



Formerly Family Violence Prevention Fund

The Health Care Costs of Domestic and Sexual Violence

Domestic, dating and sexual violence are costly and pervasive problems in this country, causing victims, as well as witnesses and bystanders, in every community to suffer incalculable pain and loss. On average, more than four women a day are murdered by their husbands or boyfriends in the United States¹ and women experience two million injuries from intimate partner violence each year.² In addition to the devastating human trauma, this violence costs our health care, criminal justice, education, child welfare and other systems, as well as diminishing worker productivity. The United States has made progress in the last few decades in addressing this violence, resulting in welcome declines³ – but there is more work to be done.

Violence Against Women Imposes a Substantial Burden on the Health Care System

- The Centers for Disease Control and Prevention estimates that the cost of intimate partner rape, physical assault and stalking totaled \$5.8 billion each year for direct medical and mental health care services and lost productivity from paid work and household chores. Of this total, nearly \$4.1 billion are for direct medical and mental health care services and productivity losses account for nearly \$1.8 billion in the United States in 1995.⁴ When updated to 2003 dollars, the cost is more than \$8.3 billion.⁵ And in 2010 dollars, it would be considerably more.
- Nationally, the medical cost burden of intimate partner violence against women age 18 and older within the first 12 months after victimization, range from \$2.3 billion to \$7 billion dollars.⁶
- A 2009 study of more than 3,000 women (ages 18-64) from a large health plan located in the Pacific Northwest found costs for women suffering ongoing abuse were 42 percent higher when compared with non-abused women. Women with recent non-physical abuse had annual costs that were 33 percent higher than non-abused women.⁷
- A 2006 study of nearly 400 abused and non-abused women enrolled in a multisite health maintenance organization (HMO) in the Washington, DC area found that average health care costs for women disclosing physical, sexual or emotional abuse were \$1,700 higher than never abused women over a three year period. Using this estimate, an HMO with 300,000 female enrollees could expect \$2 million in additional claims over a three year period.⁸
- Recently abused women have health care costs that are more than twice those of never abused women and about \$4,500 higher than women who have not been abused in the past year, a 2006 study of nearly 400 abused and non-abused women enrolled in Washington, DC area multisite HMO found.⁹
- A 2005 study using data from a national telephone survey of 8,000 women about their

experiences with violence, found that on average, women who reported injuries as a consequence of their most recent incident of physical intimate partner victimization visited the emergency room twice, a physician more than three times (3.5), a dentist more than five times (5.2) and made nearly 20 visits (19.7) to physical therapy.¹⁰

- A 2009 study of more than 3,000 women (ages 18-64) from a large health plan located in the Pacific Northwest found that abused women – experiencing physical or psychological abuse – utilized significantly more mental health services than non-abused women. Women suffering ongoing physical abuse were about 2.5 times more likely to visit a mental health provider in the past year than were non-abused women. The rate for psychologically abused women was more than twice as high.¹¹
- The same study of 3,000 women in the Pacific Northwest found that health care costs remain higher even when the abuse is over. Women who suffered physical abuse five or more years earlier had health care costs that were 19 percent higher than women who were never abused.¹²

Toll on Productivity

- A 2005 study using data from a national telephone survey of 8,000 women about their experiences with violence, found that women experiencing physical intimate partner violence victimization reported an average 7.2 work-related lost productivity and 33.9 days in productivity losses associated with other activities.¹³
- About 130,000 victims of stalking in a 12-month period from 2005 to 2006, reported that they were fired or asked to leave their job because of the stalking. About one in eight employed stalking victims lost time from work because of fear for their safety or because they needed to get a restraining order or testify in court. More than half these victims lost five days or more from work.¹⁴

Children Sometimes Pay a Heavy Price

- A 2004 study of women with a police-reported intimate partner violence incidence during pregnancy from 1995 to 1998 were twice as likely to experience an antenatal (before birth) hospitalization not associated with delivery. Women with intimate partner violence were more likely to have been hospitalized with a substance abuse-related diagnosis or a mental health-related diagnosis.¹⁵
- A 2008 survey using data on more than 2,500 children whose families were reported to Child Protective Services in 1999 and 2000 found that children whose mothers experience severe abuse from an intimate partner are more than twice as likely as other children to end up in the emergency room. This increased risk may continue for three years after the mothers' abuse has ended.¹⁶
- A 2007 *Pediatrics* study found that children exposed directly to intimate partner violence after they are born had greater emergency department and primary care use during the intimate partner violence and were three times more likely to use mental health services after the intimate partner violence ended.¹⁷

Recommendations for Reducing Cost

- Intimate partner violence elevates health care costs, not only among women currently experiencing abuse, but also among women for whom the abuse has ceased. Efforts to control health care costs should focus on early detection and prevention of intimate partner violence.
- Health care providers are coming more aware of the importance of assessing patients for violence and the health problems associated with abuse. Failure to assess patients for abuse has important cost implications for insurers and the victims themselves.

¹ Catalano, S., Smith, E., Snyder, H., Rand, M. 2009. Female Victims of Violence. U.S. Department of Justice, Bureau of Justice Statistics. Available at <http://bjs.ojp.usdoj.gov/content/pub/pdf/fvv.pdf>.

² U.S. Centers for Disease Control and Prevention. 2008. Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence. *Morbidity and Mortality Weekly Report*, 57(05):113-117. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm>.

³ Catalano, Shannan. 2007. Intimate Partner Violence in the United States. U.S. Department of Justice, Bureau of Justice Statistics. Available at <http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm>.

⁴ Costs of Intimate Partner Violence Against Women in the United States. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 2003. Available at <http://www.cdc.gov/violenceprevention/pdf/IPVBook-a.pdf>.

⁵ Max, W, Rice, DP, Finkelstein, E, Bardwell, R, Leadbetter, S. 2004. The Economic Toll of Intimate Partner Violence Against Women in the United States. *Violence and Victims*, 19(3) 259-272.

⁶ Brown DS, Finkelstein EA, Mercy JA, 2008. Methods for Estimating Medical Expenditures Attributable to Intimate Partner Violence. *Journal of Interpersonal Violence*, 23(12): 1747-66.

⁷ Bonomi AE, Anderson ML, Rivara FP, Thompson RS. 2009. Health Care Utilization and Costs Associated with Physical and Nonphysical-Only Intimate Partner Violence. *Health Services Research*, 44(3): 1052-67.

⁸ Jones AS, Dienemann J, Schollenberger J, Kub J, O'Campo P, Gielen AC, Campbell JC. 2006. Long-Term Costs of Intimate Partner Violence in a Sample of Female HMO Enrollees. *Women's Health Issues*, 16(5): 252-61.

⁹ Ibid.

¹⁰ Arias I, Corso P. 2005. Average Cost Per Person Victimized by an Intimate Partner of the Opposite Gender: a Comparison of Men and Women. *Violence and Victims*, 20(4):379-91.

¹¹ Bonomi AE, Anderson ML, Rivara FP, Thompson RS. 2009. Health Care Utilization and Costs Associated with Physical and Nonphysical-Only Intimate Partner Violence. *Health Services Research*, 44(3): 1052-67.

¹² Ibid.

¹³ Arias I, Corso P. 2005. Average Cost Per Person Victimized by an Intimate Partner of the Opposite Gender: a Comparison of Men and Women. *Violence and Victims*, 20(4):379-91.

¹⁴ Baum, Katrina, Catalano, Shannan, Rand, Michael and Rose, Kristina. 2009. Stalking Victimization in the United States. U.S. Department of Justice Bureau of Justice Statistics. Available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/svus.pdf>.

¹⁵ Lipsky S, Holt VL, Easterling TR, Critchlow CW. 2004. Police-Reported Intimate Partner Violence During Pregnancy and the Risk of Antenatal Hospitalization. *Maternal and Child Health Journal*, 8(2): 55-63.

¹⁶ Bair-Merritt MH, Feudtner C, Localio AR, Feinstein JA, Rubin D, Holmes WC. 2008. Health Care Use of Children whose Female Caregivers have Intimate Partner Violence Histories. *Archives of Pediatric and Adolescent Medicine*. 162(2): 134-9. Available at <http://archpedi.ama-assn.org/cgi/content/full/162/2/134>.

¹⁷ Rivara FP, Anderson ML, Fishman P, Bonomi AE, Reid RJ, Carrell D, Thompson RS. 2007. Intimate Partner Violence and Health Care Costs and Utilization for Children Living in the Home. *Pediatrics*, 120(6):1270-7. Available at <http://pediatrics.aappublications.org/cgi/reprint/120/6/1270>.