threat with a weapon' are categorised as 'other wounding', though it may be that 'threat to kill' should be located in a more serious category, and that this is a conservative classification. It is likely that stalking, or more properly, a course of conduct of more than two events that amounts to harassment, could be classified as instances of 'other wounding', sub-section 8C. This legal category derives from the 1997 Protection from Harassment Act (Budd and Mattinson 2000). 'Other wounding' is a wide category including both contact violence that produces physical injury as well as threats that produce fear alarm or distress. For the purposes of later calculations, the category 'other wounding' is sub-divided between the contact violence and forms of frightening threats.

There are three major kinds of relevant sexual offences: rape, assault by penetration and sexual assault. It is probable that those instances reported as penetration of the vagina, anus or mouth by a penis without consent constitute rape under the 2003 the Sexual Offences Act (2003). (This act extended the 1994 definition of rape to additionally include penetration of the mouth by penis without consent as rape). This Act also created a new legal offence, that of 'assault by penetration', for the penetration of the vagina or anus by other body parts or objects without consent (before the

Act these were previously classified as indecent assault). Assault by penetration can be just as horrific as those involved in rape. The third kind of offence, sexual assault that cause fear alarm or distress was, before 2003, probably classified as indecent assault.

Table 3.5 lists the most relevant categories of crime and the most probable location of different types of domestic violence within these, as presented in Walby and Allen (2004).

Table 3.5 Comparable legal categories of different kinds of domestic violence

Lettering in italics refers to categories used in the 2001 BCS IPV

Violence Against the Person

3	Threat to murder
3/1	Threat to kill <i>Threatened to kill you</i>
5	Wounding or other act endangering life:
5/1	Wounding with intent to do grievous bodily harm <i>Used a weapon against you e.g. a knife</i>
5/4	Attempting to choke etc in order to commit indictable offence <i>Choked you or tried to strangle you</i>
8A	Other wounding:
8/1	Wounding or inflicting grievous bodily harm, with or without a weapon
8/6	Assault occasioning actual bodily harm <i>Kicked you, bit you, or hit you with a fist or something else, or threw something at you that hurt you</i>
8C	Harassment
8/30, 194/94	(Protection from Harassment Act 1997) <i>Stalking</i>
8/30	Putting people in fear of violence <i>Threatened you with a weapon such as a stick or knife</i>
105A	Common assault:
105/1	Common assault and battery <i>Pushed, held or pinned you down or slapped you. Some other kind of force.</i>

Sexual Offences

19	Rape:
19/8	Rape of a female 16 or over
19/12	Attempted rape of a female 16 or over
19/10	Rape of a male 16 or over
19/14	Attempted rape of a male 16 or over
	<i>Rape</i>
	Assault by penetration
	<i>Non-rape forms of serious sexual assault involving penetration</i>
	Sexual assault
	<i>Unwanted sexual touching</i>
	Flashing

Probably not crimes

(though they might fall under the 1997 Anti-Harassment Act and thus be a form of Code 8 if there are two or more incidents that amount to a course of conduct of harassment)

Financial and emotional abuse.
Frightened you by threatening to hurt you or someone close to you.
Sexually threatening behaviour.

Source: Walby and Allen (2004) up-dated by the Sexual Offences Act 2003.

3.7 Number of Comparable Crimes that are Domestic Violence

Using the translation between categories developed above, the following are estimates of the numbers of different types of crimes that are also forms of domestic violence against women for one year in England and Wales.

Homicide

There were 125 (102 female, 23 male) victims of domestic homicide during 2000/1.

Wounding

Serious wounding

There are two categories in serious wounding. There were 71,000 people (65,000 women, 6,000 men) subjected to choking or strangling and 24,000 (13,000 women, 11,000 men) on whom a weapon was used.

Other wounding

'Other wounding' is subdivided into four categories.

- (1) There were 382,000 people (205,000 women, 177,000 men) who were subject to being 'kicked, bit or hit with a fist'.
- (2) There were 95,000 people (82,000 women, 13,000 men) who were subject to 'threats to kill'.
- (3) 52,000 people (36,000 women, 16,000 men) were threatened with weapons.
- (3) 517,000 people (446,000 women, 71,000 men) were subject to stalking.

Common Assault

There were 584,000 victims (410,00 female, 174,000 male) of common assault.

Sexual Offences

Rape and assault by penetration

37,000 women were subject to serious penetrative sexual assault by intimates, within which were 28,000 women who were raped

Sexual Assault

26,000 women suffered non-penetrative sexual assault that caused fear, alarm or distress.

Table 3.6 Estimates of numbers of comparable crimes that are domestic violence

Comparable crime category	Domestic violence type	Number of female victims	Number of male victims	Number of victims (all)
Homicide	Domestic homicide	102	23	125
Serious wounding	Severe domestic force: 'choked or strangled'	65,000	6,000	71,000
Serious wounding	Severe domestic force: 'used a weapon'	13,000	11,000	24,000
Other wounding	Severe domestic force 'kicked, hit with fist'	205,000	177,000	382,000
Other wounding	'Threatened to kill'	82,000	13,000	95,000
Other wounding	'Threatened with weapon'	36,000	16,000	52,000
Common assault	Minor domestic force	410,000	174,000	584,000
Other wounding	Stalking	446,000	71,000	517,000
Rape and assault by penetration	Rape and assault by penetration	37,000		37,000
Of which rape	Of which rape	28,000		28,000
Sexual assault	Non-penetrative sexual assault	26,000		26,000

Source: **Criminal Statistics** (homicide); 2001 BCS IPV (Walby and Allen 2004: Table 2.5); Table 3.4 above.

- (1) The total number of victims cannot be obtained by summing all the numbers of different kinds of violence, since some women have experienced more than one form of violence.
- (2) The estimate of number of incidents of sexual assault per victim is that for all victims, not only those who were assaulted by an intimate.
- (3) Estimates for serious sexual assaults include attempts as well as completed acts.
- (4) Estimates are for one year for England and Wales, centred on 2001.

4 Criminal justice system

4.1 Criminal justice system costs

The criminal justice system (CJS) is one of the social responses to domestic violence. The CJS has several components including: police activity, prosecution, magistrates courts, crown courts, jury service, legal aid, non legal-aid defence, probation service, prison service and the criminal injuries compensation board.

The analytic strategy is in three stages. First, the total cost of the CJS and the cost per type of violent crime is derived from Home Office estimates in Home Office Research Report 217 *The Economic and Social Costs of Crime* by Brand and Price (2000), revised with more recent information from the HO Economics and Resource Analysis unit of the Research, Development and Statistics Directorate (Thorns, 2003). Second, the proportion of violent incidents that are domestic violence is discovered from analysis of the cross-classification of recorded crimes by the London Metropolitan police. Third, these proportions are applied to the cost per crime and the total cost of the CJS.

4.2 Data Sources on the CJS

The estimation of the costs of the criminal justice system use the data sources and methodology identified and developed by Brand and Price (2000), together with some refinements communicated by Thorns (2003). There are two main data sources: the Home Office 'Flows and Costs' model, which accounts for 35% of criminal justice expenditure; and estimates of police activity that account for most of the remainder. The refinements concern police costs.

The Home Office model on 'Flows and Costs', reported in Harries (1999), is the basis of several of the estimates of the costs of the components of the criminal justice system produced by Brand and Price (2000). The 'Flows and Costs' model has been developing since 1993, by the Home Office in collaboration with the Lord Chancellor's Department and the Crown Prosecution Service, providing increasing accuracy of information about the costs of the criminal justice system. The data provided by this model was further refined by Brand and Price (2000), using information from the Home Office Crime and Criminal Justice Unit on types of disposal and average sentence lengths, so as to provide more detailed information on finer-grained offence types.

The largest part of the cost of the criminal justice system is that accounted for by the cost of police investigation. The report by Brand and Price (2000) estimated police costs by splitting the total police budget into crime and non-crime related components, on the basis of an adapted activity sampling exercise for Humberside Police, and then splitting the crime related part into offence types using the same proportions as was spent in the criminal justice system on each offence. While there is work underway to cost police work more accurately (Leigh et al, 1999; Stockdale et al, 1999), this is not yet well developed. However, Thorns (2003) has supplied us with revised estimates of the cost of police activity in relation to the main categories of violence against the person. This data is based on the police recording their time (every 15 minutes on a time sheet) according to what they believe the incident to be at the time. These new estimates (Thorns 2003) indicate that police resources are more heavily utilised in relation to the most serious violent offences, especially homicide, than suggested by the previous estimates (Brand and Price 2000). These new estimates are used to revise the figures in Brand and Price (2000). A further set of data is from the Metropolitan police, which cross-classifies the crimes they record with whether they are domestic or not.

4.3 Recorded Crime

Within the CJS the main categories within which data is recorded and analysed are those of 'recorded crime'. The recorded crime figure is of incidents that are reported to the police and which are recorded by the police as crimes. These are the official figures on 'recorded crime'. The cost estimates developed by the Home Office and the police are based on the cost per recorded crime, that is the service's own record, rather than the cost per actual crime, as might be discovered by surveys.

The number of recorded crimes is less than the numbers of crimes reported to the BCS, since only a proportion of crimes are reported to the police. Only 23 per cent of women and 8 per cent of men subject to domestic violence reported to BCS IPV that the police came to know about the worst incident in the last year (indeed the average figure is probably lower, since this concerns the worst rather than the most typical incident) (Walby and Allen 2004). This is lower than the rate of reporting of domestic violence to the police reported to the face-to-face part of the BCS in 2001/2 (35%), and lower than the rate of reporting to the police of woundings (56%) and common assaults (26%) as reported to the BCS 2001/2 (Simmons and colleagues 2002; Simmons and Dodd 2003).

Further, only a proportion of those incidents reported to the police are recorded as crimes. The annual HO report on crime figures compares the level of crime reported to the survey with that recorded by the police and finds a significant gap between the number of incidents that BCS respondents said they reported to the police and the number of crimes actually recorded by the police. They found that whereas 82 per cent of attempted thefts of and from vehicles said by the 'main' BCS respondents to have been reported to the police were recorded, only 53 per cent of woundings and 45 per cent of common assaults were (Simmons et al 2002). Wounding and common assault are the crime categories into which most incidents of domestic violence fall. Further, a report from HM Inspector of Constabulary found an error rate in classifying offences of between 15 per cent and 65 per cent of the crime records examined, and that force recording rates ranged between 55 per cent and 82 per cent of incidents (Povey 2000). The guidelines issued from the Home Office (2002) were designed to assist the improvement of police recording. These appear to have led to an increase in the recording rate of crime incidents by 10 per cent overall and 23 per cent in the case of violence against the person (Simmons and Dodd 2003).

While the numbers of recorded crimes are lower than the actual numbers of crimes, nonetheless they provide an indication of the number of incidents for which the police provide a service. In order to calculate costs, this number of incidents on which the police are engaged is key.

It is necessary to be able to analyse the relationship between the recorded crime categories and those of domestic violence. In particular, it is necessary to know the proportion of recorded crimes that are domestic violence. Since there is no specific crime of domestic violence, there is no specific crime code under which it may be recorded. Instead, domestic violence is embedded within the existing police categories, largely within those of violence against the person.

Ideally the national crime figures would be cross-classified by whether or not they were domestic or not. Then it would be possible to directly assess the costs of domestic violence for the police and the CJS. This is indeed the practice in the main BCS, but it is not carried out by the police, or at least, if recorded, it is not reported by them in a systematic manner at the national level.

Exceptionally, the London Metropolitan Police District (2002) did record and report on the cross classification of recorded crime by whether it was domestic or not. The Metropolitan Police cross-classified 'violence against the person' and 'sexual offences' by whether or not it was domestic in 1999/2000, though not since. Of a total of 1,052,047 notifiable offences, 156,880 were violence against the person and 9,189 were sexual offences, totalling 166,069. Of domestic offences, 44,342 were violence against the person, 673 sexual offences, and 140 robbery. This means that 28 per cent of crimes recorded by the Met as violence against the person were simultaneously domestic violence, while 7 per cent of recorded sexual offences were domestic (Metropolitan Police District 2002).

The Metropolitan Police use a different definition of domestic violence from the Home Office. Following the Association of Chief Police Officers (ACPO) guidance violence from all family members, not only adult intimates, is included. Hence it is necessary to make an adjustment in order to bring this data into line with the definitions used in this report. The Metropolitan Police (2002) project on 'understanding and responding to hate crime' produced an estimate of the proportion of domestic incidents that were carried out in different kinds of relationships. Around two-thirds of domestic violence was within an intimate relationship and involved a female victim, while around ten per cent involved a male victim in an intimate relationship (male or female), that is, around 78 per cent of 'family' domestic violence was between intimates. Table 4.1 shows the numbers and percentages of violent crimes in the London Metropolitan police district that were committed by family members (ACPO definition of domestic) and by intimates (HO definition of domestic and the one used in this report).

Table 4.1 Metropolitan Police violent crime incidents by whether domestic or intimate, 1999/2000

	Total	% by any family member	Number of incidents by any family member	% by intimates	Number by intimates
Violence against the person (VAP)	156,880	28	43,926	22	34,514 (29,807 female victims, 4,706 male victims)
Sexual offences	9,189	7	643	6	551

Source: calculated from Metropolitan Police District (2002).

(1) In the absence of reliable estimates of the small number of sexual offences against men by intimates, all of these are treated as if they were committed against women.

(2) Among the intimate cases of violence against the person, 19% are female and 3% male.

(3) The figures may appear not to sum because of rounding.

4.4 Police Costs

The total police revenue expenditure 2000/1 was £8,309,984,000 (Police Statistics 2000-1 Actuals, CIPFA) (Thorns 2003). This constitutes nearly two-thirds of the costs of the CJS.

The new estimates based on studies of police activity provided by Thorns (2003) show that 14 per cent of police time is spent dealing with crimes of violence against the person, 4 per cent on sexual offences, and 43% on other crimes. The remainder is spent on non-crime events, the largest components of which are traffic related, including accidents.

Domestic Disputes

There is a category of 'domestic dispute' that is located within the non-crime section of this analysis. This is considered to account for 3% of police time and to cost approximately £285,067,000. Domestic dispute is defined by the Police Service Activity Based Costing Model (Version 1 – June 2001) as 'Any dispute between members of the same household, on private premises, that does not amount to a crime' (ACPO Finance Committee, as reported by Thorns 2003). This means that it will include disputes between family members additional to those that are intimates. This category is supposed to only include domestic disputes that were believed to be not criminal by the police at the time of the initial record. (However, it is possible that some of these became criminal during the course of police activity, and thus that a part of this figure may be attributed to police activity in relation to criminal domestic violence). It is possible that the time allocated to non-crime domestic violence is actually mis-allocated, and should have been attributed to criminal domestic violence. However, it would be highly speculative to presume that such a mistake was made, and this is regarded as an insufficient basis for the re-allocation of this sum. So, it will be assumed that the police account that this work is additional to that on crimes is correct. The police (ACPO) definition of domestic violence includes violence from family members who are not intimates, in contrast to the HO definition used here that is confined to intimates. Thus only a proportion of 'domestic disputes' is associated with domestic violence between intimates. Using information from the Metropolitan Police (2002) it is estimated that around two-thirds (68%) of domestic violence (wider definition) is from a (ex) partner to a woman, and a further ten percent of this is from an (ex) partner to a man. Thus it is calculated that 78% of £285,067,000 should be additionally allocated to the CJS costs of criminal (intimate) domestic violence. This is £222,352,000 (of which £193,845,000 is for female victims, and £28,507,000 for male).

Cost of police time for violent incidents

The use of police time and the cost of this by relevant types of crime are shown in Table 4.2.

Table 4.2 Police activity

Category of police activity	% police time	Police budget £'000	Number of offences ('000)
Violence against the person	14	1,135,842	2,908
Sexual offences	4	295,345	346
All other crime	43	3,628,606	
Total crime	61	5,059,793	
Domestic dispute	3	285,067	
Total police activity	100	8,309,984	

Source: Thorns (2003)

Notes:

- (1) The number of offences, while based on recorded crimes, is adjusted by Thorns to take account of an estimated rate of under-reporting using data from the face-to-face section of the BCS (but not the self-completion BCS IPV).
- (2) There are additional categories of use of police time which are not included in this table.

Within the category 'violence against the person' the costs of different forms of crime are further distinguished (Thorns 2003), as shown in Table 4.3.

Table 4.3 Costs of police activity per type of violent crime

Type of violence against the person	Police cost per incident	Number of incidents ('000)	Police budget £'000s
Homicide (1)	107,299	1.293	138,738
Serious wounding	2,357	259	610,463
Other wounding	389	498	193,722
Common assault	90	2,149	193,410
Total		2,907	1,136,333

Source: Thorns (2003)

(1) The practice of Thorns (2003), following Brand and Price (2000) is to include vehicle related deaths within the figure for homicide.

(2) Calculated from the data in Thorns (2003).

CJS costs per violent incident

These new estimates of police costs (from Thorns 2003) are used to revise the estimates of the costs of the criminal justice system for incidents of violent crime that were presented in Brand and Price (2000). Table 4.4 reports on the best estimates for the costs of the components of the criminal justice system for each of the main offences under which domestic violence may be reported, that is, homicide, serious wounding, other wounding, common assault, and sexual offences. The source for the non-police costs is the 'Flows and Costs' model as reported in Harris (1999) as applied by Brand and Price (2000), together with the Criminal Injuries Compensation Board as reported in Brand and Price (2000). These analyses provide estimates of the (mean) average costs for incidents. There is likely to be considerable variation not only between types of incidents, but also within them, not least because only in a proportion of the cases do the police find and charge a suspect.

Table 4.4: Criminal justice system costs for violent crime incidents

CJS activity	£ per incident					
	Homicide wounding	Serious wounding	Other	All wounding (average of serious and other wounding)	Common assault	Sexual offences
Prosecution	410	250	20	50	5	60
Magistrates court	100	60	6	10	1	7
Crown court	720	440	40	90	9	180
Jury service (3)	90	60	5	10	1	20
Legal aid	1100	650	60	130	10	200
Non legal-aid defence (3)	250	150	10	30	4	50
Probation service	430	260	20	50	5	60
Prison service	4,200	2,600	240	520	50	1,200
Other CJS costs	1,700	1,100	100	220	20	160
Criminal injuries compensation administration (4)	2,000	1,200	110	250	20	
Cost of non-police elements per incident	11,000	6,770	611	1,360	125	1937
Police activity	107,299	2,357	389	1,062	90	1,900
Total CJS cost per incident	118,299	9,127	1,000	2,422	215	3,837

- (1) Police activity costs are from a communication from Thorns (2003) in the Home Office Economics and Resource Analysis Unit, except sexual offences, which are derived from Brand and Price (2000).
 (2) Flows and costs (B&P 2000) means that the data is taken from Brand and Price (2000), which reports on the findings of the Flows and Costs model.
 (3) Brand and Price (2000) provide lower and higher estimates as well as a best estimate in the case of jury service and non legal-aid defence, which are not reported here.
 (4) Data originated from the Criminal Injuries Compensation Board, as reported in Brand and Price (2000).
 (5) Costs in £ per incident, averaged over all incidents. This means that if a service is used relatively infrequently (e.g. juries) then the cost will appear small for the average incident, even if it is substantial for those occasions when it is used.

Table 4.5 summarises the costs to the criminal justice system of different types of violent incidents. The cost of per incident is derived from Table 4.4 above. The number of recorded crimes of each type is from data provided by Thorns (2003).

Table 4.5 Criminal justice system costs by type of violent incident

Type of crime	CJS cost per incident £	Number of incidents '000	Total CJS cost £'000s
Homicide	118,299	1.293	152,961
Serious wounding	9,127	259	2,363,893
Other wounding	1,000	498	498,000
Common assault	215	2,149	462,035
Sexual offences	3,837	130	498,810
Non-crime domestic disputes			285,067
Total			4,260,766

Source: Brand and Price (2000) and Thorns (2003).

4.5 What proportion of violent crime is domestic violence?

In order to estimate the criminal justice system costs of domestic violence it is necessary to estimate the proportion of violent and sexual offences that are due to domestic violence. The offences are divided into two types: homicide and others. The number of domestic homicides is discovered from the Criminal Statistics and the costs identified by Brand and Price, as revised by Thorns, are applied. Then the proportion of other offences that are domestic violence are estimated. This uses the information about service use from the London Metropolitan Police. The classification of violence against the person and sexual offences by whether or not they were domestic for the London police is applied to national recorded crime data. This provides a way of assessing actual service use by survivors of domestic violence. The implications for the cost are presented in Tables 4.6, 4.7 and 4.8.

Table 4.6 Costing domestic violence in the CJS

Type of crime	Total CJS cost £'000	Per cent by any family member	CJS cost violence by family members £'000s	Per cent by intimates (4)	CJS cost violence by intimates £'000s
Violence against the person (1)(2)	3,476,889	28	973,529	22	764,916 (660,609 women, 104,307 men)
Sexual offences	498,810	7	34,917	6	29,929
Non-crime domestic disputes (3)	285,067	100	285,067	78	222,352 (193,846 women, 28,507 men)
Total	4,260,766		1,293,513		1,017,197

(1) sum of homicide, serious wounding, other wounding, common assault.

(2) percentages of violence against the person and sexual offences derived from analysis of Metropolitan police statistics (2002).

(3) Figure for non-crime domestic dispute costs taken from Thorns (2003); percentage that is domestic and male/female derived from the Metropolitan Police (2002) Hate Crime project (68% female intimate; 10% male intimate).

(4) Violence against the person by intimates: 19% against women, 3% against men; non-crime domestic disputes: 67% against women, 11% against men.

(5) Sums may appear not to add up because of rounding.

Table 4.7 Costs of domestic violence for police

Type of crime	Police costs £'000s (2)	Per cent of incidents by intimates	Police costs domestic violence for female victims £'000s	Police costs domestic violence for male victims £'000s	Total police costs domestic violence £'000s
Violence against the person (1)(2)	1,135,842	22 (19 female, 3 male)	215,810	34,075	249,885
Sexual offences	295,345	6	17,721		17,721
Non-crime domestic disputes (3)	285,067	78 (68 female, 10 male)	193,846	28,507	222,352
Total	1,716,254		427,377	62,582	489,958

(1) sum of homicide, serious wounding, other wounding, common assault.

(2) source: Police Statistics 2000-1 Actuals CIPFA as provided by Thorns (2003).

(3) source Thorns (2003) and calculations based on data from Metropolitan Police (2002).

Table 4.8 Costs of domestic violence for CJS

Type of crime	CJS cost £'000s (2)	Per cent of incidents by intimates	CJS costs domestic violence female victims £'000s	CJS costs domestic violence male victims £'000s	Total CJS costs domestic violence £'000s
Violence against the person (1)(2)	3,476,889	22 (19 female, 3 male)	660,609	104,307	764,916
Sexual offences	498,810	6	29,929		29,929
Non-crime domestic disputes (3)	285,067	78 (68 female, 10 male)	193,846	28,507	222,352
Total	4,260,766		884,384	132,814	1,017,197

(1) sum of homicide, serious wounding, other wounding, common assault.

(2) source: Police Statistics 2000-1 Actuals CIPFA as provided by Thorns (2003).

(3) source Thorns (2003) and calculations based on data from Metropolitan Police (2002).

(4) Sums may appear not to add up because of rounding.

The cost of the criminal justice system in relation to domestic violence is £1,017,197,000 (£884,384,000 for female victims, £132,814,000 for male). Within this figure, the cost of police services is £489,958,000 (£427,377,000 for women, £62,582,000 for men). Nearly one quarter (24%) of the £4,260,766,000 cost of the CJS for violent crime may be due to domestic violence.

5 Health costs

5.1 Which health care costs?

Women subject to domestic violence often suffer a series of injuries, both physical and mental. There are a wide range of potential medical services, including GPs and other forms of primary health care, hospitals, ambulances, and mental health services. The costs of violent crime associated with the use of medical services were estimated by Brand and Price (2000), drawing on research by the Department for Transport (DfT) on the use of medical services by those who experienced injuries in road traffic accidents. These estimates are up-dated and applied to the data on the extent of domestic violence and use of medical services from the 2001 BCS IPV.

The costs of medical services reported in the DfT research were restricted to those concerning hospitals and ambulances. In the case of domestic violence, further medical services are important. The use of GPs for health care in relation to domestic violence is particularly significant. Further, the mental health injuries sustained as a result of repeated assaults may be considerable and may lead to a further set of costs, some of them medical, some not. The mental health care costs are considered separately in chapter 6.

5.2 Data sources

This report follows the methodological framework of the HORS by Brand and Price (2000) in using estimates from a programme of research undertaken by the Department of Transport (and the Departments within which transport has been embedded) to provide estimates of the health costs of injuries sustained in violent crime. The estimates used in Brand and Price (2000) were taken from Department of the Environment, Transport and the Regions (DETR) (1999) for the year 1998. The estimates in this report have used the up-dated data for 2000 in Department for Transport, Local Government and the Regions (DTLGR) (2001).

These estimates of medical costs are derived from a programme of research on the health care costs of certain types of injuries sustained in road traffic accidents, which has been carried out for the Department for Transport over a number of years. They are based on in-depth studies of the use of health services by those injured in road traffic accidents over a sustained period of time in particular localities (Galasko, Murray, Hodson, Tunbridge and Everest 1986; Hopkin, Murray, Picher and Galasko 1993; Murray, Pitcher and Galasko 1993; McMahon 1995; O'Reilly and McMahon 1993). The core study in this research programme follows the health care of individuals for four years after their accident. While most of the health care costs occur during the first year, some continue over the course of the four years, while for 7-8 per cent of patients some disability still remained after the end of four years.

Injuries are classified as fatal, serious injuries or slight injuries and costs associated with each level are estimated. The main example of 'serious' was broken bones, while the main example of 'slight' was 'whiplash', a soft tissue injury. These costs are regularly reported by the Department for Transport. These distinctions are then mapped by Brand and Price (2000) onto homicide, serious wounding and other wounding. No health care costs are identified for common assault.

One alternative route to estimation would have been to estimate health care costs on the basis of information provided about usage of medical services in the 2001 BCS IPV. The costs per type of injury provided in the DfT estimates are preferable since they follow the utilisation of medical services over a

period of four years, while the BCS respondents are asked about the use of medical services only in the period immediately following the incident. Hence the DfT estimates appropriately include visits to hospital in addition to the initial one for the treatment of the injury, a cost which would not be included if this data were taken from the BCS. This report follows the Home Office methodology of Brand and Price (2000) in this choice.

A further alternative would be to estimate health care costs on the basis of NHS data on the cost of a 'hospital episode'. For multiple injuries this costs (2002) either £2,265 without complications or £3,831 with complications (and involving a hospital stay of over two weeks) (Department of Health 2002g). One of the strengths of basing estimates on these figures is that they are based on costings provided by the NHS itself. However, there are three disadvantages of using this figure. First, this figure only includes the cost of the hospital episode and does not include the cost the utilisation of medical services over a longer period of time, unlike those developed by the DfT². Second, it does not include the cost of ambulance services. Third, the inclusion of only short-term immediate medical costs would be inconsistent with Home Office methodology, which includes costs over a longer period of time. This report stays close to the Home Office methodology.

There are three major limitations to the practice of using DfT estimates of the costs of medical services consequent on injury. First, DfT estimates of the costs of medical services are restricted to those provided by hospitals and ambulances. In particular, visits to GPs are not included. These are widely reported as being important for victims of domestic violence, so it is necessary to find a way to reach an estimate for these costs. This limitation is addressed in this report by estimating the cost of visits to GPs. Second, they include only the physical aspects treatment of injury, yet there is also psychological trauma that can lead to mental ill health, that may lead to various additional forms of service use, either specialist mental health or GPs. This limitation is addressed by estimating these additional costs in Chapter 6. Third, it is assumed that there are no health care costs for common assault. Yet, while there are (by definition) no physical injuries involved in common assault, there may well be psychological trauma. This limitation is addressed by the inclusion of costs for mental health care in chapter 6.

² If the cost of a hospital episode were to be used as the basis of cost estimates, this might appear to lead to a lower overall estimate of the health costs of domestic violence, since the figures of £2,265 and £3,831 for multiple injury are both lower than that of £9,190 estimated for serious wounding by the DfT/HO methodology (they are between one quarter and one half of the estimates for serious wounding). However, this report has used the victim as the basis of estimates, in the context of evidence from the BCS that those subject to serious wounding are likely to suffer multiple incidents. If the basis of cost estimation were to be changed to that for cost per hospital episode, then it would probably be necessary to revise the assumption that the costs are per victim and replace it by the assumption that costs are per incident. Since the average number of incidents of severe domestic force was 18 for women and 10 for men, this would lead to an increase rather than decrease in the estimate for the cost of domestic violence to the health services.

5.3 Estimating hospital costs

The estimates for medical services are derived from the Home Office methodology of Brand and Price (2000). These are estimated for three bands of crime: homicide, serious wounding and other wounding. These are mapped onto DfT categories of injury levels from accidents: fatal, serious and slight. The estimates for the cost of each of these three levels is updated from the earlier ones used by Brand and Price using DTLR (2001). This estimates the cost of medical and ambulance services for three different levels: £670; £9,190; and £680. These are shown in Table 5.1.

Table 5.1 Hospital and ambulance costs by type of crime

Type of crime	Type of accident	Cost per person £
Homicide	Fatal	670
Serious wounding	Serious	9,190
Other wounding	Slight	680
Common assault		0

Source: 2001 BCS IPV (Walby and Allen 2004).

Table 5.2 presents a classification of types of domestic violence into both crime categories and DfT severity categories based on the translation between crime and DfT categories developed by Brand and Price (2000) and those of domestic violence and crime categories developed in chapter 3, which is based on Walby and Allen (2004). The location of sexual assault is based on considerations of the physical injuries discovered from the BCS IPV and consequent physical health care needs. These are average injury levels and there will be some individual instances where the categorisation is incorrect. In particular, the inclusion of minor domestic force in the category of no injuries and no medical costs may underestimate costs, since 49 per cent of women whose worst experience of being 'pushed, held or pinned down or slapped' reported some injury. Further, some instances of being 'kicked or hit with a fist' may lead to serious injuries, and again lead to an underestimate of costs. However, being 'choked or strangled', while potentially life-threatening and thus appropriately included within the legal category of serious wounding, may not entail a more prolonged period of ill health than being 'kicked or hit with a fist'. The classification used here makes a distinction between two forms of 'other wounding', one in which there is physical contact and thus the likelihood of injury, and one in which the key feature is frightening threats and in which there is no physical injury. No costs for hospital and ambulances are estimated for the latter category. This is a more conservative classification of criminal category by injury than that used by Brand and Price (2000), since it excludes some instances of 'other wounding' on the grounds that they probably do not use hospital and ambulance services. Hospital and ambulance costs are estimated at zero for threats to kill or use weapons, stalking, common assault, non-penetrative sexual assault.

There is one further difference from the procedure followed by Brand and Price, pertaining to the issue of the relationship between the number of victims and the number of incidents. As discussed above in chapter 3, there is a question as to whether domestic violence is treated as a course of conduct that includes a series of incidents, in which the victim is the focus, or whether each individual incident should be treated as the basis of estimates. Brand and Price, in their generic approach to crime make the assumption that the incident is the basis of cost estimates. However, in relation to domestic violence it may be that the concept of a course of action rather than individual incidents is more appropriate. The implication is that the victim is the unit for the estimation of costs rather than the incident. The average numbers of incidents for different types of violence were provided in Table 3.3 above. Female victims who have suffered severe domestic violence suffered a mean average of 18 incidents, and male victims of severe domestic violence an average of 6. The estimates here then assume that a victim of severe domestic violence, although subject to multiple acts of violence, uses medical services for just one course of treatment. This one course of treatment may involve repeat visits to use medical services.

Table 5.2 Classification of domestic violence for estimation of health costs

Type of domestic violence	Type of crime	DfT Severity	Additional injury information
Domestic homicide	Homicide	Fatal	
Severe domestic force: 'used a weapon', 'choked or strangled'	Serious wounding	Serious	
Severe domestic force: 'kicked, bit, hit with a fist'	Other wounding	Slight	
'threat to kill' 'threat with weapon'	Other wounding		No physical injury
Stalking	Other wounding		No physical injury
Minor domestic force: 'pushed, pinned, slapped'	Common assault		No physical injury
Rape	Rape is treated as equivalent to serious wounding	Treated as equivalent to slight	Intense psychological trauma; slight physical injuries
Assault by penetration	Treated as equivalent to serious wounding	Treated as equivalent to slight	Intense psychological trauma; slight physical injuries
Sexual assault	Sexual assault is treated as equivalent to other wounding		No physical injury

In order to estimate health care costs, Brand and Price (2000) associated average health care costs with severity of crime levels and then multiplied these costs by the number of incidents of each type. Since this report follows the Home Office methodology, this is the procedure that is followed here, with the exception that the costs are based on the number of victims rather than the number of incidents. Table 5.3 shows the cost implications of domestic violence using these assumptions.

Table 5.3 Estimated cost of domestic violence to hospital and ambulance services

Type of domestic violence (comparable crime)	Cost of hospital and ambulance £	Number of female victims	Cost for women £'000s	Number of male victims	Cost for men £'000s	Total cost £'000s
Domestic homicide (Homicide)	670	102	68	23	15	83
Severe domestic force: 'choked, strangled' (Serious wounding)	9,190	65,000	597,350	6,000	55,140	652,490
Severe domestic force: 'used a weapon' (Serious wounding)	9,190	13,000	119,470	11,000	101,090	220,560
Severe domestic force: 'kicked, bit, hit with a fist' (Other wounding)	680	205,000	139,400	177,000	120,360	259,760
'threat to kill', (other wounding)	0	82,000	0	13,000	0	0
'threat with weapon' (other wounding)	0	36,000	0	16,000	0	0
Stalking (other wounding)	0	446,000	0	71,000	0	0
Minor domestic force: 'pushed, pinned, slapped' (common assault)	0	410,000	0	174,000	0	0
Rape and assault by penetration	680	37,000	25,160		0	25,160
Of which rape	680	28,000	19,040		0	19,040
Sexual assault	0	26,000	0		0	0
Total			881,448		276,605	1,158,053

5.4 Estimating GP costs in relation to physical injuries

Brand and Price (2000) do not estimate the costs for GP services, since they follow the DfT route of estimation. The DfT estimates did not include the cost of GPs despite their estimation of the number of visits to GPs because they felt unable to identify the costs of GP services. However, reliable estimates of the costs of GP services are now available as a result of the research on the unit costs of health and social care by the PSSRU at Kent (Netten and Curtis 2001). Since it is known from the research literature that the services provided by GPs are important for survivors of domestic violence, the HO and DfT methodology is here modified by the inclusion of the costs associated with visits to GPs.

While the use of GPs as an initial health care contact may be substantial, the quantification of the extent of this at a national level is hard to obtain. As part of their estimation of the cost of domestic violence, Stanko et al (1998) conducted a small scale study in doctor's waiting rooms in Hackney and found that one in nine (11%) of the women present had suffered from domestic violence that was serious enough to require medical attention, while 20% had suffered violence that did not require medical attention such as slaps and punches. However, they caution about generalising because of the size of the sample.

Those victims of domestic violence whose first source of medical assistance was the hospital are likely to receive some follow-on care from their GP. The study by Murray, Pitcher and Galasko (1993), which is key to the DfT estimates of the health care costs of injuries, investigated the number of follow-on visits injured people made to their GP. In the first year following the accident, the 413 people who suffered from whiplash injuries (categorised slight) paid 997 visits to their GPs, that is an 2.4 times, in the second year 0.5 times, in the third year 0.2 times, 0.1 times; while the 117 with fractures (categorised serious) visited their GPs in the first year 2.2 times, in the

second year .5 times, in the third year .1 times, and in the fourth year 0.02 times. This means that those who sustained either serious or slight injuries made an average of 3 visits to a GP additional to their use of hospital services.

The estimate of the use of GP services for domestic violence is based on these estimates by Murray, Pitcher and Galasko for the use of GP services for follow-on care. This may be an underestimate since some victims of domestic violence use only GP services. The estimate here is based on the assumption that those who were subject to forms of wounding that involved sustaining serious or slight injuries would make an average of 3 visits to a GP additional to the number of visits an average person would make.

There are three main elements in the cost of GP services: the consultation itself; prescriptions consequent on the consultation; travel and opportunity costs to the patient. Robust data on the cost of these three elements is available as part of the data on unit health and social care costs constructed by the PSSRU at Kent, in particular, by Netten and Curtis (2002).

The cost of a consultation with a GP is estimated using data provided by Netten and Curtis (2002). An average consultation takes 9.36 minutes, which, since it costs £1,70 per minute, amounts to £15.91. Since the average number of additional visits is three, this is multiplied by three, to reach an estimated cost of £48 for GP consultation per victim.

The average cost of prescriptions per consultation is £17.82, according to Netten and Curtis (2002). Since the average number of additional visits to a GP and thus of associated prescriptions is three, this figure is multiplied by three, to reach an estimated sum of £53. While some of the costs of prescriptions are met by the patient, 85% get free prescriptions so most of the cost is borne by the state (Department of Health 2002b). The cost for those patient who paid, was £6.20 per prescription (in 2002), and thus for prescriptions associated with 3 visits is an estimated £19 for these patients. (This is a part and not the full cost of these prescriptions). If 15% of prescriptions are part paid for by the patient in this way, rather than by the state, this is a cost to these 77,000 patients of £1,463,000.

Attending a GPs surgery also results in costs for the patient. There may include lost wages and the cost of travel. These are estimated by Netten and Curtis (2002) who find that the average costs incurred by a patient in attending a GP surgery are £6.70 (weighted average loss of waged time and non-waged time plus oncosts plus cost of travel). Since there are 3 visits per victim, this amounts to £20 per victim that is borne by the patients themselves.

The estimated average cost per victim for GP associated costs, that is, GP consultation, prescriptions and travel and opportunity costs to the patient, is thus £121.

There are no estimates for the cost of GP associated costs for 'domestic homicide', 'threat to kill', 'threat with a weapon', 'stalking', 'common assault', 'non-penetrative sexual assault'. Forms of domestic violence that do not involve injury are assumed to lead to no costs for physical health care. However, those suffering these forms of domestic violence may incur health costs, especially for the mental health problems that they can cause. This is discussed in Chapter 6.

Table 5.4 Estimated cost of domestic violence for GP visits

Type of domestic violence (comparable crime)	Cost of GP visits, £	Number of female victims	Cost for women £'000s	Number of male victims	Cost for men £'000s	Total cost GP visits £'000s
Severe domestic force: 'choked, strangled' (Serious wounding)	48	65,000	3,120	6,000	288	3,408
Severe domestic force: 'used a weapon' (Serious wounding)	48	13,000	624	11,000	528	1,152
Severe domestic force: 'kicked, bit, hit with a fist' (Other wounding)	48	205,000	9,840	177,000	8,496	18,336
Rape and assault by penetration	48	37,000	1,776			1,776
Of which rape	48	28,000	1,344			1,344
Total			15,360		9,312	24,672

Table 5.5 Estimated cost of domestic violence for prescriptions

Type of domestic violence (comparable crime)	Cost of prescriptions associated with 3 visits to GPs £	Number of female victims	Cost for women £'000s	Number of male victims	Cost for men £'000s	Total cost prescriptions £'000s
Severe domestic force: 'choked, strangled' (Serious wounding)	53	65,000	3,445	6,000	318	3,763
Severe domestic force: 'used a weapon' (Serious wounding)	53	13,000	689	11,000	583	1,272
Severe domestic force: 'kicked, bit, hit with a fist' (Other wounding)	53	205,000	10,865	177,000	9,381	20,246
Rape and assault by penetration	53	37,000	1,961			1,961
Of which rape	53	28,000	1,484			1,484
Total			16,960		10,282	27,242

Table 5.6 Estimated cost of domestic violence in travel and lost wages for visiting GP

Type of domestic violence (comparable crime)	Cost of 3 GP visits, prescriptions and travel £	Number of female victims	Cost for women £'000s	Number of male victims	Cost for men £'000s	Total cost £'000s
Severe domestic force: 'choked, strangled' (Serious wounding)	20	65,000	1,300	6,000	120	1,420
Severe domestic force: 'used a weapon' (Serious wounding)	20	13,000	260	11,000	220	480
Severe domestic force: 'kicked, bit, hit with a fist' (Other wounding)	20	205,000	4,100	177,000	3,540	7,640
Rape and assault by penetration	20	37,000	740			740
Of which rape	20	28,000	560			560
Total			6,400		3,880	10,280

Table 5.7 Estimated cost of domestic violence for consultations with GPs prescriptions and patients travel costs

Type of domestic violence (comparable crime)	Cost of 3 GP visits, prescriptions and travel £	Number of female victims	Cost for women £'000s	Number of male victims	Cost for men £'000s	Total cost £'000s
Severe domestic force: 'choked, strangled' (Serious wounding)	121	65,000	7,865	6,000	726	8,591
Severe domestic force: 'used a weapon' (Serious wounding)	121	13,000	1,573	11,000	1,331	2,904
Severe domestic force: 'kicked, bit, hit with a fist' (Other wounding)	121	205,000	24,805	177,000	21,417	46,222
Rape and assault by penetration	121	37,000	4,477			4,477
Of which rape	121	28,000	3,388			3,388
Total			38,720		23,474	62,194

Table 5.8 Estimated cost of domestic violence for consultations with GPs prescriptions and patients travel costs by gender

	Cost for women £'000s	Cost for men £'000s	Total cost £'000s
GP consultations	15,360	9,312	24,672
Prescriptions	16,960	10,282	27,242
Travel and lost wages by patient	6,400	3,880	10,280
	38,720	23,474	62,194

Table 5.9 Estimated cost of domestic violence for consultations with GPs prescriptions and patients travel costs for individual victims and the state

	Cost to state	Cost to patient £'000s	Total cost £'000s
GP consultations	24,672		24,672
Prescriptions	25,779	1,463	27,242
Travel and lost wages by patient		10,280	10,280
	50,451	11,743	62,194

5.5 Total costs

The estimated cost of domestic violence to hospital, ambulance, GP and prescription health care services is £1,220,247,000. This is made up of £1,158,053,000 for hospital and ambulance services and £62,194,000 for GP services (GP visits, prescriptions, travel and associated costs), as shown in Tables 5.4-5.9. Most of these (£1,208,504,000) are costs to the state/society, but some (£11,743,000) are borne by the patients themselves.

The total NHS budget for England in 1998-1999 was £39.883 billion. Of this £4.704 billion was spent on family health services, that is, primarily GPs (Department of Health 2002). These estimates imply that around 3% of the NHS expenditure is due to the physical injuries associated with domestic violence.

Table 5.10 Estimated total cost of health care for physical injuries due to domestic violence

	£'000s		
	NHS/State	Patient	Total
Hospital and ambulance	1,158,053		1,158,053
GP visits	24,672		24,672
Prescriptions	25,779	1,463	27,242
Travel and lost wages for GP visits		10,280	10,280
Total	1,208,504	11,743	1,220,247

6 Mental health

6.1 Why include mental health costs

The negative impact of domestic violence on mental health is now a recognised matter of policy concern in the UK (Department of Health 2002; Mezey 2001; Royal College of Psychiatrists 2002). The costs of the impact of domestic violence on mental health have been noted as significant in previous studies of the economic costs of domestic violence (Day 1995; Kerr and McLean 1996; Miller, Cohen and Wiersema 1996; NSW 1991; Rudman and Davey 2000). There is robust evidence of the impact of domestic violence on mental health (Bradley et al 2002; Danielson et al 1998; Golding 1999; Roberts et al 1998a, 1998b; Woods 2000), including rape (Breslau et al 1998; Cohen 1988), and that this worsened mental health leads to increased use of mental health services (Miller, Cohen and Wiersema 1996; Ulrich et al 2003; Wisner et al 1999).

Mental health costs are not included within the estimates of the health costs of violent crime of Brand and Price (2000), since the basis of these estimates lies in the impact of road traffic accidents, where the health implications were confined to physical injuries. However, Brand and Price do note the possible additional significance of the implications of the stress and trauma associated with injuries associated with crime rather than accidents. So, the development of such costs is consistent with the HO approach.

6.2 Which mental health issues?

Domestic violence causes several kinds of mental disorder, the most important of which are depression and anxiety and that of post-traumatic stress disorder (PTSD). In addition, domestic violence is associated with attempted and completed suicide. While some studies have looked generally at the impact of domestic violence on mental health, others have looked specifically at depression, PTSD and suicide.

Domestic violence and mental disorder

The association between domestic violence and mental disorder is robust, being repeatedly found across a multitude of diverse studies (Danielson et al 1998; Dienemann et al 2000; Roberts et al 1998a, 1998b; Vitanza, Vogel and Marshall 1995). The effects of domestic violence on mental health may last after the violence has ceased (Campbell, Sullivan and Davidson 1995), indeed for many years afterwards (Woods 2000). A meta-analysis of 18 studies of the relationship between domestic violence and mental health problems found a strong association (Golding 1999). This meta-analysis found an average rate of depression amongst battered women of 48%, a rate of suicidality of 18%, and a rate of 64% of post-traumatic stress disorder. Differences in the findings between studies were sometimes associated with the variety of sampling frames, for example, those using shelter (refuge) samples tended to have higher rates of these mental disorders than those using the general population samples.

While there is a robust association between being the victim of domestic violence and mental disorder, the nature of links with mediating variables is complex (Campbell et al 1996). For instance, there is mutual association with other forms of social disadvantage, such as social class and lack of employment (Shah, McNiece and Majeed 2001) as well as additional sources of risk and resilience (Astin, Lawrence and Foy 1993). The direction of the causality linking domestic violence and mental disorder goes predominantly from assault to mental ill health (Kessler et al (2001), indeed, Kessler et al found that pre-marital mental disorders were not associated with domestic

violence for women. Further, Campbell and Soeken (1999) found that rates of depression declined when the abuse ceased. This confirms the conclusion that domestic violence causes mental disorder.

Depression and domestic violence

In a study published in the *British Medical Journal*, Bradley et al (2002) found that experience of domestic violence was associated with much higher levels of depression than was found among women who had not experienced domestic violence. Among women who were depressed, 67% had experienced domestic violence as compared with 33% who had not. This finding means that two thirds of women with depression have experienced domestic violence. This study was based on a sample of 1871 women attending Irish GP practices. They used the recognised hospital and anxiety and depression scale (Zigond and Snaith 1983) to determine the existence of depression.

Post-traumatic stress disorder

The features of post-traumatic stress disorder (PTSD) are: a stressor event followed by a set of symptoms that includes re-experiencing the trauma, for instance with intrusive memories and nightmares, numbing of responsiveness and the persistent avoidance of stimuli associated with the original trauma and excessive arousal, such as the inability to fall asleep, that are experienced over a duration of more than a month and which cause distress or impairment of social functioning (Creamer 2000). Post-traumatic stress disorder was recognised as a relevant diagnosis by professional bodies in 1980 in the US, but does not appear in UK statistics.

The existence of PTSD is high and lasts a long time among women who have been raped according to many studies (Sadler et al 2000), with research reporting rates of between 50% and 95% (Population Reports 1999), for example 70% in a study in Belfast (Bownes et al 1991). Cohen (1988) and Miller, Cohen and Rossman (1993) estimate that 40% of rape victims suffer traumatic neurosis and 10% from more severe psychological injuries. By comparison, Cohen estimates that robbery victims have a 2% rate of severe psychological injury and that psychological injury is less frequently a consequence of accidents than violent crimes.

Breslau et al (1998) investigated the prevalence of post-traumatic stress disorder following trauma in a sample of the general population and found that those who had suffered rape and other violence had greatly increased rates of post-traumatic stress syndrome (PTSD). They found that 49% of those subject to rape suffered PTSD; 54% of those who were held captive, tortured or kidnapped; 15% of those who were shot or stabbed; 24% of those who suffered sexual assault other than rape; 8% of those who were threatened with a weapon; and 32% of those who were badly beaten up. This compares with 2% of those in a serious car crash. Women were more twice as likely as men to suffer PTSD following a trauma and PTSD lasted considerably longer in women than in men. Breslau et al (1996) report that while the median time for remission of PTSD for women was four years (as compared with one year in men), among women who suffered PTSD as a result of an event to themselves (as is all domestic violence), PTSD persisted for more than 10 years in half of the cases. This study was based on a telephone survey of 2,181 persons aged 18-45 in the Detroit area in 1996. PTSD was defined according to DSM-IV, using a modified version of the Diagnostic Interview Schedule, Version IV, and the world Health Organisation composite International Diagnostic Interview. To summarise, 49% of rape victims, 24% of victims of non-rape sexual assault and 32% of those who had been badly beaten up suffered PTSD, which lasted more than 10 years in more than half the cases of PTSD. This is much more severe than trauma caused by road traffic accidents or other forms of violence crime.

Suicide

Women who have been subject to domestic violence have much higher rates of suicide and attempted suicide than other women. The meta-review of 18 studies by Golding (1999) found an average rate of suicidality of 18% among women who had suffered domestic violence. Stark and Flitcraft (1995) conclude that battering may be the single most important cause of female suicidality. In a study of the medical records of all 176 women who went to the emergency service of a US hospital as attempted suicides over a period of one year, they found that 30% of the women who attempted suicide were battered (and had experienced physical injury). Further, 65% of battered women who made a suicide attempt had visited the hospital due to a battering injury during the six months prior to the suicide attempt, while 37% had visited the hospital earlier the same day as the suicide attempt with an injury attributable to abuse. They note that one of the important features of battering is that it takes place in a context of many other forms of coercion that isolate and intimidate women and that these features in particular, additional to the physical violence, entrap women and lead to suicide attempts. The temporal closeness between battering and attempted suicide confirms the strong causal link, rather than both being due to something else.

There is evidence of a strong association between domestic violence and attempted suicide in the UK as well. A national random sample population survey by the Office of National Statistics investigated the extent and correlates of non-fatal suicidal behaviour (Meltzer et al 2002). Among those who reported to the survey that they had experienced violence in the home, 2.7% had attempted suicide in the last year and 23.3% in their lifetime (Meltzer et al 2002: Table 5.4). This compares with a UK population average in which 4.4% of the population and 5.3% of women engaged in attempted suicide at some point in their lives and 0.5% in the past year. Looking at these proportions from the other direction, of those women who had ever attempted suicide in the UK, 34% had experienced violence in the home (Singleton et al 2002: Table 5.8).

This means that 34% of attempted suicides by women are at least partly caused by domestic violence. It is reasonable to assume that 34% of the completed suicides by women are also at least partly caused by domestic violence. However, there may be other contributory factors to suicide and attempted suicide. The findings from Stark and Flitcraft (1995) are important here in that they establish the significance of domestic violence for suicide attempts by establishing the close proximity of these events. That is, suicide attempts follow soon after a hospital visit for treatment of injuries caused by domestic violence (within 6 months for 67% and the same day for 37%). It might be reasonable to assume that for at least those 37%, who attended hospital for a domestic violence injury the same day as the suicide, that the domestic violence was the primary cause.

There were 5,986 deaths from suicide in 2000 in the UK, of which 25%, that is 1,497, were by women. Among these, an estimated 34%, that is, around 509 suicides were committed by women who have experienced domestic violence. Of these, it is estimated that at least 37% were caused by domestic violence, that is, around 188. There were 142,000 cases of attempted suicide, that is deliberate self-poisoning or injury that led to emergency hospital admission. The ratio of women to men among attempted suicides is 1.48:1, so this entails 84,742 women (ONS statistics reported in Samaritans 2002). Of these, an estimated 34%, that is, around 29,000 attempted suicides were by women who have experienced domestic violence. Of these, probably at least 37% were caused by domestic violence, that is, around 10,000 attempted suicides. This implies that probably nearly 13% of suicides and suicide attempts may be attributed to domestic violence.

6.3 Increased medical service use

Women who have depression, PTSD or are suicidal as a result of domestic violence have increased need of and increased use of mental health services. However, the identification of the extent to which the increased need leads to the increased use of mental health services, and the cost of the services used is hard to identify accurately. This is partly because mental health services are widely spread (Beecham et al 2002), and partly because the costing of mental health has developed much more slowly than in other areas of health provision (Knapp and Beecham 1991).

Mental health services are spread over a diverse range of service providers, much wider than that captured by the heading 'mental health services'. In particular, GPs, at the primary level of health care are the most frequently consulted health professional and manage around 90% of treated mental illness. There are specialised hospital services, both inpatient and outpatient, which are used in a minority of cases. Finally there are the Community Mental Health Teams, that coordinate a range of primary level services including those provided by nurses, social workers, therapists and counsellors as well as doctors (Beecham et al 2002). Most of these mental health services are within the NHS, but some are provided by Local Authority Social Services. Within the NHS, while some of the services are provided by institutions named specifically as mental health services, especially those in hospitals, the majority of mental disorder patients use the primary health care system, especially the services of GPs. This makes the costing of services for survivors of domestic violence complex, since there is no clearly marked set of relevant services.

There are two main strategies to the costing of mental health usage. The first is to find information on the average increased use of mental health services by those who have suffered domestic violence and to multiply this by the average cost of mental health services discovered from NHS data. The second strategy is to focus on the specific forms of mental disorder and increased rates of suicidality that are found among women who have suffered domestic violence. This entails discovering the increased rate of prevalence of these among women who have suffered domestic violence, discovering the average cost of treating, and then multiplying.

6.4 How many women?

The 2001 BCS IPV (Walby and Allen 2004) found that 10 per cent of the women who went for medical help in the last year used specialist mental health or psychiatric services. This is in addition to visits to GPs. An estimated 529,000 women were subject to domestic force in the last year. Of these 72% (381,000) suffered physical injuries and 31% (164,000) mental and emotional problems (not mutually exclusive categories). Of those injured, 27% (103,000) sought medical help on the worst occasion. Of these, 10% (10,000), used specialist mental health or psychiatric services and 65% (67,000) went to see a GP (not mutually exclusive categories). For a significant group of these women, indeed those most likely to be seeking medical assistance, there were repeated attacks, so the number of visits is likely to exceed the number of victims. Further, 37,000 women were subject to serious sexual assault of whom 28,000 were raped. (These women may overlap with those subject to physical domestic assault.) Of those subject to these serious sexual assaults since age 16, 29% sought medical assistance.

6.5 Increased use of mental health services

Women who have suffered domestic violence have approximately twice the level of usage of general medical services and between 3 and 8 times the

level of usage of mental health services (Ulrich et al 2003; Wisner et al 1999). Wisner et al (1999), found that women who were victims of intimate partner violence cost health plans 92% more than a random sample of women enrolled in such a plan, after controlling for age. The main driver of the extra costs was mental health costs, which were 800% higher at \$414 rather than \$53. This was based on a sample of 126 victims of intimate partner violence and 1,007 other women in the US. The identification of those subject to intimate partner abuse involved two stages; first the presence of diagnostic codes for injuries to the head, or neck, a twisted ankle or depression, and then a search of the mental health charts of such patients for any reference to intimate partner violence during the year 1994.

Ulrich et al (2003) found that women with diagnosed domestic violence have between 1.6 and 2.3 fold higher use of and costs relating to medical services than other women after adjustments for co-morbidity, and between three and six times greater use of mental health services. This study compared three samples of women in a US health maintenance organisation, of 62, 2,287 and 6,032 women. The first was of women with any recorded history at any point in their life of domestic violence in their medical record and who were attending the clinic for one of four conditions associated with domestic violence (chronic pelvic pain, injury, depression, physical examination); the second was of women without a history of domestic violence in their medical record who were attending the clinic for one of the same four reasons; the third was a sample of women from the health clinic. The time period over which domestic violence was of relevance to the study was that of the subject's adult lifetime, however, the records were only searched for a period of five years, so that in practice domestic violence before five years ago is likely to be significantly underestimated. Domestic violence patients had an average of 17 visits per year as compared with 10 per year for the non-DV comparison and 6 per year for the population comparison groups, weighted for age. For primary care visits: domestic violence patients had an average of 9 per year, non-dv patients 5 per year, population sample 4 per year. For mental health: domestic violence patients had 3 visits per year, non-dv patients 1 per year and the population sample less than half a visit on average a year. Twenty-seven percent of DV women visited more than 20 times in a year, as compared with 10% and 3% of the other two groups. The average costs per patient were: dv patient \$5,131, non-dv \$3,409, population sample \$2,343. The analysis was then controlled for comorbidity with chronic disease, age and pregnancy, since women suffering from domestic violence disproportionately suffer from other illnesses. Women with diagnosed domestic violence at any point in their adult lives used services 1.6 times more frequently than the second group and 2.3 times more frequently than the third group, when controlled for these three factors, these then serving as lower and upper estimates of both visits and costs. They used mental health services between three and six times as much as the other two groups of women.

Cohen and Miller (1998) estimate that 20-25% of the total client population of mental health care professionals are crime victims; that between 3.1 million and 4.7 million people in the US in 1991 were being treated by mental health care professionals as a result of crime. This is based on a survey of 168 mental health care professionals, including a wide range of professional associations of social workers, therapists, psychiatrists, and counsellors.

These studies were conducted in USA. There is no reason to expect that the impact of domestic violence on a woman's mental health would be significantly different in UK as compared to the US. However, the pattern of service provision for mental health is different between the countries and this may place some limits on the extent to which the US findings may be

directly applied to the costing of services in the UK. This is a reason for taking the lower of the two estimates of the increased use of mental health services, that is 3-5 times (Ulrich et al 2003), thus 4 times, rather than 8 times (Wisner et al 1999) the average level of usage.

Depression

The average rate of depression is much higher among women who are suffering or have suffered domestic violence. Of course, only some will seek help from medical services. One way of estimating the extent of such use of medical services is to discover the total number of women who are using medical services for depression, moderated by the proportion for whom the reason was domestic violence. There are two sources of information on the number of women who use medical services for depression: the ONS (2001b) population sample survey conducted during 2000 and from surveys of GPs patterns of diagnosis (Pearce and Goblatt 2001). The proportion for whom the reason was domestic violence may be discovered from the study published in the *British Medical Journal* by Bradley et al (2002) about the prevalence of domestic violence among depressed women consulting their GPs.

The Office of National Statistics (2001b) conducted a population sample survey during 2000 in Great Britain in order to assess the extent of mental disorder. This survey, *Psychiatric Morbidity among Adults Living in Private Households*, used the revised Clinical Interview Schedule (CIS-R), based on the World Health Organisation ICD-10 categories. It found that 16% of the population have a clinical level neurotic disorder, of which the most important is mixed depression and anxiety (9% of the population), followed by generalised anxiety disorder (4% of the population). Thirty-nine percent of those with such a disorder (6% of the population) had spoken to a GP about these disorders in the previous year; while 24% of these (3.9% of the population) at any one time were undergoing treatment of some form for this. Twenty per cent (of those with disorders) were taking psychoactive medication, most usually anti-depressants (i.e. 3.3% of the population); 9% (i.e. 1.5% of the population) were having counselling or therapy; 4% (i.e. 0.7% of the population) were having both forms of treatment; 3% (0.5% of the population) had made a visit to an outpatients department for treatment or checkups in the previous three months.

Surveys of GPs produce slightly higher estimates of the prevalence of treated depression than does the ONS survey. Using GP survey data, *Key Health Statistics from General Practice 1998*, shows that the prevalence of treated depression, in 1994-8, was 7.6% among female patients. Also using data surveys of GPs, 1994-8, Pearce and Goblatt (2001), find the prevalence of treated depression in England is 4.3% (6.1% women; 2.5 % men). Similar estimates are found by the Office of Health Economics. Yuen (2002) reports that of patients consulting their GP in the UK in 2001 for any reason, 9.8% were doing so for mental and behavioural disorders (Table 1.26). It is estimated that of patients consulting their GP the reasons for doing so were: for depressive episode 3.1%, for (affective) mood disorders 4.5%, for neurotic, stress related and somatoform disorders 3.5%. This averages around two and a half consultations per patient (Table 127). Of those with mental disorders in 2000 in Great Britain, there were 241 million certified days of incapacity (Table 28), amounting to 27% of all such days for any kind of illness. Among women this was 102 million days (Table 1.30).

While the ONS data may be the more accurate of the two types of survey as to the level of mental disorder in the population, it is probable that the GP surveys are the more accurate estimates of the treatment rates, since GPs will know better than their patients how they have diagnosed their

condition, and that the most authoritative source is *Key Health Statistics from General Practice 1998*, which finds rates of treated depression among women in England at 7.6%.

Two-thirds of women undergoing treatment for depression have experienced domestic violence, according to Bradley (2002), in the *British Medical Journal* noted above. Thus of the 7.6% of women who are being treated for depression, two-thirds have also suffered domestic violence, that is, 5.1%. It is probable that the depression may have sources other than and/or additional to domestic violence. It may be reasonable to take the same percentage as due primarily to domestic violence as in the case of suicidality, that is, 37%. This would be 1.9 per cent of women. If this is applied to the mid 2001 ONS population estimates of women in England and Wales (15,497,000), in order to maintain consistency with the BCS IPV findings, this is 294,000 women.

Post-traumatic stress disorder (PTSD)

How many women suffer PTSD as a result of domestic violence in the UK? Breslau et al found that 49% of women who had been raped, 32% of women who had been badly beaten up, and 24% of non-rape sexual assault suffered PTSD with a median remission 10 years in half the cases. Applying these proportions to the number of abused women as found in the 2002 BCS IPV suggests that this would mean 49% of the 37,000 women who were subjected to rape or assault by penetration, that is, 18,000; 24% of the 26,000 subject to non-penetrative sexual assaults, that is, 6,000; 32% of the 138,000 women who suffered domestic force leading to 'serious and moderate injuries i.e. broken bones, broken teeth, internal injuries, severe bruising, bleeding from cuts', that is, 44,000. This is a total of 68,000 women.

Cohen (1988) estimated that the average patient suffering from a traumatic neurosis resulting from a crime requires 52 visits and for severely disabling mental injury 310 visits to a mental health care specialist, in the US.

Suicide

What mental health services are used by those who attempt to or commit suicide? Some attempted suicides lead to emergency hospital admission, which is a cost to the NHS. Although the admission may be to non-specialist mental health service, such as an accident and emergency unit, it is appropriate to treat this as a cost associated with the mental health consequences of domestic violence. Suicides may be expected to cost health services the same as any other fatality. Further, some of the non-health costs associated with suicide will be included in later chapters of this report.

6.6 Estimating the cost

Two different procedures could be used to estimate costs. The first uses estimates of the general increased in the use of mental health services overall among the abused population as compared to the non-abused. The second, traces the specific impact of domestic violence on a limited number of key forms of mental disorder together with suicide, and the associated costs. The two methods are outlined below. The first is considered more robust and is the method used in the estimates presented here.

General

Patel and Knapp (1998) estimate that the cost of NHS services for mental illness in England in 1996/7 was £4.1 billion in England, using data from *Burdens of Disease* published by the NHS Executive (1996). Hence, the cost per capita of mental health services may be calculated as £83 in England at 1996/7 prices (by dividing £4.1 billion by the population estimate for England). *Burdens of Disease* built up diagnosis-specific costs from expenditure

figures in the NHS budget. In this approach, expenditure was allocated to the immediate diagnostic cause, based quite heavily on Hospital Episode Statistics.

It was estimated earlier that women suffering domestic violence used four times as many mental health resources as the average woman. If the average per capita cost of mental health services were multiplied by 4, this generates a cost of £332 per abused woman. The 2001 BCS IVP estimates that in the previous year 3.4%, that is 529,000 women were subject to domestic force. This amounts to £176 million for the use of mental health services by women who have suffered domestic violence (in England and Wales in 1996/7 prices).

Depression

Depression is one the most important of the mental disorders women experience as a result of domestic violence, though it is not the only one. By identifying the association between domestic violence and depression and then costing the services associated with depression, it is possible to estimate the cost of these services perhaps more accurately though less comprehensively than those for above mental disorder as a whole. Two attempts to cost depression by Jönsson and Bebbington (1993) and Kind and Sorensen (1993) serve as road maps to this process.

Jönsson and Bebbington (1993) estimated that the cost of treating depression (ICD-9 codes 296 and 311) in the UK at 1990 prices was £427 per patient and, with an estimated 519,948 people undergoing treatment (based on the 1986 royal College of Practitioners Survey), totals £222 million for the UK. This estimate was based on the use of an expert panel to estimate the typical treatment routes, and then costing each of the components using a variety of health and government sources as to the actual extent of the use of services and their cost. They estimated that the average length of a course of primary care treatment was 12 weeks and involved 6 visits to GPs. They estimated a 25% probability of relapse, and that 60% of patients would be successfully treated by a further course of treatment, and that 60% of dropouts would be successfully treated. They estimated that 5% would require inpatient treatment of an average duration of 14 days, 5% outpatient treatment, 4% would need 6 sessions of psychotherapy, and 1% 6 sessions of ECT. This meant 243,000 visits to outpatients, 109,800 Electroconvulsive Therapy sessions, 54,105 psychotherapy sessions, 3,119,685 15 minute visits to GPs, 50,214 hospital admissions with 14 day average stay, and £41 million on drugs (using estimates from various medical sources).

Kind and Sorenson (1993) estimated that the cost to the NHS of treating depression per patient was £288. They estimate 2.7 GP consultations per person, twice as long as average, based on studies of the number and nature of episodes of depression per person. There were 63,373 hospital admissions for depression in 1990, each lasting an average of 43 days. However, this work by Jönsson and Bebbington (1993) Kind and Sorenson (1993) is now a decade old and the use of new drugs and the shifting balance between primary and hospital care in mental health services may mean that their estimates need revision.

Their estimates of costs of £288 and £427 per patient to the NHS for depression are between 44% and 66% of the estimates for the cost of all mental disorders consequent on domestic violence (£644) found by applying data from Wisner et al's (1999) research to that of Patel and Knapp (1998). If a mid-point is taken between the two estimates for depression, that is £358, and this applied to the number of women whose depression might be primarily attributed to domestic violence estimated above (294,000), this would amount to an estimated £105,252,000. This is an estimate for only

that portion of the cost of domestic violence for mental health services associated with depression.

Post-traumatic Stress Disorder

Cohen and Miller (1998) estimate that the average (mean) value of counselling/treatment per victim was \$2,579 for rape victims and \$2,390 for victims of assault (including but not only) domestic violence, that is, an average of \$2,485, which is £1,479. Since this cost estimate includes people who do not have PTSD it may be an underestimate of the cost of PTSD.

If each of the 68,000 women estimated to be suffering PTSD as a result of domestic violence were to receive such treatment, this would cost £101,168,000. However, this figure is based on the assumption that the US pattern of service provision is available in Britain, which it is not. Hence, it is not possible to make a reliable estimate of these costs.

Suicide

It was estimated above that around 509 of the 1,497 women who committed suicide in the UK in 2000 had experienced domestic violence, and that around 188 of these deaths might be primarily attributed to domestic violence. The health costs associated with a fatality are £670. This amounts to £126,000. There are further costs of suicide fatalities as in the case of other fatalities and these will be addressed in later chapters.

It was estimated above that of the 84,742 women whose attempted suicide led to emergency hospital admission, an estimated 29,000 had experienced domestic violence, while for an estimated 10,000 domestic violence was the primary cause.

What is the cost of an emergency hospital admission in these circumstances? There are two potential routes to the estimation of this, one building up the estimate by the use of data from NHS reference costs and knowledge and assumptions about the level of usage; the other by using the DfT estimates of the costs of either serious or slight injuries.

The assigned cost of an A & E attendance is £354, while the cost of a one day stay in an A & E bed is £435. The cost of a psychiatric bed day is £176 for an inpatient; while a psychiatric out-patient costs £173 per new case and £100 per follow up (Department of Health 2002c). However, it is not known how many days of hospital care such an emergency admission results in on average, so estimation using these figures was not possible.

Hence, the cost of the medical care of a person who was an emergency admission for attempted suicide is estimated using the information from the DfT about medical costs. This could be at the same level for a 'slight' injury DfT, that is, 'moderate' injury (BCS IPV), which is £680, or for a 'serious' injury, which is £9,190. If the cost is treated as equivalent to that for a 'slight' injury, then this would amount to £6,695,000, and for 'serious' injury, to £90,485,000. It is probable that the cost lies between the two figures.

6.7 Conclusions

There is a very substantial body of research-based evidence that domestic violence against women has a negative impact on mental health and that it leads to increased use of health services. This impact is widely recognised in policy circles. Research on the impact of domestic violence on men's mental health is less well developed.

The best estimate of the cost of domestic violence for the treatment of mental disorder is £176 million. This is based on estimates of the number of women suffering domestic violence from the 2001 BCS IPV, research on the

increased utilisation of mental health services by abused women, and the cost per capita of mental health services estimated by Patel and Knapp using NHS data from *Burdens of Disease*.

The report considered the practicality of making sub-estimates for treatment of three of the major forms of mental distress consequent on domestic violence, depression, PTSD, and in response to suicidality. However, these are not used in the calculation of the final estimate, partly because they are less robust and partly because they are not necessary to the calculation of the overall figure. There are further costs of the mental disorder produced by domestic violence that are not included here, such as those associated with disrupted employment, the value of voluntary services such as the Samaritans, and the value of the destruction of a person's peace of mind.

7 Social services and children

7.1 Why include social services

Social services are involved in domestic violence principally because of their statutory duties to protect children, which can involve addressing domestic violence. Social services rarely provide substantial support to those who suffer domestic violence unless there are additional factors, such as an impact on children. Hence, the focus of this chapter is of social service interventions that include domestic violence as a component element of their work, rather than as its main focus. Domestic violence not only has a direct effect on those abused, but it also has an effect on the children, and in some instances it is also implicated in the causation of child abuse. Children in homes where there is domestic violence are widely reported as suffering. A significant number of women and children are both abused by the same adult male perpetrator in the family. For such children, child abuse is structured by and takes place within a context of a male perpetrator of domestic violence. Of course, there are other patterns of causation in child abuse, some of which include women as abusers, so it is not appropriate to include all child abuse within domestic violence. Only social service responses to needs of children that are linked to domestic violence are included in these estimates.

7.2 Impact of domestic violence on children

The impact of domestic violence on children is substantial, according to an editorial in the *British Medical Journal* (Hall and Lynch 1998) as well as the Women's Aid Federation of England (1999), and affected children may develop a series of problems such as reduced educational achievement, antisocial behaviour, involvement in street and playground violence, and increased attention deficit disorder (Hall and Lynch 1998). A wide variety of difficulties faced by children who witness domestic violence are very widely reported (Henning et al 1996; Hester, Pearson and Harwin 2000; McGee 1997; WAFE 1999). Common difficulties reported by Jaffe et al (1990) are increased levels of anxiety and psychosomatic illnesses such as headaches, abdominal complaints, asthma, stuttering, and increased levels of running away. Graham-Berman and Levendosky (1998) found traumatic stress symptoms in children of battered women. Tunstall and Aldgate (2000) report that young children who had been exposed to domestic violence were more likely to have been referred to Social Services because of poor mental health or other serious problems than other children. Brandon and Lewis (1996) report on the cumulative harm to children's emotional and mental health of witnessing violence and of living in an environment where domestic violence takes place. Kolbo, Blakely and Engleman (1996) review 29 of the most robust of the hundreds of articles that have been written on children and domestic violence, and conclude that there is substantial evidence that such witnessing is harmful to children's emotional and behavioural development. Edleson (1999) reviews 31 of the most rigorous articles on children's witnessing of adult domestic violence and concludes that a variety of behavioural, emotional and cognitive-functioning problems were associated with this.

There is considerable occurrence and inter-relationship between domestic violence and child abuse from the same adult male perpetrator. Child abuse has very serious consequences for children both immediately and for their long-term development. Social services are involved in domestic violence especially in relation to the needs of children (Stanley 1997), including not

only social workers but also a wide range of services (Armstrong and Hill 2001; Ferguson 2001). Children are affected especially because of the extent of the co-occurrence of the abuse of children and the abuse of the adult woman by the same perpetrator, the adult man in the household (Mullender and Morley 1994).

Widom (2000), in a study published by the US National Institute of Justice *Journal* examined the long-term effects of child abuse and neglect on a cohort of 1,575 children in the US, when they reached the age of 29. She found that those who were abused or neglected had lower IQs than those who had not been, the abused group completed fewer years of schooling, were in lower occupational grades, were more likely to have been unemployed, were less likely to be in a stable marriage, more likely to have been delinquents and to have a criminal record, and were more likely to have attempted suicide.

7.3 Domestic Violence and Child Abuse Co-occurrence

In order to estimate the cost of domestic violence to social services, it is necessary to estimate the extent to which domestic violence is associated with the social services department's concern with child welfare. This requires an assessment of the frequency of the co-occurrence of domestic violence and child abuse, both in general, and more specifically in the work of social services.

There is a wide range of literature documenting the overlap between domestic violence and child abuse (Kelly 1994, 1997; Kolbo et al 1996; McKay 1994; Mullender 2000, 2001; Mullender and Morley 1994). Maynard (1985) investigated the extent to which domestic violence was recorded by social workers and found that one third of a sample of current social work case files in a northern British town had recorded direct references to domestic violence. Farmer and Owen (1995) found that there was domestic violence, usually from the man to the woman, in 59% of the 29 families where child abuse had brought the case to conference. They considered that the two forms of abuse were related and regretted that this did not seem to be a major concern for practice. Middlesbrough Social Services report, in Middlesbrough Domestic Violence Forum (1999), that in 21% of all referrals domestic violence was a reason for referral. On the Child Protection Register 39% of cases noted that domestic violence was a concern. The Teesside Family Court Welfare report 1998-9 noted that domestic violence was a concern in 39% of cases. The NSPCC in Teesside reported that in 1997/8 75% of their child protection cases involved domestic violence. Tajima (2000) confirms the association between wife abuse and violence towards children, though notes the co-occurrence of a wide variety of other factors, while Tajima (2002) notes the significance of mediating factors.

The Department of Health study by Cleaver, Undell and Aldgate (1999: 21) found that the more advanced the stage of investigation into child abuse, the greater was the likelihood of the recording of domestic violence. Following a review of a number of research studies, they find that at the referral stage 27% of child abuse cases record domestic violence, at the first enquiry 40% record domestic violence, at child protection conference 35-55% record domestic violence, and at care proceedings 51% record domestic violence. They note that it is not clear whether this is a real difference in rate of domestic violence between different categories, or that deeper investigations led to greater recording of domestic violence. This report notes the co-occurrence of two further parental problems, those of mental illness and alcohol and drugs, which can exacerbate the problems caused to children by domestic violence.

There are a number of reviews of studies of co-occurrence. Kelly (1994) suggests that studies have found co-occurrence predominantly within a range of between 30% and 50%. Mullender (2000) reports that the overlap between women abuse and child physical abuse has been estimated at between 30% and 60%. Edleson (1995) in a review of studies of domestic violence and child abuse found that in 32% to 53% of families where women are beaten children are also the victims of abuse by the same perpetrator. Appel and Holden (1998) found 42 studies of some co-occurrence of spouse and child abuse. In a review of 31 of these studies they found an overlap in clinical samples of battered women and physically abused children ranging from 20% to 100%, with a median rate of 40%. The most frequent pattern is that in which a man abuses both wife/partner and child.

Most of the quantitative evidence on the co-occurrence of domestic violence and child abuse is concerned with cases where a man is the perpetrator of both, although there is qualitative evidence of a less prevalent phenomenon that involves more complex patterns of intra-familial violence, including that towards men. However, the absence of reliable quantitative data on this means that no estimates of co-occurrence of domestic violence and child abuse with differently gendered patterns can be used as the basis of estimates here.

In the light of these findings, the best estimate is that there is co-occurrence of domestic violence against women and child abuse in 40% of cases.

7.4 Estimating the proportion of time in child abuse cases that can be attributed to domestic violence

Some studies have allocated all the costs of child abuse cases where there is co-occurrence with domestic violence to domestic violence (Stanko et al 1998). The best reason for doing this is if the violence of a single male perpetrator to both woman and child is regarded as the main form of child abuse, and in which supporting the woman is the best way of ending the child abuse, either by supporting her within the family or by supporting her if she were to leave the family. There is a substantial body of literature that argues this either directly (Kelly 1994; Mullender 2000), or at least argues that much more effort should be spent on the domestic violence element in families in addition to a focus on the children where there is co-occurrence of domestic violence and child abuse (Farmer and Owen 1995; Stanley 1997), including the main social services regulatory body, the Social Services Inspectorate (1995). There is a similar debate expressed in terms of the relative balance of time and effort that social workers should spend on 'child protection' or on 'family support' in these complex cases (Armstrong and Hill 2001). Indeed Ferguson (2001) argues that a key issue is the development of egalitarian relationships and the 'democratic family' as the best route to promote child protection.

Manners (2002) states that a survey of social work cases in the West Wiltshire District Council found that domestic violence was a prominent feature in almost 50% of cases. She estimates that within social services 33% of the load of social workers in child care, child protection and family support teams is due to domestic violence, 2% of the emergency duty team, 2% of residential and day care services for those with mental health needs and, within the Swindon area, led to the cost of placing two children in care for 12 weeks.

Stanko et al (1998) estimate that 22% of the costs of the Children and Families Teams, within Hackney Social Services, could be allocated to cases involving domestic violence. These costs include the costs of residential care for a child and management and central services. They reach this estimate by

a trawl of recently completed cases in one of the teams on the duty side and examinations of two duty team social workers current workload and then an examination or referral records of the duty and long term teams. They found that about 6% of the duty team cases and 30% of the long-term team cases involved domestic violence. They worked on the assumption that there were twice as many long-term teams as duty teams. Then they calculated that on average 22% of the budget associated with the work of the children and family teams was used by cases involving domestic violence. They make the assumption that in those cases where domestic violence is present, the whole of the cost of the case should be properly allocated to domestic violence.

However, this may seem a little excessive to allocate all the costs of social services with children in cases where there is domestic violence to domestic violence, since there will be work with the child as well as work with the woman and other family members, while some child abuse may be generated by more complex processes than simply the man's actions (Featherstone and Trinder 1997), and there may be co-occurrence and mutual interaction with other risk factors such as mental illness and alcohol/drug problems (Cleaver et al 1999) and depression (Sheppard 1997). Indeed, there are complex ways in which social services work for abused women and abuse children interact. Recent social work practice has been directed to address domestic violence where this is co-occurent with child abuse on the grounds that this is important in reducing the risk of child abuse.

Hence the judgement here is that half the costs of those cases where there is co-occurrence of domestic violence and child abuse should be attributed to domestic violence, rather than all of the costs.

7.5 Cost of care of children in need

The core of the costs of domestic violence for social services concern those associated with care and support for children. Rather than starting with a figure for the social services budget, which includes issues other than children, it is useful to focus on estimates of the costs for children. A new source of estimates from the PSSRU has become available. The Children in Need (CiN) Census (DoH/ONS 2002) provides information on social services expenditure on children that develops that reported in Beecham et al (2001). They report that 'abuse and neglect' was recorded as the main reason that 55% of all 'Children being Looked After' and 26% of other children in need who were being supported in their families or independently and who were receiving social services interventions. There were 376,000 Children in Need in England in 2001, of which 69,000 of them were 'Children Looked After'. At any one time social services were providing services for around 223,000 Children in Need. The average 'Child Looked After' cost Social Services £500 per week, and other Children in Need £120 per week. This amounts to an annual spend of £2.6 billion on Children in Need, of which £1.6 billion was on Children being Looked After and £1 billion on the other Children in Need.

Thus the amount being spent on children for reasons of 'abuse and neglect' was £880 million (for those being looked after) plus £260 million (for those at home or independent), making a total of £1.14 billion for such services.

7.6 Estimating the total cost

As shown above, in at least 40% of cases there is co-occurrence of domestic violence and child abuse. Thus domestic violence is present in the Social Services caseload concerning children costing £456 million. One half of this sum might be a reasonable, if perhaps conservative, estimate of the extent to which this workload is driven by domestic violence. This is: £228 million.

8 Housing

8.1 Why housing costs?

'Housing' costs include a wide range of services, of which only the core is actual accommodation. Housing costs are generated by domestic violence in a number of ways. Most obviously, women may flee a violent partner, either for a short period of time or permanently, leaving behind their home. In the short term they may need somewhere to stay other than the home shared with the abuser, such as a refuge or other temporary accommodation. In the longer term there are costs associated with leaving behind an old home and with setting up a new home, if the woman decides to leave permanently. Many return to a violent home more than once after having left for a short period in the hope that he will change. They may need short-term accommodation more than once for this reason. There are many indirect yet essential costs associated with these changes. There is a need for information, advice and support, often provided as outreach and resettlement services by refuges and local housing authorities. Many who do not use refuges as places to stay nevertheless draw on their expertise via phonelines and other outreach services to provide them with the information they need in order to plan their future. The process of setting up a new life can be daunting and fraught with practical difficulties, with which the resettlement services may be of assistance. There are many additional costs associated with moving to a new home, such as replacing furniture damaged or left behind and of new school uniforms if there is a change of school for children as well. There are several types of costs associated with the financial abuse that may accompany physical abuse. These may include the non-payment of the joint mortgage, which may lead to the re-possession of the family home; rent arrears, perhaps leading to failed tenancies; together with other debts that might be left with the woman after a separation from a violent partner. Some of these costs apply to men as well as women leaving a violent partner, though the majority of some costs, for example refuges, are associated with domestic violence against women.

While there have been changes to policy designed to remove the violent partner, rather than the victim, from the shared home, for example with 'ouster' injunctions, these do not remove the need for emergency housing in a crisis, incur costs in themselves, and are not always reliable ways of ensuring the woman's safety if the man returns persistently. There are costs borne by landlords and services dealing with setting up new tenancies. There are also costs to the perpetrator in setting up a new home, but these are not included in this report.

There are costs of providing emergency and temporary housing. The focus here is on the costs of temporary accommodation provided by local authorities and refuges, though voluntary groups, friends and relatives also provide important support and resources. There are sometimes costs of leaving behind an old form of accommodation. There may be costs associated with the loss of an owner-occupied property, especially if the process of the break-up of the relationship involved financial abuse, or the non-payment of the mortgage and re-possession of the property by the mortgage lender. There are costs of supporting the woman through these moves. There are costs in providing information, advice, support and counselling provided by refuges and local authority housing authorities.

A wide range of sources of data are used to construct these estimates. These include the statutory P1E homelessness returns from Local Housing Authorities to the Office of the Deputy Prime Minister and the Chartered Institute of Public

Finance and Accountancy (CIPFA); research commissioned by the ODPM including Levison and Kenny (2002); information on Housing Benefit from the Department for Work and Pensions; a project survey of refuge costs; and the research literature on the cost of the loss of own-occupied and other housing.

8.2 Emergency accommodation from the Local Housing Authorities

Under homelessness legislation, Local Authorities have a legal duty to help those fleeing domestic violence and other people in vulnerable circumstances with accommodation and advice, provided they meet statutory homelessness criteria. They provide temporary accommodation of various forms to meet these needs, together with associated advisory and welfare services.

Estimating the costs of these services requires knowledge of the number of households that break-up as a consequence of domestic violence and the extent to which they access different forms of assistance. The women who are most visible to statisticians are those who present as homeless to Local Housing Authorities as a result of domestic violence. Information about housing costs due to domestic violence for non-statutory homeless households, either because they have been assessed and found to fall outside the statutory protections, or have not made a homelessness application (for whatever reason), can be inferred only indirectly.

8.3 Definitions and legislation

Domestic violence is defined by the Housing Act 1996 as 'violence from a person with whom he is associated, or threats of violence from such a person which are likely to be carried out' (Housing Act 1996 Section 177 and 178). This report addresses evidence about costs for the period when the housing and homelessness duties of local authorities in relation to households experiencing domestic violence was covered by the Housing Act 1996, before the 2002 Homelessness Act. Domestic violence includes both men and women, though Levison and Kenny (2002), a report for the ODPM on which we draw for this analysis of costs, focuses solely on domestic violence perpetrated against women by current or former male partners.

The Housing Act 1996 and the Homelessness Act 2002 apply to England and Wales. There are separate Codes of Guidance for England and Wales. The Department of the Environment and Department of Health issued the Code of Guidance to housing authorities in England. The Secretary of State for Wales issued separate guidance. There is broadly similar legislation and codes of practice in Scotland.

The Housing Act 1996, Part 7, placed a responsibility on Local Authorities to give priority to certain groups in assessing entitlements to assistance, that is, in assessing 'statutory' homelessness. In particular those who have dependent children or who are pregnant are considered to be in priority need for housing. In addition, authorities are expected to assess whether those outside these groups were vulnerable due to domestic violence (and other factors). The Homelessness Act 2002 widened these responsibilities so as to extend the category of those in priority need to include those who are vulnerable as a result of having to flee their home because of violence or the threat of violence, whether or not they have children or are pregnant. This is consistent with the Code of Guidance issued in 1996. (Both the 1996 and 2002 Acts require 'vulnerability' as a result of domestic violence in order to give priority to their needs.) Wales and Scotland assess priority need due to domestic violence slightly differently. In Wales, for example, automatic priority need is awarded to households homeless due to domestic violence without requiring the additional criteria of 'vulnerability' to be met.

8.4 Numbers

Fifteen percent of those households that were accepted as homeless by Local Authorities in England and Wales 2001-2, that is, 18,234 households, gave domestic violence as the reason for the loss of their last settled home (see Table 8.1 below).

Table 8.1: Homeless households accepted as being unintentionally homeless and in priority need due to violent relationship breakdown, 2001-2

	Total number of acceptances as homeless	No. accepted as homeless due to domestic violence	% accepted as homeless due to domestic violence
England ¹	118,360	17,510	15%
Wales ²	5,333	724	14%
England and Wales ³	123,693	18,234	15%

(1) Source: Data derived from ODPM 2002b, Table 4, 'Statistics Release sh-Q3, Statutory Homelessness'. ODPM 11th December 2002.

(2) Source: National Assembly for Wales (2002) Welsh Housing Statistics. Table 7.3

(3) Figures for 'England and Wales' are the sum of the figures for these two countries.

Homeless households are assisted in different ways and with different types of accommodation. Thirty-five percent of homeless households were re-housed directly without the use of temporary accommodation. 135,228 were provided with temporary accommodation, of which 4% was in women's refuges, 18% in hostels, 23% in bed and breakfasts, 2% directly with a private landlord, 16% private sector accommodation leased by LA and RSLs, 18% were deemed homeless at home, and 19% in other accommodation. Of Local Authority expenditure on homelessness 36% was spent on administration and welfare (Chartered Institute of Public Finance and Accountancy 2001).

Households who were accepted as homeless due to domestic violence were temporarily housed in a number of ways, while waiting for permanent council or social housing to become available. Table 8.2 provides data from two sources, one a survey of Local Authorities on the distribution between different types of accommodation at 31 March 1999 (Levison and Kenny 2002), the other the Chartered Institute of Public Finance and Accountancy Statistical Information Service CIPFA (2001, 2002). This distribution across different housing types of households made homeless through domestic violence is slightly different than for all homeless households (see Table 8.2). However, it was not possible to cost all the different forms of provision, so these estimates are based on the average for all homeless households, but the differences in cost are unlikely to be large.

Table 8.2: Type of temporary accommodation used by households made homeless due to domestic violence and by all homeless households

Type of accommodation	% of households homeless due to domestic violence (1)	% of all homeless households (2)
Refuges	15	3
Hostels	13	19
Private rented sector	6	3
Bed & Breakfast	6	24
Local Authority/Housing Authority temporary basis	31	N/A (4)
Properties leased by LA's or RSLs on temporary basis	N/A (4)	12)
Friends/Relatives (3)	25	19
Other (4)	5	20
Total	100	

(1) Adapted from Levison and Kenny, 2002, Table 3.2. Refers to England in 1999.

(2) From Chartered Institute of Public Finance and Accountancy Statistical Information Service *Homelessness Statistics, 1999-2000 Actuals, 2001-2002 Actuals* (London, CIPFA, 2001, 2002) Summary Table B, non-financial data. Refers to England and Wales, 2001-2.

(3) These categories overlap but are not identical. CIPFA's Homeless at Home category includes those who 'remain in (or return to) the accommodation from which they were being made homeless' (CIPFA 2002, p.7), as well as those staying with a friend or relative (CIPFA 2002, p2, note 6).

(4) CIPFA include in the 'other' category households accommodated in LA or RSL owned housing on a temporary basis (which are treated by Levison and Kenny as a separate category), as well as those housed in mobile homes, caravans, portacabins or 'transportables' (CIPFA, 2002, p.7, 'Other Accommodation'). Levison and Kenny do not discuss their 'other' category, but since they allocate no households to the category 'properties leased by LAs or RSLs from the private sector', it probably includes these.

8.5 Costs

The best estimate for the total budget spent by all Local Authorities in England and Wales on homelessness in 2001-2 was £225,004,237 (CIPFA 2002). This figure is produced by the Chartered Institute of Public Finance and Accountancy, and is based on returns made by 376 Local Authorities, grossed up to give an estimate of expenditure by the 376 Local Authorities in England and Wales. This figure does not include housing benefit, which is considered below. There are some limitations to this figure that mean that it is an underestimate of the total cost. First, it does not include central government grants (£3,906,975) or income received from other organisations (£795,416) that might have been further contributions from other parts of the public purse to the cost of homelessness provision. Second, it does not include the cost of the use of Local Authority and Registered Social Landlord properties that are used on a temporary basis, since CIPFA found it not practical or possible to identify them. This may be a substantial underestimate of the cost, since Levison and Kenny (2002), in a survey of the types of accommodation used by households made homeless because of domestic violence in England in 1999, estimated that 31% of the accommodation they used was of this type.

Fifteen per cent of this expenditure of £225,004,237 is estimated to have been incurred in relation to domestic violence, since households made homeless through domestic violence constituted 15% of such households assisted by Local Authorities, as noted above in Table 8.1. This is a sum of approximately £33,751,000 for families made homeless through domestic violence.

Housing Benefit

Housing Benefit is used to pay the rent on the temporary accommodation provided through the Local Authority. Thus it constitutes an additional source of public money to support the housing needs of those fleeing domestic violence. The estimates below are derived from data about 2001-2. The estimate for cost of Housing Benefit is confined to those households that were accepted as 'statutory' homeless.

When one member of a household leaves because of domestic violence, this may often result in a need for an additional housing unit. The estimates of the cost of Housing Benefit are based on the assumption that either the previously joint household was not in receipt of Housing Benefit or that this payment is additional to any previous receipt of such funds. It is not known how many women were previously in receipt of Housing Benefit, nor if the household they leave is in receipt of this benefit.

Housing Benefit funds are transferred through Local Authorities in three ways. First, Local Authorities receive funds of £159,581,616 that are equivalent to Housing Benefit subsidies for the temporary accommodation they provide. Second, tenants claim Housing Benefit and pay this to the Local Authorities, where a sum of £68,152,778 is recorded as 'charges to clients' (CIPFA 2001; ODPM 1998). These two sources of Housing Benefit amount to £227,734,394. Fifteen per cent of this is for households that were accepted as homeless that gave domestic violence as the reason for the loss of their last settled home. Thus the cost of Housing Benefit for households made homeless through domestic violence via these two types of transfer amounts to approximately £34,160,000.

The third flow of Housing Benefit concerns women made homeless through domestic violence who live in other forms of temporary accommodation, including that of private sector landlords, and bed and breakfast accommodation, which are not included in the figures above. Based on data from Levison and Kenny (2002), it is estimated that 6% of households accepted as homeless due to domestic violence are with private landlords and a further 6% are in bed and breakfast accommodation (see Table 8.2). This amounts to 12% of the 18,234 households accepted as homeless due to domestic violence, that is, 2,188 households. This figure only includes households that have been accepted as 'statutory' homeless and who gave domestic violence as the reason for the loss of their last settled home. It does not include households accepted as homeless that gave reasons other than domestic violence for their homelessness, nor does it include those that do not seek such assistance, nor does it include those that are not accepted as 'statutory' homeless. Thus it is probable that more households than 2,188 are claiming Housing Benefit as a consequence of fleeing their homes because of domestic violence.

The average amount of Housing Benefit per week in 2001-2 was £53.90 (Department for Work and Pensions 2002). This may be less than the average amount of Housing Benefit paid to households homeless due to domestic violence, since such households may be more likely to contain children than the average homeless household, but, in the absence of estimates that are both more precise and reliable, the average cost is used as the basis of the estimate here. It is estimated that Housing Benefit is paid for 28 weeks, amounting to an average of £1,509 per household. This estimate of the length of time for the payment of the benefit is based on a review of available evidence and discussions with experts in the field, in lieu of any more reliable source of evidence. The data on how long women stay in temporary accommodation is complex, since, while some will spend only short stays in a refuge or a few days or weeks, some will experience a staged transfer from very short term accommodation into longer term, but still

temporary accommodation, perhaps in the private sector, before finally being re-housed permanently (Levison and Kenny 2002: 36, 41, 48). As was noted in the employment chapter, domestic violence is seriously detrimental to a person's employment possibilities and thus the ability to earn so as not to need Housing Benefit. The cost of 2,188 households on an average Housing Benefit of £53.90 for 28 weeks is £3,302,000.

Thus the cost of Housing Benefit for families who are accepted as 'statutory' homeless and who gave domestic violence as the reason for the loss of their last settled home and who are staying in temporary accommodation organised through their Local Authority in these three different ways is estimated to total £37,462,000.

Families and Friends: 'Homeless at Home'

Many women fleeing domestic violence go to stay temporarily with friends and relatives. The 2001 BCS IPV found that 39% of women moved out, at least temporarily, after the incident of domestic violence that they defined as the worst. Of these 90% went to stay with family and friends, while 4% went to a refuge. After that, half the women moved back, while others found other ways to move on. After the initial flight, 18 per cent of the women told the BCS IPV that they stayed with family and friends.

Some of these families and friends are captured in the category 'homeless at home'. These are predominantly women who are statutory homeless and wanting to be re-housed by the Local Authority, but staying in a home of friends or family, rather than in temporary Local Authority accommodation. In these cases the 'wider society' is picking up the cost of helping women out of domestic violence. This will have some 'opportunity' costs for those who do it, even though those who offer such help would not want to put a price on it. However, it might be appropriate to recognise this opportunity cost. Of the many family and friends who help with accommodation we estimate the opportunity cost only for those households that look after a woman who is registered with the Local Authority as homeless due to domestic violence. The majority of households helping women do not register in this way. For these households, the opportunity cost could be estimated at the same rate as Housing Benefit for 28 weeks, that is, £1,509 for each woman and her family. There are 4,444 officially registered as 'homeless at home' due to domestic violence. Thus this opportunity cost to 'wider society' of housing victims of domestic violence is at least £6,707,000.

Only a tiny proportion of those fleeing domestic violence who go to stay with family and friends apply and are accepted as statutory homeless. Thus the figure of £6.7 million is a very serious underestimate of the opportunity cost to the wider society. In view of the extent of the underestimate, this figure is not included in the estimate of the total cost of housing due to domestic violence.

Refuges

Refuges constitute a most important source of emergency housing for women experiencing domestic violence. Not only do refuges provide a place to stay, but they also provide many additional support services. These are usually provided not only to women in the refuge and to former refuge residents, but also to other women facing domestic violence. These services have usually been integrated into refuge provision. However, since 2003, there has been a financial separation of the rent element from the costs associated with these services consequent on the 'Supporting People' programme introduced in April 2003. However, the data here pre-date this cost separation procedure.

Levison and Kenny (2002)'s research found that an estimated 19,910 women and 28,524 children were accommodated in refuges in England in a one-year period, 1997/8. If England were typical of England and Wales combined, this would be 21,086 women and 30,209 children in England and Wales³. There were approximately 7,269 refuge bed-spaces in England at the end of March 1998 (Levison and Kenny 2002). If this number were typical of England and Wales combined, it is probably that there would have been 7,698 such places in England and Wales at that time. There were 409 refuge properties in England in 1998. Of these 32% were owned by local authorities, 57% by Registered Social Landlords, 5% by refuge groups, 2% had private owners and 4% had other forms of ownership.

A survey carried out by Women's Aid Federation England, as part of the ODPM research reported in Levison and Kenny (2002), found that on one day, 8 February 2000, there were 2,256 women and 3,055 children living in refuges, totalling 5,311 residents. If these figures were grossed so as to represent a combined England and Wales, this would mean that an estimated 2,389 women were living in refuges on that day. Of these, 940 women had been accepted as homeless, 760 of women were women who were pregnant or with children, while 610 had applied to be considered homeless and were waiting for a decision, again largely women who were pregnant or with children, 460. Nearly 72% had children or were pregnant, and almost half (46%) of the children were under 5 years old. This means that 1,316 did not currently have the status of homeless. Refuges thus help considerable numbers of women who have not been accepted as homeless by the relevant Local Authority.

While there were an estimated 2,389 women (in England and Wales) on one day, of course, more than this number passed through a refuge in the course of a year (this was an estimated 21,086 for England and Wales). Of women who left refuges, more than 20% were re-housed by a local authority or registered social landlord; while at least 20% returned home to the perpetrator of the violence. A more recent survey, the Women's Aid Federation of England census on the night of 8 January 2003, found that 2,477 women were accommodated on one night (WAFE personal communication). The estimates in this report are centred on the year 2001, so the figure for 8 February 2000 will be used, since this is closer in time to that year, rather than the larger figure for 2003.

³ This grossing is based on the population figures for Census Day 2001, when there were an estimated 49,138,831 people in England and 2,903,085 in Wales (National Statistics 2002).

Outreach and resettlement

Most refuges provided outreach and resettlement services and work with children. Outreach services include a wide range of forms of information, advice and counselling, from legal advice to emotional support. These often involved 24 hour or near-24 hour telephone contact through the refuge. More than 80% of the refuge groups provided outreach services, often through general refuge services, though a third had specific outreach projects and 15% had advice centres. Resettlement services were provided by 95% of refuges, and were available to over 60% of those who had left temporary accommodation or been re-housed as a result of domestic violence.

Children's' services: Most refuges provided additional work specifically with children, with a view to the special stresses to which they had been subject. The recent WAFE (2003) survey found that of responding organisations (largely refuges) the following services were provided for children, including children's' activities/outings (84%), children's advocacy and one-to-one support (62%), crèche facilities (40%), children's support group (22%), and formal counselling services for children (19%). Of responding organisations 67% were fully funded for their children's services, though 27% were only partially funded and 7% not at all funded.

Telephone support: Some telephone support is provided by national lines for which costs can be separately identified, while the majority of telephone support is provided by refuges the separate costs of which are hard to identify. WAFE took 17,781 calls. The best estimate of the cost for this comes from a funding application for £495,000 for 2003-4. Refuge handled 32,000 calls for which they received a grant of £750,000. Government contributes towards the costs of these services, with charitable funding sources meeting the gap. There were also many refuges and local authorities that provided near-24 hour help lines (ODPM 2002c). 209 organisations associated with WAFE received and answered 193,514 telephone calls, during 2001-2. Of these 92 organisations, 38% of those responding provided a separate advice line or helpline, taking 125,634 (65%) of the total calls. 124 organisations (51% of those responding) provided 24-hour telephone support (WAFE 2003). The best estimate for the cost of the national phone lines is £1.25 million, but the local and regional lines are hard to cost not least because of the extent to which they are embedded in other services. Better information on the cost and number of calls will be available following the establishment of a single freephone helpline service in England operated jointly by Refuge and Women's Aid. The service was launched in December 2003. The Government together with Comic Relief have each allocated over £1m over the next three years.

The information gathering exercise about the supply of services as part of the 'Supporting People' programme, showed that many schemes are in place for 'Women at risk of domestic violence'. The figures below indicate the number of households that can be supported by the following services (rather than the number of schemes), and represent services funded through Supporting People and other sources. These figures are from the December 2002 Supporting People supply mapping exercise, which collected information on services in all 150 Supporting People Commissioning Body areas. Services include: accommodation based floating resettlement and outreach services (809 household units); community and social alarm service; floating support service (1,774 household units); outreach service (568 household units); resettlement service (99 household units) (ODPM Supporting People supply data; total funded provision, December 2002⁴). An earlier study (Levison and Kenny 2002), found that these services are most often provided by refuges in 68% of local authorities (indeed 95% of refuges provide resettlement and aftercare services), while other sources were the housing department (10%), Victim Support (11%), Police (11%) and other voluntary groups (41%).

Many of these services were supported by other public funds. It is hard to disentangle the sources of funds. Some of the costs were integrated into the general account of refuges and funded by the rents paid from Housing Benefit together with support from Local Authorities and other bodies. According to ODPM (2002c), some form of funding for such services was provided, during 1998/9 and 1999/00, by 60% of housing departments, 70% of social services departments and 50% of chief executives departments.

There are additional Government funds, through the Housing Corporation, to support the development and refurbishment of refuge accommodation. These capital sums amounted to £7.7 million in 2000/1, £9.9 million in 2001/2 and £14.2 million in 2002/3⁵.

Project survey of refuge costs

This project conducted its own investigations into the cost of providing refuge services since these were not available in the existing literature. Refuges meet a substantial part of their costs from rents from individual women residents. Most of the cost of these rents is borne by the state in

⁴ Supporting People data is available at <http://www.spkweb.org.uk/Evolution/5.1.1DocumentDisplay.asp?ThemeID=49>

⁵ For 2003/4, the government has allocated £18.9m to provide new refuge places and improve existing run down provision and a further £7m to £9m in 2004/5 and 2005/6. These sums are not included in the estimates since they are later than the period under

the form of Housing Benefit paid to women for their housing costs while they stay in refuges. This sum of money is in addition to the sum of money reported as expended by Local Authorities.

Five refuges from across the UK were contacted in order to enquire about their costs. Since London costs are reputed to be higher than those elsewhere in the country, the cost of the London refuges in the sample was weighted, so that these accounted for just 25% of the cost estimate, in line with the number of refuges in London as a proportion of those in England (as estimated by ODPM 2002c). The costs of refuges, were obtained on the basis of room rent per week. These are then grossed up to levels for England and Wales for a year, using estimates for the refuge population in England and Wales of 2,389 in 2000. These figures include both rent and support costs since this information was collected period prior to the implementation of the Supporting People programme, which distinguished between these two costs.

There are a number of other sources of refuge funding that are not included here. These include: the contribution of volunteer time; charitable funds; government funds associated with Section 17 of the Children Act and occasionally under the 1948 National Assistance Act. Further, a number of women with no recourse to public funds because of immigration control are accommodated by refuges.

Table 8.3: Refuge costs

	Rent per week
Camden Women's Aid	£270.67
Brent Women's Aid	£528.47
Hackney Women's Aid	£478.89
Edinburgh Women's Aid	£337.19
Carmarthen Women's Aid	£495.38
Average London refuges	£426.01
Average non-London refuges	£416.29
London as 25% of all refuges	
Average rent for all refuges	£418.72
<i>Rent per place average</i>	
Average rent per year (52 weeks) per place, all refuges	£21,834
<i>Total rent for all women in refuges in England and Wales</i>	
For 2,389 women, cost for refuges places is:	£52.161 million
The estimated cost of refuges in England and Wales is	£52.161 million

Note: These costs include an element of support costs within the rent, since they were provided before the implementation of the Supporting People Programme.

8.6 Potential costs

The actual level of current expenditure is not necessarily the best level of expenditure. For example, Welsh Women's Aid (2002) argue that increasing the amount spent of services for women and children facing domestic violence, in order to improve the and co-ordination of services, could significantly reduce the incidence of domestic violence. They suggest eight elements: direct support to women in refuges, or their resettlement, outreach to support women in the community, 24 hour help lines and counselling; administrative functions to underpin provision; a national helpline; national support for service delivery; early intervention and raising

awareness work; research and record keeping; recruiting and co-ordinating volunteers; and developing capacity for instance by training workers. This document sets out desirable minimum standards in each of these areas. They estimate that the implementation of this plan would cost £22.317 million for Wales, nearly half of which would be spent on direct support. If this sum were grossed up for the UK, it would be £455 million.

Loss of owner-occupied housing

Among those losing a home that they were buying, are a proportion for whom this process of breakdown of the relationship also involved mortgage arrears and eviction. In 2001, 158,857 homes were subject to court actions that were made for the recovery of residential property (ODPM 2002a), although some of these actions are suspended rather than leading to immediate repossession and eviction. In 1998 an average of 650 households a week (Nettleton et al 1999), amounting to 33,800 households that year lost their homes through mortgage repossession.

There seem to be no records of the number or proportion of these that are the consequence of relationship breakdown due to domestic violence. However, the characteristics of those households that are most likely to be subject to mortgage arrears and eviction share some similarities with the characteristics of households that have recently been subject to relationship breakdown due to domestic violence. In particular, mortgage arrears and eviction are disproportionately found among those who are separated or divorced (Böheim and Taylor 2000; Burrows 1998) and lone parents (Ford and Burrows 1999).

The rate of domestic violence varies by the form of housing tenure (though it is not suggested that the form of housing causes domestic violence). The rate of domestic violence last year was 2.8 per cent among female and 2.0 per cent among male owner occupiers; 6.2 per cent among women and 3.4 per cent among men in the private rented sector; and 9.1 per cent among women and 2.5 per cent among men in the social rented sector (Walby and Allen 2004). Owner-occupation is the majority form of tenure in Britain, with 70% owning their own homes in the UK (DTLR 2002). Although those in owner-occupied housing were less likely than those in the rented sector to be subject to domestic violence, because there are so many more people live in this form of housing tenure they constitute significant numbers. Women in households that were poor, and those under financial stress, were much more likely to have suffered domestic violence than those that were better off. The rate of domestic violence against women who would find it impossible to find £100 was 10% as compared to 3% against women who would not find it a problem; and the rate of domestic violence against women in households with an income of less than £10,000 was 8.9%, as compared with 2.6% against women in households that earned over £20,000. Women who were separated were more likely than any other marital status to have suffered domestic violence in the past year, 14.5% as compared with 2.0% for those who remained married. Further, the section in this report on civil legal remedies estimated that 29% of divorces involved domestic violence, using data from the 2001 BCS IVP.

This data from studies of the characteristics of those who undergo re-possession (Böheim and Taylor 2000; Burrows 1998; Ford and Burrows 1999), and of the characteristics of those subject to domestic violence (Walby and Allen 2004), suggests very strongly that domestic violence is associated with those forms of household break-up that are associated with mortgage arrears and re-possession. A conservative estimate might be 10% of such households undergoing re-possession.

There are financial costs associated with mortgage arrears and repossessions. These include interest on arrears, administrative charges from lenders, court charges, and estate agency fees, all of which fall on the borrower. In addition there are costs that fall on a wider community such as those from higher levels of insurance payments for Mortgage Indemnity Guarantees.

The average costs associated with the administration of arrears, litigation and selling were estimated at £2,500 by Ford et al (1995) on the basis of a random sample survey of 111 households giving up possession 1991-4. The average residual debt for each repossessed homeowner is estimated at £14,4000 since there are average arrears of £5,600 as well as and substantial negative equity.

There are further additional impacts on the health and well-being of those involved, since this is in itself a stressful life event (Burrows 1998), which may lead to increased use of primary health care services especially visits to GPs, and costs to the NHS (Ford and Burrows 1999). There are likely to be disruptions to social networks and systems of social support, children's schooling and friendships, and to wider family relations and social psychological issues associated with the stigma associated with debt (Ford and Burrows 1999).

Women were especially vulnerable where a male partner had left the family in those instances where the man had controlled the family's finances. Lenders tended to pursue outstanding debts on the repossessed home with the woman who was easier to contact than the absent man. Women were more likely to have difficulty obtaining paid work that would pay the mortgage when they became lone mothers (Nettleton et al 1999).

Women who left violent relationships were likely to suffer a decline in their living standards. Estimates of the number of lone parents for whom violence had been a factor in the break-up of the relationship were reported to range from 20-40% (Wilcox 2000). This study found that while all the lone mothers experienced debt, three-quarters of them experienced severe debt, that being £700 or seven times their weekly income. Half of the women had experienced difficulties with their violent partners over getting housekeeping money.

Most of these costs, while clearly substantial in their impact and significance, are hard to estimate accurately and robustly. The one figure that we will use, is that of the £2,500 estimated by Ford et al (1995) for the cost of the administration of arrears, litigation and selling, in 1991-4.

The greater the ease with which a person can find independent housing, the greater the likelihood that they will be able to reduce the number of violent attacks to which they are subject. This is because they may be able to leave either temporarily or permanently to avoid violence. Difficulty in accessing housing thus reduces a person's capacity to take this kind of avoidance action by themselves. There are various barriers to accessing independent housing. Perhaps one of the most important of these is financial. The majority form of housing tenure in the UK is owner-occupation, indeed 70% of UK households own their home (DTLR 2002). Home ownership often requires two incomes rather than one, especially in early stages of the life-cycle, thus owner-occupation is difficult for many women to achieve if they are living by themselves on leaving a violent partner. Further, women are less likely to be earning an independent income than men, especially when they have dependent children, and, even if they have a job, the wage is on average less than that of a man, especially if the job is part-time, as is the case for over 40% of women in the UK. Women leaving violent men may be then financially precluded from accessing the majority form of tenure in the UK, that of owner-occupation, because they do not have sufficient earned income to support a mortgage by themselves.

Costs for owner-occupiers: The average cost of the administration of arrears, litigation and selling associated with mortgage arrears and re-possession is £2,500. This cost was borne by 33,800 households in 1998. If we estimate, on a conservative basis, that 10% of these households suffered domestic violence, that would be 3,380 households. This amounts to £8.45 million.

Moving and setting up a new home

Moving and setting up a new home involves a series of costs. Some are debts from the past; some are costs of the new home. A violent relationship may involve financial abuse, such that the woman is denied effective participation in household financial decision making, which have enduring consequences if the woman decides to separate (Wilcox 2000). This financial mismanagement may involve the non-payment of the mortgage on the family home; the non-payment of bills for utilities such as electricity, gas, and phone; the man running up debts; and the failure to give the woman sufficient housekeeping money. This may have particular repercussions at and after the point at which the woman decides to leave. In particular, she may be pursued for debts that she had little responsibility in acquiring, especially if she remains in the family home and thus easier to contact than the absent man. Further, a violent relationship may involve damage to or theft of property that is either jointly owned or that of the woman or children. The setting up of an independent home, whether in the same or different house, may involve the costs of repairing or replacing such items. These costs are noted in the KPMG (1996) study of the economic costs of domestic violence. Rent arrears are an example of a debt acquired jointly during a violent relationship, over which the woman may have had little control. Whether women are obliged to pay these debts, and the extent to which Local Authorities chase women or men for rent arrears varies according to circumstances. If the woman stays in the home it is easier to chase her for previous debts than to chase a man who has moved elsewhere. These may include unpaid bills, phone, gas, and electricity, directly related to the house, and also joint credit cards and bank accounts. However, it is hard to estimate the size of these costs in the UK.

Setting up a new home has a number of associated expenses. These include the cost of removals from the old home, the setting up of fuel connections, and furnishing. Indeed furnishing a new home, after fleeing domestic violence may be a matter of some expense. An estimate of the lowest possible cost of furnishing a new home for a mother with a child was £640 (not including carpet) from a second hand shop and £1,400 from the cheapest local retailer (Speak 1995). Since it is policy from the DSS not to recommend second hand purchase, even for those in financial difficulty, it is appropriate to take the second estimate.

The Social Fund makes limited loans without interest, for essential items, but since they were repayable, these did not count as a cost to the public purse, and so are not included in these estimates.

Community Care Grants are available to some people moving to a new home who are on income support with less than £500 of savings in very defined sets of circumstances, one of which is that 'there is violence in the family and someone had to move' (DWP 2001). The items that can be purchased are limited, for instance, expressly excluding school uniforms, sports clothes or equipment for school. The average award was for £338. Of the £106.2 million budget, 47.2% went to 'Families under exceptional pressure' and 4.2% to 'people setting up home as a planned programme of resettlement' in 2001-2 (DWP 2002: Annex 1). It would be reasonable to assume that some of these grants went to women setting up a new home after fleeing domestic violence.

There were 18,603 households officially accepted as homeless due to domestic violence in England and Wales in 2001/2 and around the same number, an estimated 21,086, were accommodated in refuges in England and Wales in 1997/8. It is reasonable to presume that most women who moved home to escape violence would need to furnish a new home. This would cost, on the basis of Speak's (1995) estimate at least £1,400 at the cheapest shop, amounting to £26,044,000 for 18,603 households. We assume that such households were able to access a Community Care award for the average amount of £338. This would contribute £6,288,000 from the public purse to these costs. This leaves £19,756,000 borne by the women privately. Some, possibly many, will also access some charitable funds.

8.7 Total Costs

The estimated housing cost caused by domestic violence is £158 million (see Table 8.4). Most of this, £130 million, is borne by the state at both national and local levels. This cost is made up of £34m for temporary housing provided by Local Housing Authorities to those registered with them as homeless due to domestic violence; £37m for Housing Benefit paid for those who were living in housing made available by Local Housing Authorities to those accepted as homeless who gave domestic violence as the reason for the loss of their last settled home; £52m for the provision of refuges, largely for rents and associated support costs paid through the then Housing Benefit system; £26m to set up new homes of which an estimated £6m was met by Community Care awards and £20m by the women themselves; £8m was associated with the costs of re-possession following divorce and separation consequent on domestic violence that is borne privately. This is an underestimate for several reasons. It does not attach a figure to the provision of temporary housing by family and friends; nor for settling debts that the man has left in cases of financial abuse; nor for the costs to Local Authorities for the use of temporary use of the LA and RSL properties; nor does it put a figure on the very considerable emotional costs of the stress of homelessness and of being forced to move home in search of safety. These costs are not differentiated by gender, although it is probable that the majority of these costs are associated with housing in relation to women and their children. This is partly because the homelessness statistics are not disaggregated by gender, so it is not possible to differentiate between costs for women and for men. However, all or almost all of the refuge costs are for women.

Table 8.4 Estimated Housing Costs due to Domestic Violence

Type of Cost	State (local or national) £'000s	Individual £'000s	Total £'000s
Local Authority	33,751		33,751
Housing Benefit	37,462		37,462
Refuges	52,161		52,161
Furnishing a new home	6,280	19,756	26,036
Re-possession costs		8,450	8,450
Total	129,654	28,206	157,860

9 Civil legal costs

9.1 Why include civil legal costs?

The civil legal system is an important part of the legal response to domestic violence. While in the case of most other types of violent crime the relevant legal system is the criminal one, in the case of domestic violence the civil legal system is also currently important. It may appear a little odd that the civil law, rather than the criminal law, is so systematically called upon to regulate or ameliorate acts that are crimes under the law (Edwards 1989), but nonetheless it currently plays an important role in two main ways. Firstly, the civil law potentially offers a route to restrain a violent person in the absence of criminal action. Civil law offers injunctions in tort to restrain harassment and also occupation orders (previously called ouster/exclusion orders) that may secure the removal of a violent partner from the home (Edwards 2001). Secondly, the civil legal system is often needed in order to disentangle a person from the wider aspects of a violent relationship if and when s/he seeks to leave permanently. There are complex issues associated with the ending of a marriage or partnership, including financial and property issues and the place of residence of and contact with any children, where the civil legal system is often involved in adjudicating between parties in conflict. The costs associated with divorce due to domestic violence are also relevant, though not all abused women are married to the perpetrator.

9.2 What are the relevant civil legal actions?

There are two main kinds of civil legal actions used in relation to domestic violence. The first are injunctions that attempt to restrain the violent partner. The second are those actions associated with the legal disentanglement of a relationship that has broken down because of domestic violence.

Most of the civil legal procedures relevant to domestic violence are classified as family matters and dealt with by the Family Division of the High court, in county courts, and family proceedings courts (parts of magistrates courts). There are two main categories: matrimonial cases, which include domestic violence injunctions; and Children Act cases. In matrimonial cases, in addition to divorce, there are three potential elements: domestic violence injunctions; the location of the residence of and contact with the children; and financial provision, that is money and property. Domestic violence injunctions are a response to actual or threatened violence and seek to prevent future violence or to remove the perpetrator from the home. Financial provisions concern money and property issues involving periodical payments or a lump sum to children or to spouse, as well as splitting and disposal of any joint property, pensions, and debts. These have sometimes been called 'ancillary relief' or 'maintenance'. Issues associated with children include especially residence and contact and include prohibited steps orders, specific issue orders, and parental responsibility. Under the Children Act cases can be brought under either private or public law. Private law cases are brought by individuals, generally in connection with divorce, and are often legal aid funded; public law cases are brought by local authorities or the NSPCC and the costs fall on these bodies.

There have been recent changes in the relevant legislation. The three main changes are: first, Part IV of the Family Law Act 1996 implemented in October 1997 that allows both more people access to legal protections and a wider range of legal protections; second, the setting up of formula driven procedures within a separate agency, the Child Support Agency, to deal with the financial support of children by an absent parent, which has removed a significant number of the issues of financial support from the remit of the

matrimonial courts; third, the 1997 Protection from Harassment Act, coming into effect in 1998, which makes it possible to take out civil proceedings against someone for a course of harassment, including a section making breach of a civil injunction enforceable by powers of arrest. In some respects this may be seen as a steady development of the law, with an extension of the range of actions and reliefs and with these being made available to a widening set of people. For example, some rights initially confined to married people are now extended to those who are cohabiting; and the power of arrest is now routinely added to injunctions where there has been previous violence or threats of violence instead of only exceptionally (Edwards 2001; Lord Chancellors' Department 2002). In other respects there are changes that have more complex effects. In particular, there has been a shift away from proceedings being conducted under matrimonial acts and a shift towards the use of the Children Act 1989 (Maclean 1998: 15, 29) and other instruments. For example, the procedure whereby the absent parent is assessed for payments to support children has been largely removed from the courts (variously known as ancillary relief, or money and property, or financial provision) and performed instead by the Child Support Agency. While this does not of course remove all financial matters from court jurisdiction, since there are financial and property issues to be settled between separating partners, nevertheless, this has contributed to the decline in the overall number of 'matrimonial' cases.

9.3 Methods and main sources

In estimating costs two distinct elements in civil legal actions need to be separated: those related to injunctions specifically and solely in relation to domestic violence; and those associated with separating from a relationship that is ending because of domestic violence. The first, domestic violence related injunctions, are costs that can be unambiguously identified as due to domestic violence. These are the costs for specific injunctions to restrain a violent person from molesting their partner and to eject them from the home. Here the task is to identify the cost of these injunctions and their number. The second requires not only an identification of the cost of the various legal actions associated with divorce and separation and the discovery of their numbers and costs, but also an estimation of the proportion of these separations that were consequent on domestic violence. That is, this second step requires additionally an estimate of the proportion of divorce and of separation of non-married couples that is due to domestic violence. There is a third category that is a hybrid of these two elements. This is 'combined proceedings', which contain two out of the three categories of 'domestic violence', 'private law Children Act proceedings', and 'financial provision'.

The estimates below use data from three main sources. First, information on the nature and numbers of civil legal actions is derived from the *Judicial Statistics 2001* published by the Lord Chancellor's Department (2002). Second, the number of different types of relevant civil legal actions that were funded by the state in 2001/2 through legal aid is derived from information provided by the Legal Services Commission (Legal Services Commission 2002). Third, the analysis of the composition of the expenditure on legal aid in the family justice system draws on the analysis by Maclean (1998) of the Legal Aid Board Research Unit.

The data on these actions are not provided in a form that is disaggregated by gender. Hence it is not possible to estimate separately the costs of domestic violence that involves men or women. However, it is probable that the majority of the costs are incurred in cases where the domestic violence is from a man to a woman. In several of these actions there will be two parties to the dispute incurring legal costs.

The Lord Chancellor's Department *Judicial Statistics* and the Legal Services Commission provide the most up-to-date information on the numbers of cases. However, this is only summary statistical data. Thus, the research carried out by the then Legal Aid Board Research Unit (LABRU) as to the detailed composition of these costs (Plesance, Maclean and Morley 1996; Maclean 1998) is helpful in ascertaining the extent to which domestic violence issues are contained within some of the summary categories. However, this detailed research was carried out on data for 1996/7, so is less up-to-date on the number of cases than the first two sources.

The analysis by Maclean (1998) of the composition of the costs of legally aided matrimonial, children and domestic violence cases in England and Wales in 1996-7 is based on four data sets. The first is the 180,000 cases from the Legal Aid Board (LAB) Electronic Data Systems from one year. The second is of 650 cases based on solicitors' files from over 200 solicitor accounts that are intended to be representative of ordinary, less complex cases. The third is 150 cases based on analysis of solicitors' files, and the fourth, 14 interviews with solicitors. The analysis of the first two data sets produces two different sets of estimates of the costs and proportions of types of cases. The first, drawn from the larger data set of 180,000 cases, might be considered to be more accurate than those based on the smaller data set of 650 solicitor files, since the latter were subject to selection criteria that reduced the likelihood of the longer, more complex, more expensive cases being represented (for example, no cases costing over £5,000 were included). However, the solicitor files, since they include greater detail, enable a more accurate classification of cases to be made. This may be especially the case for 'combined cases' (i.e. two or three out of domestic violence, money and children) since the LAB sample has a more summary classification and a very much smaller proportion of combined cases.

9.4 How many legal actions and what do they cost?

Three types of civil legal actions are considered here: first, domestic violence injunctions; second, divorce; and third children and finance/related actions associated with the breakdown of marriage and co-habitation. The first are totally attributed to domestic violence, while only a proportion of the second and third are attributed to domestic violence.

Domestic violence only injunctions

The *Judicial Statistics 2001* show that, under the Family Law Act 1996 Part IV Domestic Violence, 20,968 non-molestation orders and 9,789 occupation orders were granted in 2001. This makes a total of 30,757 domestic violence related orders in 2001.

In addition to the direct payments for these legal aid funded cases, there are costs associated with the administration of this legal aid. The Legal Services Commission (2002: 1) estimates that £71.6 million of its £1.2 billion grant is spent on administration costs (the Commission having over 1,400 staff in 14 offices), which is 6% of its costs. It is assumed here that these costs may be allocated in proportion to the expenditure in the different fields.

The number of legally aided injunctions in relation to domestic violence in 2001/2 was 22,416. This was 16% of the total number of legally aided family proceedings. It is possible that 16% is an underestimate of the number of legally aided injunctions in relation to domestic violence, since the review of solicitor's files found that 28% were domestic violence only. However, the more conservative estimate of 16% will be used for these calculations.

The average cost of each of the bills for these domestic violence actions was £1,976 in 2001/2. Thus the value of the legal aid paid to support domestic

violence injunctions in 2001/2 was £44.294 million (Legal Services Commission 2002: 32). For domestic violence only injunctions, there was an estimated additional 6% in administrative costs that amounts to £2.657 million. This produces a total of £46.951 million cost to the state for domestic violence only injunctions in 2001/2.

The number of orders granted, 30,757, was higher than the number of legally aided cases, 22,416, by 8,341. It would be reasonable to assume that the difference is made up of injunctions that were funded personally by the applicant. If it is assumed that they cost the same amount each, that is, £1,976, the cost of domestic violence injunctions borne by individuals in 2001 was £16.482 million.

Table 9.1: Cost of domestic violence injunctions 2001/2

Domestic violence injunctions	Number	Average cost £	Total paid £'000s	6% admin £'000s	Total cost £'000s
Legally aided	22,416	1,976	44,294	2,657	46,951
Individually paid	8,341	1,976	16,482	-	16,482
Total	30,757	1,976	60,776		63,433

Calculated from Legal Services Commission Annual Report 2001/2, Table CLS 7 and page 1.

Divorce and separation

The second set of relevant legal actions is that associated with the breakdown of a relationship due to domestic violence. These include primarily divorce, but also the separation of an unmarried couple. The civil legal proceedings are important for settling contentious issues of the residence of and contact with children and financial provisions, including property settlements. In addition there is the cost of divorce itself, though, since legal aid is rarely provided for a simple divorce without the aforementioned complications, the cost of this is largely a private burden rather than one on the state. It is necessary to estimate the numbers and costs of these actions, and then to estimate the proportion of these actions that may be regarded as a consequence of domestic violence.

Divorce

In 2001 161,580 petitions for divorce were filed (LCD 2002 *Judicial Statistics*: Table 5.5). Maclean (1998: 18) found that in 1996 the average (mean) cost of undefended divorces funded by legal aid was £1,507, and £2,402 for those that were defended. In 1996, there were 101 legally aided undefended divorces and 1,391 defended legally aided divorces (1,492 divorces altogether). The legally aided divorces in 1996 cost the state: £161,000 (undefended divorces including 6% admin) plus £3,542,000 (defended divorces including 6% admin), which amounts to £3,703,000.

Most divorces are not legally aided. In 2001 this probably includes 160,088 divorces (161,580 minus those that are legally aided – 101 and 1,391). (The numbers of divorces in 2001 are taken from the *Judicial Statistics*, rather than Maclean's figure for 1996/7). It is assumed that 95% are undefended and 5% are defended. Thus, a cost of £248.4 million is borne by private individuals.

Table 9.2: Divorce numbers and costs

	Number	Individual cost	6% admin per case	Total Cost £'000s
Legally aided				
Defended	1,391	£2,402	£144	£3,542
Undefended	101	£1,507	£90	£161
Total legally aided	1,492			£3,703
Non-legally aided				
Defended	8,004	£2,402		£19,226
Undefended	152,084	£1,507		£229,191
Total non-legally aided divorces	160,088			£248,416
Total divorces	161,580			£252,119

Source: Lord Chancellor's Department (2002) *Judicial Statistics* Table 5.5; Maclean (1998).

Note: Figures may not sum due to rounding.

Actions associated with divorce and separation: children and money/property

There were 136,146 applications made under the Children Act in 2001 (*Judicial Statistics 2001*: 51). There were 54,049 orders for ancillary relief, that is financial matters, under the Matrimonial Causes Act 1973 in county courts in 2001 (*Judicial Statistics 2001*: 58). This means that there were 190,195 applications related to the children and financial aspects of divorce and separation made to the civil courts in 2001.

In 2001/2 there were 118,490 bills paid for matrimonial proceedings other than domestic violence only: private law Children Act proceedings, special Children Act proceedings, other public law Children Act proceedings, financial provision combined family proceedings, other family proceedings, help with mediation (Legal Services Commission 2002). The average cost of legally aided non-domestic violence proceedings is £3,058. The cost of these actions to the state is £362,348,000, plus 6% administration of £21,740,545, which sums to £384,089,000. This figure will include the 1,492 legally aided divorces, estimated to cost £3,703,000 above, and when this figure is subtracted, the non-domestic violence only and non-divorce costs for matrimonial proceedings amount to £380,386,000.

The number of these matrimonial proceedings exceeds that for which legal aid was granted by 71,705. It is reasonable to presume that in these cases the civil legal costs were borne by the applicant. The average cost of these non-domestic violence injunction cases is presumed to be the same as if they were legally aided, that is, on average, £3,058. The cost borne by the applicants as private individuals is then £219,274,000.

Table 9.3: Cost of legally aided family proceedings 2001/2

Nature of proceedings	Number	Average cost £	Total paid £'000s	Cost incl. 6% admin £'000s
Financial provision	33,613	£2,712	£91,158	£96,628
Private law Children Act proceedings	48,503	£2,407	£116,747	£123,752
Special Children Act proceedings	25,692	£4,687	£120,418	£127,643
Other public law Children Act proceedings	7,440	£3,019	£22,461	£23,809
Combined family proceedings	405	£3,476	£1,408	£1,492
Other family proceedings	2,123	£4,682	£9,940	£10,536
Help with mediation	714	£303	£216	£229
Total	118,490	£3,058	£362,348	£384,089

Calculated from Legal Services Commission Annual Report 2001/2.
Table CLS 7 and information on page 1.

9.5 Proportion of divorces and relationship breakdown due to domestic violence

These are all civil legal actions associated with family relationships that are breaking up. If domestic violence causes the deterioration of a relationship sufficient for one party to turn to the civil law for protection, then it is reasonable to assume that at least some of these costs derive ultimately from domestic violence. The question is then, how many of these were due to domestic violence? This requires an estimate of the number of marriage and partnership breakdowns that are subject to civil legal regulation that are due to domestic violence.

The proportion of marriages that end in divorce is currently around 41%. Of marriages begun in 1993-4, 41% are estimated to end in divorce (Cook 2001). Women are the applicants for divorce in the majority of instances, 69% in 2001. The most significant ground for divorce was unreasonable behaviour, which was used in 46% of cases as compared with 27% for adultery and 17% following separation (ONS 2002). However, there are no administrative statistics as to the proportion of marriages and partnerships that break down as a result of domestic violence. Domestic violence is not one of the legal grounds for divorce, and petitioners are not obliged to reveal information about this, even though domestic violence may be used as an example of the 'unreasonable behaviour', which is used as the grounds for divorce.

The most widely reported figure on the proportion of marriages that break down as a result of domestic violence is one third (Hester). However, there are higher estimates, for instance, Ingleby (1992), in an investigation of 60 divorce files from 5 solicitors in Britain that were monitored continuously for 18 months, found that 47% of divorces involved domestic violence.

It is possible to provide an estimate of the proportion of marriages ending in divorce using data from the 2001 BCS IVP. This found that 21% of women (aged 16-59) had experienced domestic violence since they were 16, while 4% had experienced violence in the last year. Thus 17% (21% minus 4%) of all women respondents had both experienced domestic violence at some point in their lives and had managed to get it to stop. When asked why they thought the violence stopped, 88% of these women, (i.e. 15% of the female population aged 16-59), said that it stopped because they had split up. Thus 15% of the female population had left relationships because of domestic violence.

Among women in the population aged 16-59, around 41% are divorced and 15% have left relationships due to domestic violence. Some women will have left cohabiting rather than marriage relationships, indeed among couple households 18% are cohabiting and 82% are married (ONS 2003). This suggests that 29% of divorces are due to domestic violence.

This estimate that 29% of divorces are due to domestic violence is similar to the proportion of one-third that is widely cited. It will be used to estimate the proportion of the costs of divorce and associated actions that should be attributed to domestic violence.

The proportion of civil legal costs associated with relationship breakdown is higher than this, since breaking up cohabiting relationships, while not involving the costs of divorce itself, may well involve civil legal cases to resolve child and financial issues. No estimate is included of such civil legal costs during the break up of non-married relationships. So this is a conservative estimate of civil legal costs associated with domestic violence and relationship break up.

Table 9.4: Estimated civil legal costs of divorce and associated actions due to domestic violence

CJS activity	Legal aided, state supported £'000s	Individual bears cost £'000s	% related to domestic violence	State costs £'000s	Individual costs £'000s	Total costs £'000s
Divorce	3,703	248,416	29%	1,074	72,041	73,115
Associated actions (children, finance property)	384,089	219,274	29%	111,386	63,590	174,976
Total				112,460	135,631	248,091

9.6 Total costs

The cost of civil legal proceedings due to domestic violence is £312 million. Of this, £159 million is spent by the state on legal aid bills associated with domestic violence. Of this £47 million is spent directly on domestic violence injunctions. The remainder, £112 million, is spent on the legal disentanglement of relationships whose ending is associated with domestic violence. Additionally, individuals bear almost the same bill size bill personally, that is, £152 million. Of this £16 million is spent on domestic violence injunctions, while the majority, £136 million, is spent on divorce and separation related actions concerning children and finance.

Table 9.5: Estimated civil legal costs associated with domestic violence

CJS activity	Legal aided, state supported £'000s	Individual bears cost £'000s	% related to domestic violence	State costs £'000s	Individual costs £'000s	Total costs £'000s
Domestic violence injunctions	46,941	16,482	100	46,941	16,482	63,423
Divorce	3,703	248,416	29%	1,074	72,041	73,115
Associated actions (children, finance)	384,089	219,274	29%	111,386	63,590	174,976
Total				159,401	152,113	311,514

10 Employment

10.1 What employment losses?

Domestic violence reduces a person's capacities and capabilities in many ways, one of which is the ability to work. This may include: lost days of employment as a result of injuries, fear and anxiety, time spent seeking help and seeing doctors and lawyers; lost productivity and promotion as a result of working beneath potential as a result of injuries, fear and anxiety; lost jobs as a result of poor work performance and of the need to move locality in order to escape a violent partner or former partner (Lloyd 1997; Raphael and Toman 1997; Shepard and Pence 1988) and disrupt education and training programmes (Brush 2000). Employment losses affect the individual victim, the employer, the government and society more generally. While the individual loses income, promotion and jobs; the employer faces the costs of days taken off sick; lower productivity because of poor concentration and possible disruption by the violent partner at work; the costs of recruitment and re-training if a person leaves their job (Henderson 2000). The government loses tax revenue, from national insurance and income tax. Society as a whole loses when the UK economy loses productivity and output from women (Walby and Olsen 2002).

10.2 Data sources

This method used to cost employment losses is the same as that used by the Home Office (Brand and Price 2000). This utilises the estimates developed by the Department of the Environment, Transport and the Regions (then Department of Transport, Local Government and the Regions, now Department for Transport) to estimate lost economic output loss following road traffic accidents (DTLR 2001). This takes into account impacts beyond the initial one.

There are further sources of information as to the extent and cost of sickness absences for employers (Barham and Leonard 2002; CBI and PPP 2002). Bevan and Hayday (2001) suggest that the method of cost estimation used by employers will often underestimate the full costs, since they are concerned only with basic salary and neglect the costs of replacements, from overtime to temporary employees. However, these do not sufficiently differentiate between the costs of different kinds of sickness absence to be useful to the estimation of the cost of any form of violence.

An alternative method would have been to have used the British Crime Survey IPV as a source of data on the amount of time taken off from employment as a consequence of crime.

Brand and Price (2000) prefer the data from the DfT to that from the BCS on the grounds that they are more comprehensive and accurate for crimes involving injury and/or severe psychological impacts. Investigation of the medical and transport research underlying the DfT costs (Chilton 1998; Hopkin et al 1993; Murray et al 1993; McMahon 1995; O'Reilly and McMahon 1993) suggests that these are indeed better able to capture the severe long-term costs than the necessarily short-run perspective of the BCS which addresses this question only to those who had suffered domestic violence in the preceding year. This is the basis on which the DfT estimates of economic output loss are used here.

The costs of lost economic output estimated in this report are those consequent on domestic violence injuries. They are calculated as the value of lost earnings plus any non-wage payments paid by the employer, such as

national insurance contributions etc. This costing practice is described in DTLR (2001:3) and is the same as that adopted by Brand and Price (2000).

However, these costs are likely to be an underestimate, especially for domestic violence, which includes sexual violence, which can have severe mental health consequences (Miller, Cohen and Wiersema 1996), which is, for obvious reasons, not addressed in the road accident injury research. Brand and Price (2000) note the need to develop costs for sexual assaults. So, while DfT data will be used as the basis of the estimates, this will be modified so as to include an estimate for that form of domestic violence that is rape or sexual assault.

While Brand and Price (2000) used the estimates of the value of lost output produced in 1998, this report uses the more recent estimates produced by DTLR (2001), which provide costs for 2000.

10.3 Costing lost output

The DTLR (2000) estimates that the lost output per fatality is £393,580, for a serious injury is £15,150, and a slight injury is £1,600. There is an average for all casualties of £7,390.

Following the Home Office methodology, these costs are applied to the crime categories within which domestic violence falls, in a manner parallel to that in earlier chapters. Fatality is assumed to cover both homicide (murder and manslaughter) as well as suicide. Rape and other penetrative sexual assault is assumed to have the same impact on employment as serious physical injuries not least because of their well-established traumatic impact on mental health. This assumption about serious sexual assault was discussed with Brand of the HO Economics and Resource Analysis team.

Table 10.1 Lost economic output estimates

Type of crime/domestic violence	Cost of lost economic output £
Fatality 'domestic homicide'	393,580
Serious wounding 'choked'; 'a weapon was used' 'rape'; 'assault by penetration'	15,150
Other wounding (only that likely to cause an injury) 'kicked, bit, hit with a fist'	1,160
Common assault (no physical injury) 'pushed, held, slapped'	20
Assumed no economic output loss 'Threat to kill'; 'threatened with weapon'; 'stalking'; 'non-penetrative sexual assault'	0

Source: DTLR 2002; Brand and Price 2000.

Brand and Price (2000) additionally include the sum of £20 to represent the average loss of economic output for those who have suffered common assault. This is here extended to those that have suffered non-penetrative sexual assault. The estimates of the economic output losses of common assault may be underestimates since, while there are no physical injuries, there may be consequences for the mental health of those who have suffered domestic violence. These effects, especially depression, are known to have a serious impact on employment (Knapp and Patel 1998). Thus it may well be that the estimates of the employment consequences of repeated domestic

violence that results in either no or only minor physical injuries may have consequences for mental health, such as depression, that themselves have serious consequences for employment. The costs of detriments to mental health on employment are not included in these estimates.

There is a question as to whether to estimate the cost of lost output in relation to each incident of violence or to treat domestic violence as a course of conduct suffered by the victim. The practice in this report is to treat domestic violence as a course of conduct, often composed of multiple incidents. The level of severity of this course of conduct is identified by reference to the incident that the victims themselves define as the worst.

There is a further consideration about the extent to which domestic violence prevents people from working. This may be because injuries, both physical and mental, lead to persistent absences that employers may not tolerate. Repeated acts of domestic violence can remove some from employment altogether, leaving them either unemployed or economically 'inactive'. Indeed the 2001 BCS IPV found that 2 per cent of women and of men who had been employed and suffered domestic violence lost their jobs as a result of domestic violence. Further, the 2001 BCS IPV found that while women who were employed had a prevalence rate of domestic violence of 3.9%, those who were unemployed had a rate of 6.3% and those who were 'economically inactive' a rate of 4.8%. It may be that domestic violence has impact on economic output by removing some women from employment altogether.

Table 10.1 presents the best estimate in the context of the above assumptions. The cost of lost of economic output due to domestic violence is £2,672,397,000. Of this, £2,119,115,000 is in relation to domestic violence against women and £553,282,000 for domestic violence against men.

Some of this cost will be borne by the individual as a consequence of lost wages and lost employment. Some of it will be borne by the employer in so far as the employer pays her wages while she is absent from work with mental or physical injuries. It is hard to ascertain the extent to which the employer continues to pay wages and the extent to which the woman loses wages. The best estimate is probably an even split between the two. There are also additional costs to the employer, not included here, related to lost productivity and the need to recruit and train replacement employees.

Table 10.2 Estimates of lost economic output due to domestic violence

Type of injury DfT	Type of crime (1)	Cost per type of crime £	Number women	Cost for women £'000s	Number men	Cost for men £'000s	Number of victims	Cost based on victims £'000s
Fatality	Domestic homicide	393,580	102	40,145	23	9,052	125	49,197
Serious	Serious wounding (choked)	15,150	65,000	984,750	6,000	90,900	71,000	1,075,650
Serious	Serious wounding (weapon used)	15,150	13,000	196,950	11,000	166,650	24,000	363,600
Serious	Rape and assault by penetration	15,150	37,000	560,550			37,000	560,550
	Of which rape	15,150	28,000	424,200			28,000	424,200
Slight	Other wounding (kicked, hit with fist)	1,600	205,000	328,000	177,000	283,200	382,000	611,200
(2)	Common assault (pushed, held, slapped)	20	410,000	8,200	174,000	3,480	584,000	11,680
(2)	Non-penetrative sexual assault	20	26,000	520			26,000	520
Total				2,119,115		553,282		2,672,397

(1) Data from the 2001 BCS IPV (though some figures are calculated from data in Walby and Allen (2004) rather than taken directly from this report), except for numbers of domestic homicides (source **Criminal Statistics**).

(2) The estimate of £20 is taken from Brand and Price and derives from information collected in the main BCS for common assault, which is applied to both minor domestic force and that form of non-penetrative sexual assault that involves unwanted sexual touching that caused fear, distress or alarm.

11 Human and emotional costs

11.1 Why include human and emotional costs?

The reason for including the human and emotional costs is so that they are taken into account in policy making in relation to domestic violence. They are important and their inclusion is necessary if they are to count within the current policy regime. It is important that the inclusion of these issues as costs is not at the expense of their direct and immediate significance. Rather concern with the human and emotional impact, concern with justice and human rights, and concern with the cost of domestic violence are parallel and complementary ways of making the point that domestic violence is important.

The cost of human and emotional impacts is included in Home Office (Brand and Price 2000) costs of crime and in Department for Transport (DTLR 2001) estimates of the costs of road traffic accidents. Thus the inclusion of the human costs is already part of the UK governmental process of evidence based policy making. This report uses the Home Office methodology. The US National Institute of Justice (1996) includes the human costs in its reports on the cost of crime, so this is a recognised international practice.

Some studies of domestic violence do not include a component for human costs, although it is included in the US study by Miller, Cohen and Wiersema (1996) and the Spanish study by the Institute for Women of Andalusia (2003). One of the reasons for this lack of inclusion is that it was thought too difficult to do from a methodological stance. Others thought that it was inappropriate to put a monetary measure on human costs. Cohen (1988) argues that unless the costs of pain and suffering are included we underestimate the impact of crime and make inappropriate policy decisions. If pain and suffering are included, then there is more reason to spend more on interventions than if we do not include it.

In recent years there has been considerable development of the methods to analyse economic costs in a range of policy domains. A wide range of costing exercises, from road traffic accidents to crime and health, now include such an element in their costs. Hence a methodology for the inclusion of the human costs of domestic violence now exists as a result of its development in these parallel fields. The main argument for its inclusion is that its omission means that this element is less likely to enter into policy making. If it is omitted then the scale of the impact of the problem may appear smaller to policy makers. The attachment of a larger monetary sign, by the inclusion of a figure for the human cost of pain suffering and fear is likely to increase the priority given to the problem by policy makers. This study will include a figure for the human costs of pain, suffering and fear, for these reasons. It is not intended to be a substitute for the analysis of domestic violence from the perspective of justice and fairness, but rather a complement.

11.2 Methods of estimation

This research project follows the methodology used in the Home Office report by Brand and Price (2000). This in turn draws on developments in methodology in the research programme of the Department of Transport. The method used by the Department for Transport to count the human cost, the pain and trauma, of death and injury in road traffic accidents changed in 1988 from the human capital approach to one based on a 'Willingness-To-Pay' approach (O'Reilly and McMahon, 1993). This 'Willingness-To-Pay' (WTP) approach places a value on the avoidance of fatalities and injuries by estimating what individuals would be willing to pay for a small decrease in the risk of

such an accident. This approach is consistent with the principles of cost benefit analysis in reflecting the preferences and attitudes to risk by those likely to be affected by them. This involves asking a sample of the public to indicate the extent to which they would be prepared to pay in order to avoid particular kinds of road traffic accident injury and of fatalities. Since direct risk assessments can appear unrealistic to respondents, a complex methodology has been developed over several years to produce questions that respondents find more manageable. This produces estimates as an outcome of a complex four-stage process linking, or chaining, assessments of comparison of risk of similar types of events to other questions that establish a link to a monetary framework (Chilton et al, 1998).

A further government agency, the Health and Safety Executive (HSE), has carried out research into the methodology of such measurements. The HSE has as a core function the evaluation of risks to safety. With other government departments it commissioned a report (HSE 1999) to assess and develop the willingness-to-pay methodology so that it might be used across a wider range of contexts, reported in Chilton et al (1998). It sought to discover whether and if so the extent to which preferences of members of the public and workers varied from one hazard context to another. In particular, whether these varied by differing degrees of dread at the prospect of death or injury, together with perceptions of the degree of voluntariness, control and responsibility associated with different kinds of risk. For instance, would risks outside of people's control, for example a nuclear power station, be assessed differently from risks more within a person's control, for example in a sporting setting? They found that, while people were able to discriminate among a series of reasons for prioritising one method of saving lives than another that were associated with expert-knowledge, dread, voluntariness, and personal-control, when they were confronted with the implications of this the resulting differentials were small. Though they did not examine issues of intent to cause injury or distress. They concluded that voluntariness, control and responsibility were not factors that the general public felt should be used as grounds for discrimination in expenditure on safety precautions except to a very small extent.

The measurement of the human and emotional costs by the Department of Transport and its successor departments has developed over many years and is now highly sophisticated. The figures it has developed are related to distinctions between specific types of injuries following road traffic accidents and have been used as the basis of the costing of injuries sustained as a result of a violent crime by Brand and Price. However, the particularity of road traffic accidents and the patterns of injury sustained there are not quite the same as those sustained as a consequence of violent crime, nor of domestic violence. One probable difference is the greater likelihood of psychological distress and trauma in domestic violence, especially that which involves sexual violence.

11.3 Costing human and emotional costs of domestic violence

The estimates used by Brand and Price (2000) were drawn from figures based on DfT research published in 1998. The estimates here are up-dated by drawing on the estimates in the then Department for Transport, Local Government and the Regions (2001) for 2000. They estimate the human costs of a fatality to be £750,640, of a serious injury to be £104,650, of a slight injury to be £7,640.

These estimates based on injuries do not include an estimate of the human cost of common assault, since this does not involve injury. Brand and Price

(2000) use respondents answers to a question in the BCS about 'what would be a reasonable financial sum to compensate you for the upset and inconvenience you have suffered' in order to estimate that the human cost of common assault is £240. This sum of £240 is also regarded as the cost per incident of domestic force that constitutes 'other wounding' and may involve minor injuries.

The estimation of the cost of rape and other forms of sexual assault is informed by the large research literature on the trauma and horror caused by these forms of assault and by discussions with Brand. Brand and Price (2000) were hesitant in their estimates as to the human cost of sexual assaults, since there are of course no equivalents in road traffic accidents, suggesting that further research is needed, while noting the need to provide some estimates in order to note its significance. The estimates for the human cost of sexual assault in this report are informed by the large body of literature on the enormous emotional toll that these crimes take on women. Indeed, the BCS finds that women fear rape more than any other crime. In this context, the human cost of rape and assault by penetration is estimated to be at least as high as that for serious injury, where serious injury is a broken bone, that is, £104,300. Other forms of sexual assault that cause fear, alarm and distress are estimated to cause a human cost at the level of common assault, that is, £240. The cost of sexual assault is, uniquely in this study, restricted to women, since the numbers of male victims in the 2001 BCS IPV was too small for reliable analysis. Stalking is a course of harassment of two or more events and can cause trauma among its victims. For nearly a quarter (24% of women and of men) of those stalked (all stalking), it lasted for more than a year. The human cost of stalking is here estimated to be at least as much as that of 'common assault', that is, £240.

Table 11.1 summarises the estimated cost of the human and emotional impact of domestic violence per victim, derived from the DfT (DTLR 2001) and BCS (Brand and Price 2000) sources. These are average costs and any individual case is likely to be different from this. The estimates of the numbers of victims are derived from the 2001 BCS IPV (Walby and Allen 2004). Table 11.2 shows the estimates of the cost of the human and emotional impact of different types of domestic violence by gender as well as the total estimated cost.

Table 11.1 Estimated numbers and basic costs of human and emotional impact of domestic violence

Severity (DfT scale)	Comparable crime category	Type of domestic violence	Cost £	Number of female victims	Number of male victims	Number of victims
Fatal	Homicide	Domestic homicide	750,640	102	23	125
Serious	Serious wounding	'choked or strangled'	104,300	65,000	6,000	71,000
Serious	Serious wounding	'used a weapon'	104,300	13,000	11,000	24,000
Serious	Rape and assault by penetration	Rape and assault by penetration	104,300	37,000		37,000
	Of which rape	Of which rape	104,300	28,000		28,000
Slight	Other wounding	'kicked, hit with fist'	7,640	205,000	177,000	382,000
Slight	Other wounding	'stalking'	240	446,000	71,000	517,000
Slight	Sexual assault	Non-penetrative sexual assault	240	26,000		26,000
	Other wounding	'Threat to kill'	240	82,000	13,000	95,000
	Other wounding	'threatened with weapon'	240	36,000	16,000	52,000
	Common assault	'pushed, held, slapped'	240	410,000	174,000	584,000

Sources: costs for 'serious' and 'slight' from DTLR (2001) and the rest from that for 'common assault' derived by Brand and Price (2000) from the BCS; estimates of number of victims derived from 2001 BCS IPV (Walby and Allen 2004), though some figures are calculated from data in Walby and Allen (2004) rather than taken directly from this report.

Table 11.2 Estimated cost of human and emotional impact of domestic violence

Type of domestic violence	Cost per victim £	Number of victims	Cost for female victims £'000s	Cost for male victims £'000s	Total cost £'000s
Domestic homicide	750,640	125	76,565	17,265	93,830
'choked or strangled'	104,300	71,000	6,779,500	625,800	7,405,300
'used a weapon'	104,300	24,000	1,355,900	1,147,300	2,503,200
Rape and assault by penetration	104,300	37,000	3,859,000		3,859,000
Of which rape	104,300	28,000	2,920,400		2,920,400
'kicked, hit with fist'	7,640	382,000	1,566,200	1,352,280	2,918,480
'stalking'	240	517,000	107,040	17,040	124,080
Non-penetrative sexual assault	240	26,000	6,240		6,240
'Threat to kill'	240	95,000	19,680	3,120	22,800
'threatened with weapon'	240	52,000	8,640	3,840	12,480
'pushed, held, slapped'	240	584,000	98,400	41,760	140,160
Total			13,877,165	3,208,405	17,085,570

Sources: costs for 'serious' and 'slight' from DTLR (2001) and the rest from that for 'common assault' derived by Brand and Price (2000) from the BCS; estimates of number of victims derived from 2001 BCS IPV (Walby and Allen 2004), though some figures are calculated from data in Walby and Allen (2004) rather than taken directly from this report.

The estimated cost of the human and emotional impact of domestic violence is £17,085,570. Of this, and estimated £13,877,165,000 is for domestic violence against women and £3,208,405,000 for domestic violence against men.

12 Summation of costs

12.1 Introduction

This chapter gathers together the costs of domestic violence that have been estimated in the chapters on specific areas, sums them and then re-divides them using further principles of classification. It reflects on the costs that could not be included because of insufficient information.

12.2 The extent and nature of domestic violence

Table 12.1 presents the estimates of numbers of victims according to the classifications used in this report. This includes the type and severity of domestic violence, the most comparable crime category, and the level of severity used in the DfT estimates of the costs of injuries. The estimates of the numbers of victims in this table are derived from the 2001 British Crime Survey self-completion module on Inter-Personal Violence (Walby and Allen 2004) based on a survey of people aged 16-59 in England and Wales.

Table 12.1 Extent of domestic violence, comparing classifications

Comparable crime category	Domestic violence type	DfT severity	Number of female victims	Number of male victims	Number of victims
Homicide	Domestic homicide	Fatal	102	23	125
Serious wounding	choked or strangled	Serious	65,000	6,000	71,000
Serious wounding	used a weapon	Serious	13,000	11,000	24,000
Rape and assault by penetration	Rape and assault by penetration	Serious	37,000		37,000
Of which rape	Of which rape	Serious	(28,000)		(28,000)
Other wounding	kicked, bit, hit with fist	Slight	205,000	177,000	382,000
Other wounding	Threatened to kill		82,000	13,000	95,000
Other wounding	Threatened with weapon		36,000	16,000	52,000
Common assault	pushed, held down, slapped		410,000	174,000	584,000
Other wounding	Stalking		446,000	71,000	517,000
Sexual assault	Non-penetrative sexual assault		26,000		26,000

Source: 2001 BCS IPV (Walby and Allen 2004), though some figures are calculated from data in Walby and Allen (2004) rather than taken directly from this report.

12.3 Summary of costs of domestic violence

The estimated cost of domestic violence in England and Wales in 2001 is £23 billion.

This is constituted by £1,017 million for the criminal justice system (of which £487 million is for the police), £1,396 million for health care, £228 million for social services, £158 million for housing, £312 million for civil legal, £2,672 million for lost economic output, and £17,086 million for human and emotional impact, as shown in Table 12.2.

The cost of services (CJS, health, social services, housing, civil legal) amounts to £3.1 billion, while the loss to the economy is £2.7 billion. Before human costs are included, this amounts to over £5.7 billion. When human and emotional costs are included, the total reaches £22.9 billion.

Table 12.2 Summary of estimated cost of domestic violence, one year, England and Wales

Type of cost	Cost £billions
Criminal Justice System	1.017
Of which police	(.49)
Health care	1.396
Of which physical	(1.22)
Of which mental health	(.176)
Social services	.228
Housing	.158
Civil legal	.312
All services	3.111
Economic output	2.672
Sub-total	5.783
Human and emotional	17.086
Total	22.869

Note: Costs are centred on 2001.

This estimated cost of £22.869 billion of domestic violence (for persons aged 16-59) is borne by 52 million people, the population of in England and Wales in mid 2001 (National Statistics 2002). This is an estimated £440 per person.

The cost of domestic violence is estimated for England and Wales. While England and Wales have some differences from the rest of the United Kingdom, there are many similarities. England and Wales contain 88.5 per cent of the UK population. If the cost were to be grossed up to the level of the UK this would amount to £25.841 billion.

12.4 Who bears the cost?

The cost of domestic violence is partly borne by the state and the wider society, partly by the individual who suffers the violence, and partly by employers. The state bears the cost of most of the services, that is, £3.1 billion for the criminal justice system, health care, social services, emergency housing, and, through legal aid, civil legal services. The individual victims suffer immense human and emotional costs well as considerable income losses from lost employment, substantial civil legal costs and some costs associated with moving home and health care, amounting to over £17 billion. Lost economic output amounts to £2.7 billion, about half of which, £1.3 billion, is borne by employers.

Table 12.3 Who bears the cost?

Type of cost	State	Individual victim	Employers	Total Cost £millions
Criminal Justice System	1,017			1,017
Health care				
Physical	1,208	12		1,220
Mental health	176			176
Social services	228			228
Housing and refugees	130	28		158
Civil legal costs	159	152		312
All services	2,918	192		3,111
Employment		1,336	1,336	2,672
Sub-total	2,918	1,528	1,336	5,783
Human costs		17,082		17,086
Total	2,918	18,610	1,336	22,869

Note: Costs are for one year, for England and Wales, centred on 2001.

The majority of the cost of domestic violence is associated with domestic violence against women. This is partly because there are more female victims, and partly because women victims are subject to more frequent attacks, more severe acts, and suffer more serious injuries than do men. For example, the 2001 BCS IPV found that women constitute 89% of those who had experienced four or more incidents of domestic violence from the perpetrator of the worst incident since they were 16, while men were 11% of this group (Walby and Allen 2004). Those who are subject to frequent attacks are much more likely to seek help from services than those who are subject to domestic violence once (Walby and Allen 2004). It is possible to identify separately the cost of domestic violence in relation to some services, but not in the case of others. The data in the case of social services, housing and civil legal services is not sufficiently gender disaggregated to enable a gender breakdown of costs to be provided. The gender breakdown of costs in the remainder of the areas is provided in the relevant chapters. It is not possible to provide a gender disaggregation of the overall cost of domestic violence because of the missing data in relation to a number of key services.

12.5 Further classifications of costs

Anticipation, consequence, response

Brand and Price (2000) distinguish three types of cost of crime: those in anticipation; those that are a consequence and those that are in response. In the case of domestic violence it is hard to identify any costs in anticipation. This is partly intrinsic to the nature of domestic violence. There are no costs of insurance as in the case relation to car theft. It is partly because those costs that might be identified are hard to estimate. There may be some costs in improving the security of a home against the return or a violent partner, but it has not been possible to put a figure on these. As a response to domestic violence, the Criminal Justice System constitutes the sole example, as it does for Brand and Price in relation to crime in general. All the other costs are as a consequence of domestic violence.

By crime or domestic violence type

It was considered whether it was possible to breakdown the cost of different forms and levels of domestic violence between the different services. This is only possible within three areas. These are physical health care, employment and human costs. For the CJS the only reliable distinction in costs is that between violence against the person and sexual offences together with a non-crime domestic dispute category. It is not possible to make this breakdown for the costs of mental health, social services, housing, civil legal services since the information base does not exist within these services to enable this sub-division to be made. Hence information on this breakdown is provided in the individual chapters, since a summary across all the types of agency and cost is not possible.

12.6 Costs not measured or measured insufficiently

There are some costs of domestic violence for which there was insufficient data to enable reliable estimates to be made and some others where only token sums were included. The major ones include: the long term cost implications in relation to children as the next generation (not included); informal support from friends, family, volunteers and the wider society (not included); and mental health (partly included). Other costs not included or included only partly are detailed in the relevant chapters.

12.7 Children: the next generation

The long term costs of domestic violence for the next generation are not included in these estimates. These costs resulting from the harm done to children's development are significant, as was indicated in the review of literature in chapter 8 on social services and children. However, it is not possible to estimate these costs with sufficient accuracy for them to be included. This would require more information about the long term development of the children whose mothers' have been abused than is currently available.

12.8 Wider social support and intervention costs

Many people are able to leave or otherwise deal with domestic violence with the help of their friends, relatives, workmates and neighbours. This informal social support can be of vital significance. It is not only the provision of somewhere to go to escape, though this is important, but also support in addressing the full breadth of problems that domestic violence can bring. Further, an extensive network of volunteers and activists have committed considerable time and effort into addressing a wide range of issues in relation to domestic violence. The report only touches on these contributions, for instance in relation to emergency housing. The opportunity cost is probably considerable. Brand and Price (2000) include costs of £6 per crime of wounding and common assault for volunteer victim services. This was felt to be a very considerable underestimate, but that no reliable estimate could be substituted.

12.9 Mental health

The costs of mental health are underestimated in chapter 6 because of an absence of reliable relevant data. Yet these costs are probably substantial. A particular omission was that of the secondary costs of mental disorder, such as impact on employment. It was felt that there was insufficient data to disentangle the direct effects of domestic violence on employment from the indirect effects through its impact on mental health.

12.10 Robustness of estimates

How robust are the estimates? The estimates are probably conservative. This is partly because some costs are not included. It is partly because the use of the victim rather than the incident as the basis of the costing may underestimate the cost of service use by some who are subject to multiple incidents of abuse. The estimates depend on the accuracy of findings from surveys, and these are inevitably subject to sampling error. The confidence intervals for the estimates of the number of victims of domestic force in the 2001 BCS IPV were provided in chapter 3. These issues are discussed in more detail in the report on this survey (Walby and Allen 2004) and in the technical report to the BCS as a whole (Bolling et al 2002). The questionnaire used in the 2001 BCS IPV is reproduced in Bolling et al (2002). Some parts of the estimates depend on the collection of information about service use and depends on the accuracy of this data. Suggestions for the improvement of the data needed to underpin these estimates are provided in chapter 13.

12.11 Costs and investments

The money associated with services is often simultaneously both a cost due to domestic violence and a contribution to the reduction in domestic violence. For example, Welsh Women's Aid (2002) has argued that an increase in the amount spent on services for women and children facing domestic violence could have a significant impact on the incidence of domestic violence. They estimate that the implementation of their eight point plan would cost £22.317 million for Wales. Grossed up for England and Wales, this would amount to £400 million, and for the UK, £455 million.

12.12 Conclusions

The scale and impact of domestic violence have been much underestimated.

The cost of domestic violence provide an indication of the depth and scale of the impact of domestic violence simultaneously on people's lives and on the whole society. A focus on the cost of domestic violence is not a substitute for policy formulations in terms of justice and fairness, but a complementary addition.

13 Developing the estimates

13.1 Introduction

The estimate of the cost of domestic violence in this report has drawn on a very extensive range of studies and on information from countries additional to the UK. These estimates could be made more detailed and include a wider range of costs if further information were available. A programme to develop these estimates of the cost of domestic violence would in effect be a research programme on the impacts of domestic violence, especially on services. Several items on this research agenda involve the improvement of data collection by public services. This would entail routinely collecting information on the extent to which people who are using services are subject to domestic violence. This data collection could serve a dual function by assisting planning in relation to service need as well as obtaining a more accurate costing of domestic violence.

13.2 British Crime Survey estimates of how much domestic violence

Some of the information on the extent and nature of domestic violence was taken from the 2001 British Crime Survey self-completion module on Inter-Personal Violence. This survey needs to be repeated on an annual basis. The data collected in the main part of the BCS, which is already carried out on an annual basis, is both a serious undercount of the extent of domestic violence and does not provide sufficiently detailed information on service use. In particular the 2001 BCS self-completion IPV has reported to it many times as many victims and incidents as the main face-to-face part of the BCS survey. The 2001 BCS IPV was an ad hoc survey. The HO will run a shorter version of the IPV in 2004, but no plans for further repetition have been announced. In order to have reliable estimates of the cost of domestic violence it would be necessary for the BCS self-completion on IPV to be carried out every year as an integral part of the BCS. An annual survey would mean that it would be possible to develop a series of data over time, which would provide information on the impact of policy changes.

13.3 Criminal Justice System

There are no routinely and regularly collected statistics that accurately measure the amount of domestic violence in the criminal justice system. The development of the British Crime Survey and, in particular, the self-completion modules on inter-personal violence provide the best indication of the extent of domestic violence, but the self-completion studies are not carried out on a routine regular basis. There is no reliable estimate of the extent to which the police or any other part of the CJS spends time and resources on domestic violence. The only domestic violence category on which the police currently routinely collect data is non-crime domestic disputes, yet most acts of domestic violence are crimes. The best way to proceed here would be to routinely cross-classify the crimes recorded by the police by whether they are domestic or not and to report these statistics publicly on at least an annual basis. This cross-classification was done and reported on a one-off basis by the Metropolitan Police in 1999 and this proved of immense value to the calculation of the cost of domestic violence to the police and the CJS in this report. It would be important for this additional classification of recorded crimes, by whether domestic or not, to be applied throughout the CJS, including the Crown Prosecution Service, the magistrates and crown courts, legal aid and the reporting of criminal justice

outcomes in the *Criminal Statistics*. It is probable that there would be a need for guidance to be issued to the police and other bodies in order to clarify any new procedures to record domestic violence. If such a policy were to be adopted it would be useful for its implementation to be monitored.

13.4 Health care

There are no routinely collected statistics on the extent to which domestic violence is a health care problem. In order to provide a more reliable and detailed estimate of the costs of domestic violence to the NHS it would be necessary to record domestic violence. Such information would also be a major benefit to policy makers as to the most appropriate deployment of health care resources. There is a current debate on the viability and ethics of universal screening for domestic violence within certain sections of the health care system. However, the findings from the 2001 BCS IPV suggested that most of the women who were subject to domestic violence were asked and the majority (though by no means all) did disclose. Yet this information about the prevalence of domestic violence, though apparently collected from patients, is not gathered together in any systematic manner. This could be done in several ways. First, the information could be collected by the already existing survey of GPs that asks for diagnosis and treatments of their patients, which reports on an annual basis. If domestic violence were to be added as a routine cross-classification, this would provide this much needed information in relation to GPs. Second, domestic violence could be added as a cross-classification to diagnostic codes within the NHS, so that the extent of use of hospital as well as GP services as a result of domestic violence could be ascertained. Third, there could be greater recording of domestic violence on and then use of patients' records. It is not clear whether the information about domestic violence that BCS IPV respondents said was requested from them is routinely placed on patients' medical records. If it were, then it would be possible to conduct more detailed research (with due regard to appropriate ethnic guidelines) on domestic violence and health care. The analysis of such records has been a feature of recent US research in this area, which has provided important information on the extent of usage of medical services by those who have suffered domestic violence. GPs are a particularly important in monitoring health care and domestic violence since it is probable that the majority of women who have suffered domestic violence have at some point approached their GP for some form of assistance. Fourth, an additional way of proceeding would be for relevant medical specialty (such as, accident and emergency units, pre-natal and maternity units) to develop their own methods of collecting, recording and reporting information.

While it is known that domestic violence can have very serious consequences for mental health, especially those forms that involve sexual assault and those that involve repeated assaults, there is very little reliable information about the extent of the impact and the use of medical services in relation to the mental health consequences of mental health available in the UK. Most of the estimates in this report concerning the use of mental health services have drawn heavily on US findings (in combination with UK information on total costs), and the extent to which there may be differences with the UK situation is not known. There is a further way in which such information could be collected in addition to the four methods noted above. This would be by repeating the ONS national sample population survey that asked people about the extent to which they suffered various forms of mental disorder and whether and if so what kinds of treatment they were receiving for them and additionally including asking whether people had been subject to domestic violence. There is a precedent for asking about domestic violence in this type of ONS survey, in that their survey on suicidality asked about this thereby generating important information.

13.5 Social Services

There are no routinely collected statistics on the extent to which domestic violence is either present in or the cause of the problems that the work of the social services is intended to address. The estimates in this report are derived from a complex patching together of information from different sources. Most of the work and hence the cost of social services in relation to domestic violence concerns children in situations of co-occurrence of child abuse and domestic violence, where addressing both is considered to be the best way forward for the child. In order to be able to assess the extent to which domestic violence is implicated or causative of the complex social problems that is the substance of much social services work, it would be necessary to routinely collect information about the presence of domestic violence. This would require a cross-classification of cases by the presence of domestic violence in addition to the existing classification system. This would not only assist the process of estimating the cost of domestic violence but would also probably be of benefit in the analysis of the social services workload and the best deployment of their resources.

13.6 Housing

Housing is the only public service that routinely collects information on the use of resources as a consequence of domestic violence. This is partly because there is a statutory duty on Local Authorities to provide assistance to households made homeless as a result of domestic violence. The figures supplied by CIPPPA on this were very valuable. It is also partly because it is relatively easy to identify the costs of refuges since they are a discrete service wholly dedicated to interventions into domestic violence.

In other areas of housing, such as mortgage repossessions, there are no routinely collected statistics on the extent to which domestic violence contributes to need or expenditure. The collection of such information by those bodies involved in repossessions (courts, building societies and banks) would both contribute to estimates of the cost of domestic violence and also provide the potential to improve policies in this area.

13.7 Civil Legal

While the costs of civil legal procedures dedicated to the amelioration of domestic violence can be readily identified, the costs of other relevant legal procedures are much harder. In particular, the estimation of the extent to which proceedings relevant to divorce and separation, especially those involving children and financial resources, at present relies on patching together estimates from a range of locations.

It would be helpful if there were a cross-classification of civil legal cases by whether or not there was domestic violence. This information is often already obtained by solicitors in the course of their work with their clients, and is often recorded in case files even when it is not used in the legal proceedings. The research on these issues by the Legal Aid Board Research Unit has been important in producing the estimates in this report. The systematic collection of this information on the extent to which domestic violence is a factor in these civil legal cases and its public reporting would be helpful. In particular, there is a public interest in knowing the extent to which divorce and relationship breakdown are consequences of domestic violence.

13.8 Employment

There are no routinely collected statistics measuring the extent to which domestic violence impacts on employment and economic output. The estimates in this report are based on estimates of the impact of injuries

sustained in road traffic accidents on employment produced for the Department of Transport. These form one of the components of Home Office estimates of the cost of crime for economic output. However, the physical and mental injuries resulting from domestic violence and their distinctive pattern of repetition mean that these are quite rough estimates. In particular, there is no direct equivalent to rape and other forms of sexual assault, no specific accounting for mental injuries, and no specific accounting for the cumulative impact of domestic assaults. This would require a specific study of the impact of domestic violence on employment in the UK.

13.9 Human and emotional costs

There are no studies that specifically estimate the human and emotional costs of domestic violence. The estimates in this report are based on estimates of the 'willingness-to-pay' to avoid specific types of injuries sustained in road traffic accidents, produced for the Department of Transport. These form one of the components of Home Office estimates of the cost of crime. However, as is the case for measuring lost economic output, the physical and mental injuries resulting from domestic violence and their distinctive pattern of repetition means that these are quite rough estimates. In particular, there is no direct equivalent to rape and other forms of sexual assault, no specific accounting for mental injuries, and no specific accounting of the significance of multiply repeated domestic assaults.

There is a programme of work under development in the HO to develop these costs in relation to crime, which will generate much needed information, especially in relation to fear of crime. However, there is no specific element in this programme that pertains to the particular features of domestic violence, and in particular, sexual assaults. Thus there is a need for a specific study to estimate the human costs of domestic violence, with special attention to those features that are different from other crimes.

13.10 Major review of official statistics?

The official statistics on British society supply very little information about domestic violence. While public agencies routinely collect statistics on some of their activities, they do not usually collect information on domestic violence. The only major exception to this is in housing, where there is a statutory duty to provide services for households made homeless because of domestic violence. If there is to be a robust and straightforward evidential basis for the assessment of the impact of policies on domestic violence, let alone a basis for comparing the relative value of different kinds of policies, then the routine collection and reporting of such statistics is essential.

References

Aldgate, Jane and Jane Statham (2000) *The Children Act Now: Messages from Research*. For the Department of Health. (London: The Stationery Office).

Armstrong, Clare and Malcolm Hill (2001) 'Support services for vulnerable families with young children', *Child and Family Social Work*, 6, 351-358.

Association of the British Pharmaceutical Industry (1999) *Hitting the Target*. http://www.abpi.org.uk/publications/publication_details/hitting_target/section7b.asp

Astin, Millie C., Kathy J. Lawrence and David W. Foy (1993) 'Posttraumatic stress disorder among battered women: Risk and Resiliency factors', *Violence and Victims*, 8, 1, 17-28.

Audit Commission (2001) *Croydon Domestic Violence: Best Value Inspection*. (London: Audit Commission).

Barham, Catherine and Joanne Leonard (2002) 'Trends and sources of data on sickness absence', *Labour Market Trends*, April, 177-185.

Beecham, Jennifer, John Rowlands, Mike Barker, Jennifer Lyon, Michelle Stafford and Roy Lunt (2001) 'Child care costs in social services', in Ann Netten, Tony Rees and Glenys Harrison (eds) *Unit Costs of Health and Social Care*. (Personal Social Services Research Unit (PSSRU), University of Kent at Canterbury).

Beecham, Jennifer, Gyles Glover and Di Barnes (2002) 'Mapping mental health services in England', in Ann Netten and Lesley Curtis (Compilers) *Unit Costs of Health and Social Care 2002*, pp.29-31. Personal Social Services Research Unit. Accessed at: <http://www.ukc.ac.uk/PSSRU/UC2002.html>

Beecham, Jennifer, Daniel Chisholm and Anne O'Herlihy (2002) 'The costs of child and adolescent psychiatric inpatient units', in Ann Netten and Lesley Curtis (Compilers) *Unit Costs of Health and Social Care 2002*, pp.21-23. Personal Social Services Research Unit. Accessed at: <http://www.ukc.ac.uk/PSSRU/UC2002.html>

Bevan, S. and S. Hayday (2001) *Costing Sickness Absence in the UK*. IES Report 382. (London: Institute for Employment Studies).

Blumel, D. K., G. L. Gibb, B. N. Innis, D. L. Justo and D.W Wilson (1993) *Who Pays? The Economic Costs of Violence Against Women*. (Sunshine Coast: Sunshine Coast Interagency Research Group Queensland for the Women's Policy Unit).

Böheim, René and Mark P. Taylor (2000) 'My home was my castle: evictions and repossessions in Britain'. *Institute for Social and Economic Research and Institute for Labour Research Paper 02/24/00*. (Colchester: University of Essex).

Bownes, I.T., E.C. O'Gorman and A. Sayers (1991) 'Assault characteristics and post-traumatic stress disorder in rape victims', *Acta Psychiatrica Scandinavica*, 83, 1, 27-30.

Bradley, Fiona, Mary Smith, Jean Long and Tom O'Dowd (2002) 'Reported frequency of domestic violence: cross sectional survey of women attending general practice.' *British Medical Journal*, 324, 1-6.

Brand, Sam and Richard Price (2000) *The Economic and Social costs of Crime*. Home Office Research Study 217. (London: Home Office).

Brandon, Marian and Ann Lewis (1996) 'Significant harm and children's experiences of domestic violence', *Child and Family Social Work*, 1, 33-42.

- Breslau, Naomi, Ronald C. Kessler, Howard D. Chilcoat, Lonni R. Schultz, Glenn C. Davis, and Patricia Andreski (1998) 'Trauma and posttraumatic stress disorder in the community: The 1996 Detroit area survey of trauma', *Archives of General Psychiatry*, 55, 7, 626-632.
- British Medical Association (1998) *Domestic Violence: A Health Care Issue?* (London: British Medical Association).
- Bromet, E., A. Sonnega and R.C Kessler (1998) 'Risk factors for DSM-III-R posttraumatic stress disorder: Findings from the National Comorbidity Survey'. *American Journal of Epidemiology*, 147, 4, 353-361.
- Brush, Lisa D. (2000) 'Battering, traumatic stress, and welfar-to-work transition', *Violence Against Women*, 6, 10, 1039-1065.
- Burrows, Roger (1998) 'Mortgage endebtedness in England: An "epidemiology"', *Housing Studies*, 13, 1, 5-22.
- Campbell, Jacquelyn C. and Karen L. Soeken (1999) 'Women's responses to battering over time', *Journal of Interpersonal Violence*, 14, 1, 21-40.
- Campbell, Jacquelyn, Joan E. Kub and Linda Rose (1996) 'Depression in battered women', *Journal of the American Medical Women's Association*, 51, 3, 106-110.
- Campbell, J., A.S. Jones, J. Dienemann, J. Kub, J. Schollenberger, P. O'Campo, A.C. Gielen and C. Wynne (2002) 'Intimate partner violence and physical health consequences', *Archives of Internal Medicine*, 162, 10, 1157-63.
- Campbell, Rebecca, Chris M. Sullivan and William S. Davidson (1995) 'Women who use domestic violence shelters: Changes in depression over time', *Psychology of Women Quarterly*, 19, 237-255.
- Casciano J., J. Doyle and Arikian S (2001) 'The health economic impact of antidepressant usage from a payer's perspective: a multinational study.' *International Journal of Clinical Practice* 2001, 55, 5, 292-299. NHS Centre for Reviews and Dissemination, Document 272459. University of York.
- Chartered Institute of Public Finance and Accountancy, Statistical Information Service (2001) *Homelessness Statistics 1999-2000 Actuals* (London: CIPFA).
- Chartered Institute of Public Finance and Accountancy, Statistical Information Service (2002a) *Personal Social Services Statistics 2000-01* (London: CIPFA).
- Chartered Institute of Public Finance and Accountancy, Statistical Information Service (2002b) *Homelessness Statistics 2001-02 Actuals*. (London: CIPFA).
- Chilton, Susan, Judith Covey, Lorraine Hopkins, Michael Jones-Lee, Graham Loomes, Nick Pidgeon and Anne Spender (1998) 'New research results on the valuation of preventing fatal road accident casualties' in *Road Accidents Great Britain 1997*, The Casualty Report. (London: DETR).
- Cleaver, H., I. Unell and J. Aldgate (1999) *Children's Needs – Parenting Capacity: the Impact of Parental Mental Illness, Problem Alcohol and Drug use and Domestic Violence on Children's Development*. For the Department of Health. (London: The Stationery Office).
- Cohen, Mark A. (1988) 'Pain, suffering, and jury awards: A study of the cost of crime to victims', *Law & Society Review*, 22, 3, 537-555.
- Cohen, Mark A. (2001) 'Measuring the costs and benefits of crime and justice', in volume 4: *Measurement and Analysis of Crime and Justice* pp.263-316 Criminal Justice 2000. National Institute of Justice (July 2000) NCJ 182411, accessed at: http://www.ncjrs.org/criminal_justice2000/vol_4/04f.pdf

- Cohen Mark A. and Ted R. Miller (1998) 'The cost of mental health care for victims of crime', *Journal of Interpersonal Violence*, 13, 1, 93-110.
- Cohen, Mark A., Ted R. Miller and S. B. Rossman (1994) 'The costs and consequences of violent behaviour in the United States' in J. Roth and A. Reiss (eds) *Understanding and preventing Violence* Volume 4, pp 67-166. (Washington DC: National Academy Press).
- Confederation of British Industry and PPP Healthcare (2002) *Pulling Together and Labour Turnover Survey*. (London: CBI).
- Cook, Len (2001) 'Parliamentary answer on divorce' accessed at: <http://www.parliament.the-stationery-office.co.uk/pa/cm200102/cmhansrd/vo020619/text/20619w18.htm>
- Cookson, Richard and Paul Dolan (2000) 'Principles of justice in health care rationing', *Journal of Medical Ethics*, 26, 323-329.
- Cooper, C. and S. Cartwright (1996) *Mental Health and Stress in the Workplace: A Guide for Employers*. (London: Department of Health).
- Confederation of British Industry and Department of Health (1992) *Promoting Mental Health at Work*. (London: CBI/DoH).
- Creamer, Mark (2000) 'Posttraumatic stress disorder following violence and aggression', *Aggression and Violent Behaviour*, 5, 5, 431-449.
- Criminal Statistics, England and Wales 2000* (2001) Cm 5312. (London: HMSO).
- Danielson, Kirstie K., Terrie E. Moffitt, Avshalom Caspi and Phil A. Silva (1998) 'Comorbidity between abuse of an adult and DSM-III-R mental disorders: Evidence from an epidemiological study', *American Journal of Psychiatry*, 155, 1, 131-133.
- Darves-Bornoz, J.M (1997) 'Rape-related psychotraumatic syndromes', *European Journal of Obstetrics, Gynecology, and Reproductive Biology*, 71, 1, 59-65.
- Davidson, J.R., Hughes, D.C., George, L.K., and Blazer, D.G.(1996) 'The association of sexual assault and attempted suicide within the community', *Archives of General Psychiatry*, 53, 6, 550-555.
- Davies, Jeremy (2001) *What's Happening in Mental Health Services*. Health Services Journal Guide. (London: Emap).
- Day, T. (1995) *The Health Related Costs of Violence Against Women in Canada: The Tip of the Iceberg*. (London, Ontario: Centre for Research on Violence Against Women and Children).
- Department of the Environment, Transport and the Regions (1999) *Highway Economics Note No. 1 1998*. (London: DETR).
- Department of Health (1998) *Why Mothers Die: Report on Confidential Enquiries into Maternal Deaths in the United Kingdom 1994-1996*. (London: The Stationery Office).
- Department of Health (1999) *National Service Framework for Mental Health*. (London: Department of Health).
- Department of Health (2000a) *Domestic Violence: A Resource Manual for Health Care Professionals*. (London: Department of Health).
- Department of Health (2000b) *Domestic Violence: A Health Response: Working in a Wider Partnership*. (London: Department of Health).
- Department of Health (2000c) *The NHS Plan: a Plan for Investment: a Plan for Reform*. (London: Department of Health).

- Department of Health (2001a) *Personal Social Services: Current Expenditure in England 1999-2000*. <http://www.doh.gov.uk/public/sb0111.htm>
- Department of Health (2001b) *Mental Health Services, Phase II Costing Pilot, Project Report*. (London: Department of Health).
- Department of Health (2002a) *Women's Mental Health: Into the Mainstream: Strategic Development of Mental Health Care for Women*. (London: Department of Health).
- Department of Health (2002b) *NHS Costing Manual*. Accessed at <http://www.doh.gov.uk/nhsexec/costing.htm>
- Department of Health (2002c) *Hospital Episode Statistics*. Accessed at: <http://www.doh.gov.uk/hes/tables/tb00201a.pdf>
- Department of Health /Office of National Statistics (2002d) *Children in Need in England*. Accessed at: <http://www.doh.gov.uk/cin/cin2001report.pdf>
- Department of Health (2002e) *National Schedule of Reference Costs 2002 – NHS Trusts Appendix 1A*. Accessed at <http://www.doh.gov.uk/nhsexec/refcosts.htm#spread>
- Department of Health (2002f) *Hospital Activity Statistics 2001-02*, Form KH09 Accessed at http://www.doh.gov.uk/hospitalactivity/statistics/2000-01/a_and_e_attendances/y00.htm
- Department of Health (2002g) <http://www.doh.gov.uk/nhsexec/refcosts/2002appl.xls> – non-electives.
- Department of Health (2003) *Health and Social Services Statistics*. Accessed at: <http://www.doh.gov.uk/HPSSS/INDEX.HTM>
- Department for Transport, Local Government and the Regions (2001) *Highway Economics Note No. 1: 2000 Valuation of the Benefits of Prevention of Road Accidents and Casualties*. (London: Department for Transport, Local Government and the Regions).
- Department of Transport, Local Government and the Regions (2002) *Housing in England 2001. A Report of the 2000/1 Survey of English Housing*. (London: ODPM).
- Department of Work and Pensions (2001) *Notes Sheet, Form SF300*. (London: DWP).
- Department of Work and Pensions (2002a) *Annual Report by the Secretary of State for Work and Pensions on the Social Fund 2001-2*. Cmd 5492 (London: DWP).
- Department of Work and Pensions (2002b) *Housing Benefit and Council Tax Benefit: Annual Summary Statistics Table 3.7*. (London: DWP)
- Dienemann Jacqueline, Ellsworth Boyle, Deborah Baker, Wendy Resnick, Nancy Wiederhorn and Jacquelyn Campbell (2000) 'Intimate partner abuse among women diagnosed with depression', *Issues in Mental Health Nursing*, 21, 499-513.
- Edleson, Jeffrey L. (1995) 'Mothers and children: Understanding the links between woman battering and child abuse'. Paper presented at Strategic Planning Workshop on Violence Against Women National Institute of Justice Washington D.C. Accessed at: <http://www.mincava.umn.edu/papers/nij.htm>
- Edwards, Susan (1989) *Policing Domestic Violence: Women, the Law and the State*. (London: Sage).

Edwards, Susan (2001) 'Domestic violence and harassment: An assessment of the civil remedies' in Julie Taylor-Browne (ed.) *What Works in Reducing Domestic Violence? A Comprehensive Guide for Professionals*. (London: Whiting and Birch).

Effectiveness Matters (2002) 'Cost-effectiveness matters: The NHS Economic Evaluation Database (NHS EED)'. *Effectiveness Matters*, 6, 1.

Farmer, Elaine and Mora Owen (1995) *Child Protection Practice: Private Risks and Public Remedies: A Study of Decision-Making, Intervention and Outcome in Child Protection Work*, (London: HMSO).

Featherstone, Brid and Liz Trinder (1997) 'Familiar subjects? Domestic violence and child welfare', *Child and Family Social Work*, 2, 147-159.

Ferguson, Harry (2001) 'Promoting child protection, welfare and healing: the case for developing best practice', *Child and Family Social Work*, 6, 1-12.

Fergusson, D. M., N. R. Swain-Campbell, and L. J. Horwood (2002) 'Does sexual violence contribute to elevated rates of anxiety and depression in females?' *Psychological Medicine*, 32, 991-996

Finlayson, Teresa J., Linda E. Saltzman, Daniel J. Sheridan, and Wendy K. Taylor (1999) 'Estimating hospital charges associated with intimate violence', *Violence Against Women*, 5, 3, 313-335.

Fischbach R.L and Herbert B. (1997) 'Domestic violence and mental health: Correlates and conundrums within and across cultures', *Social Science and Medicine*, 45, 8, 1161-1176.

Ford, Janet and Roger Burrows (1999) 'The costs of unsustainable home ownership in Britain', *Journal of Social Policy*, 28, 2, 3-5-330.

Ford, Janet, Elaine Kempson and Marilyn Wilson (1995) *Mortgage Arrears and Possession: Perspectives From Borrowers, Lenders and the Courts*. (London: HMSO).

Godenzi, Alberto and Carrie L. Yodanis (1999) *Report on the Economic Costs of Domestic Violence Against Women*. (Fribourg: University of Fribourg, Switzerland).

Golding, Jacqueline M. (1999) 'Intimate partner violence as a risk factor for mental disorders: A meta-analysis', *Journal of Family Violence*, 14, 2, 99-132.

Graham-Berman, Sandra, and Alytia A. Levendosky (1998) 'Traumatic stress symptoms in children of battered women', *Journal of Interpersonal Violence*, 13, 1, 111-128.

Greater London Domestic Violence Project News (GLDVP) (2003) March 12.

Greaves, L. O. Hankivsky, J. Kingston-Riechers (1995) *Selected Estimates of the Costs of Violence Against Women*. London, Ontario, Canada: Centre for Research on Violence Against Women and Children.

Hague, Gill and Ellen Malos (1994) 'Children, domestic violence and housing: The impact of homelessness', in Audrey Mullender and Rebecca Morley (eds) *Children Living with Domestic Violence*. (London: Whiting and Birch), pp.122-139.

Hall, David and Margaret Lynch (1998) 'Editorial: Violence begins at home', *British Medical Journal*, 316, 1551-1560.

Hamilton, Catherine E. and Kevin D. Browne (2000) *Repeated Abuse During Childhood*. Home Office Policing and Reducing Crime Briefing Note 1/100. (London: Home Office).

- Harries, Richard (1999) *The Cost of Criminal Justice*. Home Office Research Findings No. 103. (London: Home Office).
- Heath, I. (1998) *Domestic Violence: The General Practitioner's Role*. (London: Royal College of General Practitioners).
- Health and Safety Executive (1999) *Valuation of Benefits of Health and Safety Controls*. (London: Health and Safety Executive).
- Heise, Lori L. with Jacqueline Pitanguy and Adrienne Germain (1994) *Violence Against Women: The Hidden Health Burden*. World Bank Discussion Paper 255. (Washington DC: World Bank).
- Henderson, M. (2000) *Impacts and Costs of Domestic Violence on the Australian Business/Corporate Sector*. (Brisbane: Lord Mayor's Women's Advisory Committee, Brisbane City Council).
- Henning, Kris, Harold Lettenberg, Patricia Coffey, Todd Bennett and M.Kay Jankowski (1996) 'Long-term psychological adjustment to witnessing interparental physical conflict during childhood', *Child Abuse and Neglect*, 21, 6, 5-1-515.
- Hester, Marianne, Chris Pearson and Nicola Harwin (2000) *Making an Impact: Children and Domestic Violence: A Reader*. (London: Jessica Kingsley).
- Hester, Marianne and Lorraine Radford (1992) 'Domestic violence and access arrangements for children in Denmark and Britain', *Journal of Social Welfare and Family Law*, 1, 57-70.
- Hester, Marianne, Julie Humphries, Chris Pearson, Khalida Qaiser, Lorraine Radford and Kandy-Sue Woodfield (1994) 'Domestic violence and child contact' in Audrey Mullender and Rebecca Morley (eds) *Children Living with Domestic Violence*. (London: Whiting and Birch), pp.102-121.
- HM Treasury (2003) *GDP Deflators*. Accessed at: http://www.hm-treasury.gov.uk/Economic_Data_and_Tools/GDP_Deflators/data_gdp_index.cfm
- Home Office (1999) *Crime Reduction Programme, Violence Against Women Initiative, Project Summaries*. (London: Home Office).
- Home Office (2000) *Domestic Violence: Breaking the Chain: Multi-Agency Guidance for Addressing Domestic Violence*. (London: Home Office).
- Home Office (2003) *Safety and Justice: The Government's Proposals on Domestic Violence*. Cm 5847. (London: Home Office).
- Hopkin, Jean M., P.A. Murray, M. Pitcher and C.S. B. Galasko (1993) *Police and Hospital Recording of Non-Fatal Road Accident Casualties: A Study in Greater Manchester*. (Crowthorne, Berkshire: Transport Research Laboratory, Department of Transport).
- House of Lords (2004) *Domestic Violence, Crime and Victims Bill*. (London: House of Lords) accessed at: <http://www.parliament.the-stationery-office.co.uk/pa/ld200304/ldbills/006/2004006.pdf>
- Humphreys, Catherine, Marianne Hester, Gill Hague, Audrey Mullender, Hilary Abrahams and Pam Lowe (2000) *From Good Intentions to Good Practice*. (Bristol: Policy Press).
- Ingleby, Richard (1992) *Solicitors and Divorce*. (Oxford: Clarendon Press).
- Institute for Women of Andalusia (2003) *The Economic and Social Costs of Domestic Violence in Andalusia*. (Andalusia, Spain: Institute for Women of Andalusia).
- Jaffe, Peter G., David A. Wolfe and Susan Kaye Wilson (1990) *Children of Battered Women*. (Newbury Park, California: Sage).

Jonsson, B., and P. Bebbington (1993) 'Economic studies of the treatment of depressive illness', in B. Jonsson and J. Rosenbaum (eds) *Health Economics of Depression*, pp.35-48. (Chichester: John Wiley).

Kelly, Liz (1994) 'The interconnectedness of domestic violence and child abuse: Challenges for research, policy and practice', in Audrey Mullender and Rebecca Morley (eds) *Children Living with Domestic Violence*. (London: Whiting and Birch), pp. 43-56.

Kelly, Liz (1996) 'When woman protection is the best kind of child protection: Children, domestic violence and child abuse', *Administration*, 44,2,118-135.

Kerr, R. and J. McLean (1996) *Paying for Violence: Some of the Costs of Violence Against Women in BC*. (British Columbia: Ministry of Women's Equality).

Kessler R.C., Molnar B.E., Feurer I.D., Appelbaum M. (2001) 'Patterns and mental health predictors of domestic violence in the United States: Results from the National Co-morbidity Survey', *International Journal of Law and Psychiatry*, 24, 487-508.

Kind, P. and J. Sorenson (1993) 'The cost of depression', *International Clinical Psychopharmacology*, 7, 3-4, 191-195.

Knapp, Martin and Jeni Beecham (1991) *Cost Information for Mental Health Service Policy and Planning* Discussion Paper 759, Personal Social Services Research Unit, University of Kent.

Kolbo, Jerome R., Eleanor H. Blakely and David Engleman (1996) 'Children who witness domestic violence: A review of empirical literature', *Journal of Interpersonal Violence*, 11, 2, 281-293.

Korf, D. J., H. Meulenbeek, E. Mot, and T. van den Brandt (1997) *Economic Costs of Domestic Violence Against Women*. (Utrecht, Netherlands: Dutch Foundation of Women's Shelters).

KPMG (1994) *Economic Costs of Domestic Violence in Tasmania*. Tasmanian Domestic Violence Advisory Committee. (Hobart: Office of the Status of Women).

KPMG (1996) *The Financial and Economic Costs of Domestic Violence in the Northern Territory*. (Northern Territory: Office of Women's Policy).

Laurence, L., and R. Spalter-Roth, R. (1996) *Measuring the Costs of Domestic Violence Against Women and the Cost-Effectiveness of Interventions: An Initial Assessment and Proposals for Further Research*. (Washington DC: Institute for Women's Policy Research).

Legal Services Commission (2002) *Annual Report 2001/2*. (London: Legal Services Commission).

Leigh, Adrian, Gary Mundy and Rachel Tuffin (1999) *Best Value Policing: Making Preparations*. Policing and Reducing Crime. Police Research Series Paper 116. (London: Home Office).

Levinson, Debra and Nicola Harwin (2001) 'Accommodation provision' in Julie Taylor-Browne (ed) *What Works in Reducing Domestic Violence? A Comprehensive Guide for Professionals*. (London: Whiting and Birch). Pp. 151-185.

Levison Debra and Doreen Kenny (2002) *The Provision of Accommodation and Support for Households Experiencing Domestic Violence in England*. (London: Office of the Deputy Prime Minister)

Lloyd, S. (1997) 'The effects of domestic violence on women's employment', *Law and Policy*, 19, 2, 139-67.

Lord Chancellor's Department (2002) *Judicial Statistics 2001*. Accessed at: <http://www.lcd.gov.uk/judicial/jsar01/contents.htm>

Maclean, Sarah (1998) *Report of the Case Profiling Study: Legal Aid and the Family Justice System*. Research Paper 2. (London: Legal Aid Board Research Unit).

Manners, Jenni (2002) *The Cost of Domestic Violence*. (Swindon: Swindon Women's Aid).

Maynard, Mary (1985) 'The responses of social workers to domestic violence' in Jan Pahl, *Private Violence and Public Policy: The Needs of Battered Women and the Response of the Public Services*. (London: Routledge and Kegan Paul).

Mayou Richard and Bridget Bryant (2002) 'Outcome 3 years after a road traffic accident', *Psychological Medicine*, 32, 671-675.

McGee, Caroline (1997) 'Children's experiences of domestic violence', *Child and Family Social Work*, 2, 13-23.

McGibbon, A., L. Cooper, and L. Kelly (1989) "What Support?" *An Exploratory Study of Council Policy and Practice and Local Support Services in the area of Domestic Violence within Hammersmith and Fulham*. (London: Hammersmith and Fulham Council).

McMahon, Kate (1995) 'Valuation of road accidents 1994', in *Road Accidents Great Britain 1994*. (London: Department of Transport).

Meltzer, Howard, Deborah Lader, Tania Corbin, Nicola Singleton, Rachel Jenkins and Traolach Brugha (2002) *Non-fatal Suicidal Behaviour among Adults aged 16-74 in Great Britain*. Office of National Statistics. (London: The Stationery Office) accessed at: <http://www.doh.gov.uk/public/suicides.pdf>

Mental Health Strategies (2002) 'The Budget, Wanless, and Mental Health', *The Mental Health Focus*, Spring / Summer 2002.

Metropolitan Police (2002) 'Understanding and Responding to hate Crime Factsheets: Domestic Violence' (London: Metropolitan Police).

Metropolitan Police District (2002) 'Domestic incidents, Metropolitan District – Financial Year 1999/2000' accessed at: www.met.police.uk/crimestatistics

Mezey, Gill (2001) 'Domestic violence in health settings', *Current Opinions in Psychiatry*, 14: 543-547

Mezey, Gillian C. and Susan Bewley (1997) 'Domestic violence and pregnancy', *British Medical Journal*, 314, 1295.

Mezey G., Evans C., Hobdell K. (2002) 'Families of homicide victims: Psychiatric responses and help-seeking.' *Psychology and Psychotherapy: Theory, Research and Practice*, 75, 65-75. not used.

Middlesbrough Domestic Violence Forum (1999) Accessed at: <http://www.mdvf.co.uk/facts.htm>

Miller T.R., M.A. Cohen and B. Wiersema (1996) *Victim Costs and Consequences: A New Look*. (U.S. Department of Justice, Office of Justice Programs, National Institute of Justice).

Mooney, Jayne (1994) *The Hidden Figure: Domestic Violence in North London*. (London: Islington Police and Crime Prevention Unit).

Mullender, Audrey (2000) *Reducing Domestic Violence: What Works? Meeting the Needs of Children*. Home Office Crime Reduction Research Series Briefing Note. (London: Home Office).

Morrison, A. R. and M. B. Orlando (1999) 'Social and economic costs of domestic violence: Chile and Nicaragua' in R. Morrison, M. L. Biehl, M. Buvinić and L. Biehl (eds) *Too Close to Home: Domestic Violence in Latin America*. (Baltimore: John Hopkins University).

Mullender, Audrey (2001) 'Meeting the needs of children' in Julie Taylor-Browne (ed) *What Works in Reducing Domestic Violence*. (London: Whiting and Birch), pp. 35-58.

Mullender, Audrey and Gill Hague (2001) 'Women survivors' views' in Julie Taylor-Browne (ed) *What Works in Reducing Domestic Violence? A Comprehensive Guide for Professionals*. (London: Whiting and Birch). pp. 1-33.

Mullender, Audrey and Rebecca Morley (eds) (1994) *Children Living with Domestic Violence*. (London: Whiting and Birch).

Murray PA., M. Pitcher and C.S.B. Galasko (1993) *The Cost of Long-Term Disability from Road Traffic Accidents Four Year Study – Final Report*. TRL Project Report 106. (Crowthorne: Transport Research Laboratory).

National Center for Injury Prevention and Control (2003) *Costs of Intimate Partner Violence Against Women in the United States*. (Atlanta BA, USA: Centers for Disease Control and Prevention).

National Assembly for Wales (2002) *Welsh Housing Statistics*. Table 7.3. (Cardiff: National Assembly for Wales).

National Association of Child Contact Centres (2003). Accessed at: [http://www.do-it.org.uk/find_opp/do-it_now/national_charities/national_association_of_child_contact_centres_\(nacc\).htm](http://www.do-it.org.uk/find_opp/do-it_now/national_charities/national_association_of_child_contact_centres_(nacc).htm)

National Association of Victim Support Schemes (2001) *Annual Review 2001*. (London: Victim Support).

National Institute of Justice (1996) *The Extent and Costs of Crime Victimization: A New Look*. (Washington DC: US Department of Justice).

National Statistics (2002) *Census 2001*. Accessed at: http://www.statistics.gov.uk/census2001/press_release_uk.asp

Netten Ann, and L. Curtis L (2002) *Unit Costs of Health and Social Care 2002*, pp.115-117. Personal Social Services Research Unit. Accessed at: <http://www.ukc.ac.uk/PSSRU/UC2002.html>

Netten Ann and J. Dennett (1996) *Unit Costs of Health and Social Care*. PSSRU, University of Kent.

Netten, Ann, Tony Rees and Glenys Harrison (2001) *Unit Costs of Health and Social Care*. (Personal Social Services Research Unit (PSSRU), University of Kent at Canterbury).

Nettleton, Sarah, Roger Burrows, Jude England and Jenny Seavers (1999) *Losing the Family Home: Understanding the Social Consequences of Mortgage Repossession*. (York: Joseph Rowntree Foundation).

NHS Executive (1996) *Burdens of Disease*. (Leeds: NHSE).

NHS (2002) *NHS Reference Costs*. Accessed at: <http://www.doh.gov.uk/nhsexec/REFCOSTS/refcosts2002app.pdf>

NHS Modernisation Agency (2002) *Improvement Leader's Guides*. Section 5.3 Patient Shadowing. National Electronic Library for Health. 28 October 2002.

New South Wales (1991) *Costs of Domestic Violence*. New South Wales Domestic Violence Strategic Plan. (New South Wales).

ODPM (1998) *Financing Temporary Accommodation in the Private Rented Sector: An Economic Analysis* Housing Research Summary No. 91 (London, Office of the Deputy Prime Minister). Accessed at: <http://www.housing.odpm.gov.uk/hrs/hrs056.htm>.

Office of the Deputy Prime Minister (ODPM) (2002a) 'Housing market: repossessions' Table 546. Accessed at: <http://www.housing.odpm.gov.uk/statistics/help/index/m.htm>

Office of the Deputy Prime Minister (ODPM) (2002b) *News: Statistics Release sh-Q3. Statutory Homelessness*. 11 December 2002. Accessed at: www.odpm.gov.uk/news/0212/shq3.htm

Office of the Deputy Prime Minister (ODPM) (2002c) *Supporting People Handy Guide: Addressing Domestic Violence in the Supporting People Programme*. (London: The Stationery Office).

Office of the Deputy Prime Minister (ODPM) (2002d) *Supporting People Returns*. September 2002.

Office of the Deputy Prime Minister (2002e) *More Than a Roof: a Report into Tackling Homelessness* (London: ODPM). Accessed at <http://www.housing.odpm.gov.uk/hrs/hrs15.htm>

Office of the Deputy Prime Minister (2004) Personal communication.

Office of National Statistics (2001a) 'General Practitioner (GP) Consultations' *Living in Britain, the 2000 General Household Survey*: Accessed at: <http://www.statistics.gov.uk/lib/Section110.html>,

Office of National Statistics (2001b) *Population Estimates England and Wales 2000*. Accessed at: <http://www.statistics.gov.uk/pdfdir/popest0801.pdf>

Office of National Statistics (2002) *Population Trends 110*. Winter.

Office of National Statistics (2003) *Census 2001*. Accessed at: <http://www.statistics.gov.uk/census2001/profiles/uk.asp>

ONS/Department for Work and Pensions (2001) *Housing Benefit and Council Tax Benefit: Annual Summary Statistics*. (London: DWP).

O'Reilly, Deidre and Kate McMahon (1993) 'Valuation of the reduction in risk of road accidents, 1992 revision' in *Road Accidents Great Britain 1992*. (London: Department of Transport).

Patel, Anita and Martin Knapp (1998) 'Costs of mental illness in England', *Mental Health Research Review*, 5, 4-10.

Pearce, D. and P. Goblatt (2001) *United Kingdom Health Statistics*. (London: Office of National Statistics.)

Pleasance, Pascoe, Sarah Maclean and Alistair Morley (1996) *Profiling Civil Litigation: The Case for Research*. (London: Legal Aid Board Research Unit).

Population Reports (1999) *Ending Violence Against Women*. Issues in World Health, Series L, Number 11. Population Information programme, John Hopkins University School of Public Health, Baltimore / Center for Health and Gender Equity, Maryland.

Povey, David, Judith Cotton and Suzannah Sisson (2000) 'Recorded Crime Statistics England and Wales, April 1999 to March 2000', *Home Office Statistical Bulletin* Issue 12/00, 18 July 2000.

Povey, Keith (2000) *On the Record: Thematic Inspection Report on Police Crime Recording, the Police National computer and Phoenix Intelligence System Data Quality*. (London: HM Inspectorate of Constabulary).

Raphael, Jody and Richard M. Tolman (eds) (1997) *New Evidence Documenting the Relationship between Domestic Violence and Welfare*. (Michigan: Taylor Institute).

Roberts, G. (1988) 'Domestic violence: Costing of service provision for female victims – 20 case histories' in Queensland Domestic Violence Task Force (ed) *Beyond these Walls: Report of the Queensland Domestic Violence Task Force to Peter McKechnie*. (Brisbane: Queensland Domestic Violence Task Force).

Roberts, Gwynneth L., Joan M. Lawrence, Gail M. Williams, and Beverley Raphael (1998) 'The impact of domestic violence on women's mental health', *Australian and New Zealand Journal of Public Health*, 22, 7, 796-801.

Roberts, Gwynneth L., Gail M. Williams, Joan M. Lawrence, and Beverley Raphael (1998) 'How does domestic violence affect women's mental health?' *Women's Health*, 28, 1, 117-129.

Royal College of Midwives (1997) *Domestic Abuse in Pregnancy*. Position Paper 19. (London: Royal College of Midwives).

Royal College of Nursing (2000) *Position Paper on Domestic Violence*. (London: Royal College of Nursing).

Royal College of Psychiatrists (2002) *Domestic Violence*. Council Report CR102. (London: Royal College of Psychiatrists).

Rudman, W. J. and D. Davey (2000) 'Identifying domestic violence with inpatient hospital admissions using medical records', *Women and Health*, 30, 4, 1-13.

Sadler, Anne G., Brenda M. Booth, Deanna Nielson and Bradley N. Doebbling (2000) 'Health-related consequences of physical and sexual violence: Women in the military', *Obstetrics and Gynecology*, 96, 3, 473-480.

Sainsbury Centre for Mental Health / NHS Alliance (2003) *Executive Briefing Paper 19: Primary Care Mental Health Services*. (London: SCMH) (www.scmh.org.uk)

Samaritans (2003) *Suicide Statistics*. Accessed at: <http://www.samaritans.org/know/statistics.shtml#>

Scottish Executive (2000) *Fair Shares for All*. Accessed at: <http://www.scotland.gov.uk/library2/doc01/fsag-32.htm>

Shah Rajen, Rosie McNiece and Azeem Majeed (2001) 'Socio-demographic differences in general practice consultation rates for psychiatric disorders among patients aged 16-64', *Health Statistics Quarterly*, 11, 5-10.

Sheppard, Michael (1997) 'Double jeopardy: The link between child abuse and maternal depression in child and family social work', *Child and Family Social Work*, 2, 91-107.

Simmons, Jon and colleagues (2002) *Crime in England and Wales 2001/2*. Home Office Statistical Bulletin, 07/02, July 2002. (London: Home Office).

Simmons, Jon and Tricia Dodd (2003) *Crime in England and Wales 2002/3*. Home Office Statistical Bulletin, 07/03, July 2003. (London: Home Office).

Singleton, Nicola, Robert Bumpstead, Maureen O'Brien, Alison Lee and Howard Meltzer (2001) *Psychiatric Morbidity among Adults Living in Private Households*, 2000. Office of National Statistics. (London: The Stationery Office).

- Snively, S. (1994) *The New Zealand Economic Costs of Family Violence*. (Auckland: Coopers and Lybrand).
- Snively, Suzanne (1995) 'The New Zealand economic cost of family violence', *Social Policy Journal of New Zealand*, 4, 98-111.
- Social Services Inspectorate (1995) *Domestic Violence and Social Care: A Report on Two Conferences Held by the Social Services Inspectorate*. (London: Department of Health).
- SNAP (Scottish Needs Assessment Programme, Women's Health Network) (1997) *Domestic Violence*. (Glasgow: Scottish Forum for Public Health Medicine).
- Stanley, Nicky (1997) 'Domestic violence and child abuse: Developing social work practice', *Child and Family Social Work*, 2, 135-145.
- Stanko, Elizabeth, Debbie Crisp, Chris Hale and Hebe Lucraft (1998) *Counting the Costs: Estimating the Impact of Domestic Violence in the London Borough of Hackney*. (Swindon: Crime Concern).
- Stanko, Elizabeth (2000) 'The day to count' accessed at http://www.domesticviolencedata.org/5_research/count/count.htm.
- Stockdale, J E, C M E Whitehead and P J Gresham (1999) *Applying Economic Valuation to Policing Activity*. Policing and Reducing Crime. Police Research Series Paper 103. (London: Home Office).
- Stark, Evan and Anne Flitcraft (1995) 'Killing the beast within: Woman battering and female suicidality', *International Journal of Health Services*, 25, 1, 43-64.
- Straus, Murray A. and Richard J. Gelles (1990) *Physical Violence in American Families: Risk Factors and Adaptations to violence in 8,145 Families*. (New Brunswick: Transaction Publishers).
- Tajima, Emiko A. (2000) 'The relative importance of wife abuse as a risk factor for violence against women', *Child Abuse and Neglect*, 24, 11, 1383-1398.
- Tajimo, Emiko A. (2002) 'Risk factors for violence against children: Comparing homes with and without wife abuse', *Journal of Interpersonal Violence*, 17, 2, 122-149.
- Taylor-Browne, Julie (ed) (2001) *What Works in Reducing Domestic Violence? A Comprehensive Guide for Professionals*. (London: Whiting and Birch).
- Thorns, Jamie (2003) Email communications from Jamie Thorns, Assistant Economist, Economics & Resource Analysis Unit, Home Office.
- Tunstall, Jane and Jane Aldgate (2000) *Services for Children in Need*. Studies in Evaluating the Children Act 1989. (London: The Stationery Office).
- Ulrich Y.C., K.C. Cain, N.K. Sugg, F.P. Rivara, B.S. Rubanowice and R.S. Thompson (2003) 'Medical care utilisation patterns in women with diagnosed domestic violence', *American Journal of Preventative Medicine*, 24, 1, 9-15.
- Vitanza, Stephanie, Laura C.M. Vogel and Linda L. Marshall (1995) 'Distress and symptoms of posttraumatic stress disorder in abused women', *Violence and Victims*, 10, 1, 23-34.
- Walby, Sylvia and Jonathan Allen (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the 2001 British Crime Survey*. Home Office Research Study 276. (London: Home Office).
- Walby, Sylvia and Andrew Myhill (2001a) 'Comparing the methodology of the new national surveys of violence against women', *British Journal of Criminology*, 41, 3, 502-522.

- Walby, Sylvia and Andrew Myhill (2001b) 'Analysing and managing risk' in Julie Taylor-Browne (ed) *What Works in Reducing Domestic Violence? A Comprehensive Guide for Professionals*. (London: Whiting and Birch). pp. 307-333.
- Walker, John (1997) *Estimates of the Costs of Crime in Australia in 1996. Trends and Issues: in Crime and Criminal Justice*. No. 72. (Canberra Australia: Australian Institute of Criminology).
- Welsh Women's Aid (2002) *Centralised Funding Strategy*. (Wales: Welsh Women's Aid).
- Widom, Cathy Spatz (2000) 'Childhood victimization: Early adversity, later psychopathology', *National Institute of Justice Journal*, January, 2-9.
- Wiederman, M.W., R.A. Sansone, L.A. Sansone (1998) 'History of trauma and attempted suicide among women in a primary care setting', *Violence and Victims*, 13, 1, 3-9.
- Wilcox, Paula (2000) 'Lone motherhood: The impact on living standards of leaving a violent relationship', *Social Policy and Administration*, 34, 2, 176-90.
- Wisner, Catherine L., Todd P. Gilmer, Linda E. Saltzman and Therese M. Zink (1999) 'Intimate partner violence against women: Do victims cost health plans more?' *Journal of Family Practice*, 48, 6, 439-43.
- Women's Aid Federation of England (WAFE)(1999) *Domestic Violence Statistical Factsheet No3*. Accessed at: <http://www.womensaid.org.uk/dv/dvfactsh3.htm>
- Women's Aid Federation of England (2000) 'The day to count: A snapshot of the impact of domestic violence in the UK; accessed at: <http://www.womensaid.org.uk/campaigns/research/day%20to%20count.htm>
- Women's Aid Federation of England (2002) 'The future of funding of refuge services in England': <http://www.womensaid.org.uk/policy/briefings/refuge%20funding.htm>
- Women's Aid Federation of England (WAFE)(2002) *Women's Aid welcomes £9 million investment to help domestic violence survivors*. Accessed at: http://www.womensaid.org.uk/press_releases/9million_investment.htm
- Women's Aid Federation of England (WAFE) (2003) *WAFE Census 2003*. (Bristol: WAFE).
- Woods Stephanie J. (2000) 'Prevalence and patterns of post-traumatic stress disorder in abused and postabused women', *Issues in Mental Health Nursing*, 21, 309-324.
- World Health Organisation (2001) *Mental Health: New Understanding, New Hope*. (Geneva: WHO).
- Yodanis, Carrie L., Alberto Godenzi and Elizabeth Stanko (2000) 'The benefits of studying costs: A review and agenda for studies on the economic costs of violence against women', *Policy Studies*, 21, 3, 263-276.
- Yuen, Peter (2002) *Compendium of Health Statistics*. (London: Office of Health Economics).
- Zigmond, A. and R. Snaith R. (1983) 'The hospital anxiety and depression scale', *Acta Psychiatrica Scandinavica*, 67, 361-370.