

Tally for violence 'shocking'

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The economic costs for women who leave an abusive partner do not end once they walk out the door. In fact, the ongoing costs in Canada equal a staggering \$6.9 billion annually.

Marilyn Ford-Gilboe, professor and Echo Chair in Rural <u>Women</u>'s Health Research in the Arthur Labatt Family School of Nursing, coauthored a recent study on the <u>economic costs</u> for services used by women who leave a violent partner.

The study, the first long-term look of its kind in Canada, is part of a larger CIHR-funded Women's Health Effects Study, for which Ford-Gilboe is the principal investigator. *Attributing Selected* Costs to Intimate Partner Violence in a Sample of Women Who Have Left Abusive Partners: A Social Determinants of Health Approach was published in a recent issue of Canadian Public Policy.

"We still socially construct the solution to violence as leaving," Ford-Gilboe says. "These costs (of violence) are ongoing. They don't stop when the women leave."

Ford-Gilboe admits to being "stunned" by the study's findings, noting the number is likely a conservative estimate since there are some factors that could not be included in the study.

The costs of violence in <u>Canada</u> have increased since 1993 when the reported amount was \$4.2 billion.



For each woman, the estimated annual costs of selected public and private-sector expenditures (attributed to violence) equates to more than \$13,160. This includes violence-specific costs, such as the use of a crisis line, shelter, second-stage housing, advocacy/counseling, victim services and sexual assault services.

The total also includes non-violence-specific costs, such as accessing a community support worker, legal aid, social assistance, use of a food bank, child care, physician visits, hospitalizations and lost wages due to health problems, among others.

In the United States, the annual health costs attributed to intimate partner violence is estimated between \$1,000-\$1,700 per woman.

The women involved in the study had been separated from their abusive partners within the previous three years and many had relatively low incomes. The 309 participants, hailing from Ontario, New Brunswick and British Columbia, were interviewed every year for five years.

This study focused on women transitioning from an abusive relationship. To determine how much of the costs were due to violence, researchers compared the women's use of services to women of a similar age in the general population.

"We know from the research that has been done that women's health problems can persist for 20 years after separation from an <u>abusive</u> <u>partner</u>," says Pat Campbell, CEO of Echo: Improving Women's Health in Ontario. Echo is an agency established by the Ontario Ministry of Health and Long-Term Care to focus on women's health.

"We also know women bring great strengths to these transitions and work hard to improve their circumstances and to maintain family functioning/stability," she adds.



"This is an important piece of work that gives us new information about women who experience violence and the challenges associated with changing that experience and health impacts of that violence."

To only have crisis-oriented services is a problem, Ford-Gilboe notes, as needs are ongoing. "We incur these costs as a society because the violence has (already) occurred," she says. "We really need to focus on prevention if we really want to stop these costs from occurring."

The biggest costs are in primary health care (emergency room and family physician visits), she explains. These women turn to this sector for support/care 3.9 times more than the general population.

Dr. Barbara Lent, Department of Family Medicine professor at the Schulich School of Medicine & Dentistry, says women continue to be affected by the violence even after they have left their partner. Not all understand that fact.

"I think a number of physicians see leaving the relationship and going to the shelter as the solution to the problem," she says.

Family doctors are often the first entry point into the health-care system and other social services, which explains why health care occupies the biggest costs.

"Services need to be much broader than what we've traditionally done," she says.

Health-care professionals and social services need to work together and provide support for women who are the victims of violence, Lent continues.

"Abusers use a variety of tactics to force their partners to remain in the



relationships," says Susan Dill, residential services director at Women's Community House in London.

Some of these tactics include isolation, financial control, even using children as weapons.

"Only upon dissolution of the abusive relationship can women get their needs looked after. Health care costs are high for all. But if the issues have not been attended to (because of abusers' tactics) or preventative care is not accessed, the costs can be even higher," she says.

The study raises questions about why costs are so high.

The women are using these services at such a high rate, more than the average Canadian, yet they continue to face barriers in accessing much-needed services.

Some argue the women are overusing services. However Ford-Gilboe assures use is in line with the challenges. If the women had their needs met, they will reduce their use of services.

In order to address these issues, the long-term study will examine alternative models for delivering primary health (particularly ones sensitive to the trauma experienced by these women) and if the costs change over time.

"For many of these women ... their health problems are interlinked. The costs of violence are substantial and ongoing," Ford-Gilboe says. "But this isn't the only reason we should pay attention to it.

"This is an issue we need to grapple with as a society."



Provided by University of Western Ontario

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