

Guidelines to Estimate the Economic Cost of Domestic Violence in the Arab Region





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Executive Summary

Domestic Violence (DV) is a pervasive problem worldwide. In the Eastern Mediterranean region, 37 per cent of women have experienced physical and/or sexual violence by a male spouse or fiancé. In addition to being a human rights violation and public health issue, DV has a significant economic impact on individuals, the community and the wider society. As such, governments need to take a comprehensive response that takes into consideration the full spectrum of measures to address DV. Estimating the costs of DV to society as a whole can be a powerful tool in directing this response.

The economic costs of DV are both direct and indirect, tangible and intangible, and range from health-care and criminal justice service costs to lost productivity for both the survivor and perpetrator. Having an estimation of these costs provides an evidence base from which the systemic impact of DV on a country's economic potential can be clearly demonstrated to government planners. The undertaking of such studies is gaining momentum, particularly in the Global North.

The findings have been employed to highlight the importance of addressing DV holistically by informing policy and increasing the resources dedicated to DV prevention and response. For example, in Viet Nam, the Government agreed to develop and deliver a minimum package of services based on the cost data produced.

While data on DV in the Arab region is available to a certain extent in some countries, the understanding of its economic impact is limited. Estimating the costs of DV will address this gap in knowledge and provide a potentially important opportunity to positively influence the budget decision makers in the Arab states.

These guidelines are intended for government officials, programme managers and researchers intending to estimate the costs of DV in the Arab region. They are designed to enable users to understand the purpose of costing studies and the steps required to undertake a costing exercise in the users' country.

The guidelines are divided into three parts. Part 1 details the purpose and importance of costing DV, with a focus on the Arab region, as well as the recommended steps to take when conducting a costing study. Part 2 outlines how to translate the research findings into concrete actions to ensure impact. In Part 3, four case studies from a selection of countries which have successfully undertaken or are in the process of undertaking costing studies are presented.

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PART ONE: GENERAL GUIDELINES

I. THE PURPOSE OF COSTING DOMESTIC VIOLENCE

Violence against women (VAW), and specifically domestic violence (DV) against women,¹ is a global pandemic and a violation of an individual's human rights. Research has found that one in every three women worldwide has experienced physical and/or sexual violence, and the rate is slightly higher at 37 per cent in the Eastern Mediterranean region.² This indicates the widespread nature of DV and the urgent need for a comprehensive response by governments across the globe.

The economic, social and health costs of violence against women, while largely undocumented and unrecognized, are considered by researchers, programme practitioners and advocates to be enormous. There is currently growing interest in estimating the costs of DV, particularly the costs of inaction,³ to provide governments evidence of the scale of financial losses. Sustainable human development will continue to be directly and negatively affected until the cycle of violence against women is broken. Demonstrating the economic and other costs to households, communities and the economy at large is one way to help break this cycle.

Estimating the economic impacts of DV is important to illustrate in clear terms to government planners the systemic loss to a country's economic potential. In terms of the logic of economic planning, the estimate of leakage from the system also provides the basis for understanding the potential gain from increased investment in policies and programmes to reduce DV. Framing the issue in terms of its economic consequences redefines it as a matter of public welfare, rather than a private concern within families. Working from the assumption that the fundamental objective of government is to promote a vibrant and growing economy, this economic analysis also provides an evidence base to redirect budget allocations to ensure a sufficiently funded, comprehensive and ultimately effective response to DV. In addition, it contributes to increasing the efficiency and transparency of budget allocations, especially for countries that have a limited budget for gender equality, which is the case in most Arab countries. Furthermore, by accounting for inflation, the expected increase in use of services in response to DV and the population growth rate, governments can project costs of service provision.⁴

Nearly 60 studies, largely from countries in the Global North, have attempted to provide cost estimates of DV⁵ at the individual, household and community levels. Many of these studies provide only selective estimates of costs of violence; their findings are approximations based on partial information and with many assumptions for aggregation. In general, these studies have aimed to document and quantify the economic impacts of violence upon individual household economies and to assess the following: loss of family earnings due to repeated physical injuries or emotional abuse; work days lost by both women and men and related health costs (including the costs of accessing services); and the impact of spousal violence on children and their education.

Countries that have focused on estimating the economic costs of DV have used the evidence to raise the priority given to the phenomenon in national policies and programmes, as well as to increase the resources available to programmes for prevention of violence, treatment and care for survivors and for prosecution of perpetrators of violence. For example, in Egypt, the findings of a national costing study conducted in

¹ Domestic violence encompasses violence perpetrated by family members against other family members. These guidelines focus on domestic violence against women, namely, violence perpetrated against women by family members. Marital violence is a subset of DV and focuses on violence against women by a husband or partner.

² WHO and others, *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence* (Geneva, World Health Organization, 2013).

³ Costs incurred as a result of governments failing to adequately address the problem of DV.

⁴ Nata Duvvury and Sinead Ashe, "A costing tool for action: estimating the resource requirements for a minimum package of essential services for women experiencing violence" (New York, UN Women, 2016).

⁵ Many of these studies have a limited focus on marital or intimate partner violence.

2015 have contributed considerably to proposed legislation on VAW. The findings are also being used by non-governmental organizations (NGOs) and the National Council for Women (NCW) to raise awareness and put pressure on policymakers. In Viet Nam, the government agreed to develop and deliver a minimum package of services based on the results of its costing study. Fokupers, an NGO in Timor-Leste, was also able to increase the budget allocated to combat DV through advocacy based on the findings of their costing exercise.⁶ In Peru, estimates of the costs for the private sector has led to some companies developing and implementing a business model to address violence against women. The studies conducted in Egypt and Viet Nam are detailed in Part 3.

Nata Duvvury, an expert on the subject and lead contributor to these guidelines, designed a rigorous costing model for the Arab States to calculate estimates of the costs of marital violence experienced by women at the household and community level.⁷ With slight modifications, this model can be applied to estimate the costs of DV against women which includes violence by family members, other than husbands, in addition to marital violence. The model is based on mapping both direct and indirect costs. Direct costs include provision of services (law enforcement, court hearings, health care, housing, refuge and other social services, etc.). Indirect costs include lost earnings due to job loss, productivity losses, education losses (such as the impact on children's learning and completion of school) and health losses (for example, the impact on women's and children's well-being).

It is important to recognize that data limitations present methodological challenges in developing an effective model to cost VAW. For example, estimating direct costs at the community level requires rigorous data on DV prevalence and information on utilization of services as a result of violence. New data collection efforts will help overcome some of these challenges. Several countries in the Arab region have conducted or are beginning to undertake national prevalence studies on VAW, including in Egypt (case study 1), the State of Palestine (case study 4) and Tunisia. However, there are very few household surveys that estimate either the income loss to households or indirect losses.

Despite the challenges involved, costing the impact of violence is an important step towards galvanizing countries to actively address violence, develop realistic strategies and ensure allocation of adequate resources. It also reduces the need for donor funding in the sector and enables better utilization of such funding. Thus, research on the social and economic costs of DV is urgently needed. This guide will provide an overview of what is involved in conducting a costing study, including sample questions to be included in a survey as well as a sample survey.

II. WHY COST DOMESTIC VIOLENCE IN THE ARAB REGION?: A TOOL TO INFLUENCE POLICY REFORM

In the Arab region, DV has been widely recognized as a critical human rights violation requiring political commitment and leadership to prevent it from happening and, when it does, to mitigate its consequences and prosecute its perpetrators. While some data is available in some countries, the understanding of the economic impacts and financial consequences of DV is limited. Costing DV in the Arab region will fill a gap in knowledge on its prevalence and its economic impacts. A focus on the economic costs can offer a potential entry point to positively influence budget decision makers in Arab States and, most importantly, to introduce policy reform.

Costing DV will help Arab States coordinate their efforts on a national level, as efforts thus far have been fragmented. This is evident in the disconnect of the international and national legal frameworks from the actual policy frameworks implemented and services established.⁸ Costing DV will assist Arab States to

⁶ See <http://asiapacific.unwomen.org/en/news-and-events/stories/2016/06/un-women-costing-tools-have-led-to-improved-essential-services>.

⁷ [E/ESCWA/ECW/2017/Technical Paper.4](#).

⁸ [E/ESCWA/ECW/2017/2](#).

implement due diligence and to meet their international commitments and obligations, such as the Beijing Platform of Action, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the relevant goals and targets in the Sustainable Development Goals. Analysing the cost of DV will also enable Arab States to fully assume their role as duty bearers, confirming the severity of the problem as a matter of public, not private, concern.

The recent costing study in Egypt, examined here in case study one, was conducted to address the dearth of information on the prevalence of gender-based violence (GBV) and its economic impact.⁹ The study confirmed a high rate of violence perpetrated against women. The total cost for women and families due to this violence was approximately 2.17 billion Egyptian pounds (LE) in 2015. The findings led to enhanced awareness and the development of VAW services, among other significant advances.

While these types of findings can have a significant impact, criticisms have been raised. For example, a main criticism of the costing approach is whether an estimation of financial costs can capture the full ramifications of survivors' suffering. Another is to what extent cost estimates assume the link between level of violence, degree of development and magnitude of costs. Related to this is whether or not cost studies assume that the impact of the perpetrator's behaviour is limited only to the woman assaulted? Given these concerns, it is therefore important to outline some key considerations and highlight the limitations of costing studies when communicating study findings to policymakers. Based on its experience of consultations with national policymakers in the region, ESCWA have outlined the following key considerations and principles for costing studies.¹⁰

Main principles for costing violence against women in the Arab region

1. Since VAW is a social phenomenon with serious economic implications, costing necessitates that the human and social dimensions serve as the basis of the economic aspect.
2. The prevalence of VAW causes serious socioeconomic problems on the macro and micro levels.
3. There is a negative correlation between delayed development and the incidence and rates of specific forms of VAW.
4. In costing the impact of VAW, women must be the primary stakeholders, followed by society and then the State. This hierarchy should be reflected in the costing indicators.
5. Formulating sustainable policies of costing VAW is a valid approach to underscore the importance of ending the serious harm done to women which, at the same time, enables measuring the related developmental losses. That said, it is not meant to shift the economic burdens from the State.
6. The harm caused by VAW is not restricted to the women assaulted but extends to the larger society and subsequent generations, so the losses in development are felt across families and social structures. In this sense, VAW can be considered comparable to a crime which causes gross public damage and loss of funds.
7. In addition to the tangible forms of VAW, there are numerous intangible forms that have been traditionally overlooked in the discipline and which require more effort in discerning and calculating the cost of their impact.
8. The nature of specific norms of VAW in a country is a determining factor in defining the nature and specificity of the relevant VAW policies.
9. Even where VAW costs as a percentage of GDP are the same, the developmental status of the countries in question mandates the type of State intervention, approaches and policies for the elimination of VAW.

⁹ The Egyptian study had an expanded focus to capture the violence experienced by women from the spouse, family members and in the public spaces.

¹⁰ While the principles developed by ESCWA have not been vetted, they are included here to highlight the type of reservations that are often raised in national consultations regarding the costing of DV.

III. COSTING DOMESTIC VIOLENCE: DECIDING THE SCOPE OF THE STUDY

A. TYPOLOGY

VAW is a broad continuum comprising the complex and interlinked forms of interpersonal violence women experience, such as harassment, assault, abuse and rape.¹¹ VAW can occur within the household, in the public sphere and/or at the community level (see figure 1). It can include child abuse, violence against an adult or violence against an elderly person, and the perpetrator can be a family member or a stranger.

As the most widespread form of violence globally, DV against women manifests in a number of different ways. The most common forms include emotional, sexual, physical and verbal abuse perpetrated in households. Likewise, there are many definitions of the different types of violence.

As such, a fundamental aspect of the research design involves determining which form of VAW and what definition will be used in the costing study. For example, the research team can choose to focus on DV or a combination of DV and VAW in public spaces (see the case studies presented in Part 3) with the understanding of the pros and cons of each option.

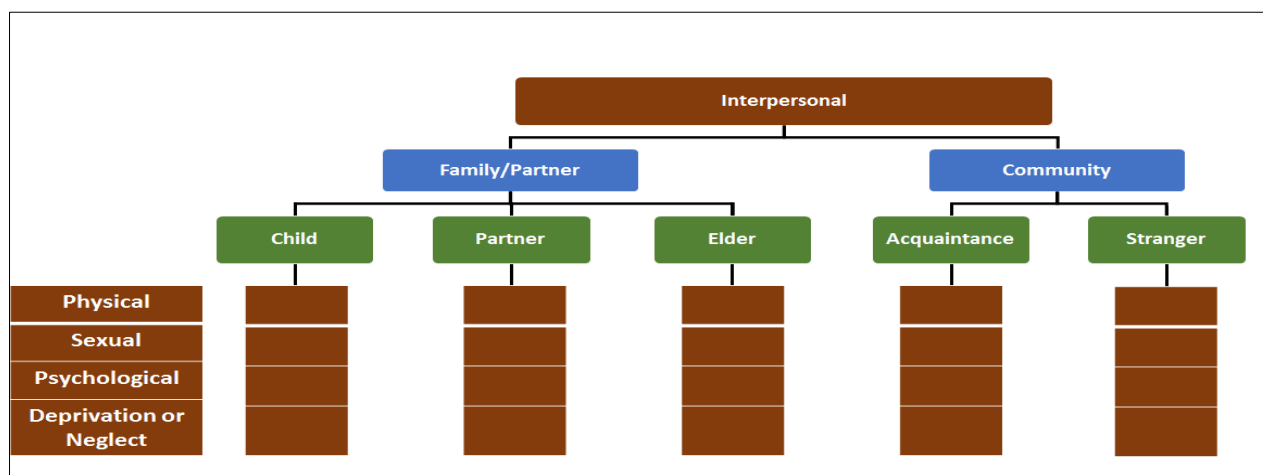
When deciding upon the scope of a country's costing study, it is important to draw on relevant internationally recognized and operational definitions. A selection of internationally recognized definitions is provided in annex 2. The operational definition employed in the costing study should take into consideration the breadth and width of the different types of families (nuclear and extended) in the region.

The brief overview of VAW in figure 1 highlights that it encompasses violence perpetrated by multiple actors, as well as different types of behaviours that are basically economic, psychological, physical or sexual in nature.

Good Practice: Egypt

While it is possible to estimate the costs of DV and violence in public spaces in a single household survey (see the Egypt case study), it is recommended to assess different types of violence in separate surveys. A number of difficulties were highlighted by the Egyptian national stakeholders. These included the length of time required to complete surveys for the numerous types of violence occurring within the family and in public spaces as well as the emotional burden placed on respondents. Due to these data considerations, costing DV is more relevant for the Arab region and will ensure greater accuracy.

Figure 1. Typology of violence

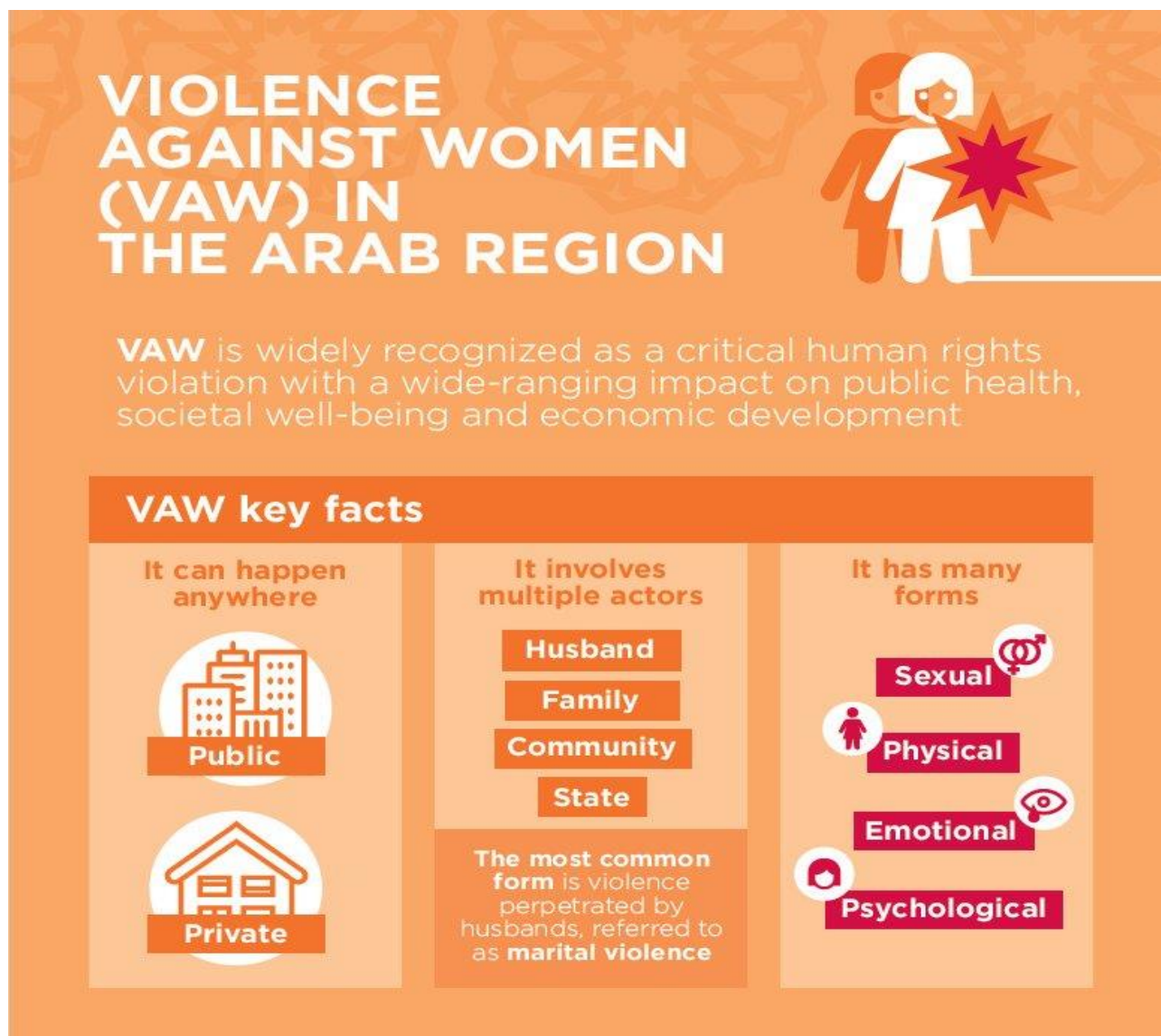


Source: WHO 2012.

¹¹ Liz Kelly, *Surviving Sexual Violence* (Minneapolis, Minnesota, University of Minnesota Press, 1988).

The global typology of VAW is very relevant to the Arab region. ESCWA and UN Women have adopted the same typology (see figure 2), which highlights that VAW occurs in both public and private spaces.

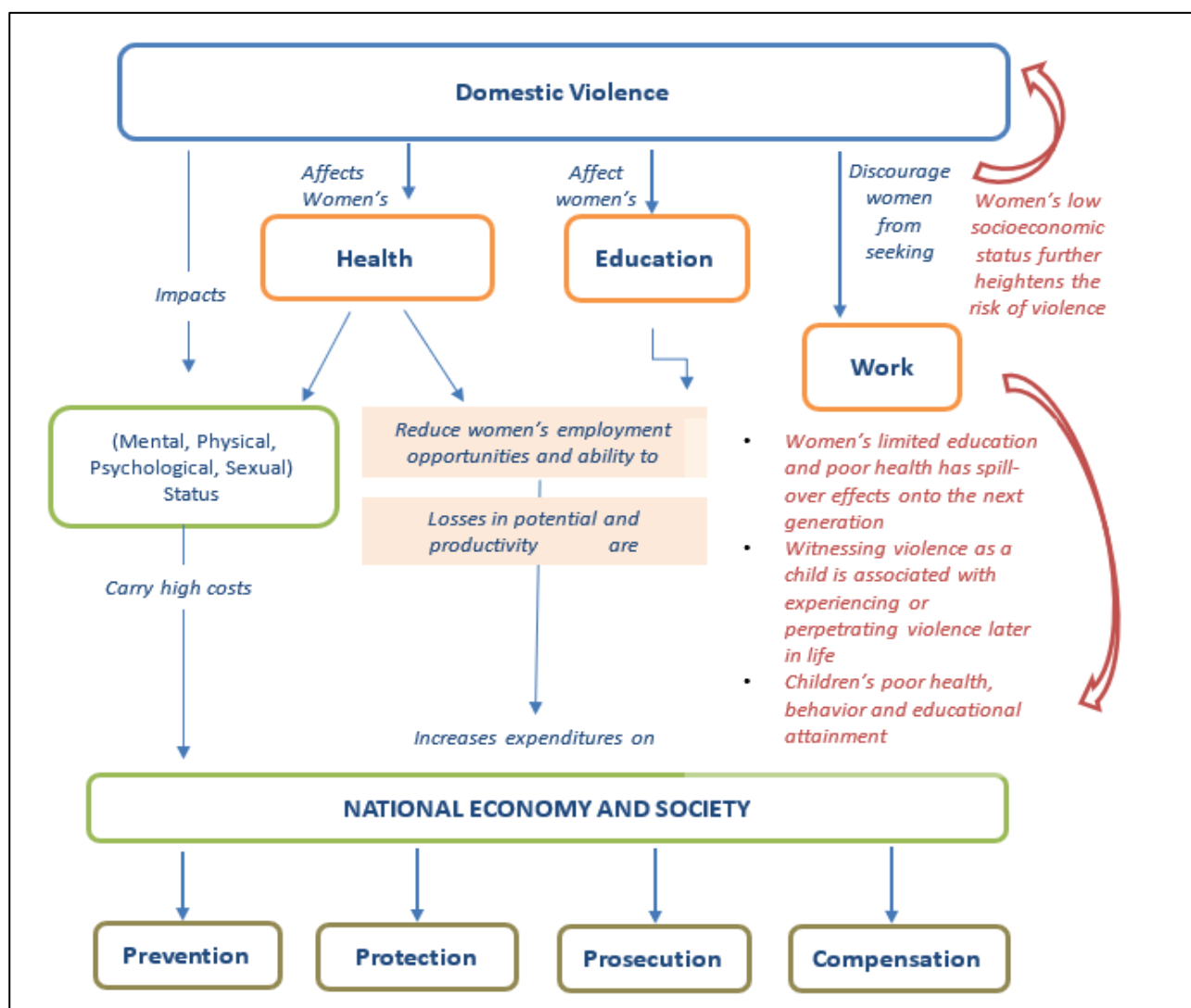
Figure 2. Typology of violence (ESCWA and UN Women 2017)



B. IMPACTS OF DV

When formulating the scope of the study, it is also important to consider the numerous consequences of DV for individuals, families, communities and the wider society. As shown in figure 3, DV has multiple impacts on women’s health, education and work opportunities. Overall, women’s ability to take advantage of employment opportunities and their work performance are impeded, leading to productivity losses that affect the national economy. Women’s subordinate status is reinforced, which can fuel further violence. Additionally, DV has long-term effects on children’s health and education, potentially limiting their future economic participation. Taken together, there are significant costs for the national economy. As such, increased investment in prevention, protection, prosecution and compensation would, in fact, result in significant savings for governments.

Figure 3. Estimating costs of DV in the Arab region



Source: E/ESCWA/ECW/2017/2, p. 10.

IV. PROPOSED STEPS TO COST DV IN THE ARAB REGION

Building on the the ESCWA experience in supporting Arab States in costing DV, ESCWA established a number of practical steps to initiate and complete a national costing exercise for DV. These steps take into consideration the specificity of the region and the need to build consensus and ensure ownership. They also account for the data limitations of the region while putting in place actions to ensure adequate data collection and management. As shown in figure 4, this project model involves three overarching phases: (1) the Preparatory Phase, (2) the National Consultation Phase and (3) the Implementation Phase.

In the Preparatory Phase, it is important to clearly define the purpose of the study, as this will determine the scope of the exercise, the most appropriate methodology and the types of costs to be estimated. Next, the National Consultation Phase involves establishing partnerships with and among stakeholders. This ensures that the stakeholders involved understand the exercise and commit to using the findings to influence policy reform. This is followed by the Implementation Phase, where the research strategy is put into action. To further ensure ownership and institutionalization, capacity-building is an ongoing component of the costing exercise. Each of these phases is outlined in figure 4 and further detailed in the sections that follow.

Key informant interviews should also be conducted with all relevant national stakeholders (see annex 3 for interview questions) in ministries such as social affairs, finance, interior, education, health, statistics, etc. In addition, interviews should be conducted with relevant NGOs, especially service providers. It is important to complement this fieldwork with a literature review of VAW costing studies. This should result in a short contextual analysis report detailing the results and providing recommendations for the next steps to be taken.

B. NATIONAL CONSULTATION PHASE

The national consultation phase is a key aspect of the costing project. It is important to involve government at the highest level possible, especially the offices involved in the preparatory phase. It is also important to establish a national high-level platform to ensure a commitment to sharing existing information. In terms of governance of the costing project, there are three options: government-led, NGO-led or National Women’s Machinery-led (see table 1 for international examples).

Good Practice

To ensure ownership and implementation of the research findings, a multi- or interagency project that is led by the government is recommended. NGOs can play a useful role in advocating for the government to undertake a costing study.

Table 1. Governance options

<p>United Kingdom 2004: Government-led Project</p> <p>The United Kingdom’s Government Equalities Office commissioned Professor Sylvia Walby in 2003 to address gaps in the existing data on DV (see case study 2). International experts contributed research assistance and the Home Office Economics and Resource Analysis Unit personnel provided expert advice. Data on the extent and nature of DV was taken from the report on the 2001 British Crime Survey</p>	<p>Ukraine 2008: NGO-led Project</p> <p>The NGO La Strada-Ukraine initiated a costing exercise and conducted it in partnership with the Institute for Social Studies and the Ministry of Interior (International Women’s Rights Center “La Strada – Ukraine” 2008).</p>
<p>Egypt 2016: National Women’s Machinery-led Project</p> <p>Under the leadership of the National Council for Women, UNFPA coordinated the study in Egypt, which was conducted in partnership with the Central Agency for Public Mobilization and Statistics (CAPMAS) (see case study (1)). A National Advisory Committee was established to manage this nationwide project, which enlisted an international and a national economics expert. Consultations were also conducted with relevant ministries and institutions providing protection and response services to survivors.</p> <p>The study estimated the cost of the problem for women and households could cost Egypt as much as LE 6.15 billion or about \$769 million (based on an exchange rate of LE 8 to the \$1) if the rates of violence are maintained.^a</p>	

^a. Costing studies are an expensive undertaking. In the case of Egypt, where the study cost approximately LE 350,000, it is important to note that CAPMAS was a key part of this study. If the employees of the national statistics office do not conduct the analysis of quantitative data, outside researchers will need to be hired, increasing the cost of the study.

C. IMPLEMENTATION PHASE

There are two main ways to cost DV—costing the problem and costing the solution.¹³ Costing the problem involves estimating the economic and social costs of DV, from out-of-pocket expenses incurred by individuals and households to the macroeconomic impact on society at large. In contrast, costing the solution entails estimating the cost of resources needed to prevent, treat and mitigate the effects of violence. In both ways, household surveys are useful tools, but in the latter gender-responsive budgeting can be used as a tool for calculating the cost of the solution (prevention, provision of support and prosecution).

¹³ E/ESCWA/ECW/2017/TECHNICAL PAPER.4, p. 3.

1. *Issues to consider when costing DV*

(a) *Ethical guidelines*

Conducting this type of research involves significant ethical considerations. To minimize harm to survivors and researchers, the protocol devised by WHO¹⁴ must permeate the design, implementation and dissemination of the research. Throughout the study, the emotional and physical safety of survivors must be taken into consideration above all. It is also important to be aware of the time needed to receive approval from the relevant research ethics board.

(b) *Site selection*

A costing study can be undertaken at various levels - household, community, national - with specific advantages, drawbacks and uses of each. A study at the local authority level (for example, a city or municipality), will focus on estimating costs at the household and community level. A more comprehensive option, such as an estimate of the nationwide costs of DV, will require a nationally representative survey of households and service providers.

While several factors determine which kind of study is most appropriate, the level of information available is a key factor. For example, in the United Kingdom, the first costing studies were undertaken at city level since researchers were able to work with service providers in the city to collect the required information through administrative records and interviews with service users with expert interviews conducted to fill any gaps. The resources available for undertaking a costing study is also a significant determining factor, as smaller, regionally focused studies will be less expensive.

Another factor that could influence at which level a study is undertaken is the subregional variation in the extent of violence or in situations where the type and extent of services vary considerably. If particular subregions in the country are known to have significantly higher levels of DV, it is possible that survivors bear higher associated costs. Additionally, where DV is not perceived as a problem by policymakers, using an aggregation of estimates across various regions may be more effective than national costs. However, aggregate national costs run the risk of lacking empirical rigour, which can be used to undermine the validity of the estimates. Estimating costs at specific regional levels could therefore be an option.

Good Practice

Given the arguments presented, it is recommended that a multi-site costing exercise be undertaken in representative subregions and/or localities.

Indicators for determining national representation of regions should include, in addition to the usual demographic and economic variables, norms of acceptability of DV and level of response to DV, as discussed in this paper.

(c) *Data availability*

The quality and robustness of data sources are of central importance to ensure that the cost of DV estimates are not underestimated, overestimated or inaccurate. Costing errors could undermine the prevention of VAW and gender equality policy and programmes, as well as potentially reduce the appropriate prioritization and allocation of resources. Additionally, a concise and recognized definition of DV is necessary for the proposed costing exercise, firstly, so it is clear what is included and excluded in the study and, secondly, to inform the range of data necessary to fulfill cost estimations.

Which items to cover in the costing exercise is dependent on the availability of robust data on both the extent of the violence and its direct impact for women individually. Compiling a checklist of the

¹⁴ WHO, “*Putting women first: ethical and safety recommendations for research on domestic violence against women*” (Geneva: World Health Organization, 2001).

administrative data that could be used (such as age, sex, national patient registry, number of days in jail) is an important first step. If robust, high-quality data is not available, an alternative approach would be to draw on estimates from other reputable costing studies. Such an approach would entail adopting item cost estimates produced in similar contexts.

To give an example, in a situation in which States have similar health-care systems (service provision, funding and access): State A has high-quality data available to produce a reasonable unit cost estimate but other States in the region with similar contexts do not. State A’s robust unit cost data could be justifiably used by the other States. If contextually similar States have insufficient high-quality data to produce an item cost estimate, the next step would be to draw on item cost estimates undertaken in other regions and appraising whether it would be reasonable to employ them in respect of contextual similarities and differences. If not possible, rather than producing error-laden estimates, it is advisable not to include the item while clearly indicating that it is missing from the overall cost estimation.

One of the challenges for costing DV across several states within a region, such as the Arab region, is the issue of comparability. If data sources are not equivalent or comparable, the estimates of costs cannot be compared. For costs to be comparable across a region, differences between States must represent something measurable about the extent of the violence and/or its impacts rather than a difference in accuracy or quality of underpinning data sources. Though not robust, the GBV Information Management System (IMS) data available in some countries are a good place to begin and this tool could be employed in countries that do not have statistics on GBV. Walby and Olive (2014)¹⁵ and Walby and others (2017)¹⁶ recommend basic data quality criteria that are a good starting point to assess the available data.

General data quality criteria

- Comprehensiveness of data coverage
- Robustness
- Specificity
- Replicability

Violence specific criteria for administrative data

- Record of the violence
- Actions (and intentions) and harms
- Variations by type of violence
- Temporality of the violence

Record of gender dimensions of violence

- Sex of the survivor
- Sex of the perpetrator
- Relationship between perpetrator and survivor
- Whether there was a sexual aspect to the violence
- Whether there was gender motivation

(d) *Methodology and type of costs*

The use of mixed methods (household surveys, service provider interviews) enables triangulation of findings. However, as noted above, the availability of data will inform the method(s) chosen. Also, any gaps identified in the context analysis should feed into survey development.

There are a variety of economic and social costs that can be estimated in a DV costing study. These costs can be delineated into four main categories: **direct tangible, indirect tangible, direct intangible, indirect intangible**. Direct and indirect tangible costs have a monetary value, while direct and indirect intangible costs do not. These costs will be discussed in detail below.

Another goal of the study could be to project potential costs of the available services when fully utilized, since only a relatively small group of women actually report DV when accessing services. If the costs per

¹⁵ Sylvia Walby and Philippa Olive, “Estimating the costs of gender-based violence in the European Union” (Luxembourg, European Union, 2014).

¹⁶ Sylvia Walby and others, “The concept and measurement of violence against women and men” (Bristol, Policy Press, 2017).

person for delivering a specific service, the prevalence rate of DV among women and the incidence rate of DV are known, then the potential demand for services can be estimated.

To calculate the per person costs of service provision, it is important to consider both variable costs (which increase with number of persons being provided the service) and fixed costs or sunk costs (which do not vary with number of individuals provided with the service). For example, the cost of radio campaigns does not change as more or less people listen, but the cost of housing and bedding would fluctuate dramatically with an increase in numbers.

2. *Estimating costs of DV at the household level*

(a) *Mapping help-seeking behaviour*

An important first step in estimating the household level costs of DV, particularly in settings where data is lacking, is to map the help-seeking behaviour of women experiencing violence, as well as the type and extent of public or private services that are or should be made available. This step is important to understand which services should be included to estimate the out-of-pocket costs of women experiencing violence.

The tree branch model is a useful tool that can be applied in mapping help seeking behaviour. In annex 4, we present tree branch models for different categories of services generally considered in estimating the cost of Interpersonal Violence (IPV):¹⁷ health services, criminal justice, civil legal services, housing and refuge and social services. The starting point is a woman going to some sort of provider such as a health clinic, police station, legal aid cell or shelter.

However, in most countries of the Global South, a majority of women will not take this initial step, especially with respect to police stations, legal aid or shelters. This lack of utilization of services is partly driven by the norms of acceptability of DV. It equally reflects the lack of services available due to the inadequate policy attention paid to the needs of women experiencing DV. A mapping of the available services in the local context would lead to a clear identification of the specific services that need to be considered in the costing exercise.

There are various approaches and tools that can be explored and adopted when mapping women's help-seeking behaviour. One of these approaches is to adopt a participatory process. In this approach, a randomly or purposively selected group of women is gathered together for a half-day or one-day exercise. An open-ended narrative of a case of a woman experiencing DV is presented to the group. The group is then asked about the hypothetical actions this woman can/will take in that specific community, with questions about the people and organizations at her disposal, and so forth. The responses and discussion are recorded in a Venn or circular diagram. Also known as a chapati diagram, the Venn diagram is useful for analyzing social distance, organizational structures or institutional relationships (see annex 4 for an illustrative example and more detail about the implementation of this approach).

Whenever possible, the input of survivors of violence is another source of information for mapping help-seeking behaviour. Since women may contact more than one service provider, this should be noted in the discussion to understand their pattern of referrals.

Good Practice

If a prevalence study has been conducted in the previous year, employ the data generated from it.

Where possible, advocate for the integration of specific questions on experiences of DV and service use in existing national prevalence surveys (the National Health Service surveys, demographic health surveys, multiple indicator cluster surveys), rather than conducting a stand-alone survey.

If this is not possible and funds are available, a national survey of the prevalence and costs of DV, can be conducted, as was the case in Egypt (case study one).

¹⁷ The branch model for IPV can be applied to DV.

(b) *Household out-of-pocket direct costs*

The mapping of help-seeking behaviour by women who experience DV is necessary to calculate out-of-pocket costs households incur due to DV. The mapping exercise enables a country to take advantage of the findings from existing studies on the types of services women access and refine them to reflect the local context. With this information, the study can now be informed about the type of services the household may use and can focus on estimating these costs. Based on the main services and cost items identified in existing studies, the following are the types of costs that are frequently incurred by households:

Table 2. Type of costs incurred by households

Health-care costs	Criminal justice	Housing and refuge
Emergency room care	Incarceration	Shelters for survivors
Hospitalization	Prosecutors	Rented accommodation (hotels etc.)
Outpatient visits	Emergency protection order	Residing with family/friends
Nursing home care	Temporary restraining order	
Dental care		
Mental health care		
Medication		
Ambulatory services		
Surgery		
Legal services	Social services	
Mediation	Counselling	
Divorce	Rehabilitation	
Legal counsel	Probation	
Emergency protection order		
Temporary restraining order		

The questionnaire for those seeking assistance is the main tool for obtaining information regarding these costs. This questionnaire can include a section that explores women’s experiences of violence by family members to establish prevalence and incidence of DV in the form of economic, psychological, physical and sexual violence within the household. It can contain follow-up questions regarding the injuries sustained and services sought after each incident reported in the last 12 months. The essential out-of-pocket costs for accessing services are classified as service fees (such as doctor’s fees, filing fees at the police station), medicines, transportation costs, communication costs and food expenses. In addition to these expenses, survivors and households also incur costs for replacing property (dishes, household appliances, furniture, mobiles, vehicles, etc.).

(c) *Household indirect costs*

Besides the direct out-of-pocket costs that arise due to DV, in many instances what transpires to be a more substantial cost is the reduced income and productivity not only of survivors, but also of other members of the household including the perpetrator. The estimation of indirect costs presents several challenges, particularly in relation to subsistence and unpaid work.

In the Arab region, there are four principal types of work that women might be involved in. The following are the types of questions that can be covered for each type:¹⁸

¹⁸ Douaa Mahmoud and May Gadallah, “Imputing monetary value to Egyptian females: unpaid domestic and care work”, *Journal of Development and Economic Policies*, vol. 13, No. 1 (2011), pp. 31-56.

(i) Waged worker, by the market definition

In this case, clear questions regarding the number of daily working hours, number of days per week and number of weeks per month should be asked. In addition, data on wage per hour/day/week is required and a daily wage should be computed in order to calculate the opportunity cost of missing a working day or even a fraction of a working day. Data also needs to be collected about the job characteristics in order to impute any missing data using the multiple regression technique (statistical analysis), which will provide a replacement value for the wage using available data for individuals with the same characteristics.

(ii) Employer/self-employed

Questions regarding the average earnings per day should be asked. Information about the number of days missed due to DV and/or the loss of productivity due to DV, with an estimate of the loss compared to a normal day.

(iii) Unpaid worker for the family (or non-family)

By market definition, this type of worker is considered as part of the labour force. Data on the job characteristics (occupation, sector, economic activity, stability and in/out of an establishment) is required. By employing multiple regression techniques with the demographic variables as well as the job characteristics, the earnings can be imputed using the estimated wage of a waged female worker with the same characteristics.

(iv) Domestic and care work

This type of labour is not considered work by the labour market definition. In order to provide a monetary value for this type of work, there are several approaches that can be used. A time use survey (questionnaire) is needed, in addition to an estimated hourly wage, if the generalized replacement approach will be used (see section on measuring unpaid work below).

Good Practice

The methods for calculating lost productivity for waged and unpaid work are detailed in annex 5. The choice of method (accounting methodology, econometric, propensity score matching) depends on the extent of available data and the degree of rigour desired. The accounting methodology is the simplest to use if the basic data on days lost and mean earnings are known from survey data and other secondary sources. However, this method assumes that all lost days can be attributed solely to violence. Moreover, while the extent of absenteeism can be estimated, productivity loss is more difficult to estimate using the accounting methodology. By contrast, both the econometric or propensity score matching methods would more rigorously establish loss of productivity attributable to DV.

In principle, the accounting method is recommended to establish missed work and missed care work. However, it is important to note that, while this is the most straightforward method, it requires data that is not available in the Demographic and Health Surveys (DHS), which is data on population and health collected by USAID from more than 400 surveys in over 90 countries. As such, the econometric or propensity score matching methods are recommended for estimating productivity loss.

In terms of calculating *unpaid work*, the output method measures the value of goods produced, while the input method measures the burden (which is the major concern in unpaid work). Thus, input measures are commonly used in the valuation of unpaid work for household production of domestic and personal services for one's own consumption.

The following factors need to be considered in the Arab region:

(a) *Extent and type of female participation in the labour market*

According to modelled International Labour Organization (ILO) data, the Arab regional average rate of participation of women in the formal labour force reached 20.9 per cent in 2017, which is less than one third of the rate for men in the region (75 per cent)¹⁹ and extremely low compared to the world average of 48.7 per cent. Female participation in the formal sector is predominantly characterized by governmental work and low

¹⁹ E/ESCWA/ECW/2017/Technical Paper.6.

wages. While female participation in the labour market increases with higher education, disclosing DV decreases in parallel with higher levels of education among women.

(b) *Breadth of the definition of female labour market participation*

Female labour market participation (FLP) increases if subsistence work is considered (using the extended labour market definition). For example, in Egypt in 2012, the FLP of around increases if the extended definition that includes subsistence work is used.²⁰ Since subsistence work is greater in rural areas and among less educated women in almost all Arab countries, adding several specific questions to the questionnaire is essential for computing the missing working days and

(c) *Accounting for unpaid domestic work*

Unpaid domestic work is the most significant type of work that can be missed due to DV. Therefore, as previously noted, the questionnaire must include sound and accurate time use questions. The next section outlines how to estimate the costs of DV due to lost productivity in relation to this kind of work.

Valuing unpaid work. Unpaid work can be understood to include all productive activities outside the official labour market done by individuals for their own households or for others, such as housework, care for children and for sick and old people, voluntary community work, subsistence agriculture, helping in family businesses, building the family house, maintenance work, transport services, etc. All of these activities have one thing in common — they could, at least in theory, be replaced by market goods and paid services.²¹

The volume of unpaid work could be in terms of the output units or time units spent in producing the output. Similarly, the wage rate (price for a unit of work) could be in terms of the wage paid by output units or by time spent. The measurement depends upon the prevailing practices in the economy of a country. The common approaches used in the valuation are the output approach and the input approach.²²

3. *Community-level costs of DV*

The community-level costs associated with DV are also both direct and indirect. The expenditure for providing services to survivors of violence is understood as a direct cost, which is the bulk of DV costs for a community or country. The indirect costs involve the effect of dealing with DV on service providers' productivity. These indirect costs have been comparatively underexplored and will not be considered in the proposed costing studies in the region, largely due to limited availability of data. For the purpose of the present model, the major cost at the community level is therefore considered to be the direct cost of service provision.

(a) *Mapping of services available at the community level*

At the community level, there are normally a number of institutions and organizations providing services to survivors of DV either exclusively or non-exclusively, with substantial associated costs. In calculating these costs, the initial step is to identify institutions (which could be government, civil society, NGOs and international NGOs) that deal with issues related to DV and then map all the services available to survivors. Although the resulting map is likely to overlap significantly with the information obtained from women, there could also be possible divergences, as this exercise will capture the supply side rather than the demand side.

²⁰ Rana Hendy, "A quarter century of changes in labor force participation," Working Paper No. 973 (Cairo, Economic Research Forum, 2015).

²¹ Joke Swiebel, "Unpaid work and policy-making towards a broader prospective of work and employment", Discussion Paper, Department of Economic and Social Affairs", DESA Discussion Paper No. 4 (New York, United Nations, 1999).

²² Nancy Folbre, "Valuing non-market work" (New York, United Nations Development Programme, 2015).

Nevertheless, conducting two separate mapping exercises will provide the research team with the means to cross-validate information.

There are several tools and approaches that can be used in a mapping of services provided at the community level:

- *Focus group discussions* with key stakeholders including community leaders, service providers, health-care workers and other key players. This is an appropriate method to gauge the main areas of service provision. The sources used in these meetings and group discussions should be consulted regularly, not just at the beginning stages, to ensure field workers have an accurate assessment of service provision;
- *Key informant interviews* with personnel from institutions that are likely to come into contact with survivors of DV, such as the police, hospitals, childcare services, etc.;
- *Day-long workshops* with community leaders, service providers and NGO representatives working on DV to conduct a participatory mapping exercise;
- *Provider questionnaire* to establish the services offered to survivors of DV, both specialized and general service provision (there may be no way of knowing the exact proportion of general services provided to survivors, but an estimate can be derived from DV prevalence data, injury data and number of injuries treated, for example).

(b) *Provider survey: volume and cost of services provided*

The main tool for collecting information on the use and cost of available services in the community is a provider questionnaire. Such provider questionnaires need to be sector-specific and focused to include key domains of information that are required for cost calculations.

These key domains include the following: type of services provided; level of record-keeping and administration, utilization of services (by survivors, if not specialized); referrals; operating budgets; source(s) of funding; systematic information on operating costs (fixed costs and recurrent costs, such as personnel time, infrastructure and material resources).

Most of the costs to be estimated will be the same across the different services/sectors, but service/sector-specific considerations and questions will also be needed to establish costs. In addition, the challenges that arise in terms of obtaining reliable and robust data will vary by sector.

In table 3, a selection of the main sectors and key areas to be considered are outlined. This is followed by a selection of questions to be included in the service provider survey, which can be tailored to specific services. An example of the steps involved in estimating service provision costs is then detailed. The steps outlined can be applied to each type of service.

Cost questions in service provider surveys

A key issue to keep in mind when developing and implementing the provider questionnaire is to ensure the cost/price questions are concisely worded.

Good Practice

Depending on the level of richness, specificity and reliability of data obtained from the provider questionnaires, secondary data sources may need to be used to complement the collected information.

Table 3. Key sectors, issues to consider and provider survey questions

Sector	Service/Activity	Considerations to assess volume
Health-care system	<ul style="list-style-type: none"> • Emergency room treatment • Doctor’s visit • Hospitalization • Rehabilitation • Trauma centre • Hospitals • Small clinics/local practices • Pharmacy 	<ol style="list-style-type: none"> 1. Which health care services are provided by national and local government, NGOs, private businesses and organizations and volunteers? 2. In cases where doctors do not screen for DV, are other indicators such as bruises, broken bones, pelvic and gynaecological problems recorded? 3. Is it possible to gauge the cost and length of hospitalization or the number of medications prescribed? 4. Are general practitioners able to estimate the percentage of their time spent with DV survivors? Women in general?
Criminal justice system	<ul style="list-style-type: none"> • Police force • Women’s police stations • Family courts • Civil court • Prosecutor’s office 	<ol style="list-style-type: none"> 1. Are there DV units within the police force? 2. Are police units able to estimate the amount of staff time and resources dedicated to DV incidents? 3. If police forces keep adequate records of investigations, are there specific codes for DV incidents? What are other codes that DV might fall under? 4. Can discrepancies between reported incidents, follow-up investigations and arrests or final decisions be detected? 5. Are there indications either from records or police interviews that other offenses, such as assault, rape, breaking and entering, child abuse, etc., are related to DV? 6. If the costs of responding to DV incidents are not calculable, are there other related cost estimates that the police force are able to better estimate, such as assault?
Civil legal services	<ul style="list-style-type: none"> • Lawyers • Legal counselling • Mediators 	<ol style="list-style-type: none"> 1. Are there lawyers’ associations or organizations that can estimate the costs of an injunction and other related costs of legal proceedings? 2. How many divorces or khula were granted during the period? Is there an indication of whether the divorce stemmed from DV? 3. Of the legal cases and proceedings, how many of the cases were defended by the State versus privately?
Social services	<ul style="list-style-type: none"> • Transitional housing • Legal advice • Therapy • Hotlines • Social service support • Service advertisement • Radio and television campaigns on DV • Additional outreach activities (speaking to groups about DV, fundraising for service provision, etc.) 	<ol style="list-style-type: none"> 1. What percentage of each organization’s service activities is related to DV? Does the organization only work with survivors of violence or does it work with other vulnerable populations? 2. What are the resources that have been allocated to the service, such as government subsidized shelters, volunteers, food, clothing, etc.
Housing and refuge	<ul style="list-style-type: none"> • Shelters • Hotels • Refuge with family or friends • Housing referrals by service providers 	<ol style="list-style-type: none"> 1. What is the process for applying for housing? Which parties are involved? 2. What is the budget of staff working on re-housing and what is the percentage of time dedicated to the task? 3. How many women do shelters turn away and is there an indication of where they go if the shelter is full?

Suggested Questions for Provider Survey

1. What are the unit costs of service provision to survivors of DV?
2. What are the unit costs of personnel training on DV?
3. What are the unit costs of awareness-raising events?
4. What are the administrative costs?
5. Where applicable, what are the unit costs of preparing housing for new tenants?

Illustrative example: basic model for costing shelters²³

1. Establish a list of unit costs associated with the establishment/provision of shelters/fee paid for the service – calculate the number of shelters in each Arab country (for example, Egypt n=9, UAE n=3), or if the exercise is at the national level, include the number of shelters in each governorate/district or community; estimate the cost of providing shelter per woman per year, with trend data of past five years, to show increasing costs for temporary and long-term refuge/housing, hotel vouchers, vocational training; establish the fee(s) paid by survivors to access the service.
2. Establish the utilization rate either through administrative data for individual shelters or a regional survey of all shelters (for example, Egypt was 1.8 per cent of women 18-64) - per cent of women experiencing violence using the service, administrative data in one year and trend over past five years.
3. Collect data on the unit costs: macro (such as ministry budgets, international NGO or donor budgets, administrative data, etc.), meso (data from studies) and micro (interviews with experts).
4. Establish a meta-table of data collected for each unit cost.
5. Document the calculation for each unit cost, describing the calculation in detail, including how client user fees are accounted for to prevent double counting.
6. Determine a lower and an upper estimate for each cost.
7. Create a software template that adds up all unit costs, including lower and upper estimates.
8. Use an “estimate of an estimate” and include a discussion on the limitations of the data and recommendations for improving the methodology.

Add out-of-pocket expenditure incurred by women clients for transport to and from the shelter.

4. Gender-responsive budgeting

Gender-responsive budgeting (GRB) is a holistic approach that looks at all the DV services being provided (by government, civil society, NGOs and INGOs), as well as the budgets for each. At the outset, it is vital to know what you are seeking to cost and where you will obtain the data. A GRB approach can be undertaken wherever public budget and resources are being dedicated to DV prevention and/or response. It involves “following the money” allocated and then spent (or not). GRB should be conducted hand-in-hand with household surveys, with no time gap, by a national institution and international consultant together. This

²³ First, use the basic model of costing VAW shelters. Once this method has been shown to be a valid, reliable and efficient methodology, then a social cost benefit analysis can be considered in the future (see Chanley S., Chanley J. and Campbell (2001) “Providing refuge-the value of domestic violence shelter services” *American Review of Public Administration*, 31(4), 393-413). As it is a common phenomenon that victims in the Arab region leave their homes and stay with parents or friends, rather than in a public or private shelter, this needs to be considered in the survey and in imputing its cost. The costing study conducted in Egypt estimated the opportunity cost of shelters (see Case Study 1). An alternative approach is to collect data on the invisible cost to parents and friends, as was the case with a smaller-scale costing study conducted in Ireland (Duvvury, Forde and Gleeson, forthcoming). Finally, it is difficult to make a case for funding shelters when the cost is very low. In this case, it is important to highlight unmet need and how a small investment would make a big difference.

combination will allow building government capacity and institutionalizing the practice, as well as ensuring ownership of the costing study findings.

This approach has been proven effective and has many elements of an in-depth evaluation of existing DV policies and services. GRB identifies budgetary efforts (by government and other actors) to implement services to victims and survivors; gaps in resources to properly implement services; weaknesses or absence of referral systems and/or protocols needed for better management of specialized and general public and private services that survivors might access. It also informs future rounds of consultation for national plans and/or strategies (mainly through an approximation of the time used by public employees on DV related cases).

This methodology does not aim to arrive at total monetary costs, but rather offers a clearer picture and analysis of the current budgetary situation with regards to DV services. It provides valuable information to improve effectiveness and efficiency of policy implementation. In sum, it requires knowledge at different levels of intervention, from the legislative and police to budgeting and services.²⁴ It is useful to delimit the scope of the analysis, as it can only be carried out by examining governmental efforts to prevent and address DV (that means the financial efforts of NGOs must be excluded).²⁵

The GRB methodology considers

1. Gaps in DV laws and policies;
2. The amount of resources allocated to different DV-related services;
3. Sources of funding;
4. Whether the resources are adequate or not;
5. Whether the money is getting to survivors or not.

GRB also engages NGOs with expertise in DV that may or may not receive funding either from the national government or other donors. It is important to establish whether NGOs are receiving money from the government or from international donors. NGO overdependence on foreign aid must be considered and is important to demonstrate to governments. In addition, GRB should be conducted hand-in-hand with the household and service provider surveys.

This methodology requires full knowledge of

1. The types, extent and context of DV in the country;
2. Existing DV laws and policies;
3. The legislation and administrative structure of the country pertaining to the different services that may be accessed by survivors; decentralization and how it affects the funding of, and access to, services is a key element of the analysis;
4. Which DV-related services are planned and available, as reflected in current legislation or national action plans;
5. The national budgeting process, including processes of decentralization;
6. Relevant budgetary allocations;
7. The State budgeting cycle;

²⁴ UN Women, *Manual for Costing a Multidisciplinary Package of Response Services*.

²⁵ In most countries NGOs delivering services to victims ranging from legal to medical and psychological support and employment are financed either through private contributions or contributions by national government or foreign governments through their development cooperation efforts.

8. The different aspects of expenditure and sources of revenue related to measures and services.

It is also necessary that the following data/information be available. This is not an exhaustive list, but a reasonable quantity and quality of information that is necessary for this type of study to include

1. Legislative documents for advancing a multidisciplinary or holistic approach to preventing and/or combating DV such as:

- Laws related to DV, including legislation on DV, if it is part of the penal code or a standalone law on DV or VAW in general;
- Civil law (with regard to rights and obligations of married couples, parents and extended family, if relevant);
- Criminal law (with regard to perpetrators of DV);
- Administrative law or by-law (with regard to the rights to services that are specified in the legislation on DV or other legislation addressing other aspects of DV, if they exist). This includes services provided by local level or regional authorities per the legislation in your country (for example: local police, housing, health, education, social services, etc.);
- National action plan or strategy for addressing DV or VAW;
- Other national strategies that might include specific mention of victims of DV as beneficiaries of specific actions/benefits, such as the national strategy on gender equality and/or the empowerment of women;
- International commitments to which a country is a signatory (CEDAW, Beijing Platform for Action, other relevant regional agreements or conventions) and the latest reports and/or recommendations;
- Other relevant legislation (for example, reproductive law, family law, gender equality law, sharia law or tribal law).

2. Public and private budget documents. The following main public budget documents should be analysed in order to understand the macroeconomic environment in which the Ministry of Finance (MoF) works and how it negotiates with each ministry or sector:²⁶

- Budget circular;
- Medium-term expenditure framework (MTEF);
- Budget statement or budget law;
- Handbooks/guidelines on preparation of the budget;
- Any technical and/or political documents accompanying the budget;
- Annual work/action plans of the ministries submitted to the MoF;
- Any working methods to track/monitor/evaluate budget outcomes or impacts.

3. Indicators:

- Prevalence rate of DV (incidence and severity if possible);
- Number of incidents reported via police, social services, courts, hotline, etc.;
- Number of survivors accessing available services (shelters, health education, employment, legal aid, etc.);

²⁶ Note that this is a general review focused on understanding the main political economy of the government and is not meant to carry out a gender audit of the documents. The usual tools for GRB can be used as guidance, but in this case, the budget is being examined with a very particular goal in mind: determining the cost of the different services that make multidisciplinary/sectoral delivery possible, as reflected in the budget for these services. In addition, the general political economy of the budget itself (such as a focus on economic growth or on fiscal discipline) will also guide the conclusions as it affects services for victims of DV.

- Demographics of survivors and perpetrators (very important to account for diversity in the female and male population of the country).

As this methodology focuses on examining national, ministerial or other facilities' budgets, two approaches can be used: top-down or bottom-up. The top-down approach focuses on reviewing national and ministerial budgets to establish the allocations to the key services identified in the National Action Plans (NAPs) or national strategies to address DV. The bottom-up approach, by contrast, focuses on the administrative records and service-level budgets to estimate the resources allocated. The bottom-up approach requires a representative selection of services to ensure that reliable aggregate estimates can be made.

If national budgets are difficult to access, an alternative is to collect information directly from civil servants and any other available sources. Possible interviews could include: (1) in-depth interview with the MoF to establish the origins of the funds of the NAP (recurrent and/or development budget), including asking questions about decentralization of these funds to local authorities; (2) in-depth interview with the national women's machinery (Ministry of Women, etc., to collect information about the NAP and its budget); and (3) interviews with the gender focal points and the budget officers in each ministry with a responsibility under the NAP.

The sole critical drawback in employing a GRB approach in a costing exercise is that it may not always come up with a final figure. This is because the exercise will depend on publicly available information on public budgets and the level of detail in which these are elaborated and monitored. However, there are many advantages to carrying out a GRB approach costing exercise. First and foremost is the direct engagement with the main public finance decision makers in the different government departments (at any level) who have a role in addressing or preventing DV. This raises the political level at which DV is discussed.

The key results across the countries where this methodology has been implemented can be summarised as follows: (a) Identification of gaps in legislation and policy, in particular regarding basic and other services; (b) Identification of the money allocated to, and spent on, existing services; (c) Sources of funding for existing services (in some cases high dependency on foreign support); (d) Situation of referrals and protocols in the system (itineraries for survivors of the available services); (e) Situation of adequacy of existing resources; (f) The services sought by the victim versus the services provided (in other words, disconnect between what is planned and what actually happens).

5. Cost to business

Extending beyond the individual and community, DV also has a significant economic impact at the business level due to reduced labour productivity. Though this is an area that has received little research attention to date, studies illustrating the impact of DV on both female and male employees, as survivors and

Good Practice

To estimate community-level costs of DV, it is recommended that service provider surveys be undertaken to provide a comprehensive estimate of the cost of service provision. However, a factor to consider is whether service providers will have detailed information available and, if not, stakeholders should identify other possible methods to fill data gaps.

GRB (completed by interviews within ministries) is an important option, though it risks providing estimates that are less reflective of reality on the ground, as it is a top-down approach. However, it can be used in the first instance to identify gaps that would have to be addressed before a service provider survey can be reasonably implemented.

It is important, where possible, to conduct a "sister" study on *value for money* in terms of improving existing services and using this data to argue for improved allocations. It is also useful to learn from the experience of a recent costing project that employed GRB in another area, such as the environment and apply this learning to costing violence.

Note: Value for money is an assessment that examines whether public resources are being utilized to ensure they maximize public value in terms of the populations' well-being.

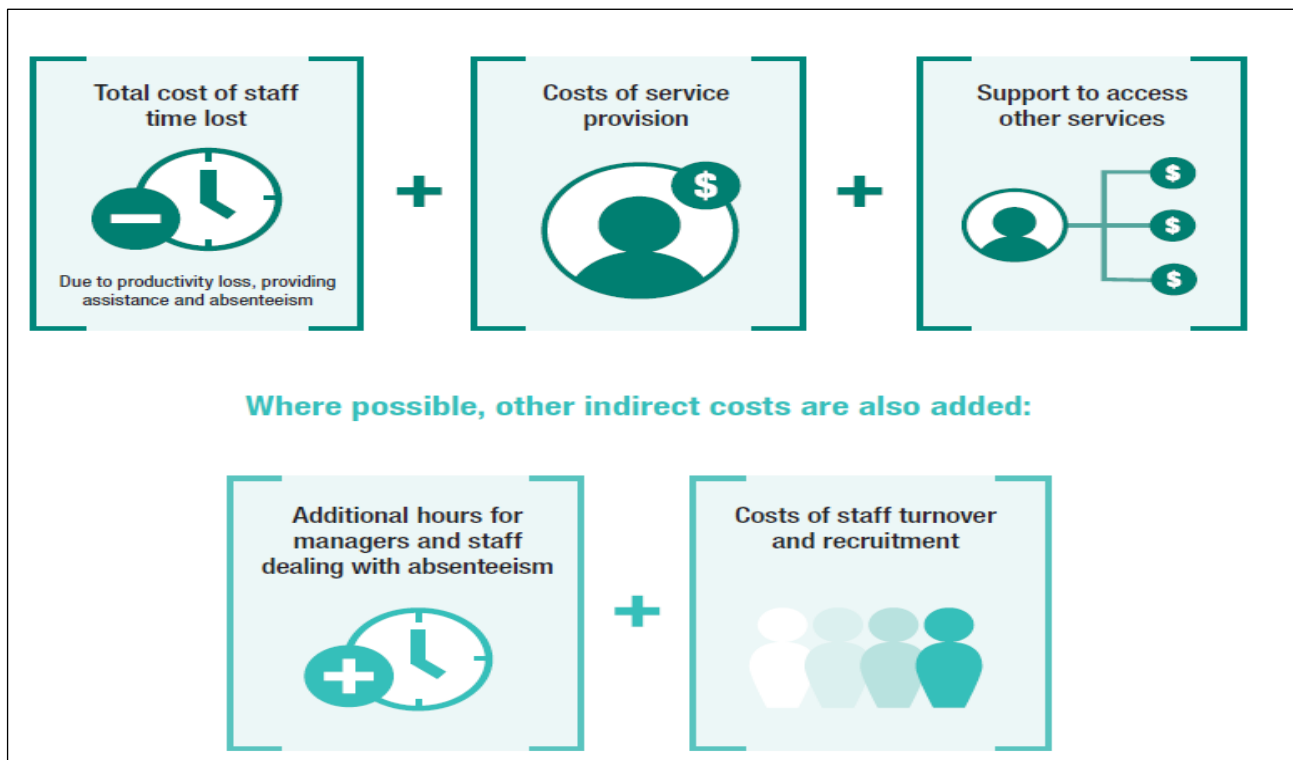
perpetrators respectively, are beginning to gain momentum^{27, 28} Estimating the costs of DV for businesses enables one to better capture the wider impact of this violence in terms of individuals’ employment. Businesses have the resources to address DV and, once informed of the benefits, they can design and implement the relevant policy and procedures.

(a) *Costing the impacts of GBV to business: a practical tool*

The majority of methods to estimate the cost of DV to business are deductive or top-down in nature; rely on national datasets (and therefore are patchy); highly technical and cost-intensive; and focused on individuals. The available methods for business are similar to those used for calculating household costs: econometric method, propensity score matching, willingness-to-pay principle, and disability-adjusted life year (DALY)/quality-adjusted life year (QALY) accounting method (see section 3B). The type of costs calculated include staff time lost due to DV; services provided by businesses to address the violence experienced by women; and financial support provided to women to access other services.²⁹

Good Practice
The accounting method is the recommended method for estimating the cost of DV for businesses.

Figure 5. Calculating direct costs for the company



To complement the data collected and provide a robust estimate of costs, a company needs to collect additional contextual data, which can be obtained through formative research (desk review, interviews,

²⁷ Aristedes Alfredo Vara Horna, “Violence against women and its financial consequences for businesses in Peru” (Lima, GIZ, 2013), p.13.

²⁸ Aristedes Alfredo Vara Horna, “Violence against women and its financial consequences for businesses in Bolivia” (La Paz, GIZ, 2015), p.14.

²⁹ David Walker and Nata Duvvury, “Costing the impacts of gender-based violence (GBV) to business: a practical tool” (London, Overseas Development Institute, 2016).

pre-study, etc.) on the following areas: help-seeking behaviours; different forms of DV (local terms and concepts); and the types of services used to respond to DV within firms themselves (counselling, hotlines, etc.).

(b) *Quality of data for calculating the costs to business*

Costing the impact of DV on business can be a time-intensive exercise. It requires mapping data quality, quantity and gaps that exist in the business's accounts. Errors can occur due to memory loss (in a 6- to 12-month window) and confronting complex incidents requires skilled survey design and implementation. Semi-structured interviews with managers can elicit information about staff numbers, salaries, leave and absenteeism, turnover, recruitment costs, training costs and services offered.

(c) *Application and implementation*

To obtain firm participation in both the short and medium term, given the inherent disincentive from a business perspective, the process needs to ensure a critical mass of resources required to start or maintain a venture, stakeholder engagement in business platforms and provision of strong internal or external credibility of implementing parties.

Definitional challenges should be accounted for in the form and function of studies (for example, is the definition limited to women or are girls included?). Choosing the study scale/level of focus - micro (firm level), meso (subsector level) or macro (sector or industry level) has significant implications for investment, findings and advocacy utility. It is important to add value for money (VfM) evaluations into discussions to counter-balance overall costs. The next section outlines the considerations relevant to choosing a reliable sample.

6. *Sampling*

Quantitative research relies on random sampling of informants regardless of the level at which the costing study is undertaken. Random sampling involves employing specific techniques to ensure that every individual who meets certain eligibility criteria has an equal probability of being included in the study. Failure to adhere to these techniques can introduce error or bias into the sample, which may reduce the validity of the study. It is important to ensure the national statistics office is involved.

While quantitative research involving a representative sample is ideal for estimating costs at the household level, qualitative research is better for mapping services and collecting data on service provision costs. In addition, the context is important, as it depends on what the costing study is seeking to achieve. Variation sampling,³⁰ which involves selecting case studies, is also an option. This strategy enables the range of differences in relation to services provided to be captured. To ensure the sample is representative, care is required when choosing regions (for example, the DHS can be used).

When deciding upon your target sample, be careful not to approach individuals or groups who have participated in many studies already, as they may be less willing to participate. It is recommended that sampling guidelines be shared with the statistical expert in the country's statistics office, who can devise the target sample and sampling strategy.

³⁰ Charles Teddlie and Fen Yu, mixed methods sampling: a typology with examples, *Journal of Mixed Methods Research*, vol. 1, No.1 (2007), pp. 77-100.

The following is a set of questions that guide decisions regarding sampling

- ***What is the purpose of the research?*** The purpose of the research is linked to the level of rigour required. As highlighted above, if the purpose of the study is to influence policy decisions, it might be necessary to provide estimates that are statistically significant based on an adequate sample size.
- ***What are the characteristics of the study population?*** The degree of heterogeneity of the study population would also affect the sample size to ensure that critical differences in the study population are reflected in the sample population.
- ***How large a sample is needed?*** The size of the sample depends on the degree of rigour required for the estimates derived from the survey data and the complexity of analysis involved. A representative sample is also dependent on the extent of the problem being studied – for example if violence is understood to affect a majority of the population the sample can be small as the likelihood a selected respondent would be affected by the problem is high. If the problem is rarer then the sample has to be significantly larger to ensure that a sufficient number of respondents affected by the problem are selected to derive estimates of interest. A smaller sample size is acceptable for smaller geographic locations with a smaller population.
- ***What kind of statistical analysis will be used?*** If complex econometric techniques will be used to determine productivity loss, for example, such regressions would require sufficient observations to ensure results are meaningful.
- ***What kind of sampling strategy will be used?*** The choice of sampling strategy depends on the context and the information sought. For example, employing a quantitative approach to estimate costs at the household level requires a random sample.
- ***How precise must the conclusions be?*** If the study is a pilot, it might be satisfactory to provide indicative estimates that suggest the dimension of the problem. However, if the purpose is to provide a rigorous appraisal that can be used as an input to policymaking it might be necessary to reach a high level of confidence in the conclusions, thereby requiring a larger sample size to be adequate.

Issues around sampling and implementation – an illustrative example

If a household survey on violence is only conducted during the day, then it is most likely that the respondents included in the study will be women who work at home; women who work outside the home would be less likely to be interviewed. Since women working outside the home may have different experiences of violence, the study results would be biased towards women who work at home. One way to reduce this particular bias would be to return to homes at night or on weekends to increase the likelihood of reaching all women.

Source: Mary Ellsberg and Lori Heise, “Researching Violence Against Women: a practical guide for researchers and activists” (Washington, D.C., WHO and PATH, 2005) p. 179.

V. CAPACITY DEVELOPMENT – AN ONGOING PROCESS

It is recommended to have a multidisciplinary research team consisting of individuals with a broad range of relevant methodological expertise. To ensure institutionalisation of systems so that the governments can and will undertake such work in the future, it is also important to ensure building its capacity, as well as that of civil society. **This must be an ongoing component of the project.** An advocacy campaign can help to encourage countries to combine prevalence surveys with costing estimations, and to link these to the Sustainable Development Goals (SDGs) and other international frameworks. Due to turnover in ministers, external expertise, though costly, is also needed.

The data collection process is also an opportunity to encourage organizations to begin monitoring and recording DV incidents if they are not already doing so. Information sheets on the definition of DV, indications of DV and suggestions for ways to monitor and track incidents should be distributed to relevant parties whenever possible.

Capacity development for gender-responsive budgeting: Kosovo

In Kosovo, various actors worked with institutions to develop their capacity to conduct GRB, as part of a strategy that focused on integrating a gender perspective in government planning and budgeting. These capacity-building efforts were not related solely to costing of DV. Rather, they focused on the capacities of all budget organizations in ministries and municipalities to better assess individuals' needs and the extent to which government-funded programmes were addressing their needs.

First, a simple approach to GRB was developed that was consistent with Kosovo's national legal framework and budget cycle. An easy-to-use handbook was developed for officials at local and central levels. *Second*, international organizations (Organisation for Security and Co-operation in Europe, the German development agency GIZ, Swiss Helvetas) cooperated with experts from the Kosovo Women's Network (KWN), a local civil society organization, to roll out a two-day training for hundreds of finance officers, officials involved in programming, gender equality officers and elected officials throughout the country. Afterward, the government-run Kosovo Institute for Public Administration adopted the curricula and handbook, to ensure sustainable training for new public servants in the future. *Third*, as training was insufficient in itself, KWN worked with several ministries individually (labour and social welfare, education, trade and industry, environment, agriculture), supporting finance and programme officers within these ministries to conduct gender analyses of prior expenditures and beneficiaries, and then to use these analyses to inform budget planning for future years. This longer-term hands-on approach contributed further to building the capacities of public servants to carry out GRB.

Institutionalizing the practice by furthering the capacities of officials to do gender budgeting themselves can contribute to local ownership, as well as to sustaining gender-budgeting as an approach to ensuring that public budgets better meet the needs of citizens. Officials can thus employ studies on DV to inform their budget planning in the future.

For KWN, see: <https://womensnetwork.org>.

PART TWO: FROM DATA TO ACTION

An important objective of undertaking costing studies is to translate the findings of the research into practical and implementable recommendations that inform policy, practice and resource allocation in relation to DV. This section details examples of good practices from a selection of countries in the Arab region and the Global North. A step-by-step guide to evidence-based actions for sustainable change is also provided.

Detailed accounts of the studies conducted in Egypt, the United Kingdom and Viet Nam as well as examples from Peru and Timor-Leste,³¹ have been chosen to showcase how the findings of costing studies can be successfully employed to **increase awareness, enhance the response to VAW and sensitize the legal and policy framework. Capacity-building** for the institutions involved in conducting the costing exercises has also been an added benefit. The following list outlines a number of achievements resulting from complementary actions related to costing the impact of DV:

Dissemination of the findings among relevant government entities

Egypt

- The Ministry of Planning increased the budget for VAW-related activities;
- The Ministry of Interior increased the number of female police officers and integrated a lecture for combating VAW into the police academy curriculum provided by the NCW;
- The new draft law on VAW currently under consideration by parliament was strongly informed by the prevalence data and cost findings;
- Governorate-level action plans and their alignment with the national strategy on VAW was based on the findings of the costing study.

Viet Nam

- UNFPA and Ministry of Labour, Invalids and Social Affairs (MOLISA) undertook a joint dissemination activity with members of the National Assembly, particularly with women members, to build momentum around recommendations emerging from the costing study;
- The government agreed to develop and deliver a minimum package of services based on the results of the costing study;
- The police and wider criminal justice system have been working on enhancing their services to survivors of DV and women are more inclined to report their experiences;
- The General Statistics Office of Viet Nam has committed to building a national database on the cost of violence against women by including cost questions in the second national survey of women's experiences of violence, 2018-2019. This will enable the Government of Viet Nam and other interested actors to assess changes over time.

The U.K

- A series of costing studies (2004, 2009, 2014) have enabled the United Kingdom to monitor trends over time;
- The first study conducted in 2004 led the Home Office to assess the resources allocated to DV services;

³¹ Aristides Alfredo Vara Horna, "Violence against women and its financial consequences for businesses in Peru", p. 13.

- The estimates have been utilized by Government Institutions (National Institute for Health and Care Excellence; National Health Service) and local government (for example Safer Portsmouth Partnerships; Devon County Council).

Dissemination of the findings among United Nations agencies

Egypt

- The importance of improving DV services by supporting the NCW, particularly the complaints office, became clear to all relevant UN agencies.

Viet Nam

- UN Women and UNFPA have supported the Government in piloting the Minimum Services Package for Women and Girls Subject to Violence, which includes health care, protection and a referral system, over the past five years;
- UN agencies advocated with donors (particularly the Australian Department of Foreign Assistance and Trade) to convince the Government of Viet Nam of the need to have a robust database on prevalence of violence, the costs of inaction and the costs of action to develop a comprehensive, integrated and effective response to violence against women.

Dissemination of findings among NGOs working on VAW

The United Kingdom

- Women's Aid and Refuge: Living Without Abuse employed the findings to advocate for increased funding (see case study 2).

Timor-Leste

- The NGO Fokupers used the findings from their costing exercise to obtain increased budgetary allocations.

Dissemination of findings to the media

Egypt

- The media began discussing and highlighting the issue of DV, which was previously a taboo subject.

Viet Nam

- The findings have been reported in the media and have raised awareness among the public of the magnitude of the problem.

Expertise resulting from conducting the study

Viet Nam

- Training provided by the international expert has increased the expertise among government personnel and researchers working on DV, which would enable another costing exercise to be undertaken with greater ease;

- As part of the 2018-2019 study being currently undertaken by the General Statistics Office (GSO) in coordination with UNFPA, GSO staff have taken the lead in training their field staff, equipping them with a good understanding of costs and how they are estimated.

The United Kingdom

- A Leeds-based NGO used the estimates to calculate costs at the local authority level across the United Kingdom, helping local NGOs to advocate for greater resources (see case study 2). The research introduced a new debate around DV in terms of the economic aspects of the problem. The findings have also been used to underpin cost effectiveness studies of DV intervention programmes.³²
- Another impact of the study involves its usefulness in explicating the different costing methodologies and methods available, as well as providing/supporting the impetus for other studies to be undertaken (momentum evident across the world).

Peru

- The Peru study provided a basis for replication of business studies in other Latin American countries.
- The study also provided a framework to estimate productivity impacts in other sectors, such as educational institutions. A new study on impacts of IPV among university students in Peru has been recently completed (currently only available in Spanish).
- Estimates of the costs for the private sector led to some companies developing and implementing a business model to address VAW.

STEPS TO ACHIEVE IMPACT

From the outset, research that aims to achieve change needs to have a clear dissemination plan that lays out the broad messages to be communicated, the specific audiences to be reached, the types of products to be produced and the different types of events/activities that need to be delivered. Furthermore, stakeholder buy-in and input from the beginning is key to ensure that stakeholders take ownership of the data and commit to using the findings. It is for this reason that setting up a national consultation group or steering committee that comprises government, civil society, business, academia and media is essential. A key task of the group could be to provide input and an overview of the dissemination strategy/plan for the study.

Advocacy to influence policy and practice requires a range of products that can effectively communicate key findings to different actors. Apart from **research reports**, useful products include **policy briefs, flyers, infographics, brochures and social media campaigns**. It is important to have a blend of quantitative and qualitative data to move beyond statistics. Equally important is to have **media outreach** to print and audiovisual media. **News stories and opinion pieces** often play a key role in influencing other opinion makers. A strategy that works well is to have key recognized stakeholders publish opinion pieces (or op-eds), in addition to encouraging regular news stories on the topic. Depending on the context, targeting specific **radio/television programmes** that have a wide reach can be equally effective. To the extent possible, it is more effective to get in-depth interviews rather than simple headlines. If resources are available, short videos that can be materials for a broader campaign can be produced.

³² Estela Capelas Barbosa and others, “Cost-effectiveness of a domestic violence and abuse training and support programme in primary care in the real world: updated modelling based on an MRC phase IV observational pragmatic implementation study” (London, BMJ Open 2018).

Events to disseminate the study findings must also include a range of activities in addition to the standard dissemination **meeting/workshop**. For example, **debates or policy dialogues** allow for discussion that is deeper than a usual research dissemination activity. The key idea is to have events that allow for a **more in-depth conversation** that moves beyond communication of key findings. It is also strategic to organize multiple dissemination events with different government ministries to ensure that the findings reach key officials that are involved in drafting policies or designing programmes. The more **targeted** the dissemination, the more likely the message will reach those who may actually consider the information as an input into their decision-making.

Examples from Viet Nam

Campaign:

<https://www.youtube.com/watch?v=d2AohHhvrqY&feature=youtu.be>

Reporting of the campaign 2013:

https://www.youtube.com/watch?v=nvNOYWGwo8k&list=UUbDl_UWDVsXbWVaG3_scGyQ

PART THREE: CASE STUDIES

In this section, four case studies are presented from Egypt, the United Kingdom, Viet Nam and the State of Palestine. The costing studies conducted in Egypt, the United Kingdom and Viet Nam have been very influential globally. The Viet Nam model is being followed in countries of the Global South and the framework underpinning the United Kingdom studies is being employed in some European Union (EU) countries. Egypt has been a model for other Arab countries. For example, the State of Palestine is currently in the process of undertaking a case study, the design of which has been strongly influenced by the costing exercise in Egypt. This model is also being followed by Saudi Arabia.

These case studies are based on in-depth interviews with key informants in the selected countries. Interviewees included senior government officials, lead consultants and staff involved in the costing projects either from National Women Machineries, national statistics bureaux, NGOs and subject matter experts (see annex 1 – List of interviewees). The case studies also benefited from an expert group meeting that was held by ESCWA in Beirut from 20-21 September 2018. The meeting was attended by official representatives from Arab States as well as international experts who have experience in costing VAW (annex 8 – List of participants in the expert group meeting).

A. CASE STUDY ONE: EGYPT

1. *Background and context*

(a) *National strategy and legal framework*

Until recently, DV was not considered a problem in Egypt. Just prior to the costing study, the National Council for Women (NCW) developed the first National Strategy for Combating Violence against Women 2015-2020. The national strategy was developed in a participatory manner that included interviews with relevant stakeholders (ministries, national research institutes, NGOs, religious institutes, etc.). These discussions revealed the lack of accurate data on VAW and shed light on the importance of commissioning a prevalence study that would include a costing component.

The national strategy on VAW includes a detailed workplan and budget to cover the activities outlined, highlighting the importance of investment in GBV prevention and response. As such, it was not difficult to convince the stakeholders of the importance of costing VAW. However, according to the NCW, a gap in the legal framework on marital violence persists because it continues to be seen as a private/family issue. Women experiencing violence usually seek divorce but do not make a criminal case against their husbands because there is no law criminalizing marital violence.

(b) *Service provision*

In 2013, UNFPA began working with the Government of Egypt to improve service provision and address the existing gaps in prevention and response. This process is ongoing, with some sectors requiring more strengthening than others. For example, the Ministry of Health has been providing training to doctors in hospitals, though not in all governorates, on understanding GBV, including how to recognize survivors and their right to report severe violence to the police. In addition, the Ministry of Interior has established a unit to combat VAW, with dedicated female police officers. There were approximately nine shelters in Egypt at the time of study. NCW complaint officers provide legal and psychosocial support to women victims of violence throughout the country. However, there is still a lack of uptake in the use of these services by women and gaps in terms of the police and health system response, including an inadequate referral system, continue to be an issue.

Fear, stigma and a belief that the issue is private mean that women who experience GBV in Egypt generally do not report the incident(s). While they access other services, such as health care, they do not

disclose that the injury received was a result of violence perpetrated by their husbands/fiancés. In Egypt, health services are generally available free of charge, including psychological support for women experiencing violence. At times, women request legal advice or psychological support from the NCW, who also refer them to a shelter when necessary. The number of shelters in Egypt is small, and most are not suitable for children and have set regulations for women staying there. Even so, Egyptian women generally do not seek this solution, either because they are not aware or they prefer an alternative solution, such as staying with their parents or friends. The national strategy on VAW includes a plan to improve the accessibility of shelters.

2. *Rationale for costing study*

(a) *Initiation and study team*

The costing study was undertaken by the UNFPA Country Office in Egypt which, in partnership with NCW and CAPMAS, formed a multidisciplinary team. To support and oversee the team, a National Advisory Committee was created in early 2014 and consultations with the relevant ministries and institutions providing protection and response services to victims were conducted. UNFPA advised the team to conduct a national survey on GBV that included a calculation of its economic and social costs.

UNFPA coordinated the research, providing financial and technical support, and an agreement was established between NCW and CAPMAS to govern the work on the study.³³ CAPMAS was responsible for the technical issues related to the survey and NCW provided support in an advisory capacity. Discussions, including how much the study would cost, were led by the leaders of NCW and CAPMAS. UNFPA and the international consultant explained the purpose of the costing exercise to the concerned ministries, such as the Ministries of Health, Social Solidarity, Interior and Justice, and trained the researchers on GBV. The success of this research was underpinned by a robust multisectoral team. Each partner shared an understanding of the problem and the aim of the research.

NCW welcomed the formation of a multidisciplinary project team and the clear division of labour/skill areas: (1) CAPMAS had the legal authority and expertise to conduct the large-scale surveys, as well as analyse the complex quantitative data; (2) the international expert had the knowledge of GBV and VAW costing research, as well as experience in implementing the methodologies and methods employed; and (3) NCW had a deep understanding of GBV, especially in relation to the type of questions to be asked in the questionnaire and how to conduct research with Egyptian women who have experienced violence.

(b) *Motivation for the study*

The 2014 Demographic Health Survey showed a significant increase in VAW in Egypt, with DV, sexual harassment and female genital mutilation (FGM) being, at once, the most common and the most underreported forms. The 2015 study was conducted to address the paucity of research on prevalence rates of violence against women and girls (VAWG) and its effects on the Egyptian society and economy. This research was timely, as Egypt was taking concrete steps to eradicate all forms of VAWG. According to Duvvury and others, “adding the economic perspective of the problem provided “a new, quite powerful, angle to view the legal, health and other consequences of violence against women and to advocate for action to be taken.”³⁴ The Economic Cost of Gender-based Violence Survey (ECGBVS) was thus designed as the first nationally representative study to collect comprehensive data on the various types and forms of GBV and to estimate their economic costs.

³³ Nata Duvvury and others, “The Egypt Economic Cost of Gender-based Violence Survey” (Cairo, UNFPA, 2015).

³⁴ Ibid., p. 5.

3. Methodology

(a) Objectives of the study

The objectives of the study were as follows: (1) to establish and provide accurate nationally representative data on GBV and its associated economic costs and (2), to help policymakers and planners formulate evidence-based interventions to combat GBV.

The survey aimed to measure: (1) prevalence and incidence of different types of GBV; (2) impact of violence on women's health, reproductive health and general well-being; and (3) consequences of violence against women and their associated economic costs.

(b) Intended audience

The research was intended for a variety of national stakeholders, policymakers in government institutions having a role in the prevention and/or response to GBV and groups affected by GBV:

- Society – to raise awareness of the negative consequences of VAW;
- Relevant ministries and policymakers – to raise awareness of the greater cost of inaction compared to the cost of response; to address GBV by investing in prevention and response services and to take steps toward eradicating poverty;
- Religious institutions – to highlight their role in combating GBV;
- Media – to highlight their role in combating GBV.

(c) Scope of the study

The multidisciplinary team working on the project sought to emulate the Danish model on costing violence. While Danish researchers supported the process, the necessary administrative data regarding investments in GBV services by the government was not available. The Egyptian governmental budget is not delineated in a way that provides this information and it was not possible to gather data on the cost of service provision in relation to the time consumed by personnel in addressing GBV from hospitals and police stations. In addition, the service costs varied, particularly between public and private providers.

According to CAPMAS and NCW, hospitals do not record whether or not injuries occur as a result of violence and women tend not to disclose the cause of injuries. Additionally, since hospitals do not register identification numbers for patients, there are no records, for example, of previous injuries so that trends could be identified. Moreover, it would have been difficult to obtain data on the salaries of the specialist police officers and the costs of service provision and training. As such, the study estimated the cost of the problem only to the extent possible, that is, for the woman and the household.

The costing study focused on violence perpetrated by the fiancé or spouse since, according to the Egyptian culture, these two categories constitute the intimate partner relationship. Indeed, examining violence perpetrated by the fiancé was a new area of investigation, as well as a new area of intervention for the team, as it had not been examined in earlier studies.

The study was designed to capture all forms of GBV in the household and public spaces, with due consideration of how the Egyptian culture functions. The study used the 1993 United Nations definition of GBV to refer to the physical, sexual and psychological violence occurring in the family, within the general community and/or perpetrated or condoned by the state. The study estimated the annual economic cost of violence perpetrated against women by the husband, fiancé, relatives within the immediate or extended family, other individuals within the close surroundings (anyone present in the home) and violence perpetrated in public spaces. However, the cost of economic violence, such as financial controlling behaviours, was not included.

The role of the national and international experts was instrumental in this study as they determined which costs were to be estimated and then discussed these costs with the team. The 2005 United Nations definitions of costs – direct tangible, indirect tangible, direct intangible, indirect intangible – were employed. The study included all feasible costs for the most severe incident in the previous year, as it was considered this would produce the most accurate estimates. This was based on the complexities associated with accounting for inflation and recall. The survey focused on estimating (to the extent possible) direct and indirect tangible costs. These costs were calculated primarily from the ECGBVS data.

- Direct costs borne by women, such as expenditure associated with seeking services for injuries (physical and psychological), medical care, medicine, shelter, local community services, legal and judicial litigation (police), including transportation as well as consumption costs related to the replacement of property;
- Indirect costs such as income loss due to missed work by the woman and the perpetrator (where applicable), loss of domestic work, children’s school absence (missed days);
- Indirect intangible costs and consequences that the woman and children faced due to the incident;
- National estimates of out-of-pocket expenditures, lost earnings and value of missed domestic work;
- Costs calculated for the national level based on data from the sample.

(d) *Method and cost calculation*

Data collection took place between April and June 2015 through a survey framed as a questionnaire on the “Status of Egyptian Women”. Further information on the exact nature of the questionnaire was provided as part of the consent process when the interviewer and respondent were alone. Two questionnaires, one for individual women and one for the household, were employed face-to-face by women researchers, following a devised criterion. The questionnaire designs were based on the United Nations 2013 Guidelines for producing statistics on VAW, ESCWA tools adapted for measuring VAW in Arab countries and the experiences of other countries who conducted similar surveys (after being adapted to fit Egyptian cultural context). Each questionnaire was finalized by a validation committee comprised of local experts.

The household questionnaire gathered data on demographics (which also served to identify eligible women); housing characteristics and ownership of a variety of consumer goods (which served to identify the household wealth index, assessing the long-term standard of living in the household). The individual questionnaire focused on the characteristics of respondents and the district in which they resided; employment and income; general and reproductive health, including harmful traditional practices such as FGM, forced marriage and child marriage; violence perpetrated by husband/fiancé (including financial control); violence perpetrated by family members/persons of close relation and strangers within the surrounding environment; violence in public spaces (workplace, educational institutions, street and public transport).

The sample was designed to be representative at the governorate level (95 per cent confidence level), with urban and rural areas separated out, for five regions: urban governorates (for administrative purposes, Egypt is divided into 27 governorates), urban Lower Egypt, rural Lower Egypt, urban Upper Egypt and rural Upper Egypt. Frontier governorates were excluded from the sample as their population constitutes less than 1 per cent of Egypt’s total population and accordingly does not affect national estimates. A two-stage cluster sampling strategy was employed: 21,448 households (almost the sample of the DHS) were selected and women aged 18-64 years (regardless of marital status) who were residents or present in the household for a month or more before the survey were eligible. Only one eligible woman in each household was selected at random for the interview using the Kish Grid, which had been incorporated into the household questionnaire. Sample weighting was used to ensure representativeness. The household response rate was 97.3 per cent, and the individual response rate was 99.2 per cent.

The study primarily employed the accounting methodology. Multiple regressions were used if a woman could not remember specific costs, such as health costs which were then estimated based on type of injury, service accessed and health provider variables. In cases where women were subjected to severe DV and had to leave their marital homes, the costs of local community services were calculated based on the costs of existing shelters and alternative housing. The study took into consideration the fact that Egyptian women are less likely to access public shelters. This was accounted for as an opportunity cost: calculating what the woman would have spent had she used another form of shelter and was estimated by examining the average daily cost of shelter (for those who paid). The total shelter cost was thus the total number of days spent outside the home multiplied by the average daily cost of a shelter.

The ECGBVS did not provide information to calculate lost productivity. However, the survey did include questions pertaining to the absence of the victim or spouse from work. The survey also collected information on the daily wages of female waged workers, whether as regular or irregular workers, as well as current spouses and fiancés (the daily wage was calculated based on the assumption of five working days per week, 10 in two weeks, 21 for the month, with no data collected on the number of working hours). Women were also not asked about their earnings or whether they were employed/self-employed. Data related to the spouse was more difficult to estimate as the women provided this information (16 per cent missing data).

A multiple regression model was employed to: (1) estimate missing data of wages for waged female workers by regressing the wages on the job characteristics in addition to the age, the educational level and place of residency of the waged worker; and, (2) estimate the missing wage values of the spouses/fiancés by regressing the daily reported wages on the occupation, economic activity, age and educational level of the spouse/fiancé. In the private sector, individuals who miss days of work are not paid. In the governmental sector, people have 27 paid days off work and a day taken as a result of violence is not counted as a “day off”.

The opportunity cost approach was employed to estimate the daily earnings for self-employed women, employers and unpaid female workers by regressing the daily reported wages on the job characteristics (excluding the contract), age, education and place of residency. The cost was calculated as the number of lost working days multiplied by the daily wage for both the victim and the perpetrator. A small time use survey was also part of the questionnaire, with all women asked about the hours they and their spouses spent on different domestic activities during the previous week. Women who reported violence were asked about the number of days they were unable to conduct these domestic activities due to the incident. Some domestic activities are usually performed simultaneously, such as caregiving for children and the elderly, which complicated some of the calculations.

To estimate the monetary value of domestic work, some assumptions were made to address extreme values and simultaneous activities - the maximum number of domestic working hours per day was set at 14 hours in order to leave time for sleeping/eating/and personal care,³⁵ and the maximum number of hours dedicated for child care or elderly care was set at four hours per day (for other extreme values, values above the 95th percentile took the value of the 95th percentile). A generalized replacement approach was employed to provide monetary value to domestic work by assuming that the work can be done by a working woman in the occupation of caregiver who earns an average daily wage of LE 14.7 (using the Annual Report of Wages and Salaries of 2014, CAPMAS). The calculation for each activity was based on the number of missed days for this activity multiplied by the average daily hours spent on this activity multiplied by the hourly wage. Then it was added for all activities to get the total.

The cost of missed school days for children, which parents bear in educational costs, was calculated by multiplying the number of missed days by the average daily fees of the school. For the 2014/2015 academic year, the total number of school days was considered as 201 days and the daily fee was computed by dividing

³⁵ Douaa Mahmoud and May Gadallah, “Imputing monetary value to Egyptian females: unpaid domestic and care work”.

the total annual fee by the number of days. As the questionnaire did not clarify the number of children who missed school or the school fees for each child, the estimate is for each family.

The cost of lost time for women forced to change their route due to harassment or violence in public spaces, was evaluated using the opportunity cost approach. This was calculated by multiplying the extra hours per day by the hourly wage (14.7),³⁶ multiplied by the number of days. The cost of extra time for a companion was also calculated by multiplying the extra hours per day by the hourly wage (12.5), multiplied by the number of days. As the survey did not provide the number of days a companion was required or the number of days the route was changed, it was assumed to be 100 days for studying women and 110 otherwise.³⁷

Though the questionnaire included health-related questions, the causal relationship between violence and trauma was inconclusive. Also, the data collected did not allow for an estimation of costs associated with the impact of psychological distress on work performance and productivity, domestic work or the development of a psychological condition. The survey included questions concerning emotional distress for women based on the 20-item self-reporting questionnaire (SRQ-20) (see study for further details).³⁸ A direct, simple measuring index was computed (the index is the percentage of the total number of problems reported by the woman divided by 18, the total number of problems investigated in the survey). Mothers were also asked about the effect of spousal violence on their children, whether in the last year or throughout their lifetime.

The total cost of violence perpetrated by husband/ fiancé is considered to be an underestimation of the real total cost, as it is based only on one incident in the year (the incident rate for spousal violence per 100 women is estimated to be 133 incidents). If all these incidents were considered, the total cost would have been considerably higher.

4. Challenges

(a) *Data*

The **lack of service, budgetary or employer data** presented a challenge for the research team. Though the **data obtained** also presented challenges, these challenges were **addressed by using proxies**, such as using lost wages to calculate lost productivity. As noted previously, multiple regression models were also used to calculate missing data, such as wages, and assumptions were made to account for extreme values and simultaneous domestic activities when calculating missed work days.

(b) *Questionnaire design*

The team took the time needed to extensively discuss the different viewpoints regarding issues such as the age range and reach a consensus on the final questionnaire.

(c) *Accuracy of the estimates*

The study **provides only estimates of the costs** of violence, which represent the minimum cost rather than the exact cost.

³⁶ Though wages are the same in the public sector, they are different in the private sector. LE 14.7 is the average hourly wage for a working woman in the occupation of caregiver, and LE 12.5 is the average hourly wage of a working person in the occupation of caregiver (since the gender of the companion is not available in the data). The comparison wage is lower as a man doing care work usually earns less than a woman.

³⁷ The number of days is based on the assumption that the incident happened in the middle of the previous year: half of school days is 100 and half of working days is 110.

³⁸ Duvvury and others, “The Egypt Economic Cost of Gender-based Violence Survey”.

5. Key findings

DV

- The majority of respondents, (79 per cent), all of whom were women, were currently married.
- The majority of women (79 per cent) had no income from work or other sources.
- Approximately 7.888 million women suffered from all forms of violence annually, whether perpetrated by spouse/fiancé, individuals close to her or strangers in public places.
- Approximately 2.288 million women suffered emotionally due to their exposure to violence (all forms) yearly.
- Approximately 5.6 million women were exposed to violence perpetrated by husband/fiancé annually.
- The total cost for women and families due to violence was approximately LE 2.17 billion in the past year, based only on the cost of the most recent severe incident.
- The total cost is projected to reach LE 6.15 billion if the injury rate for all incidents perpetrated by husband/fiancé in the last year were to continue at the current rate.
- Women and their households incurred a cost of 1.49 billion LE due to violence perpetrated by their husband/fiancé, comprised of 831.236 million LE in direct costs and 661.565 million LE in indirect costs.
- Approximately 58 per cent of currently employed women paid in cash were covered by social security insurance through their work and a similar proportion were covered by health insurance. Some had both.
- Approximately 2.4 million women experienced one or more type of injuries resulting from violence perpetrated by spouse or fiancé.

Direct/indirect costs of DV

- Approximately 1 million married women leave their homes annually due to IPV yearly.
- The cost of alternative housing/shelter for women who leave their home due to IPV is approximately 585 million LE annually.
- Women exposed to violence are more likely than women who have not experienced violence to have a miscarriage (or stillbirth), 40.1 per cent compared to 36.6 per cent, and are more likely to have an underweight child, 7.3 per cent compared to 5.3 per cent.
- Approximately 200,000 women are exposed to pregnancy-related complications due to IPV yearly.
- About 4.7 per cent of women reported being forbidden from working by their husbands throughout their lives.
- The children of 113,000 families are absent from school yearly due to DV perpetrated by the husband amounting to loss of approximately 90,000 school days annually.
- The children of 300,000 families suffered nightmares and fear due to violence perpetrated by the husband during the previous year.

Violence in public spaces

- Approximately 139,600 women, 3.7 per cent of working women, were exposed to violence in the workplace during the previous year.
- Approximately 16,000 girls aged 18 and over were exposed to sexual harassment in educational institutions in one year alone.
- More than 1.7 million women suffer from various forms of sexual harassment on public transport.
- Working women and female students are more likely to face harassment and violence in public spaces (approximately 39.4 per cent of girls who were studying at the time of the survey were victims of such violence).
- VAW in public spaces is estimated to cost 571 million LE yearly.
- Women and their families incur a cost of 548 million LE annually for changing their route and method of transport or by having to travel with a road companion due to violence in public spaces.

Additional costs

- Of the 2.6 million women who reported injuries resulting from DV or violence perpetrated by others, 2.29 million women reported psychological problems due to these incidents during the past year, representing about 8.8 per cent of the entire sample.

See the study for tables concerning: estimates of direct costs and number of women by type of service due to husband/fiancé violence in last 12 months; cost of violence perpetrated by individuals in close surroundings and strangers; cost of violence in public spaces in the last 12 months; and estimates of indirect costs and number of women/lost days, due to husband/fiancé violence in the last 12 months.

6. Study impact

(a) *Increased awareness*

As a result of the dissemination of the study findings to concerned ministers and senior officials, **policymakers** recognized the impact of VAW on the entire economy and the importance of investing in the implementation of the National VAW Strategy. The **media** began discussing and highlighting the issue of DV, which was previously treated as a taboo subject. The study represents an important first step in **combating GBV**.

The findings were also used by **NGOs and NCW** to raise awareness of GBV among **policymakers** and at the **grassroots level**. The importance of **supporting NCW** to improve their services, particularly the complaints office, became very clear to all relevant **UN agencies**. NCW is currently considering commissioning a national study **on violence** perpetrated against **women with disabilities**.

(b) *Enhanced response*

NGOs started utilizing the findings of the study to advocate for a comprehensive response to VAW, including increased funding. The Ministry of Planning subsequently **increased the budget** for VAW-related activities.

The **Ministry of Interior** also **increased the number of female police officers** and integrated a **lecture on combating VAW into the police academy programmes** provided by NCW. This is expected to increase the reporting of VAW and women's access to services.

Following the completion of the study, each of the **partners** further engaged in a number of activities to **enhance the national response to GBV**. The costing exercise highlighted the fact that **more work needs to be undertaken** and better coordination among the various stakeholders, particularly in relation to **advocacy** and **policies for sector-specific needs**, such as in educational institutions is required. Also, further **awareness-raising** is needed in terms of improving access to **support services** which are not available, not known about or the need for them is marked by stigma.

(c) *Enhancing the legal and policy framework*

Female **parliamentarians** began paying attention to the issue of GBV and realized the importance of strengthening the legal framework. Both the prevalence rate and cost findings were the main source of data informing the development of the **new draft law** on VAW currently under consideration by parliament. This data was also utilized by each **governorate** to develop **action plans** in line with the national strategy on VAW.

B. CASE STUDY TWO: THE UNITED KINGDOM

Realizing the multifarious and lasting impacts of GBV on survivors, as well as on society and the economy at large, the Government of the United Kingdom commissioned a costing study in 2004. This was followed by an update in 2009. Then in 2014, the EU commissioned United Kingdom researchers to conduct an EU costing exercise, which produced a case study focused on the United Kingdom. The findings of these sequential costing exercises have enabled the United Kingdom to monitor cost trends over time.

1. *Background and context*

(a) *National strategy and legal framework*

The Domestic Violence, Crime and Victims Act came into legislation in 2004. This law, which focused on IPV, amended the 1996 Family Law Act and was seminal in terms of setting out several legal rights for women. For instance, the definition of a couple was extended to include same-sex partnerships, and a provision was made for the establishment and implementation of domestic homicide reviews. In 2012, the United Kingdom Government also published guidance on controlling or coercive behaviour to assist prosecutors to better understand the nature and features of this type of abuse. This was followed in 2017 by the introduction of the Controlling or Coercive Behaviour in an Intimate or Family Relationship Legal Guidance. This guidance addresses “controlling or coercive behaviour in an intimate or family relationship which causes someone to fear that violence will be used against them on at least two occasions; or causes them serious alarm or distress which has a substantial adverse effect on their usual day-to-day activities”.³⁹ The Strategy to end violence against women and girls: 2016 to 2020, was also published in 2016.

(b) *Service provision*

In global terms, the United Kingdom has demonstrated an excellent interdepartmental government response in relation to service provision since 2000, when independent DV and sexual violence advocates were introduced. To operationalize this response, the Government invested approximately £57 million in housing-related support services for DV survivors through the Supporting People programme for 2003-2004. They also invested £18.9 million in establishing and developing refuges (shelters) across the nation. However, the Minister for Women and Equalities acknowledged that despite the considerable size of investment, it was still insufficient to fully address the problem. A key challenge to GBV service provision has been the underfunding of DV and sexual violence advocates, in spite of their success. Recognizing their importance, the central Government agreed to fund these services on the basis that they would then be funded locally once their usefulness was established. This, however, did not materialize.

In 2014, there were approximately 200 DV organizations in England and Wales providing a range of services: refuge accommodation, community outreach, independent advocacy services, single point of access services, culturally-specific services, child support workers and a free 24-hour national DV helpline run in partnership with Women’s Aid, a grassroots organization. The helpline provides women and children with access to emergency refuge accommodation, an information service, safety planning and translation facilities. This service targets women, as the predominant victims of DV, but it also caters for individuals calling on behalf of women experiencing DV, such as friends, family or other agencies. Men seeking help are referred to an appropriate service. In addition, a forced marriage unit was established to lead on the Government’s forced marriage policy, outreach and case work. As a joint unit with the Foreign and Commonwealth Office and the Home Office, it provides support to individuals in the country, as well as aiding British nationals living overseas.

However, while the United Kingdom has been one of the European countries most actively engaged in providing services for survivors of violence, the existing level of service provision does not meet the standards set out in the Istanbul Convention on preventing and combating violence against women and domestic violence. In addition, only 47 per cent of DV incidents were reported to the police in the year 2008/2009. This low reporting rate has been attributed to several reasons, such as varying levels in police response, how reports of DV are recorded, the fact that there are approximately 41 police services operating independently of each other at the time and the onerous nature of the juridical system. Another challenge undermining the provision of services is related to the central government’s devolving of responsibility for these services to local authorities. While the refuges could count on the Supporting People programme (a central government programme) for core stable funding, the amount allocated was insufficient. In addition, immigrant women with

³⁹ See <https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship>.

insecure status or those fleeing their local area to access another refuge and who were experiencing a delay in transference of their claim had no access to public funds. This was particularly an issue for disabled women. This created cash flow problems for the refuges which needed to seek charitable funding to make up the deficit and this situation continues to the current day.

The 2008 financial crisis led to additional funding cuts, which affected the level of service provision throughout the United Kingdom. Over the past ten years, DV services have been pressured to reduce their costs in tandem with a big push by central government to get local authorities to undertake competitive tendering to contract out services. Janet Veitch⁴⁰ described the claim that this approach was partly driven by the EU Procurement Directive as simply an excuse, as the directive allows for exemptions. Over time, many local shelters lost their contracts as they were undercut by large national housing providers (which have lower unit costs than small community-based organizations), and minority-led organizations were affected the most.

Indeed, research conducted in 2008 mapped the gaps,⁴¹ highlighting disparities in DV and sexual violence service provision across England and Wales. It revealed that one third of authorities did not have services in their area and were thus in breach of their public sector equality duty. The particular issues that emerged included the long distances some women had to travel to access services and discrepancies between the range of services and the response of these services to disclosures of violence (unless the case involved child protection). At this time, the focus was also placed on high risk groups (those at risk of homicide). While this is understandable, individuals considered lower risk potentially did not get the help they needed to prevent further violence in their lives. Given the limited number of refuge spaces, there was also a lack of understanding of the potential for women to become homeless, as well as the time required to source new accommodation.

The 2008 study also included the development of a costing methodology for an average VAW service, number of refuges for n size of population over a lifetime, for example. As the Home Office considered the costs unfeasible, a ready reckoner with lists of tables of standard costs was instead developed and made available on the Home Office website for local authorities to calculate costs.

(c) *Data*

According to Philippa Olive of Lancaster University, even though the way the data is collected does not capture the full extent of the problem, the United Kingdom has had reasonably good data on the prevalence and incidence of DV and GBV since 1996.

2. *Rationale for costing studies in the United Kingdom*

(a) *Initiation and study team*

Given the lack of information on DV in the last decade, the Women and Equality Unit commissioned the first costing study in **2004** using data from 2001.⁴² Sylvia Walby, a professor at the University of Leeds, was contracted to undertake the study.⁴³ In **2009**,⁴⁴ the study was updated using estimates based on 2008 data.

⁴⁰ Janet Veitch is an Associate Gender Adviser at the British Council.

⁴¹ Maddy Coy and Liz Kelly, "Map of gaps: the postcode lottery of violence against women support services in Britain" (2008). (unpublished report).

⁴² Sylvia Walby, "The cost of domestic violence" (London, Women and Equality Unit, 2004). Available at http://webarchive.nationalarchives.gov.uk/20060715143031/http://www.policyhub.gov.uk/news_item/domestic_violence_weu.asp.

⁴³ The research team was led by Professor Sylvia Walby (Lancaster University), June Greenwell, Purna Sen and Jennifer Turner; Sam Brand and Jamie Thorns from the Home Office Economics and Resource Analysis Unit provided expert advice.

⁴⁴ Sylvia Walby, "The cost of domestic violence: up-date 2009" (Lancaster, Lancaster University, 2009).

Then in **2014**, another study was commissioned by the European Institute for Gender Equality (EIGE),⁴⁵ which built on the 2004 report. This study was conducted by Sylvia Walby and Philippa Olive, and coordinated by the EIGE GBV team. EIGE oversaw the strategic governance, while acknowledging the expertise of the research team. The team held numerous consultations with third sector organizations to estimate the costs. Walby, along with her colleagues Jude Towers and Brian Frances, had been developing a methodology to analyse the British Crime Survey (BCS) data on prevalence and severity of GBV. Walby and Olive reported to and discussed directly with EIGE, who had an internal team working on the project. The next section provides an overview of each of the three studies.

(b) *Motivation for costing studies*

The 2004 study sought to better understand the full cost of DV as the basis for action within the financial policy framework. The United Kingdom undertook the costing study to complement the existing legal and policy frameworks which were based on fairness and justice, and to address the gaps in the existing data. The rationale behind the 2009 update was the realization that there were several reasons for changes to the costs: a reduction in the rate of DV; the development of public services led to their greater use by survivors of DV; and technical adjustments due to inflation and to growth in GDP. The 2014 study was then initiated in response to the push towards gender neutrality across the EU, to meet Goal 5 of the SDGs on VAW and to establish an evidence base to argue for increased funding to the sector.

3. *2004 United Kingdom costing study*

(a) *Methodology*

Objectives

The objectives of the study were as follows: (1) to translate DV into monetary terms, so that its costs would be given the appropriate significance; and (2) to inform policy and enable discussions within the Finance Department, where funding of DV posed an issue.

(b) *Intended audience*

- Government – to raise awareness that the cost of response is much less than the cost of inaction and to address DV by investing in prevention and response services;
- Society - to raise awareness of the seriousness of the problem and to create space for public debate.

(c) *Scope of the study*

This research estimated the costs for a range of individuals (both women and men) and social institutions in relation to DV - physical force, sexual violence and threats that cause fear, alarm and distress, often amounting to patterns of coercive control, including stalking. While some definitions of DV include violence perpetrated by other family members, the definition used followed Home Office practice by restricting the inquiry to intimates, namely a current or former husband/wife, current or former partner, or current or former girl/boyfriend. While most of the violence reported was perpetrated in the home shared with the abuser, some of the violence was experienced after the relationship ended. 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.”⁴⁶

⁴⁵ Sylvia Walby and Philippa Olive, “Estimating the Costs of Gender-based Violence in the European Union”.

⁴⁶ Home Department, “Safety and justice: the Government’s proposals on domestic violence”, Report presented to Parliament (London, 2003) p. 6.

The costs calculated were for England and Wales in 2001. Direct and indirect costs were estimated in the following areas: (1) services largely funded by government including the criminal justice and health care systems (including mental health); (2) social services; (3) housing, civil legal services; (3) lost economic output as a result of disruption of employment, sustained by employers and employees; and (4) human and emotional costs borne by the individual victim/survivor.

(d) *Methods and cost calculation*

The methodology employed was based on the Home Office framework for costing crime as noted by Brand and Price (2000). This framework was developed to include the specific costs that result from DV, including mental health care, emergency housing and refuge, social services and civil legal costs. These were derived from a review of international literature on costing studies of DV and of crime. The study also built on the programme of research in the Department of 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 Home Office research and in the study.

Three key types of data are needed to cost DV: (1) the extent and nature of DV, including both the number of victims and the number of incidents; (2) the extent and nature of the impact of DV on victims' lives and society, including the extent to which it leads to the use of services, disrupts employment and causes pain and suffering; (3) the cost of service provision, lost economic output and the public's willingness to pay to avoid the human costs of pain and suffering.

Data on the extent and nature of DV was taken from four sources – the 2001 BCS IPV self-completion module on Inter-Personal Violence (BCS IPV, Walby & Allen 2004), the Criminal Statistics for homicides, reports from agencies and a review of previous research. The self-completion module on interpersonal violence provides data on DV, rape, sexual assault and stalking by intimates in terms of the number of victims and incidents, the extent of injuries and some information on the use of services. NGO reports were also used to enhance the understanding of the extent to which DV led to service use, while the evidence from previous research was employed where there were gaps in the main data sources.

Cost estimates were generally rounded to the nearest thousand, except for estimated costs per incident or where more precise figures were available from administrative records. According to the study, "whenever there was doubt or choice regarding the costs, the more conservative assumptions were employed".⁴⁷ The criminal justice system, health care, social services, housing and refuges and civil legal services were identified as key areas and within each domain a number of specific institutions were identified for more detailed investigation. Though complex, the extent to which people use potential services (as not all survivors seek help) was also estimated. As the level of service use reported in the BCS for IPV was very low (only helpful for a few major services) and service providers collect little data routinely on the extent to which their services are accessed as a consequence of DV, important sources of data included ad hoc instances of data collection, specialist studies of service use and research on the extent of service use for injuries from incidents other than DV. In particular, the study drew on research from the Department of Transport on the implications of different types of physical injuries sustained in road traffic accidents (use and cost of medical services, lost employment and economic output, public's willingness-to-pay to avoid such pain and suffering) and used them as a barometer for similar damage within DV.

The BCS is a nationally representative survey of 40,000 people conducted annually. While most of the questions in this survey are asked by the interviewer face-to-face, the questions concerning DV, sexual assault and stalking are answered by the participant reading the questions from a computer screen and entering their responses directly onto a laptop. This method substantially increases both confidentiality and disclosures of DV which were approximately five times more compared to the face-to-face part of the survey.⁴⁸

⁴⁷ Sylvia Walby, "The cost of domestic violence" (2004), p. 15.

⁴⁸ Sylvia Walby and Philippa Olive, "Estimating the Costs of Gender-based Violence in the European Union".

4. Key findings

- Total cost of DV to society was approximately £23 billion, of which £3.1 billion was borne by the state (criminal justice system, health system, social services, social housing and legal aid bills to support victims). This amounts to over £5.7 billion per year;
- Lost economic output (cost of time off work due to injuries) was estimated at £2.7 billion, over half of which was borne by employers;
- The cost of domestic violence to the criminal justice system (CJS) was approximately £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;
- The cost to the National Health Service (NHS) for physical injuries was around £1.2 billion a year. This includes general practitioners and hospitals. Physical injuries accounted for most of the NHS costs, while mental health care was estimated at an additional £176 million;
- The annual cost to Social Services was nearly £250 million - overwhelmingly for children rather than for adults, especially those experiencing the co-occurrence of DV and child abuse;
- Expenditure on emergency housing (local housing authorities and housing associations for those homeless because of DV; housing benefits for such emergency housing; and refuges) amounted to £160 million a year;
- Civil legal services cost over £300 billion, equally divided between legal aid and the individual. This includes both specialist legal actions such as injunctions to restrain or expel a violent partner, as well as divorce and child custody;
- The cost of pain and suffering amounted to over £17 billion a year.

Employing the data generated in the 2009 update of this study, the table below provides a comparison of costs between 2001 and 2008. It shows that there has been a reduction in the cost of lost economic output due to the decrease in the rate of DV.

Table 4. Cost of domestic violence based on data from 2001 and 2008

	Costs 2001 £m	Costs 2008 £m
Services	3111	3856
Economic Output	2672	1920
Human and emotional costs	17,086	9954
Total	22,869	15,730

5. 2014 United Kingdom costing study

(a) Methodology

Objectives of the study

EIGE sought to illustrate the extent of collection of administrative data across the different sectors in EU member states. Their specific objectives were as follows:

- Explore the range of costing methodologies available;
- Review how other studies were conducted to identify the most robust approach that could be employed using a range of sectors costed and methodologies;
- Explore how the field had advanced to seek innovations.

(b) *Intended audience*

EIGE wanted to collate information on GBV and costing methodologies that could be shared with all EU member States. In addition to society and the government, as was the case in 2004, the research was intended to provide a tool for EU member States to calculate GBV service costs.

(c) *Scope of the study*

To ensure that the study did not produce an overestimation of the costs that would undermine their credibility, the team included any costs for which they could obtain robust data. The focus was placed on the extent to which EU countries spend money on specialized services, as opposed to criminal justice and health care, and the cost for society so as to reinforce GBV as a public problem rather than an individual one. The EIGE costing exercise includes a case study on the United Kingdom, which calculated costs for intimate partner violence (physical and sexual violence perpetrated by a current or former partner) against women. It also estimated the broader category of GBV (physical and sexual violence perpetrated by either an intimate partner or other family member, and sexual violence by any perpetrator). The study included women and men survivors.

In addition to including the costs estimated in 2004, the 2014 study estimated: (1) some costs specific to victims of DV; and (2) a small fraction of out-of-pocket expenses. The latter included the cost of setting up a new home and a calculation of self-funded civil legal expenses, which were likely an underestimation of the full personal, out-of-pocket costs. The following costs were not included at all or were not costed sufficiently due to the absence of robust quantitative data: long-term health; mental health (mental health impacts are included in health sector costs and the cost of pain and suffering, although only partially); long-term effects on children; reduced productivity and the increased likelihood to rely on social welfare (requires data on prior history of DV alongside welfare payment information, which is not available in the United Kingdom); additional costs of income support for households that descend into poverty as a result of fleeing DV; specialist government costs (such as prevention efforts, national action plans, data, research, reports, conferences, education, training and information materials).

(d) *Methods and cost calculation*

The methodology involved the following steps:

- Review of studies costing gender-based violence in EU and Organisation of Economic Co-operation and Development (OECD) countries;
- Evaluation of methodologies employed (comprehensiveness, robustness, replicability, simplicity, feasibility);
- Identification of preferred methodology;
- A case study - building on United Kingdom example and extrapolated to EU.

It was possible to apply a state-of-the-art costing methodology uncovered through the literature review because the United Kingdom has one of the most highly developed statistics systems and cost-benefit methodologies. The governmental cost-benefit methodology includes benchmarks for some costs and established practices for adjustments over time and space. The country is unique in having annual survey data on the number of incidents of violence by crime classification, by injury, by the gender of the victim and by relationship with the perpetrator. Employing the Home Office methodology, a tailored analysis was performed on the data from the BCS IPV face-to-face survey to produce the best estimates of the incidents by frequency, severity, gender of victim and relationship with the perpetrator. The findings

The EU (2014) report on costing is useful for higher and middle-income countries. It also serves as a good reference for the Arab region to learn about the different methodologies available.

were taken over an average of six years, increasing the sample and thereby ensuring robust disaggregation and more detail than what is routinely available in normal government statistics.

The tailored analysis involved examining the differences between the face-to-face survey data and the computer-assisted survey data and multiplying the face-to-face data by 3.8, based on rate of disclosures across a number of years (to ensure the year examined was not an outlier). In addition, data limitations made it necessary to aggregate some crime categories (“serious and other wounding” were put together under “wounding”; “rape and sexual assault” became “sexual violence”) to avoid small numbers. A proportionate adjustment was made for Scotland and Northern Ireland based on population size to provide estimates extrapolated to the United Kingdom level.

The United Kingdom case study was based on the data from 2012. The study did not adjust previous valuations for changes to GDP so that a consistent method for updating costs was applied across cost items. Also, in the intervening period (2003–2012), economies had both grown and shrunk. Monetary valuations established for the years before 2012 were adjusted to present day prices using the Bank of England Inflation Calculator. No adjustments were made in relation to “discount rates”, following the practice in the “global burden of disease” methodology. The United Kingdom costs were initially calculated in pounds sterling and then translated into euros using the European Commission’s calculator.

The unit cost approach was employed to estimate the cost of each incident by adding the estimated unit costs in each crime type of lost economic output, utilization of the health and criminal justice systems and an estimation of the value that the public places on avoiding such injury. Established Home Office estimates were employed based on average United Kingdom daily output per head of lost economic output from incapacity to work for each type of violent crime. The emotional and physical impact of each type of crime was formulated from simulated statistical probability modelling of the prevalence of physical health injuries reported to the Crime Survey for England and Wales (CSEW) and prevalence of psychological health injuries identified in the research literature. To apply this methodology to GBV, the unit cost was multiplied by the number of incidents of each type of violence.

In relation to health-care costs, the United Kingdom health system records information on the extent and cost of the treatment provided on average to address each of the types of health outcomes that typically result from specific injuries were employed. Estimates were based on the level of injury and the estimated proportion of survivors seeking help. This method, modelled on the prevalence of injuries per category of violent crime reported to the CSEW, provides an assumed average health treatment cost for each category of crime.⁴⁹ The average unit cost for the criminal justice system was formulated per incident of crime reported in the crime survey. As such, it was weighted according to the probability that an incident would be reported, recorded, investigated and prosecuted. Employing an updated version of Walby’s 2004 method and data from 43 local police forces reported by HM Inspectorate of Constabulary and Local Authority Expenditures (HMIC 2012), estimates were produced for: (1) the total costs and (2) cost of no-crime domestic incidents by the proportion estimated to be GBV and IPV perpetrated against women and men.

While most of the relevant civil legal costs are borne by the State through various legal aid schemes, some are borne by the victim/survivor. Both types of costs were estimated using 2012 data on divorces and Walby’s 2004 methodology. The health-loss grounded approach recommended by the Home Office was also employed to calculate the public’s willingness to pay. This methodology produces a cost of the physical and emotional impact on victims for each type of crime based on the burden of disease methodology, which measures health loss by functional/capacity loss. Specialized civil legal service (such as protection orders) and specialized victim service (such as refuges/shelters) costs were also calculated using Walby’s methodology, which is widely paralleled in other studies.

⁴⁹ Ibid.

6. Key Findings

IPV	<ul style="list-style-type: none">• The total cost was €33million/£26 billion per year• The cost of IPV against women was €13.8 billion• The cost of IPV against women and men was €15.4 billion
GBV	<ul style="list-style-type: none">• The cost of GBV against women was €28.4 billion• The cost of GBV against women and men was €32.6 billion• The cost of lost economic output due to GBV was €4.2 billion
Services/Personal	<ul style="list-style-type: none">• The cost of health care was €1.9 billion• The cost to the criminal justice system was €4.7 billion• The cost for civil legal services was €405 million to the State and €230 million self-funded• The cost to social welfare was €1.3 billion• The cost for specialist services was €210 million• The cost for physical and emotional impact was €18.9 billion• Personal costs came to €840 billion
Total EU Cost	<ul style="list-style-type: none">• Based on extrapolation, GBV costs the EU €258 billion each year

7. Challenges: 2004 and 2014 studies

(a) Data

For the 2014 study, finding the **relevant sources of information** across the range of costs and examining the methodologies employed was time consuming, which raised **concerns regarding the robustness of the findings** and presented a challenge. Reviewing the literature was likewise **time consuming** because much is “grey literature” or unpublished reports and reports that are not available in academic journals. A careful iterative process was thus employed to source the relevant literature to the extent that was possible. **Synthesizing the complex web of data sources** was also difficult.

In addition, it was difficult to address missing data, which is why other EU countries were encouraged to extrapolate their cost findings from the United Kingdom case study.

(b) Scope

The focus of each of the studies was on physical and sexual violence, rather than coercive control, as there was limited awareness of this issue at the time. In addition, the main challenges of costing GBV in the United Kingdom context for the 2014 study were: **(1) the ability to measure the extent of violence (severity and frequency) disaggregated by sex and by relationship with perpetrator; (2) how to identify the extent of employment losses; (3) the measurement of the extent of service use; and (4) the measurement of the public valuation of the physical and emotional impact of GBV.** Though the BCS is world-leading in quality, findings from the survey that provide data at the level of disaggregation required by severity, frequency, sex and relationship with perpetrator are not routinely available. These challenges were addressed by performing a customized analysis of the raw survey data. Data on the extent of violence is not available in most countries at the required level of disaggregation. In addition, though the United Kingdom has established governmental calculations of some aspects of lost employment and of services used, these were not sufficient for the purpose of the study. As GBV and IPV survivors use services beyond those accessed for other crimes, additional estimates for civil legal services, social welfare and specialized services (such as shelters and refuges) were required. Even in the United Kingdom, many major services either cannot or have great difficulty in measuring the extent of service use by survivors of GBV and IPV. The estimates provided in the study thus required time-consuming searches for such data, as well as complex calculations.

Ideally, the EU wanted a **system or formula where member States could input their numbers** and calculate costs. However, this was **not possible** due to the discrepancies in the rates of violence across EU countries, as identified in the 2014 European Agency for Fundamental Rights EU-wide survey (methodological, rather than differences in violence).⁵⁰ As member states do not have the disaggregated data required, extrapolation was deemed the only reasonable solution. Finally, recognising the **limits of the quality-adjusted life year (QALY) method to estimate health impact** (focused on physical health and an able-bodied perspective, the scale used involves hypothetical questions and lacks mental health indicators), the team had hoped to explore alternative options. However, the **tight timeline** precluded this and QALYs are backed by WHO and the Home Office. An additional limitation of the study is that only high-income countries were included because the team felt their methodologies were more appropriate for the EU.

8. *Impact of the Costing Studies*

(a) *Raised awareness*

According to Jacqui Smith, the Minister for Women and Equalities at that time, “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”.⁵¹ The 2004 report concluded with a review of the data needed to improve DV cost estimates and to monitor the impact of policy development more effectively. In addition, the 2014 study contributed to a vibrant engagement from civil society, academia and the Government.

(b) *Enhanced response*

The cost estimates of violence produced led the Home Office to assess the resources allocated to IPV services. Costing exercises have also been used by civil society and businesses to determine resources. Furthermore, a Leeds-based NGO used the estimates to calculate costs at the local authority level across the United Kingdom, helping local NGOs to advocate for greater resources. In 2014, DV organizations used Walby’s 2004 study and the 2009 update to justify why it was worth investing in their services. Indeed, the estimates have been utilized by government institutions (National Institute for Health and Care Excellence; NHS), local government (Safer Portsmouth Partnerships; Devon County Council) and NGOs (Women’s Aid; Refuge: Living Without Abuse).

The 2014 study was also a very useful means of explaining the economic impact of DV on a large scale. All of the Walby costing studies were employed by DV organizations to help advocate for funding. While they currently receive less resources, it has helped them to minimize funding cuts. The findings also raised awareness among some politicians who increasingly see DV as more than an issue affecting solely women. Furthermore, the research introduced a new language around DV in terms of the economic aspect of the problem. Indeed, due to financial cutbacks, there is an added benefit in being able to produce headline figures that get the attention of the government and can be used to influence allocation of resources.

(c) *Wider reach*

EIGE have shared the findings widely in their reports to articulate the importance of allocating adequate resources to address the problem. These findings have also been used to underpin cost effectiveness studies of DV intervention programmes.⁵² Another impact is how the study has been useful in explicating the different costing methodologies and methods available, as well as providing/supporting the impetus for other studies to

⁵⁰ European Agency for Fundamental Rights, “Violence against women: an EU-wide survey” (Luxemburg, Publications Office of the European Union, 2014).

⁵¹ Sylvia Walby, “The cost of domestic violence” (2004), p. 8.

⁵² See Estela Capelas Barbosa and others, “Cost-effectiveness of a domestic violence and abuse training”.

be undertaken with momentum being seen across the world. This leads to capacity-building and development in the field. In addition, the study has been cited in 13 academic papers and numerous costing studies and has been read more than 100 times on the academic platform, ResearchGate. However, while the findings were reported in the media which is positive, the impact has been diluted because of the media's problematic reporting on and representation of victims and perpetrators of VAW.

There are some important issues to bear in mind. According to the former director of Women's Aid, Hilary Fisher, the United Kingdom views itself at the forefront of addressing DV and Aid, and indeed, in some ways, the country is very progressive. However, gaps in understanding and problems regarding service provision remain, particularly in relation to competitive tendering. As noted by Janet Veitch more recently, generic service providers underbid and then request additional funding to ensure service delivery after the contract has been awarded. As a result of this trend, DV services have suffered and this situation has worsened over time. Moreover, while there has been a probable decrease in violent crime for some time, there has not been a comparable decrease in DV.

The Government of the United Kingdom has declared addressing DV a high priority, yet the sector has been weathering the impact of funding cuts since the 2008 financial crisis. As local authorities do not have the full financial resources required, it makes demonstrating the good value of investment over time almost impossible, according to Fisher. Veitch maintained that some areas have good serviced in place, with support provided predominantly in relation to the criminal justice system, as the success of many of these services is measured against judicial criteria. In cases where ongoing support has been provided, there has been a reduction in the rate of women withdrawing DV cases. However, increasing caseloads and a limited number of services across the nation have made it almost impossible to meet demand. Additionally, according to Veitch, health-care personnel do not feel they have the capacity nor the resources to treat a DV victim and do not consider it in their remit. Olive has expressed concern over health service resources for women getting lost amidst the focus on children. In other words, child protection driving and taking priority over the needs of the woman. Finally, even though women who become homeless as a result of DV are considered the highest priority, there are still too few refuge spaces, resulting in the serious risk of these women becoming homeless.

C. CASE STUDY THREE: VIET NAM

1. *Background and context*

(a) Legal and policy framework

Viet Nam is a deeply patriarchal society with ingrained traditional gender norms, which revere men and devalue women. However, as a result of the economic reforms introduced in 1986, there was a significant increase in women's labour force participation and a slight shift in gender relations within the family. In 1992, the Vietnamese Government adopted a revised constitution recognizing the equal rights of women across the public and private domain. This was followed by the adoption of several ordinances on the Conclusion and Implementation of International Treaties by the Standing Committee of the Vietnamese National Assembly in 1998. These were regarded as an "organic part of Vietnamese law". The Law on Gender Equality and the Law on Domestic Violence Prevention and Control (DVPC) were then introduced in 2006 and 2007, respectively. Several instruments such as action plans were also developed to guide the implementation of this legislation. Though the legal framework is strong, there are gaps in the implementation of these laws, and they do not explicitly define GBV or IPV as a violation of human rights.

The first national study of the prevalence of DV perpetrated against women was conducted in 2009 by the General Statistics Office⁵³ to address the gap in data frequently raised by the United Nations. UNFPA coordinated this research to ensure that relevant stakeholders took ownership of the findings and committed

⁵³ Viet Nam, General Statistics Office, "Keeping silent is dying: results from the national study on domestic violence against women in Viet Nam" (Hanoi, 2010).

to implementing the recommendations. Publication of this landmark study led to increased pressure to strengthen the response to DV, particularly in relation to IPV. A national orientation workshop on DV intervention was held one week after the launch of the study. This was followed by a series of advocacy events during 2011-2012 with the relevant government ministries and NGOs.

This momentum led to increased awareness among parliamentarians, the communist party and government representatives, local leaders, development partners and donors on the issue. Subsequently, UN Women worked with the Government to develop the National Strategy on Gender Equality (2011-2020) and the National Programme on Gender Equality (2011-2015). VAW was identified as a key indicator in the national strategy and became part of GBV interventions included in government action plans and programmes, such as One Plan.⁵⁴ Given the focus on addressing DV, the UNFPA country office supported the Government of Viet Nam in its efforts, while advocating for the scope to encompass other forms of GBV. In addition, DV continues to be broadly understood as a “culturally sensitive issue” and a “family affair”.

(b) *Service Provision*

DV service provision for women in Viet Nam is primarily provided by the government agencies responsible for the legislation: Ministry of Labour, Invalids and Social Affairs (MOLISA) and Ministry of Culture, Sport and Tourism (MOCST), as well as the Viet Nam Women’s Union. Prior to conducting the national prevalence study, the services were fragmented and lacked any capacity development programmes for specialist training. The study addressed this gap as it was able to influence national efforts related to service provision. DV prevention and response training models were developed in selected provinces for nationwide application. The government also formulated a protocol for the health sector response and issued new orders to facilitate access to services. These included allowing abused women to receive medical treatment without having health insurance and waiving legal fees for court cases. In addition, the Government supported building a network of “safe addresses” where women could seek temporary shelter within their communities. It also increased the funding of the national shelter network and expanded its outreach by establishing regional shelters.

Run by the Women’s Union, the national shelter, Peace House,⁵⁵ provides refuge and additional services such as legal aid, health care, counselling, vocational skills and support for children’s schooling. Of the 10 shelters for women in all of Viet Nam, only two are for DV survivors and their children.⁵⁶ A second model is implemented by the Centre for Studies and Applied Sciences in Gender, Family, Women and Adolescents (CSAGA), a national NGO which operates a hotline and provides legal aid and counselling, temporary shelter and a referral system to government shelter in serious cases. The third shelter model involves a list of “safe addresses” in Thai Binh, Phu Tho and Hai Doung provinces which are used by women to manage smaller incidents involving minor injuries. Given the difficulties of accessing support from family or friends who do not live in the same area, these local shelters help women to leave their children in the home, while staying connected with them.

As part of the Seventh Country Programme 2006-2010, the Vietnamese Government piloted a comprehensive intervention model to prevent and respond to domestic violence in Phu Tho and Ben Tre provinces.⁵⁷ However, aside from such programmes, the health sector response remained fragmented and women continue to be reluctant to report IPV. In addition, the police response was notably slow and unfocused, reflecting the view that DV is a family matter.

⁵⁴ The government of Viet Nam signed One Plan with the UN, which constitutes a common programmatic framework, including one budget and one results matrix to ensure the coherence of work and its alignment with all national strategies.

⁵⁵ See http://www.cwd.vn/en/index.php?option=com_content&view=article&id=113&Itemid=208.

⁵⁶ Diane Gardsbane and others, “Gender-based violence: issue paper” (Hanoi, United Nations Viet Nam, 2010), p. 41.

⁵⁷ United Nations Population Fund, “Domestic violence prevention and response in Viet Nam: lessons learned from the intervention model in Phu Tho and Ben Tre provinces” (Hanoi, 2012).

2. Rationale for costing study

(a) *Initiation and study team*

Following a recommendation emerging from the 2010 national prevalence research, the 2012 economic costing study conducted by Duvvury and others⁵⁸ was initiated by UN Women and funded by AusAID. Several UN agencies in Viet Nam provided support, in particular UN Women and the Gender-Based Violence Working Group chaired by UNFPA. The Ministry of Family, Ministry of Culture, Sports and Tourism and the Women's Union also provided support in the design and implementation of the study. The core team consisted of Dr. Nata Duvvury as an international consultant from National University of Ireland (NUIG), Dr. Nguyen Huu Minh, a national principal investigator and research staff from the Institute for Family and Gender Studies (IFGS). IFGS took the lead in the fieldwork and data entry, while NUIG oversaw responsibility for data management and analysis. Regular communication was maintained between the consultants to review progress and provide quality control.

(b) *Motivation to undertake the study*

The 2010 prevalence study confirmed that IPV is a serious problem in the Vietnamese society and has an impact on women's ability to work. Building on this data, Duvvury and others (2012) undertook the first economic costing study of DV in the Vietnamese context to address the dearth of information on the costs of IPV, particularly its costs to the economy. An assessment of the costs of inaction was essential to underscore the urgency of expanding government investment to address DV. It was also hoped that the cost of inaction would provide a basis for an estimation of the adequate level of resources required for an effective response. A study was designed to estimate the social and economic costs with the aim of informing policy and practice in relation to DV.

3. Methodology

(a) *Objectives of the study*

The overarching aim of the study was to provide a reliable estimate of the economic cost of domestic violence perpetrated against women by an intimate partner in Viet Nam. The specific objectives are as follows:

1. To estimate the annual economic cost of DV against women by an intimate partner at the household level including:
 - (i) Estimate of annual direct costs for household-related incidents of intimate partner violence, including costs associated with seeking medical care (physical and mental), shelter, mediation (NGOs, local resolution), and judicial resolution as well as consumption costs related to the replacement of property;
 - (ii) Estimate of indirect costs, including income loss due to missed work, loss of reproductive labour such as child care, children's health and school performance (including missed days, poor marks and failing).⁵⁹
2. To estimate the annual service provision costs across sectors including health, police, judicial and social (namely the Women's Union).

⁵⁸ Nata Duvvury, Patricia Carney and Nguyen Huu Minh, "Estimating the costs of domestic violence against women in Viet Nam" (Hanoi, UN Women, 2012).

⁵⁹ The costs incurred by other family members (such as parents, in-laws and siblings) after an incident of violence were not captured directly. Women were only asked about the impacts on themselves, their spouses and children.

3. To develop macroestimates of:

- (i) Aggregate costs for national economy;
- (ii) Cost of service provision;
- (iii) Cost due to productivity loss.

(b) *Intended audience*

The study aimed to enhance awareness of the full cost of inaction with regard to addressing DV, as well as the seriousness of the problem, among:

- Policymakers and political leaders - to address GBV by investing in prevention and response services;
- NGOs – to provide evidence enabling them to advocate for increased budgets;
- Communities and families - to raise awareness of the negative consequences of VAW.

(c) *Scope of the study*

Viet Nam is a middle-income country, yet it has a large informal economy. Women perform a significant amount of paid and unpaid labour, including reproductive work, subsistence work and community production. This makes it difficult to estimate lost and reduced output/ productivity as a result of violence. Given these challenges, the 2004 operational framework developed by Duvvury and others was employed, as it is specific to this context. The study focused on providing an estimate of the opportunity costs of DV to households and the community. These costs were then extrapolated to the national economy, including service provision and prevention services, and the economic cost to businesses due to absenteeism as a result of IPV. This enabled a preliminary national estimate of the costs of IPV incurred by the economy as a whole. The costs of violence at the household level are borne by the woman and family member/friends, the perpetrator and the children.

The following are the specific costs that were estimated

- Direct out-of-pocket expenditures by household for utilization of formal and informal services;
- Indirect household costs such as income loss due to missed work and household work by members of the household; loss of productivity for the household enterprise; missed school days;
- Community level costs including provision of response services and prevention services.

(d) *Method and Cost Calculation*

The costing study focused on IPV, defined as the violence experienced by women and perpetrated by husbands/partners within the family setting. The 2001 definition of DV by Ellsberg and others⁶⁰ and administered in the National Study of Domestic Violence, was employed. Data collection involved a mixed-methods approach:

1. In depth qualitative interviews with 10 women who had experienced DV and accessed services in relation to their help-seeking behaviour. The costs borne by these women to provide an illustrative picture of the maximum costs associated with IPV, as they have left their homes and have begun the recovery process.
2. A household survey was conducted with a sample of 1,053 women (based on the National Study prevalence rate over the last year of 10.9 per cent), aged between 18 and 49, across four provinces and three major

⁶⁰ Mary Ellsberg and others, “Researching domestic violence against women: methodological and ethical considerations”, *Studies in Family Planning* vol. 32, No. 1 (2001), p. 5.

cities. The selected provinces and cities represent the seven regions surveyed in the National Study of Domestic Violence. The total sample was evenly divided between rural and urban areas.

3. A survey was conducted with 79 service providers within the government system, including a primary health care centre, police station, legal office, local shelter, a Women's Union committee and a local court in selected wards/communes to gather data on service utilization and costs of service delivery. Supplemental information was collected from province-, district- and city-level hospitals, police stations, courts and Women's Union groups to verify local level costs. Interviews were also conducted with the national shelter and the national NGO, CSAGA.

A household was defined as a unit consisting of people sharing the same kitchen, independent of the number of adults and children living in the household. One eligible woman per household was interviewed to obtain detailed information on their experience of IPV and the associated costs in the 12 months prior to the survey. Only women who were married at the time of the survey or those whose marriage ended due to death or divorce in the past 15 months were eligible. Data was collected for the past 15 months to ensure an adequate number of data points for estimating the average cost per incident.

Demographic information was recorded. In addition, a wealth index was constructed using income, water and sanitation status, number of rooms, construction materials of the roof and walls, cooking material, and ownership of consumer durables, such as a radio or motorbike, and principal component analysis (PCA) was employed. To estimate missed paid work and household work, daily earnings were calculated. Finally, the opportunity cost approach was used for the calculation of macroestimates. Productivity loss was estimated using an ordinary least squares (OLS) regression. Refer to the study for further details of the equations and calculations employed.

The household survey was adopted from the questionnaires used for the 2010 National Study on DV and the 2009 International Centre for Research on Women (ICRW) study on the costs of DV, revised accordingly. Separate service provider questionnaires, also adapted from the 2009 ICRW study, were developed for each sector of service provision. The fieldwork took place from 17 April to 21 June 2012.

4. *Challenges*

(a) *Data*

Several difficulties limited the study results. For example, the impact on children in terms of missing school days due to IPV could not be established as an extremely small proportion of the women reported this as an effect. Another cost that could not be calculated was the annual cost of service provision to address and prevent DV, as service providers were unable to provide robust budget data to estimate the cost of provision of specific services.

Three significant challenges emerged from the service provider survey. Firstly, the data provided was extremely fragmented, which meant that producing a robust estimate on a yearly basis was unfeasible. Another critical problem encountered was the lack of systematic record keeping by the various service providers as a result of their lack of awareness of DV issues. It was extremely concerning that the health and police sectors had not recorded cases of DV and were unable to provide systematic information on the costs involved in cases of reported violence. The final challenge was the virtual absence of information on referrals between the service providers or to programmes for financial support, vocational skills, legal aid or counselling. In addition, as the definition of DV was very broad, it was difficult to estimate its exact prevalence and costs.

(b) *Time*

As this was the first time a costing study was undertaken in Viet Nam, the process was lengthy and involved many discussions, decisions and training for stakeholders and fieldworkers. Regular consultations were

held with the government stakeholders at both national and local levels to ensure the full understanding of the importance of the study and provide important collaboration at the local level. For example, the household survey was carried out at the commune (the administrative level between a district and a ward) headquarters to ensure privacy and confidentiality that could be problematic when interviewing women in their homes.

5. Key Findings

Demographic Information	<ul style="list-style-type: none"> The majority of the women in the sample were married (92.5 per cent), 6 per cent were separated or divorced and 1 per cent widowed. While approximately 20 per cent of the women had completed secondary schooling, only 5 per cent of participants had university-level education.
Economic status	<ul style="list-style-type: none"> The majority (93.8 per cent) of respondents were engaged in some form of work (only 65 respondents did not reply to the question on employment, indicating they were full-time housewives). Most of the women (and men) reported incomes below 2,600,000 VND and almost 38 per cent earned between 1,000,000 VND (minimum monthly salary for those employed in organizations) and 2,600,000 VND. Some 60 per cent of the sample reported having health insurance.
Violence	<ul style="list-style-type: none"> Approximately 48 per cent of rural women and 38 per cent of urban women reported having ever experiencing physical violence, with more than 20 per cent experiencing such violence in the last 12 months in rural areas and about 14 per cent in urban areas. More than one in four women reported ever experiencing sexual violence in rural and urban areas. The current prevalence was lower but still approaching one fifth across the sample (17.6 per cent in rural and 15.2 per cent in urban). The prevalence rates for psychological violence were 38 per cent in rural and 27 per cent in urban areas.
Impact	<ul style="list-style-type: none"> Women who were experiencing violence reported a much higher level of problems in the previous four weeks across the standard measures of mental well-being. They were one and a half times more likely to be unable to complete their daily work or enjoy daily activities.
Cost	<ul style="list-style-type: none"> The cost for accessing health care, transport and medicines came to an average of 804,000 VND per incident, or about 28.2 per cent of women's average monthly income. Women's loss of earnings per incident averaged 382,234 VND, or about 13.4 per cent of their average monthly income. The opportunity cost of DV for participants, taking into account the weighted average unit cost of out of pocket expenditures and lost earnings from paid work, came to 34 per cent of the average monthly income of women in the sample. The potential opportunity cost for the economy, including out of pocket expenditures, lost earnings and the value of missed housework, was estimated at 1.41 per cent of GDP.

6. Study impact

(a) Enhanced service provision

Following United Nations advocacy based on the findings of the study, the Government of Viet Nam agreed to develop and deliver a minimum package of services. Over the past five years, UN Women and UNFPA have supported the Government to pilot the Essential Services Package for Women and Girls Subject to Violence,⁶¹ which includes health care, protection and a referral system. While progress is slow, the police and wider criminal justice system have been working on enhancing services to survivors of DV and women are becoming more inclined to report their experiences.

⁶¹ Please see <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>.

(b) *Skill development*

The training provided by the international expert has increased the expertise among Government personnel and researchers working on DV. A future costing exercise could be undertaken with greater ease.

(c) *Increased awareness*

Thanks to advocacy on the part of the United Nations and the findings being reported in the media, awareness has been raised in society regarding the magnitude of the problem. UNFPA and UN Women and some of the government ministries, particularly the Ministry of Labour, worked together in this regard.

(d) *Capacity-building*

The government has now recognized the importance of establishing cost estimates. Viet Nam is thus moving ahead to include cost questions within the Second National Survey on Women's Life and Health Experiences to obtain nationally representative estimates of the economic impact of violence on women's work and productivity. The General Statistical Office is currently training their survey staff who undertake their statistical surveys on the broader implications of DV against women outside of the health sector.

D. CASE STUDY FOUR: STATE OF PALESTINE

1. *Background and context*

(a) *National strategy and legal framework*

Palestine is one of the most complex contexts in the world and, as a territory under occupation for 50 years, has a number of interlinking development and humanitarian needs (UNFPA).⁶²

VAW is a significant problem in Palestine. A study on the national prevalence rates of violence published in 2012⁶³ revealed that approximately 37 per cent of married women had been exposed to at least one form of violence by their husbands, with a 29.9 per cent rate in the West Bank compared to 51.1 per cent in the Gaza Strip. However, less than 1 per cent of women reported seeking the help of a social worker, a shelter, a civil society organization or the police. Following her mission to the State of Palestine in 2016, the Special Rapporteur on violence against women, its causes and consequences noted the multiple forms of VAW in Palestinian society, including femicide and child marriage. Much of this violence is a consequence of entrenched patriarchal gender norms, as well as the fundamental role family honour plays in the Palestinian society. Poor employment opportunities which entrench poverty and limit women's freedoms is another important factor. Women suffer from violence directly and indirectly as a result of the Israeli occupation. Indeed, the social, cultural and institutional barriers to women's labour market participation are compounded by Israeli restrictions that impede mobility and perpetuate limited labour opportunities in the formal economy. Though VAW continues to be a sensitive issue in the State of Palestine, recent efforts to combat and prevent this problem have made it a little less taboo.

It is relatively recently that the State of Palestine acceded to key human rights instruments, such as CEDAW. In 2016, the Special Rapporteur on violence against women, its causes and consequences described the national legal framework as outdated and fragmented. For example, the laws governing gender equality are a patchwork of problematic and contradictory personal status laws and penal codes. Violence perpetrated against women or men is illegal and punishable under the gender-neutral Jordanian Penal Code, but DV is not specifically prohibited by law. However, the Family Protection Bill, which addresses VAW, is in the final

⁶² UNFPA, "Evaluation of UNFPA support to the prevention, response to and elimination of gender-based violence, and harmful practices 2012-2017: Palestine case study" (Ramallah, 2017), p. 5.

⁶³ Palestinian Central Bureau of Statistics, "Violence survey in the Palestinian territory, 2011" (Ramallah, 2012), pp. 17-18.

stage of review and is expected to be submitted to the President for consultations and endorsement in 2019. In the meantime, UN Women have supported the Ministry of Women's Affairs to develop a landmark strategy to guide interventions to address VAW and to provide protection for survivors. Adopted in 2011, the National Strategy to Combat Violence against Women 2011-2019 is a comprehensive, multilevel policy framework.

The Palestinian Government, in partnership with several United Nations agencies and donors, recently launched two joint programmes, Sawasya II and HAYA, focused on eliminating violence against women. These initiatives support the development of legislation that respects, protects and fulfils human rights and gender equality, as well as promoting peace and security. UN Women have further supported the development of VAWG documentation systems in the State of Palestine. Indeed, the Ministry for Women's Affairs established the first National Observatory on Violence Against Women in 2017. This important institution produces and monitors data on VAW, while supporting programming, advocacy and lobbying initiatives to combat the issue.

(b) Service provision

The Sawasya II joint programme also strives to improve women's and girls' access to justice and security by ensuring accountable service provision to prevent, protect and respond to violence, including their broader legal needs. For example, specialized teams within key justice and security institutions such as the Ministry of Interior and Palestinian Civil Police, the Attorney General's Office, the High Judicial Council and the Ministry of Justice were prioritized as pivotal to increasing institutional gender responsiveness. A national referral system has been established, comprising the Ministry of Social Development, the Ministry of Health and the police, whose main focus is protection of women.

UN Women has been working extensively with the Palestinian Civil Police Family Protection Units (FPU) since 2011 to strengthen their capacity to respond to cases involving VAWG. In 2013, the Chief of Police adopted the first ever Strategy, Regulation and Standard Operating Procedures for dealing with survivors of violence, including case reporting, risk assessment and case management. Currently, there are 10 units operating in 10 districts of the West Bank. The strategy, which is aligned with international human rights standards, has led to an increase in the number of survivors of violence accessing services from the FPU. In 2013, these units dealt with 3,662 cases, an increase of more than 52 per cent from 2011. However, according to the Ministry for Women's Affairs, it is still difficult for women experiencing VAW to report their experiences to the police.

UN Women also provided technical support for the establishment of Mehwar, the first specialized multipurpose anti-violence centre in the State of Palestine. This centre has been recognized by the Palestinian Ministry of Social Affairs as a model for homogenizing Palestinian anti-violence services. There are currently four anti-violence centres/shelters in the State: Mehwar Centre in Bethlehem, the Family Defense Society shelter in Nablus, the Women's Centre for Legal Aid and Counselling emergency shelter in Jericho and Al-Hayat Centre in Gaza. Such centres provide numerous services to survivors, including shelter and protection. However, according to the Ministry for Women's Affairs, most women who experience DV stay with family/friends, rather than accessing these shelters due to stigma and fear of reprisal from their husbands. As part of the Palestine Gender Programme which focuses on strengthening government and civil society capacity to address GBV, UNFPA also supports clinical and psychosocial support (PSS) services for survivors.

2. Rationale for Study

(a) Initiation and study team

Following a regional consultation organized by ESCWA in partnership with UN Women on the importance of costing VAW, the Palestinian Ministry of Women's Affairs expressed interest in piloting the economic model and undertaking a national study on the topic. ESCWA responded to the technical assistance request from the Ministry for Women's Affairs to commission a national prevalence and costing

study on DV and formed a partnership with the ministry to govern this relationship. Then a National Committee was formed to oversee the study, comprising the Ministry of Women's Affairs, Ministry of Finance, Ministry of Social Development, Ministry of Culture, Ministry of Labour, Ministry of Justice, NGOs, UN-Women and ESCWA.

The State of Palestine followed the steps proposed by ESCWA (detailed in figure 4), starting with a situation analysis, which was conducted through a fieldwork mission by an international consultant to identify sources of administrative data and budget information for a costing VAW methodology in Palestine. ESCWA then held national consultation workshops in Jordan⁶⁴ with the relevant specialized parties to discuss the findings of the contextual analysis and to devise the study objectives, scope and methodology. This led to the formulation of an operational model for the scope of the study in terms of the types of violence to be included in the exercise; the particular costs of violence that would be feasible to estimate and their relevant sources of data; the appropriate methodologies and methods for the study; and the partnerships required for the implementation of the study.

With the support of ESCWA Statistics Division, a follow-up workshop was held in Jordan, to discuss and finalize the study details and agree on the questions for costing DV which would be integrated in a survey that the Palestinian government is currently undertaking on the prevalence of VAW (annex 9 – Questions on costing DV). Integrating a section on costing in the ongoing survey was a very cost-efficient approach that avoided administrating a stand-alone costing survey.

In parallel to this, UN Women recruited an international consultant to undertake a gender-responsive budgeting exercise to examine resources allocated for addressing violence against women. The GRB exercise, which is underway, will integrate “a clear gender perspective within the overall context of the budgetary process, through the use of special processes and analytical tools, with a view to promoting gender-responsive policies”.⁶⁵ In particular, it will examine the allocation of resources based on (a) reviewing relevant national policies and laws; (b) examining the budget allocation made to activities undertaken by governmental and non-governmental members of the National Coordination Committee on how to prevent violence and to provide services or prosecute perpetrators in areas related to violence against women. The process currently being implemented is composed of: (a) desk review of existing documents, including policies, laws and budgets; and (b) interviews with key stakeholders from governmental and non-governmental organisations to better understand funding sources and adequacy of budgets to deliver the services needed.

(b) *Motivation to undertake the study*

The study underway aims to address the gap in knowledge regarding the cost of inaction to the State. It seeks to inform preventative policy development and it is envisaged that the money saved will be redirected to societal development.

3. *Methodology*

(a) *Objectives of the study*

The study aims to establish the prevalence of DV perpetrated by men against their wives (marital violence) and to estimate its direct and indirect costs for women, households, the community, wider society and the State.

⁶⁴ Due to the difficulty associated with visa issuance to United Nations staff and consultants to the State of Palestine, many events are held in Jordan.

⁶⁵ Ronnie Downes, Lisa von Trapp and Scherie Nicol, “Gender budgeting in OECD countries”, *OECD Journal on Budgeting*, vol. 3 (2016).

(b) *Intended audience*

This study is intended for a variety of individuals/groups affected by DV and those with a role to play in the prevention and/or response to DV:

- Society – to raise awareness of the magnitude of the problem and of the availability of services;
- Government/budgetary decision makers – to better address DV, and protect women and children, by targeting funding;
- Government/civil society/researchers – awareness-raising and capacity-building.

Establishing an evidence-base on the costs of DV is seen as crucial to informing policies, as well as to the development of services addressing VAW. The research partnership plans to hold workshops for the relevant government Ministries and civil society organizations working on VAW to present and discuss the findings. This will be complemented by a workshop for the National Committee to plan the development of policies and procedures to address VAW.

(c) *Scope of the study*

While the violence women are subjected to as a result of the Israeli occupation is significant, it was agreed that the research will focus on marital violence perpetrated by men against their wives, as this is the most prevalent form of VAW in the State of Palestine. Discussions have also explored the link between the violence experienced by Palestinian men due to the occupation and their perpetration of marital violence. It was decided to focus on marital violence while acknowledging that the violence perpetrated against men by the Israeli occupation is a contributing factor to increased violence against their wives. The study will also explore women's awareness of the services available and their help-seeking behaviour.

Several factors were considered when devising the scope of the research and the size of the sample, such as the clarity of the concepts, the availability of indicators and the budget required to implement the project. The target sample will be representative, comprising 12,400 families across the State. The research team determined which costs are to be included and the indicators to be employed based on the Egyptian study and discussions with the ministries and NGOs working on VAW. The study will focus on estimating (to the extent possible) direct, indirect, tangible and intangible costs.

- Direct costs borne by women, such as expenditure associated with seeking services for injuries (physical and psychological), general health care, shelter, legal and judicial litigation (police), transportation, as well as loss of assets and consumption costs related to the replacement of property;
- Indirect costs such as income loss due to missed work by the woman and the perpetrator (where applicable), loss of domestic/care work, missed days from university, children's school absence;
- Indirect and intangible costs and consequences that women and children face due to the incident;
- Costs incurred by the woman and/or contributions from family/friends;
- Macroestimates of out-of-pocket expenditures, lost earnings and value of missed domestic work/care;
- Costs calculated for the national level based on data from the sample;
- Cost of service provision such as health care, legal and judicial litigation (police) and shelter.

(d) *Method and cost calculation*

This study will employ a mixed-methods approach. A household survey will be conducted face-to-face with one woman per household in the target sample. The Palestinian Central Bureau of Statistics (PCBS) is currently devising the questionnaire. Building on the 2015 National Household Survey and the advice from Egypt, the questionnaire will gather data on demographics, work profile of respondents including earnings/income, prevalence of DV, and the health and economic impacts of violence to estimate the direct and indirect costs outlined above. PCBS organized a workshop with the National Committee of the Ministry for Women's Affairs to discuss and finalize the questionnaire, which was piloted during the summer of 2018 and reviewed according to the findings of the pilot. It is expected that the fieldwork will take place in January 2019 to fully administrate the survey, which will be conducted by approximately 50 women researchers who were recruited and trained by PCBS.

As was the case in Egypt, the survey data will be primarily analysed using the accounting methodology. According to the Ministry for Women's Affairs, the data from the survey will be analysed by PCBS and the international consultant. This consultant will also analyse the government budget of the Ministries of Finance, Health, Women's Affairs and Social Development. In addition, service provider (health care, shelters, police etc.) and VAW observatory records will be analysed.

4. *Challenges*

- **Lack of national expertise** on the costing of DV and the difficulty in choosing the specific target groups;
- **Lack of awareness** of the problem has also resulted in a **limited understanding** among some national institutions of the importance of the study: some institutions and national experts were under the impression that costing VAW would underestimate the human rights aspect of the problem and thus were resistant to the concept;
- **Limited understanding** among national institutions on the importance of the study: some institutions and national experts were under the impression that costing VAW will underestimate the human rights aspect of the problem and thus were resistant to accept the concept;
- **Lack of a comprehensive approach to address VAW:** National efforts to address VAW had been fragmented. For example, despite having a national strategy on the issue, the State of Palestine lacks national legislation on VAW. The lack of a comprehensive approach will be challenging for the development of preventive policies and procedures that are enhanced if supported by a legal framework;
- **The scope and focus of the study:** Due to the unique nature of a country being under occupation, some stakeholders wanted to broaden the scope of the study to include the cost of violence on women as a result of the occupation along with marital violence. The economic model used in the State of Palestine was focused on costing domestic violence and cannot accommodate such a broad scope. Nonetheless, as a mitigation measure, the questionnaire on costing VAW will include questions addressing violence by spouse in the context of the Israeli occupation, with an understanding of how this will be presented - as a risk factor, involving norms of masculinity and conflict. Another mitigation measure was to include questions on men's experiences of violence due to the Israeli occupation;
- **The limited financial resources to undertake a costing study:** the Palestinian Ministry of Women's Affairs and PCBS decided to include a section on the cost of VAW in an ongoing survey on the prevalence that was budgeted for. This is a cost-effective method to reduce the cost associated with national surveys.

LESSONS LEARNED FROM CASE STUDIES

The following recommendations were shared by those involved in the costing studies presented:

1. Devote enough time to the preparatory phase

- Take the political context into account, particularly in terms of the will to address DV. It is important to show how much DV impacts the time use of hospitals, physicians and police and that its effects are wider than just the family unit. This also produces a number of potential allies – for example, among hospital staff, police, etc. through training. In the Arab Region, securing support from the business community could be challenging because of the low labour force participation of women. Also, in some cases, the police consider DV a private issue and thus not their concern or as costing them time;
- Engage the government from the beginning to ensure its support for the costing exercise, and to ensure ownership of the findings and a commitment to implement the resulting recommendations. Provide robust information to stakeholders and highlight the importance of accurate prevalence and costing data. In addition, partner with/include all relevant parties – such as civil society, academia (particularly feminist academics) and government;
- Identify the resources and time required for the exercise. In addition, form a multidisciplinary and skilled team, including good interviewers to ensure women are comfortable answering all the questions and where participants can seek help and understand their right to live free of violence. It is important to have the country's National Statistics Institute as a main partner conducting the survey to obtain credible data that is recognized by the government and society, with strong involvement of the Women's National Machinery;
- Ensure support within wider society by raising awareness of the importance of the issue.

2. Carefully consider the scope of the study

- Be thorough with the definitions employed in terms of what is being included and what is not; coercive control is really challenging to cost. Although it was a national priority to capture data on violence perpetrated in public spaces in Egypt, it is better to conduct separate surveys - DV and violence in public spaces are different in nature and implications and the former may influence thinking around the latter;
- To address any budget limitations, reduce the scope of the study, exploring the specific costs in greater detail by having more indicators – first, a smaller sample can be used to produce case studies of qualitative and quantitative data on specific cost areas which can then be expanded into a larger survey;
- Take into consideration the pros and cons of focusing on different age cohorts and make an informed decision on the age range selected. For example, including older women may skew the data because usually violence takes different forms during early marriage and later in life. Similarly, the sample for calculating violence in public spaces may skew the results when the number of women working is very small, as was the case in Egypt. On the other hand, including older women (up to 70 years) and women with disabilities sheds light on a wider range of issues of violence. Where possible, it is also recommended to employ percentages regarding age and labour force participation, rather than choosing a random sample, as older women are usually not working which affects the prevalence of violence experienced in the workplace and public spaces;
- While it may be a little more difficult for women completing the questionnaire to recall all incidents, it is recommended to estimate costs of DV per incident, per woman, to produce robust findings. And, where possible, obtain data from survivors and services to enable the assessment of wider costs;

- It is important to (a) map available services for VAW prior to costing service provision and to confirm that these services are recording the relevant data; (b) map barriers to help-seeking (in other words, seek the reasons why women stay in abusive relationships); and (c) focus on women's stories.

3. **Employ innovative and participatory approaches**

- In the absence of official government figures, employ local polling and local surveys (qualitative approach). This is how the United Kingdom began producing cost estimates when there was a gap in the national statistics. For example, a study conducted in the smaller borough of Hackney by Dr. Elizabeth Stanko was used to make a case for investing in services at the London borough level;
- Where possible, involve survivors in the process, particularly in relation to intangible costs that are difficult to estimate, and by highlighting costs that are not measurable. Also, complement the cost estimates with a narrative about the impact of DV on society;
- Include case studies of a particular area or service –as a way to narrow the focus and put a human face on the problem – as people can relate better to what is happening to an individual than to a group of people, according to Hilary Fisher (for example, the general practitioner who sees X number of women every month because of DV, which reduces time spent on other issues).

4. **Carefully design the questionnaire**

- Ensure that the methodology is culturally appropriate and carefully consider the methodological approaches and costs to be included. Be comprehensive in covering: (1) the numerous types of violence, such as financial (for example, when husband takes woman's salary), physical and psychological; (2) solid demographic data, such as men's employment, age, number of children); (3) questions to help understand why women sought support from family members, NGOs, police, etc;
- Consider looking beyond just the previous month when estimating the cost of alternative transport for women experiencing harassment – cost will increase significantly and without this expanded timeframe women who did not experience any incident of violence recently will be excluded. They may have chosen to use alternative transport because of experiencing harassment or because of hearing about the harassment faced by others;
- As productivity data is difficult to calculate, it can be measured by the proxies of time and lost wages: after incident, how many hours of lost focus and change in regular earnings versus earnings after the incident for self-employed;
- Administer the survey in the morning and evening to ensure working women are included.

5. **Produce and disseminate robust estimates**

- While all costings are underestimates, they are still huge, especially in terms of health impacts; we are still scratching at the surface. However, if a robust cost figure cannot be produced, it is best not to disseminate it as even when the cost is presented as an underestimate, this fact is often not reported;
- Break down the costs in terms of how they are applied in different sectors. For example, in the United Kingdom, women reported valuing the specialist NGO services most, yet these services received the least funding.

6. **Develop an advocacy plan and use the findings at the outset**

- Visualize the key findings of the study to ensure that the general public understands the message. Include a component in the advocacy plan targeting key government leaders and decision makers to address the gaps identified in the study and adopt the recommendations;

- Engage the media to maximize dissemination of the findings and to raise awareness among the public and policymakers on the magnitude of the problem. Set up a press conference, developing a briefing kit for media to ensure they have comprehensive and accurate information and to avoid incorrect interpretations or misunderstandings of the findings;
- All advocacy events should be co-chaired by the relevant lead government agency to: (1) enhance ownership; (2) create a stronger voice and influence; and (3) push commitment for following up actions. Nonetheless, the government's key national partner for the project should act as the coordinating agency to follow up with the government for further actions.

Annex 1

Case study interviewees

- Naglaa El-Adly, National Council for Women, Egypt.
- Wafaa Maged Ahmed, Central Agency for Public Mobilization and Statistics, Egypt.
- May Gadallah, Cairo University, Egypt.
- Germaine Haddad, UNFPA Cairo Office, Egypt.
- Amin Assi, Ministry of Women's Affairs, State of Palestine.
- Sylvia Walby, Professor of Sociology, Lancaster University, United Kingdom.
- Phillipa Olive, Lancaster University, United Kingdom.
- Janet Veitch, Associate Gender Adviser at the British Council, U.K.
- Hilary Fisher, Former Director of Women's Aid, United Kingdom.
- Nguyen Huu Minh, Institute for Family and Gender Studies, Viet Nam.
- Hien Phan, UNFPA Programme Specialist on Gender, Policy and Advocacy, Myanmar.

Annex 2

Internationally recognized definitions

The Gender-Based Violence Information Management System (GBVIMS)⁶⁶ has a GBV Classification Tool which standardizes the definitions of GBV incidents using a set of six core types of GBV and classification process to determine the most specific incident type.⁶⁷

A set of operational definitions related to the selected type of violence and the methodology/methods chosen also needs to be determined. These definitions include but are not limited to the following:⁶⁸

Prevalence: Number of currently married/engaged women ages 18 years and up who have been victimized by an intimate partner at some point in their lifetimes (lifetime prevalence) or during the 12 months preceding the study.⁶⁹

Incidence: The number of separate episodes of IPV that occurred among currently married/engaged women ages 18 and up during the 12 months preceding the survey. For IPV, incidence frequently exceeds prevalence as it is often repeated. In other words, one survivor (who is counted once under the prevalence definition) may experience several victimizations over the course of 12 months each of which contributes to the incidence count.

Victimization Rate: The number of IPV victimizations involving currently married/partnered women ages 18 and up

Utilization Rate: The proportion of women who use a specific service after an incident of violence.

Non-market work: Unpaid work performed by household members who produce goods and services for the household's own consumption. The time spent on household work - measured through a Time Use Survey - is assigned a monetary value, which forms the basis for the measurement of the monetary value of the work performed by household members. International studies have revealed that using different wage standards leads to significant differences (up to 100 per cent) in total values. It should be noted, however, that the imputation of monetary values for working time on the basis of the time use survey is the only possibility for measuring both the monetary and temporal volumes of unpaid work.⁷⁰

Productivity Loss: The reduction in total labour supply of household members due to the impact of incidence of violence reduces the overall productivity of the household. Productivity reflects changes in the work habits of the individual member of the household including loss of concentration, working slower than usual, feeling tired, having accidents, etc. The lower productivity due to violence is also reflected in lower earnings as a result of the changes in work pattern.

⁶⁶ See <http://www.gbvims.com/gbvims-tools/classification-tool/>.

⁶⁷ See http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf.

⁶⁸ Nata Duvvury, Caren Grown and Jennifer Redner, "Costs of intimate partner violence at the household and community levels: An operational framework for developing countries" (Washington, International Center for Research on Women, 2004).

⁶⁹ National Center for Injury Prevention and Control, "Costs of Intimate Partner Violence Against Women in the United States. (Atlanta, Center for Disease Control and Prevention, 2003).

⁷⁰ [ECE/CES/GE.30/2006/SP/24](http://www.un.org/esa/socdev/documents/economic/economic_survey/2006/SP24.pdf).

Valuing unpaid work – common methodologies

Replacement cost method – the “generalist” approach. This method assesses unpaid work based upon wages of housekeepers. One problem with this method is that housekeepers do not perform all unpaid work and this method may not be appropriate for assessing volunteer work.

Replacement cost method – the “specialist” approach: This method assesses unpaid work based upon wages paid to occupations performing similar activities as are done in households. It has been pointed out that this method is affected by a disparity in productivity between people engaged in unpaid work and an occupation due to differences in economies of scale and in the capital equipment ratio.

Opportunity cost approach: Based on consumer theory, this approach assumes that a rational consumer divides his or her time between leisure, housework and market work in such a way as to gain maximum utility. It is true when the value of housework time equals the market wage rate of that person; it is his or her opportunity cost of time. As such, the average wages by sex can be used for valuing the opportunity cost.

The opportunity cost approach would be the preferred method and can be modified to use specified minimum wages, if wages for individual women are difficult to gather.

Annex 3

Key informant interview questions

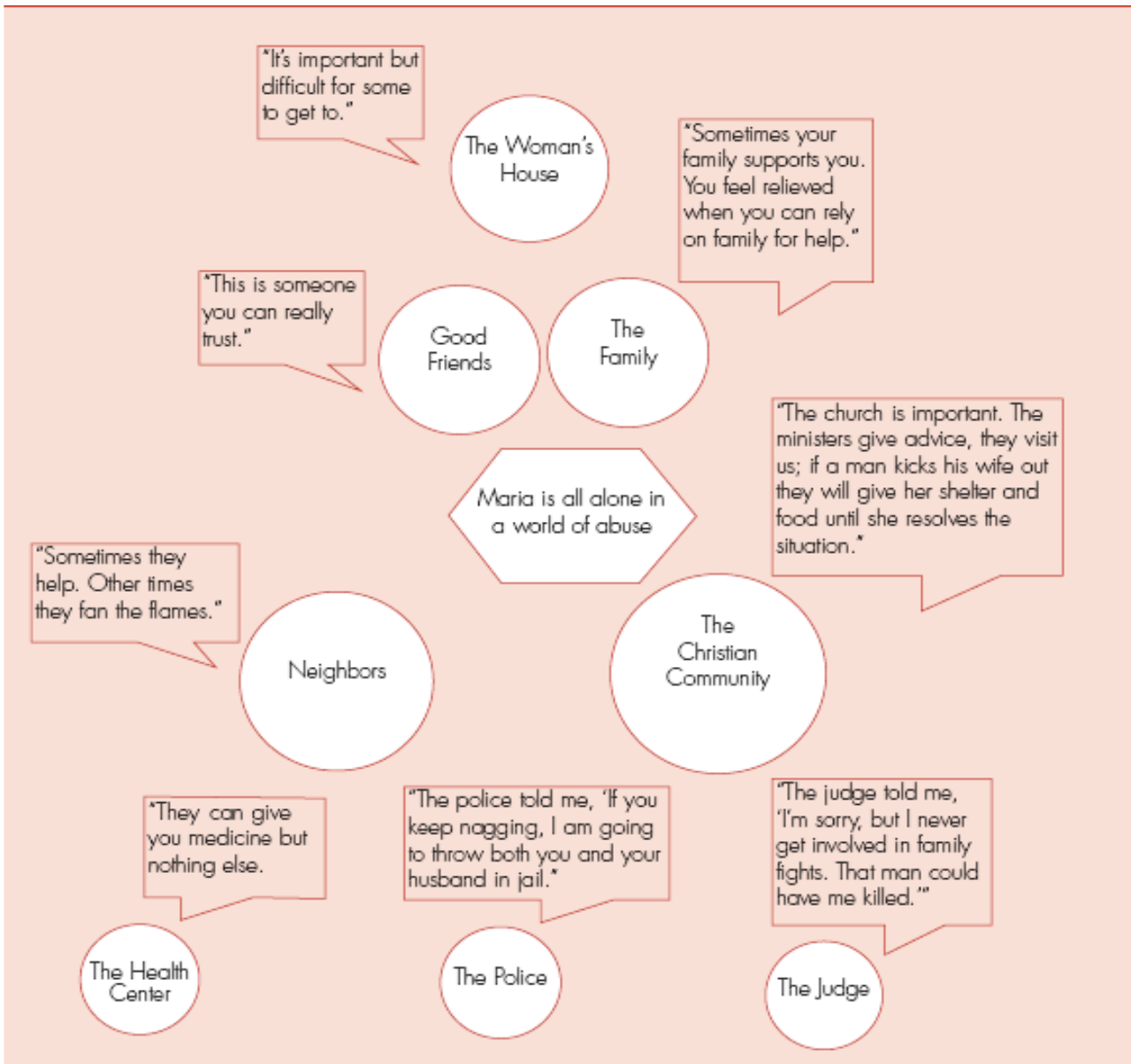
Questions for key informants may include the following:

1. Can you tell me about the nature of the existing legislation on DV?
2. Can you tell me about the DV policy framework? Do you think it is robust? Do you think it is effective?
3. What services are available to DV survivors seeking help? Are they available in all governorates/areas?
4. What type of DV prevention services exist?
5. What data, and other information, is available on DV from your ministry? What is the type of data?
6. What (if any) budget data on DV is available from your ministry?

Annex 4

Illustrative example of mapping help seeking behaviour - the case of Nicaragua

During a participatory study carried out by the Nicaraguan Network of Women against Violence, rural Nicaraguan women taking part produced a diagram to assess the public's view of the proposed DV law. The diagram identifies the individuals or institutions that might be able to help "Maria," a woman whose husband beats her. The circles indicate, by size and proximity to Maria, how helpful and accessible each individual or institution is perceived to be. The text accompanying the circles illustrates the views expressed by women in the group.

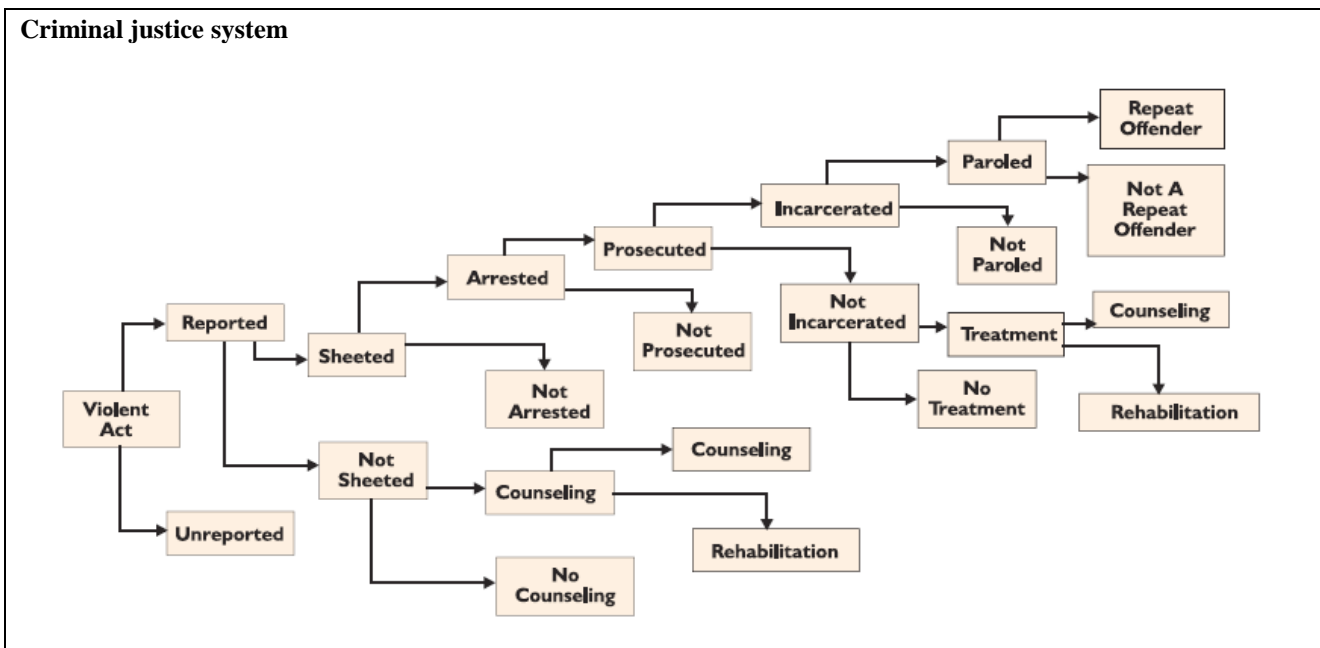
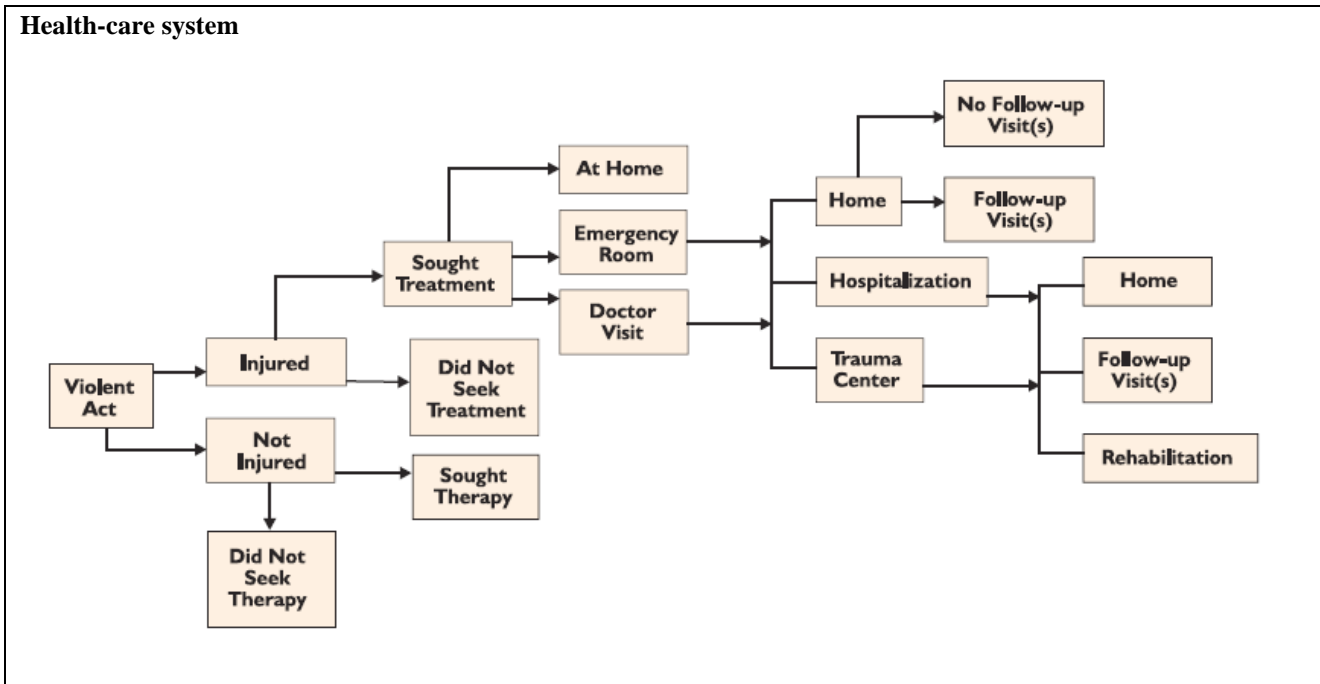


This diagram method can be adapted to different cultures by changing the religious institutions and other services as appropriate. For example, the family can be further specified to natal family, marital family, extended family, kin and clan, depending on the relationships that are important in a specific context.

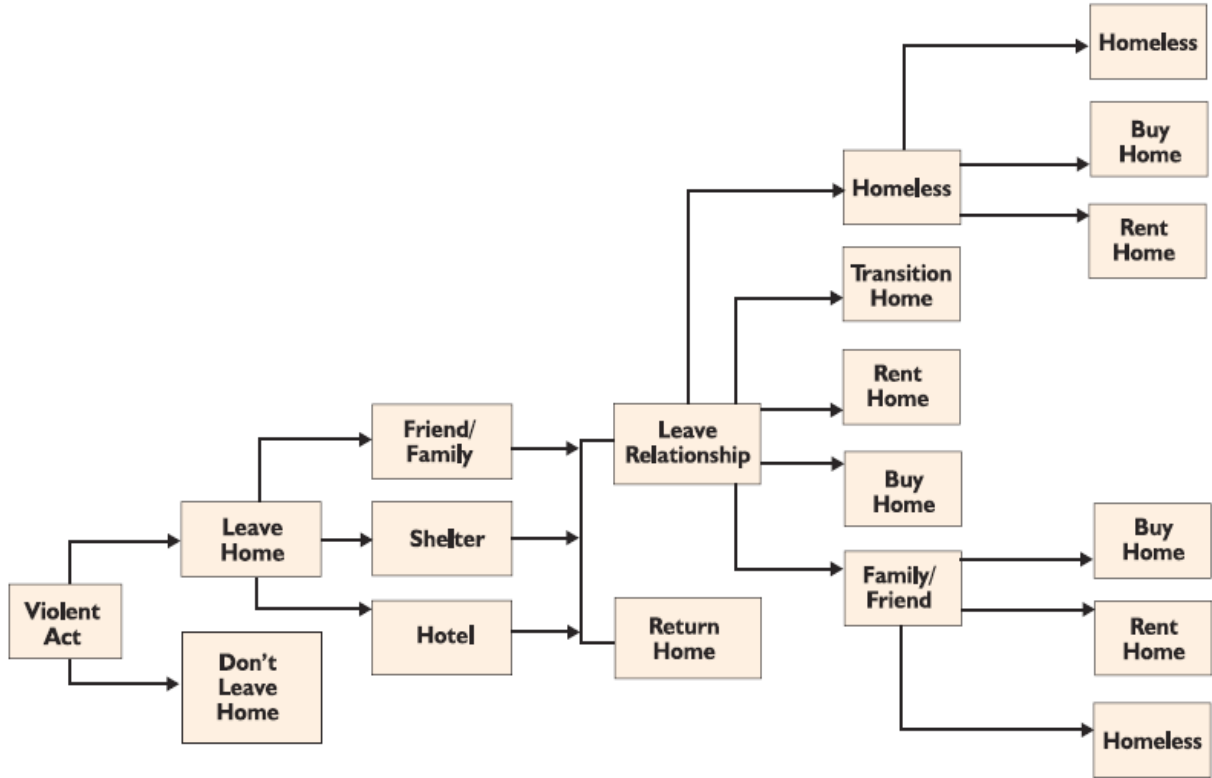
Annex 5

Help-seeking by women after experiencing DV

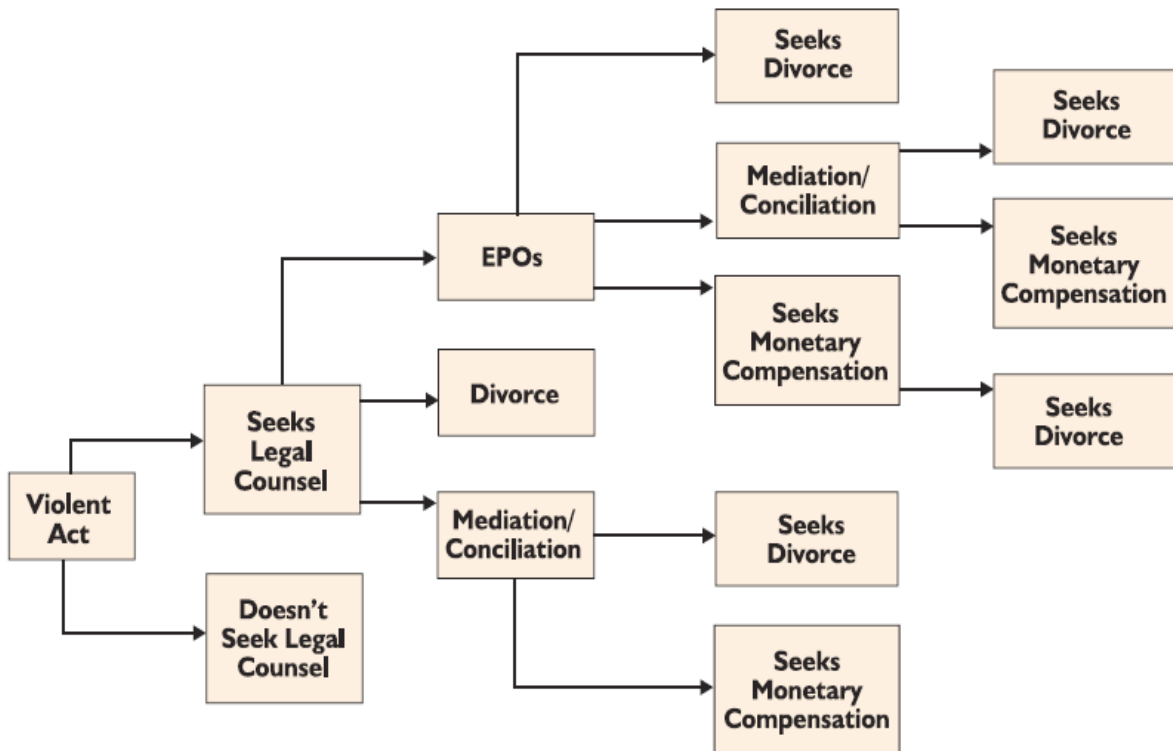
Women who experience violence access help from various institutions and thus incur costs in accessing the services which need to be included in the costing study. To understand the various pathways of help-seeking, the diagrams below lay out potential services that might be accessed by women in the health-care system, criminal justice system, civil legal system, housing and refuge and social services. These are only indicative and need to be tailored to the specific legal and institutional structures in the countries of the study.



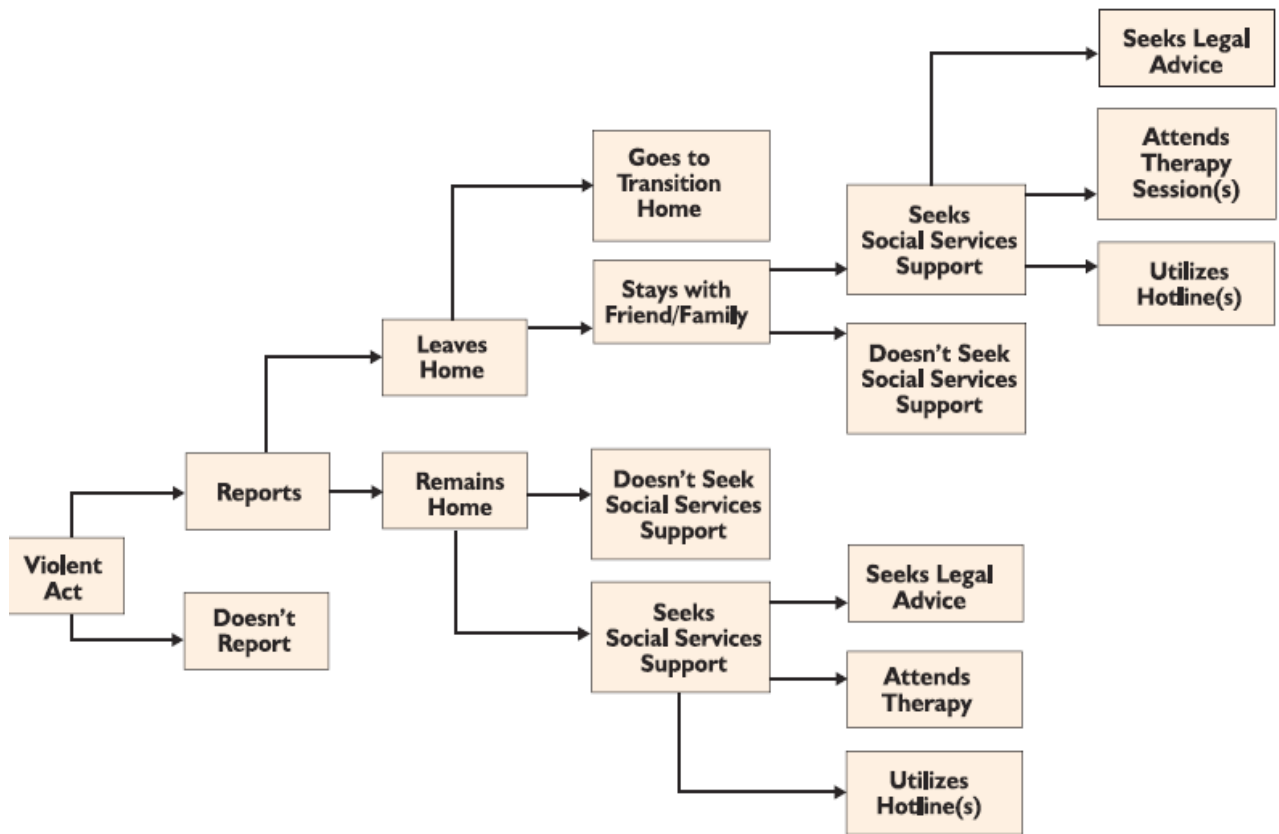
Housing and refuge



Civil legal services



Social services



Annex 6

Estimating lost productivity

Output method

This approach takes into account all outputs based on the value of all goods and services produced by the household (quantity x price) at market equivalent prices.⁷¹ This approach would be applicable in economies where household and domestic production are paid based on the units of output. The valuation of unpaid work in this approach requires data on the output of the unpaid work such as the number of meals prepared, items of clothing washed and ironed, area of house cleaned, children taught, number of elderly given care, etc.

This approach also needs data on the wage rate per unit of output, such as the labour charge for each meal prepared, charge per item of clothing washed and ironed, number of children tutored, payment for each elderly person given care.⁷² The output method is theoretically superior but unfortunately it is difficult to apply if the goods and services produced are not sold on the market.⁷³

Input methods

This approach is applicable for household and personal services for which individuals are paid by the time spent, depending upon the country practice of payment for those activities, such as taking care of children and the elderly, transporting household members, teaching children, cleaning and other similar activities. This approach is also applicable to volunteer work in non-profit institutions.

The input approach values household production as the sum of all values of its inputs which include labour inputs (time use) and the use of physical capital (the land, dwellings and equipment owned by households). However, time use surveys only provide information on time use so the valuation methods in practice do not take into account the value of the physical capital used by households in non-market production.⁷⁴

There are two broad approaches in applying the input methods to evaluate the wages: the opportunity cost and the market replacement cost.⁷⁵

Opportunity cost approach

The opportunity cost approach is based on the potential wage that the person would earn in the market. Underpinned by consumer theory, this approach assumes that a rational consumer divides their time between leisure, housework and market work in such a way as to gain maximum utility. It is true when the value of housework time equals the market wage rate of that person; it is her or his opportunity cost of time.

The most common wage used in this method is the potential wage of the person based on sex, educational level and age, that is to say the valuation will change depending upon who is engaged in the unpaid work.⁷⁶

⁷¹ Nancy Folbre, "Valuing non-market work".

⁷² Ibid.

⁷³ Joke Swiebel, "Unpaid work and policy-making towards a broader prospective of work and employment".

⁷⁴ Debbie Budlender, "Measuring the economic and social value of domestic work: Conceptual and methodological framework" (Geneva, International Labour Office, 2011).

⁷⁵ Douaa Mahmoud and May Gadallah, "Imputing monetary value to Egyptian females: unpaid domestic and care work".

⁷⁶ Nancy Folbre, "Valuing non-market work".

This approach assumes that the worker has a job opportunity in the paid labour market and that compensation is based on the worker's qualification or possible paid employment instead of the type of work done. This means that it uses different wages for the same activity when the work is performed by different people. For example, the time spent cooking a meal by a university graduate has more value than the same time spent by someone without formal schooling doing the same activity, even if that person is a better cook.⁷⁷

Replacement cost method – the “generalist” approach

This method assesses unpaid work based upon wages of housekeepers. One problem with this method is that housekeepers do not perform all unpaid work and it may not be appropriate for assessing volunteer work.⁷⁸

Time use surveys are considered very useful tools in this context since they provide detailed information on how individuals spend their time on a daily or weekly basis with a combination of specificity and comprehensiveness not achieved in any other type of surveys.⁷⁹ Well designed, standardized time use surveys can provide a basis for international comparisons of time use.

Replacement cost method – the “specialist” approach

This method assesses unpaid work based upon wages paid to individuals performing similar activities as are done in households. The value of unpaid work for a specific activity is equal to the compensation or wage rate of a specialist engaged in this activity multiplied by the time spent on the activity. It has been highlighted that this method is affected by a disparity in productivity between people engaged in unpaid work and an occupation due to differences in economies of scale and in the capital equipment ratio.⁸⁰

The differences between the values from the different approaches become particularly big where there are large inequalities in salaries in the economy. This is the situation in many countries.⁸¹

Indirect cost estimate methods

Accounting

The total number of days of paid work or household chores lost due to DV (which is identified by responses to a survey question) is multiplied by the mean daily earnings to find a monetary estimate of lost earnings, whether this incapacitation is temporary (due to injury) or permanent (due to death or long-term incapacitating injury). This approach was used in the 2003 Center for Disease Control (CDC) study in which the mean daily earnings were calculated for the mean age of women affected by the various types of DV (rape, physical assault or stalking). In the case of non-paid household chores, an imputed wage is used. Women in the United States lost 10.1, 8.1 and 7.2 days of paid work, respectively, from stalking, rape and physical assault. The number of days of household chores lost from these three types of DV was even greater, at 12.7, 13.5 and 8.4 days respectively. Multiplying these days lost by market or imputed wages yielded a wage loss of \$1.7 billion in 1995; wages and productivity lost due to premature death alone was \$892 million.⁸²

⁷⁷ Nancy Folbre, “Valuing non-market work”.

⁷⁸ [ECE/CES/GE.30/2006/SP/24](#).

⁷⁹ Indira Hirway, “Time-use surveys in developing countries: an assessment”, *Unpaid Work and the Economy* (2010) pp. 252-324.

⁸⁰ [ECE/CES/GE.30/2006/SP/24.E](#).

⁸¹ Douaa Mahmoud and May Gadallah, “Imputing monetary value to Egyptian females: unpaid domestic and care work”.

⁸² CDC, “Costs of Intimate Partner Violence Against Women in the United States (2003).”

Econometric

A second approach to calculating indirect costs of DV is to econometrically estimate the impact of DV on women's labour force participation and earnings. This approach, employed by Lloyd (1997)⁸³ and Farmer and Tiefenthaler (2004)⁸⁴ for the United States and Morrison and Orlando (1999)⁸⁵ for Chile and Nicaragua, requires microdata sets that contain standard labour force information on women's participation, hours worked and earnings, as well as detailed information on women's experience of DV. A reduced form earnings equation for women is estimated, including a selectivity correction for labour force participation. After estimating labour force participation equations, Morrison and Orlando estimated earnings equations with standard explanatory variables and various variables that measured the presence of DV and found that the presence of any kind of DV—whether sexual, physical or psychological—is associated with a reduction in earnings between 34 per cent and 46 per cent. One drawback of this approach is simultaneity between earnings and violence, which makes it difficult to establish the causal relationship between the two. A method that previous studies have used to overcome this issue is the instrumental variable approach, in which a variable that is related to violence but not to earnings, such as number of times spouse arrives home intoxicated, is used to control for violence.⁸⁶

Propensity score matching

Propensity score matching (PSM) has been suggested as an alternative approach to overcome the limitations of econometric regression analysis in general, and several of the complications associated with instrumental variables, in particular by Morrison and Orlando. PSM is a non-parametric technique used to estimate causal treatment effects and is useful for managing selection bias in observational studies. Selection bias typically arises when a comparison group is not available. In experimental settings, individuals can be randomised into two groups: those receiving the intervention (often called the treatment group) and those who do not (often called the control group) which ensures a counterfactual exists.

Normally, the outcomes between the two groups would be observed to obtain a purely unbiased effect-estimate. An early study by Sanchez and others (2004)⁸⁷ used propensity score matching to measure the impact of DV in Colombia on a range of health and labour market outcomes. Based on a sample survey of over 2,000 women aged 15 to 49 in the cities of Bogota, Barranquilla and Barrancabermeja the study found that women who experienced moderate violence would have earned approximately \$60 more per month had they not been so victimized, and that women who suffered severe violence would have earned more than \$100 per month more—this compared to mean monthly earnings for the entire sample of US \$142.

⁸³ Susan Lloyd, "The effects of domestic violence on women's employment", *Law and Policy* vol. 19; No. 2, 1997. Pp. 139-167.

⁸⁴ Amy Farmer and Jill Tiefenthaler, "The employment effects of domestic violence", *Accounting for Worker Well-Being*. (Emerald, 2004). pp. 301-334.

⁸⁵ Andrew Morrison and Maria Beatriz Orlando, "Social and economic costs of domestic violence: Chile and Nicaragua", In *Too Close to Home*, Andrew Morrison and Maria Loreto Biehl, eds. (Washington, D.C., Inter-American Development Bank, 1999). pp. 51- 80.

⁸⁶ Andrew Morrison and Maria Beatriz Orlando, "The costs and impacts of gender-based violence in developing countries: methodological considerations and new evidence." (Washington, D.C., The World Bank, 2004).

⁸⁷ Rocio Ribero and Fabio Sánchez, "Determinantes, efectos y costos de la violencia intrafamiliar en Colombia" (Bogotá, Universidad de los Andes, Centro de Estudios sobre Desarrollo Económico, 2004).

Annex 7

Sample household questionnaire⁸⁸

Case study of women in national shelter (Peace House in Hanoi)

The sample was 20 women who were in the National Shelter at the time. The age group was 18–49. The sample included new entrants residing for last four months in the shelter (10), those who have returned for second or third time (5) and those being supported in returning to home (5). When doing such a study, women in the process of divorce, should be included in the sample.

The case study of those who had accessed Peace House was in narrative form, focusing on women’s experiences of violence in the marriage. A useful framework to use is the four stages of help seeking – (1) experienced violence but did not disclose or seek help, (2) disclosed to family and friends only, (3) disclosed and sought help from formal services, and (4) moving to the recovery process. This can be combined with a timeline of women’s lives, starting with their marriage.

The interview should begin with a general conversation with the woman covering basic demographic information. It should then turn to her experience of violence in the marriage. A timeline marking when the violence first occurred, tracing its escalation, and marking the point when she left, can be a useful tool (as below).



Once the timeline is marked, the interview can focus on:

- (1) The early incidents of violence: what happened, how did she feel, how did it affect her, why she did not disclose or seek help?
- (2) When did she first tell others: what happened, how did she feel, how did it affect her, why did she tell others?
- (3) When did she first seek formal help: what happened, how did she feel, how did it affect her?
- (4) Then the interview can focus on getting information on incidents of violence leading to seeking protection in the national shelter. The timeframe could be the incidents in the 12 months preceding her stay in the shelter.
- (5) Interview concludes with her recovery including current strategies and future plans.

It would be good to develop a mapping of help-seeking for each woman.

Domains of information to cover in the interview

Demographic

- Age, home residence, household – number, relationship, how long married, education (woman and spouse);
- Employment profile (woman and spouse) – where, occupation, how many years, salary/wage;
- Children – how many, ages, what grade levels.

⁸⁸ This is an international format that can be adapted to the Arab context.

Experience of Violence

- When it first occurred? How often? Type of violence – physical, sexual, emotional, financial control;
- Did you miss work? How often? On average, how many days?
- Would your husband miss work? How often? On average, how many days?
- If you worked at home, were you able to work? How often? How many days?
- Were you unable to do housework? How often? How many days?

Help-seeking

Health care

- Were you injured? How often? What type of injuries?
- Did you get health care? How many times did you visit a health facility? Was it a commune, district or provincial facility?
- Do you have health insurance? What did you have to pay? How much did you spend? Doctor's fees? Laboratory tests? Medicines?
- Did you miss work for health care? Were you accompanied by anyone else? Did they miss work? How many days?
- Did you have to travel to the health facility? What did you spend on transport?
- Were you admitted to the hospital? How many days? What were the charges for the hospital stay?
- Did relatives or friends take care of you? Did they have to stay in a hotel? What costs did they incur?

Police

- Did you seek help from police? How many times? Did you go to the local/District/Provincial police station?
- Did you have to pay any fees?
- Did you miss work? How many days?
- Did a relative or friend accompany you? Did they miss work? How many days?
- Did they have to spend money on transport? How much? Did you have to spend money on meals? How much?
- Did you have to go back to the police station for follow-up? How many times?
- Was your husband/partner arrested? Was there a criminal trial? How many days did it take? Did you have to pay lawyer's fees? What other charges did you have to pay? Did you have to pay for bail? Did you have to pay for other fees? How much?

Legal Aid

- Did you go to a local legal aid committee? District level? Provincial? How many times?
- What costs did you incur – fees, transport, meals, lodging? Did you miss work? Did a relative or friend accompany you? Did they miss work?

Shelter

- Did you, at any time, leave the house after an incident of violence? How many times?
- Where did you go? Did you stay with friends, shelter, lodging?
- What expenses did you incur – fees, transport, meals? If with a relative or friends, what costs did they incur?
- Did you miss work? How many days? Did they miss work? How many days?
- Did you take your children? Did they miss school? How many days?

Judicial System

- Did you file for divorce? Was violence the grounds for the divorce?
- How long did the process take?
- What costs did you incur – fees, transport, lodging, meals?
- Were you able to work? How many days?
- What happened to your children? Who looked after them? What costs did you incur?

Recovery Process

- What are you doing now?
- Did you have to relocate? What expenses did you incur?
- Did you have to re-establish the household? Did you have to replace property, other equipment?
- What job do you have? Is it similar to your previous job? Is the salary lower/same/higher?
- Did you enroll in any training programmes? How much did it cost?

Children

- What has been the impact on children? Do they have health problems? How often have you taken them to a health facility? What is the cost? Do they have anxiety/stress? Are they in school? Did they miss or fail exams?

The information for incidents in the last 12 months can be collected in the following tabular format (the interviewer does not have to read out list but should circle as appropriate). This helps organize the information collected in the qualitative interview.

(a) You say there have been incidences where your husband/partner has hurt you or threatened to hurt you. How many incidences of this nature do you remember in the last 12 months?

(b) What happened in the last of these incidents?

DO NOT READ FROM THE LIST, MATCH RESPONDENT'S ANSWER TO ALL OPTIONS THAT APPLY BELOW

(c) Did you have any injuries after this incident?

Mark whatever applicable
DO NOT READ FROM THE LIST, MATCH RESPONDENT'S ANSWER TO ALL OPTIONS THAT APPLY BELOW

YES
NO
1
2
↓

(d) Did you receive health care after this incident?

YES
NO
1
↓

(e) Did you have to take time off from work after this incident?

YES
NO
1
2
↓

INCIDENCE 1

Insulted her or made her feel bad about herself.....A

Belittled or humiliated her in front of other people.....B

Did things to scare or Intimidate her on purpose.....C

Threatened to hurt her or someone she cares about.....D

Slapped her.....E

Thrown something that could hurt her.....F

Pushed or shoved her.....G

Hit with his fist or with something else that could hurt.....H

Kicked, dragged or beaten up.....I

Choked or burned on purpose.....J

Threatened to use or actually used a gun, knife or other weapon.....K

Had sex when did not want.....L

Force her to do something sexual that she found

If YES, Did you sustain any of the following injuries after the incident?

Y N

A. CUTS , PUNCTURES BITES
1 2

B. SCRATCH, ABRASION, BRUISES
1 2

C. SPRAINS, DISLOCATIONS
1 2

D. BURNS
1 2

E. PENETRATING INJURY, DEEP CUTS, GASHES
1 2

F. BROKEN EARDRUM, EYE INJURY
1 2

G. FRACTURED, BROKEN BONES
1 2

H. BROKEN TEETH
1 2

If YES,

A) Did you go to a

Y N

HOSPITAL
1 2

HEALTH CLINIC
1 2

DENTIST
1 2

TRADITIONAL HEALER
1 2

OTHER _____96

(SPECIFY)

B) How much money did you have to spend?

A. SERVICE _____

B. TRANSPORT _____

C. MEDICINE _____

(A) If YES, how many days did you have to take off because of this incident?

(B) Did you get paid for the days you had to take off from work?

YES.....1
NO.....2

(C) How many days were you paid for out of all the days you missed work?

degrading or humiliating.....M

I. OTHER
_____ 96

Had sexual intercourse because she was afraid of what he might do.....N

(SPECIFY)

Physically forced her to have sexual intercourse when she did not want to.....O

INCIDENT 2

INCIDENT 3

904 (Cont)

(f) Did you have to stop housework after this incident?

(g) You said you could not take care of the children, were they fed by someone else, fed themselves? – IF HAVE CHILDREN YOUNGER THAN 5

(h) Did any of your children have to miss school after this incident? IF CHILDREN IN SCHOOL

(i) Did you husband/partner have to take time off from work after this incident?

IF c IS INDICATED ASK G OTHERWISE SKIP TO h

YES 1 NO 2

YES 1 NO 2

YES NO

YES 1 NO 2

↓
How many days?

1
2
↓

↓

INCIDENCE 1

IF YES, what are the types of work you had to forego?

FED BY SOMEONE ELSE.....1
FED THEMSELVES.....2
WENT HUNGRY.....3

IF YES,

IF YES,

A. FETCHING WATER

B. FETCHING FIREWOOD

C. CARING FOR CHILDREN

D. IRONING

E. WASHING CLOTHES

F. SWEEPING

G. WASHING DISHES

H. WASHING VEHICLES

I. DISPOSE GARBAGE

J. COOKING

K. CARING FOR SICK

L. SHOPPING/HOUSEHOLD

NEEDS

A. How many school days did they miss?

A. How many days did he have to take off because of this incident?

B. Did he get paid for the days you had to take off from work

YES.....1
NO.....2

C. How many days was he paid for out of all the days you missed work?

M. RUNNING ERRANDS

N. OTHER HOUSEWORK

INCIDENCE 2

INCIDENCE 3

904 (Cont)

(j) Did your husband/partner have to stop or reduce the work he usually does around the house?

YES
1
↓

NO
2

(k) Did you go to the police after this incidence?

YES
NO
1
2
↓

(l) Did you have to pay them any money?

YES
NO
1
2
↓

(m) Did you leave the house after this incidence?

YES
NO
1
↓

(n) Did you file a formal complaint after this incident?

YES
1
↓
NO
2

INCIDENCE 1

IF YES, what are the types of work he had to forego?

A. FETCHING WATER

B. FETCHING FIREWOOD

C. CARING FOR CHILDREN

D. IRONING

E. WASHING CLOTHES

F. SWEEPING

G. WASHING DISHES

H. WASHING VEHICLES

I. DISPOSE GARBAGE

J. COOKING

K. CARING FOR SICK

L. SHOPPING/HOUSEHOLD

NEEDS

M. RUNNING ERRANDS

N. OTHER HOUSEWORK

IF YES,

A. Did you pay for transport? If YES how much did you pay?

TRANSPORT

IF YES,

A. How much did you pay?

IF YES,

A. Where did you go?

Y N
SHELTER
1 2

FAMILY
1 2

FRIEND
1 2

Other
_____ 96

(SPECIFY)

B. How many days did you spend there?

DAYS

C. Did you have to pay any money to stay there? If YES, how much did you have to pay per day?

DAILY RATE

IF YES,

A. Did you have to pay any fees?

YES.....1
NO.....2

B. How much did you pay?

A. FILING COST

B. TRANSPORT

INCIDENCE 2

INCIDENCE 3

904 (Cont)	(o) Did the complaint go to court	(p) Did you go to any other authorities in the community after this incident?	(q) We have talked about various fees and other costs you had to bear. Did you for all these fees out of your own pocket? Did your husband/partner pay for some of them? Did your family pay for some of them? ASK IF ANY COSTS ARE MENTIONED	(r) I know that these are difficult experiences to deal with? Did you feel any of the following because of this incident?
	Y			
	N			
	1	Y		
	2	N		
	↓	1		
		2		
		↓		

INCIDENCE 1	If YES, did you pay any court, lawyer fees	Were there any costs to this action?	SELF1 HUSBAND.....2 NATAL FAMILY.....3 SELF AND HUSBAND.....4 SELF AND NATAL FAMILY5 SELF/NATAL FAMILY/HUSBAND.....6	Y N A. YOUR DAILY WORK SUFFERED 1 2 B. FELT UNABLE TO PLAY A USEFUL PART IN LIFE..... 1 2 C. FOUND IT DIFFICULT TO ENJOY DAILY ACTIVITIES.... 1 2 D. HAD THE THOUGHT OF ENDING YOUR LIFE..... 1 2
	A. COURT _____	A. FEES _____		
	B. LAWYER _____	B. TRANSPORT _____		
	C. TRANSPORT _____			

INCIDENCE 2

INCIDENCE 3

3

Annex 8

List of participants in the expert group meeting

- Aslihan Kes, International Centre for Research on Women (ICRW), USA.
- Elizabeth Villagomez, Researcher and Consultant, Spain.
- Nicole Farnsworth, Kosovo Women's Network, Kosovo.
- Philippa Olive, University of Central Lancashire, United Kingdom.
- Karin Helweg-Larsen, University of Copenhagen, Denmark.
- Mathilde Sengoelge, More Safety Consulting, France.
- Olga Kalashnyk, La Strada, Ukraine.
- May Gadallah, Cairo University, Egypt.
- Caroline Forde, National University of Ireland, Galway.
- David Walker, ITAD, United Kingdom.
- Bassam Dar Abou Rabih, Ministry of Women Affairs, Palestine.
- Naglaa El-Adly, National Council for Women, Egypt.
- Lana Saeed, Family Affairs Council, Kingdom of Saudi Arabia.
- Enshrah Ahmed, UNFPA Regional Office, Egypt.
- Germaine Haddad, UNFPA Regional Office, Egypt.
- Manal Benkirane, UN Women Regional Office, Egypt.
- Mehrinaz El Awady, ESCWA.
- Nada Darwazeh, ESCWA.
- Sukaina Al-Nasrawi, ESCWA.
- Hala Attieh, ESCWA.

Annex 9

Questions on costing DV

You mentioned that you had previously been subjected to violence by your husband. Did that violence result in you suffering from psychological problems over the past 12 months? For those who responded 1-4 to question WA in section B.

Did the violence perpetrated by your husband against you result in psychological problems?

WY0

1. Yes

2. No

WY: You mentioned that you had previously been subjected to violence by your husband. Did that violence result in physical injury over the past 12 months? For those who responded 1-4 to question WA in section B.

Did the violence perpetrated by your husband against you result in physical injury?

WY

1. Yes

2. No (go to LB01)

LA: Please specify what type of injury you sustained as a result of violence perpetrated by your husband over the past 12 months.

No. VI	Type of injury	B	
		Over the past 12 months	
		1. Yes	2. No
LA01	Scratch, abrasion or bruising	<input type="checkbox"/>	<input type="checkbox"/>
LA02	Sprain, dislocation	<input type="checkbox"/>	<input type="checkbox"/>
LA03	Burns or bite marks	<input type="checkbox"/>	<input type="checkbox"/>
LA04	Cut or deep wound	<input type="checkbox"/>	<input type="checkbox"/>
LA05	Burst ear drum	<input type="checkbox"/>	<input type="checkbox"/>
LA06	Eye injury	<input type="checkbox"/>	<input type="checkbox"/>
LA07	Fractures or broken bones	<input type="checkbox"/>	<input type="checkbox"/>
LA08	Broken teeth	<input type="checkbox"/>	<input type="checkbox"/>
LA09	Internal injuries (fractures or haemorrhage)	<input type="checkbox"/>	<input type="checkbox"/>
LA10	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

LB01: Need for medical attentions or health care as a result of violence perpetrated against you by your husband over the past 12 months.

No. VII	Indicator	Over the past 12 months		
		1. Yes, I received medical care	2. Yes, I did not receive medical care LD1	3. No, go to section LD1
LB01. VIII	Over the past 12 months, have you required medical attention or health services?	<input type="checkbox"/>		

LC: The type of health care received as a result of the violence perpetrated against you by your husband.

Number	Services	Over the past 12 months			
		A: Did you pay for the service?		C: How much did you pay? (last act of violence) in Israeli shekel	D: How much did you pay? (total acts of violence) in Israeli shekel
		1. Yes	2. No (go to the next item) 3. No medical services were needed (go to the next item)		
LC01	Doctor, nurse, pharmacist or technician	<input type="checkbox"/>		□□□□	□□□□
LC02	Hospital, clinic, health centre fees (excluding overnight)	<input type="checkbox"/>		□□□□	□□□□
LC03	Hospital overnight fees	<input type="checkbox"/>		□□□□	□□□□
LC04	Number of days spent in hospital		No. of days		No. of days □□□
LC05	Transport costs, including chaperone	<input type="checkbox"/>		□□□□	□□□□
LC06	Tests (X-rays, laboratory, etc.).	<input type="checkbox"/>		□□□□	□□□□
LC07	Medicines and treatment	<input type="checkbox"/>		□□□□	□□□□
LC08	Alternative medical treatment (Arabic medicine, herbal medicine, etc.).	<input type="checkbox"/>		□□□□	□□□□
LC09	Other expenses related to health care (food, drink, etc.), including chaperones	<input type="checkbox"/>		□□□□	□□□□
LC10	Medical Consultation (psychiatrists, counsellor, other consultations).	<input type="checkbox"/>		□□□□	□□□□
LC11	Other medical or health reports	<input type="checkbox"/>		□□□□	□□□□

LD1: Need for legal services and consultations as a result of the violence perpetrated against you by your husband

No. XX	Indicator	Over the past 12 months		
		1. Yes, I received legal assistance	2. Yes, I did not receive legal assistance (go to section LD3)	3. No, I did not receive legal assistance
LD1. XXI	Over the past 12 months, did you require legal services/consultations?	<input type="checkbox"/>		

LD2: Legal services and consultations as a result of the violence perpetrated against you by your husband.

LD2. XXII	Legal services	A. Did you pay for the service?	C. How much did you pay? (last act of violence?)	D. How much did you pay? (total acts of violence)
		1. Yes 2. No (go to next item) 3. I did not require legal services (go to next item)	In Israeli shekel	In Israeli shekel
LD2-1	Lawyer fees	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LD2-2	Court and case fees	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LD2-3	Consultations (visiting a legal consultation centre)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LD2-4	Reports or other fees (police, lawyer, etc.)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LD2-5	Other costs (transport, communications, food, etc.)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LD2-6	Online legal consultations	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- Determined in Israeli shekels according to the exchange rate provided to researchers, and is converted from any currency mentioned

LD3: Other financial costs over the past 12 months?

LD3	Costs	A: Did you pay any other costs?	C: How much did you pay? (last act of violence) In Israeli shekel	D: How much did you pay? (all acts of violence) In Israeli shekel
		1. Yes 2. No (go to the next item) 3. Not applicable (go to the next item)		
LD3-1	Transport to parents' house or other destinations because you left your house or the place where the violence occurred	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LD3-2	Telephone and mobile bills	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LD3-3	Other costs (food, drinks, rent, hotel bills, etc)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LN: You have noted the costs paid by you for medical and legal services, among others. Did you pay those costs alone or did someone help you over the past 12 months? If you answered 'yes' to any of the above sections (LC, LD1, LD2, LD3), please complete the present section.

Number	4. Did you pay those costs alone or did someone help you over the past 12 months?	1. Yes 2. No
LN01	5. I bore them alone	<input type="checkbox"/>
LN02	6. I bore them with my husband	<input type="checkbox"/>
LN03	7. I bore them with my husband's parents	<input type="checkbox"/>
LN04	8. I bore them with my husband and his parents	<input type="checkbox"/>
LN05	9. I bore them with my husband and parents	<input type="checkbox"/>
LN06	10. I bore them with my parents	<input type="checkbox"/>
LN07	11. My husband bore them	<input type="checkbox"/>
LN08	12. My husband's parents bore them	<input type="checkbox"/>
LN09	13. My husband and his parents bore them	<input type="checkbox"/>
LN10	14. My husband and my parents bore them	<input type="checkbox"/>
LN11	15. My parents bore them	<input type="checkbox"/>
LN12	16. Insurance	<input type="checkbox"/>
LN13	17. Other (please specify)	<input type="checkbox"/>

LK: Over the past 12 months, your house might have sustained some damage as a result of the violence. Did this happen?

No.	Items	B		
		Over the past 12 months		
		A. Was your property damaged?	B. Did you replace or fix the damaged items?	C. What was the cost of replacing or fixing the items, or the estimated cost of damage? In Israeli shekel
		1. Yes. 2. No (go to the next item) Not applicable (go to the next item)	1. Yes 2. No	
01LK	Dishes, utensils and tableware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02LK	Electronic devices (mobile, remote, table, laptop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03LK	Electrical tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04LK	Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05LK	Bicycle/children's toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
06LK	Ornaments/clocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
07LK	Carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
08LK	Clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
09LK	Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10LK	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

LH: Your children's absence from school because of violence.

Number	As a result of the violence perpetrated against you by your husband, did your children have to miss school or university over the past 12 months?	B		
		Over the past 12 months		
		BA	BB	BC
		1. Yes 2. No 3. Not applicable (if the answer is 2 or 3, go to the next item)	No. of boys/girls	No. of days of absence
1LH0	Children missed school	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
02LH	Children missed university	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

LFF: Going to work over the past 12 months.

No.		1. Yes	2. No, go to LF09
LFF	Have you worked at all over the past 12 months?	<input type="checkbox"/>	

LF: As a result of violence perpetrated by your husband or in your place of work or study, over the past 12 months.

Number	When did violence affect your work or studies?	B	
		Over the past 12 months	
		BA	BB
		1. Yes 2. No 3. Not applicable (if answered 2 or 3, go to the next item)	No. of days
01 LF	Was your work affected, leading to a drop in productivity of quality?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02 LF	Your husband interrupted your work (constant calls, threats, coming to your place of work, etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03 LF	Inability to focus	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04 LF	Loss of self-confidence	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
05 LF	Obligated to change your route or mode of transport for fear of going to work	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
06 LF	Paid absence from paid work	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
07 LF	Unpaid absence from paid work	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
08 LF	Absence from unpaid work (family cares, etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
09 LF	Absence from school or university	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LFW: Affects on the husband's work because of violence he has perpetrated against his wife

Number	In which of the situations below was your husband's work affected by his violence against you?	B	
		Over the past 12 months	
		BA	BB
		1. Yes 2. No 3. Not applicable (if answered 2 or 3, go to next item)	No. of days
LFW1	Was your husband's work negatively affected over the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LFW2	Paid absence from work	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LFW3	Unpaid absence from paid work	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LFW4	Absence from unpaid work (family work)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LQ: The impact of violence against you by your husband on you and your husband in completing household chores over the past 12 months

Number	Did the violence perpetrated against you by your husband affect your or your husband's ability to complete household chores?	B	
		Over the past 12 months	
		1. Yes	2. No (if you answered 'no' to LQ1+LQ2, go to WD)
LQ01	Wife	<input type="checkbox"/>	
2 LQ0	Husband	<input type="checkbox"/>	

LR: Did the violence perpetrated against you by your husband affect your or your husband's ability to complete household chores over the past 12 months?

Number	Did the violence perpetrated against you by your husband affect your or your husband's ability to complete household chores over the past 12 months?	Over the past 12 months			
		Wife		Husband	
		CB	BB	CA	BA
		1. Yes 2. No 3. Not applicable (if you answered 2 or 3, go to CA)	No. of days	1. Yes 2. No 3. Not applicable (if you answered 2 or 3, go to the next item)	No. of days
LR01	Childcare (carrying, feeding/breastfeeding, bathing, changing, preparing them for school, health/medical care, taking them to school or university)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR02	Caring for older persons (personal care, medical care, accompanying them to medical/health services, preparing food)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR03	Teaching children (reading, help with schoolwork)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR04	Household chores (preparing meals, cleaning, sweeping, laundry, tidying, dusting, window cleaning, washing floors, taking out the trash)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR05	Shopping for the household (buying food, medical supplies, school supplies, petrol, clothes, household devices and furniture)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR06	Other household tasks (cleaning the garage or courtyard, clearing leaves)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LR07	Social activities (welcoming guests, visiting friends and family, going to weddings and funerals)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

19-00070

