

Intimate Partner Violence

High Costs to
Households and
Communities



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Introduction

Violence against women is globally acknowledged as a basic human rights violation and a fundamental obstacle to the achievement of gender equality. Violence against women also increasingly is seen as a development issue with severe consequences to economic growth.

In a dynamic policy environment, strong evidence on the economic costs of violence against women is crucial to underscore the significant consequences of inaction. Though a number of studies have analyzed violence in terms of its direct and indirect costs, these analyses have been limited largely to developed countries. In developing countries, the few studies on the costs of violence have focused on the macro level, generally in terms of analyzing costs to national governments, rather than analyzing more immediate costs to individuals, households and communities.

To fill this gap, ICRW and its partners, Bangladesh Institute of Development Studies (BIDS), Economic Policy Research Centre (EPRC) in Uganda and Hassan II University in Morocco, with support from UNFPA, undertook a three-country study in Bangladesh, Morocco and Uganda to estimate the economic costs of intimate partner violence at the household and community levels, where its impact is most direct and immediate. The focus on intimate partner violence was motivated by the fact that this is the most common form of violence against women. A household and community level analysis helps to shed light on intimate partner violence's relationship to both household economic vulnerability and the extent to which scarce public resources for essential health, security and infrastructure services are diverted due to such violence.

Bangladesh, Morocco and Uganda are particularly relevant countries for this study. Despite their diverse economic and social profiles, intimate partner violence prevalence is high in all three countries. At the same time, recognizing the importance of a comprehensive response to intimate partner violence, these countries recently rolled out innovative programs, coupled with strong legislative initiatives, to address it.

Overall, the study's cost analysis points to high out-of-pocket costs to women as well as significant costs to service providers for intimate partner violence cases. These high costs underscore the urgency of the problem not just as a human rights issue, but also as a drain on resources that can ripple through households to the community and society at large.

Of interest, the study also found that women's use of services—such as those provided through health care or justice systems—to be quite low relative to reported prevalence. Moreover, in Bangladesh and Uganda, the study found that women tend to access community-based conflict resolution mechanisms rather than more formal avenues of justice. Because the study did not address the quality of these mechanisms, little is known about their effectiveness.

These findings provide important insights for policy-makers and decision makers in Bangladesh, Morocco and Uganda on the appropriate action and level of resources needed to address violence against women, particularly intimate partner violence. The methodology tested and refined through the current study also provides a blueprint for estimating costs of intimate partner violence in additional settings.

Country Policy Contexts

Bangladesh

A highly patriarchal society, Bangladesh is mired by gender inequalities in both public and private spheres. Within households, women are highly dependent on men who control resources and mediate women's extra-household relationships. Women have low literacy rates and, despite increased presence in labor markets, continue to occupy low paid jobs. The country has the highest rate of early marriage in Asia with more than half of the women marrying before age 15.¹ Intimate partner violence against women is highly prevalent; 58 percent of ever-partnered women report having experienced it in their lifetime.²

Although the Bangladeshi constitution guarantees equal rights for men and women in the public sphere, this guarantee does not extend to the private sphere, which is governed by personal law based on religion—the Shari-at.³ Further, although the government has made strides in amending and promulgating acts and ordinances to safeguard the legal rights of women, gaps remain, including on the issue of intimate partner violence. Such violence has yet to be recognized as a specific offense and for the most part is covered by the provisions of the Penal Code.⁴ The Cruelty to Women and Children (Deterrent Punishment) Ordinance of 2003 and 2004 is broader in its scope, safeguarding women's

interests in the society.⁵ Rape is a criminal offense, but there is no provision of marital rape unless the wife is younger than 13.⁶

In most cases, family law encourages parties to settle their own differences without going to court. Women are generally unaware that they can access legal aid provided by the public sector; even if they know about it, the aid procedure is complicated.⁷ The Ministry on Women and Children Affairs has measures to eliminate violence against women but these efforts are undermined by poverty, lack of proper understanding of the rights of women, weak enforcement of the laws, and above all widespread corruption within the justice system itself.⁸ A new encouraging initiative is the Multi-Sectoral Program on Violence against Women, a joint program by the governments of Bangladesh and Denmark, carried out across six partner ministries. The specific objectives of the program are to (1) improve public services such as health, police assistance, criminal justice and social services for victims of violence, and (2) increase public awareness on all forms of violence against women. One-Stop Crisis centers in all six divisional cities were formed under this initiative.

Morocco

Although considered a middle-income country, some of Morocco's social indicators reflect those of a low-income country. For instance, female literacy in rural areas is

1 http://www.measuredhs.com/aboutdhs/pressroom/Release_archives/050824-bangladesh.cfm.
2 García-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C, *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*, Geneva, Switzerland, World Health Organization [WHO], 2005.
3 FAO et al, 2004b; Action Aid and IFSN, 2005.
4 Dowry-related violence is the most thoroughly addressed issue, covered by the provisions of the Dowry Prohibition Act (1980), and the Cruelty against Women (Deterrent Punishment) Ordinance (1983 amended in 2003).

5 Bangladesh Institute of Development Studies (BIDS), 2008. "Estimating the Costs of Intimate Partner Violence in Bangladesh" Bangladesh in-country research report (unpublished manuscript).
6 The legal age for marriage is 18 for girls and 21 for boys. However, about half of all girls are married by the age of 15, and 60 percent become mothers by the age of 19.
7 FAO et al, 2004b; Action Aid and IFSN, 2005.
8 Salma Khan, <http://www.hurights.or.jp/asia-pacific/040/02.htm>.



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only 10 percent.⁹ On the other hand, Moroccan women are active participants in the labor markets. In 2000, about 21 percent of women were employed in salaried jobs, one of the highest in the Arab world.¹⁰ The government has a strong commitment to addressing gender disparities and is one of 20 countries that participated in an initiative to develop gender responsive budgets—both at the national and local levels.¹¹

The country's constitution states that all Moroccans are equal before the law and guarantees men and women equal political rights.¹² The family law *Moudawana* was reformed, raising the minimum age of marriage for women from 15 to 18, making both spouses responsible for the family, rescinding a wife's duty to be obedient to her husband, and placing the practice of polygamy under the control of the judiciary.^{13,14} The Criminal Code stipulates severe punishment for men convicted of rape

or sexually assaulting a woman. There are, however, several weaknesses to the legal framework, such as legal plurality, where both statutory and religious law are recognized but sometimes contradictory. Also, the law is applied more leniently when the crime is committed by a husband against his wife, and women need to have witnesses as well as a hospital report to prove violence. These loopholes, combined with the overall social acceptance of violence, translate to low reporting. A wife has the right to file a complaint with the police for battery and other abuse; however, she is unlikely to do so unless she is prepared to bring criminal charges.¹⁵

A number of government programs and government-civil society organization partnerships are in place to increase public awareness on violence against women and provide support to victims of violence. These include the roll out of the national plan to address violence against women, the establishment of dedicated phone lines ("green lines") serving victims of violence, and the creation of specialized units in hospitals and courts to receive victims of violence.

9 U.S. Department of State: <http://www.state.gov/r/pa/ei/bgn/5431.htm>.

10 <http://www.learningpartnership.org/docs/adfmcadawengrep.doc>.

11 www.gender-budgets.org.

12 www.wllaweb.org.

13 <http://www.hrw.org/sites/default/files/reports/wr2006.pdf>.

14 Although the changes in *Moudawana* did not ban polygamy altogether, it made it more difficult for men to have multiple wives.

15 www.afrol.com.

Uganda

One of the countries in Africa with a steadily growing economy, Uganda also has instituted a number of progressive social policies. Gender mainstreaming has been one of the guiding elements of this process. According to the latest demographic and health survey (DHS) estimates, however, female literacy rates, at 49 percent, lag behind male rates (69 percent).¹⁶ Similarly, although 80 percent of women in Uganda are part of the labor force,¹⁷ a majority is in the agricultural sector, where wages tend to be lower and work often is part time. Finally, according to 2006 DHS data, about 59 percent of Ugandan women ages 15-49 have experienced physical and/or sexual intimate partner violence in their lifetime.

The government of Uganda has made efforts to address the legal rights of women. The 1995 constitution guarantees non-discrimination on the basis of sex and recognizes equality before the law and equal protection of the law.¹⁸ And newer statutory laws

generally are more apt to recognize women's rights than customary laws. The Penal Code, amended in 2007, covers assault, and the Divorce Act stipulates cruelty as grounds for divorce and separation. However, laws and policies in Uganda lack a comprehensive strategy to address violence against women. Studies have found that women are raped and physically abused in marriage; marital and property laws discriminate against women; and court officials and police are biased in handling complaints made by women.¹⁹ Intimate partner violence is ignored as a crime, and government officials, including the police, press women to return to their abusive husbands. Recently, the Uganda Law Reform Commission (ULRC) took the lead in formulating a domestic relations bill, which is being debated in parliament (2007). The bill highlights the problem of domestic violence and suggests criminal and civil remedies. This bill has not yet passed, and women's groups have commented that it does not sufficiently address intimate partner violence.

16 http://huebler.blogspot.com/2008_05_01_archive.html.

17 <http://data.un.org/CountryProfile.aspx?crName=Uganda>.

18 www.wllaweb.org.

19 UNFPA and AIDOS. Addressing Violence against Women: Piloting and Programming. Rome, Italy, 15-19 September 2003.



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Study Methodology

The study applied an accounting methodology to estimate the direct costs of intimate partner violence at the household and community levels. Women’s experiences of violence were measured using an adapted version of the instrument developed by WHO for the multi-country study on women’s health and domestic violence against women.²⁰ Women were asked whether they experienced physical, emotional or sexual intimate partner violence in the 12 months prior to the study, what the outcomes of each incident were, what services, if any, they used, and the amount of money they spent to access these services. This

20 Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C, *WHO Multi-country Study on Women’s Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women’s responses* Geneva, Switzerland, World Health Organization [WHO], 2005.

information was used to calculate the average total out-of-pocket cost of using any of these services due to intimate partner violence.

In Morocco and Uganda, direct costs at the community level were calculated by using a “unit cost” method. In each sector, average total cost of providing services to a victim of intimate partner violence was multiplied by the estimated average number of victims registered in the 12 months prior to the study.²¹ In Uganda, the number of intimate partner violence cases handled by each type of service was obtained from the providers. In Morocco, it was estimated using women’s own reporting

21 Average cost of service provision was estimated based on the personnel hours and salary information.

TYOLOGY OF COSTS

Intimate partner violence results in a number of costs that affect the well-being of women, their households and communities. In this report, the focus is on the direct costs of intimate partner violence for households and communities as well as the indirect costs of such violence on households. Direct costs consist of the actual expenditures and the value of services used in responding to intimate partner violence. Though the institutional structure may vary based on the local context, a number of services are commonly used that can be included under direct cost calculations. Broadly, these are medical and social services as well as services provided by the police and the criminal justice system. At the household level, the expenditures on goods and fees for services constitute the bulk of the direct costs,

though transportation costs to access services also may be significant in certain contexts. At the community level, provider costs include but are not limited to human resources expended on intimate partner violence cases as well as the costs of any type of supplies/ infrastructure used during service provision.

Injury resulting from intimate partner violence can force women to take time off from paid as well as unpaid work and/or may result in lower productivity. In some instances, other household members also may have to alter their work pattern due to intimate partner violence. The value of lost earnings and productivity at the household level are defined as the indirect costs of intimate partner violence.



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Study Sample

In each country, surveys were administered to randomly selected households and one eligible woman per household. The eligibility criteria for women was age (15+ in Morocco and Uganda; 15-49 in Bangladesh) and having been in a co-habiting relationship at the time or during the 12 months prior to the study. In cases where more than one eligible woman was in the household, one was selected randomly to be interviewed. The sample size was 2,003 in Bangladesh, 2,122 in Morocco and 1,272 in Uganda.^{22,23}

Through questionnaires and key informant interviews, data also were collected from select service providers in the health, criminal justice, social and legal sectors (see box below).

SERVICES SURVEYED IN BANGLADESH, MOROCCO AND UGANDA

Partners interviewed the following for each country study:

- **Bangladesh**—Seven health facilities, 10 police stations, 10 *Salish* and three courts.
- **Morocco**—Two health facilities, two police stations, one court and one non-governmental organization.
- **Uganda**—217 health facilities, 68 police stations, 54 probation offices and 277 local councils.

of service use due to an intimate partner violence incident in the women's survey. In Bangladesh, the "proportionate" method was used, where the total cost of intimate partner violence to a provider is assumed to be proportional to the share of intimate partner violence cases they receive within 12 months prior to the study.

To estimate the indirect costs of intimate partner violence to households, women were asked about the work and time use-related outcomes of each incident they experienced in the 12 months prior to the study. They also were asked about the impact the incident had on the spouse and others in the household. This information was intended to be used along with wage information to estimate the value of productive time lost.

²² The sample of women in Uganda was lower because the survey was administered to both men and women.

²³ In Morocco and Uganda, samples were nationally representative. In Bangladesh, it was not.

Study Findings

Presented below are the findings on women’s experience of intimate partner violence, their use of related services and costs of intimate partner violence. Compared to the extent of intimate partner violence with respect to its prevalence, frequency and severity, women’s use of services to address it is low; this could be in part because many of these costs are high with respect to average incomes. At the same time, service-related costs are quite significant.

Women’s Experience of Intimate Partner Violence

Across the three countries, the women included in this study were, on average, in their middle 30s, married before the age of 18 (though in Morocco before 20) and in the marital relationship for 13 to 20 years. A majority

had no or little education and most women were not in the labor market (see Table 1).

In all three study countries, both the lifetime and the current experience (in the last 12 months) of intimate partner violence are high. While psychological violence is the most common form in all three countries, lifetime and current sexual violence in Bangladesh and Uganda also are high—61 percent and 38 percent in Bangladesh, and 47 percent and 28 percent in Uganda. About two-thirds of women in Bangladesh and half the women in Uganda also report experiencing physical intimate partner violence in their lifetime.

Intimate partner violence cuts across socio-economic status of households. Only in Bangladesh is there a uniform trend of decline in the reporting of lifetime and current intimate partner violence with increased wealth,

TABLE 1—PROFILE OF WOMEN

	Bangladesh n= 2,003	Morocco n= 2,122	Uganda n= 1,272
Average Age	29.4	39.21	34.3
Average Age at Marriage	15.8	20.19	18
Education (%)			
None	42	62.8	15.1
Primary	25.5	15.6	57
Secondary	24.7	17	21.9
Higher	7.8	4.4	6
Employment (%)			
Salaried	4.4	6.4	6
Self-employed	7	7.1	39.9
Unpaid Family Worker	2.7	0.3	50.4
None	71.2	82	0.9

though the level is high across all wealth groups.²⁴ In Morocco and Uganda, the experience of lifetime sexual violence is highest for women from middle-income households.

Women in all three countries report experiencing multiple incidents as well as multiple forms of intimate partner violence. In Bangladesh, nearly 18 percent and in Uganda about 10 percent of women who have experienced violence in the 12 months prior to the study report experiencing all three forms of violence. In Morocco, about 46 percent of women who experienced physical violence and 52 percent of women who reported sexual violence report having had multiple incidents. In Uganda, of women who have experienced violence, 52 percent report that they had multiple incidents of physical violence, and 74 percent report that they had multiple incidents of sexual violence.²⁵

The data presented above show the depth of intimate partner violence, both in terms of prevalence and frequency. Further analysis also shows its severity. In Morocco, more than 50 percent of all incidents resulted in six or more types of injuries. In Uganda, 10 percent of the 1,193 incidents resulted in multiple injuries. Of these, 43 percent were severe injuries, including deep cuts, gashes, sprains and dislocations, eye injury,

fractured or broken bones, and burns. In Bangladesh, of rural and urban women who experienced intimate partner violence, more than 90 percent report one-to-two injuries per incident.

Women’s Use of Services Related to Intimate Partner Violence

This section describes women’s use of services to address intimate partner violence in the health and justice systems.

Health Care

Despite high levels of violence reported in all three countries, the majority of women who experience violence do not seek help from formal and informal institutions (see Table 2). Based on their own reporting, women most frequently use services within the health system. Close to 17 percent of women in Morocco and 10 percent of women in Bangladesh used a health service at least once during the 12 months prior to the study as a result of being abused, and about 11 percent of all intimate partner violence incidents result in use of health services in Uganda. Juxtaposed against the level of injuries they report, however, women’s use of health services appear to be lower than their potential needs.²⁶

24 Experience of any type of violence decreases with wealth, though remains high with 85% prevalence of lifetime and 74% of current prevalence of intimate partner violence.

25 In Uganda, a total of 638 women reported at least one incident of violence. In Morocco, the number of incidents per 1,000 women was 277. Finally, in Bangladesh 1,647 women reported experiencing at least one incident of violence in the last 12 months.

26 In fact, health care providers reported *lower* rates of service use relative to women’s reported use. This may be partly linked to misreporting by either women or the service providers, or could result from a lag in data recording.

TABLE 2—SERVICE USE DUE TO INTIMATE PARTNER VIOLENCE AS REPORTED BY WOMEN WHO EXPERIENCED VIOLENCE IN THE 12 MONTHS PRIOR TO THE STUDY (%)

	Bangladesh n=1,176*	Morocco n= 1,260*	Uganda n= 1,193**
Health	9.6	16.7	10.5
Police	0.2	8.7	2
Justice	0.4	13.5	0.2
Local Informal Authority	n/a	n/a	8.5
Social Services	n/a	6.9	0.7

*n=number of women reporting current violence.

**n=total number of incidents reported by women.

Community-level Dispute Resolution Mechanisms

In Bangladesh and Uganda, community-level institutional structures are the first point of contact and venue for recourse for women in cases of intimate partner violence.²⁷

In Uganda, for instance, women use the community-level local council system (see box below) much more frequently than the higher levels of the formal justice system. Women used the local council mechanism in 8.5 percent of all intimate partner violence incidents, in contrast to a reported 2 percent turning to the police and just 0.2 percent using the formal justice system. Findings are similar in Bangladesh, where the local *Salish* serves a similar function to the local councils. In contrast, in Morocco a relatively high percentage of women—14 percent—report using the formal justice system for intimate partner violence cases. They also sought services from police as well as social services, unlike women in Uganda and Bangladesh, who do not seem to turn to these institutions for redress.

²⁷ Morocco does not have a comparable justice mechanism.



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WOMEN SEEK JUSTICE THROUGH COMMUNITY-BASED MECHANISMS IN BANGLADESH, UGANDA

The Ugandan local council system consists of a hierarchy of councils and committees and is an important forum for local people to interact with authorities. There are five local council levels. The most accessible, local council is responsible for a village or, in the case of towns or cities, a neighborhood. Local council members have legislative and executive powers, and elected representatives can include men, women, youth and people with disability in the community. The local councils are the foundation of a vertical legal system in Uganda; local council leaders are seen as accessible and have authority, though not necessarily legally mandated authority.

In Bangladesh, the *Salish*, an informal system of community-based dispute resolution, is a centuries old institution. The arbitration is typically a public event in which local influential figures play the role of mediator, arbitrator or judge. A typical *Salish* involves two to three meetings of the disputing parties with six-to-seven members who negotiate the conflict. Though the *Salish* is not a legally mandated institution, nearly 70 percent of local disputes are resolved through this process. *Salish* are held at every administrative level of the country—in 68,000 villages, 13,500 unions (spread across several villages) and 2,955 urban wards. It is undoubtedly the most accessible service available to a majority of the population regardless of location, gender or socio-economic status.



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Costs of Intimate Partner Violence

This section describes direct costs of intimate partner violence in terms of women’s expenditures, costs to providers and indirect costs such as lost wages and inability to perform household and other domestic tasks.

Direct Costs

Direct costs of intimate partner violence correspond to women’s and their households’ out-of-pocket expenditures for services following an incident, and the cost to providers of providing these services.

Table 3 shows women’s reported out-of-pocket expenditures for services used in intimate partner violence incidents in Morocco and Uganda. Data were not sufficient for reporting on service use in Bangladesh.

In Uganda, the average out-of-pocket expenditure related to an incident of intimate partner violence comes to 11,337 UGS, or \$5, with the highest outlay for seeking police intervention at 17,904 UGS, or \$10. In Morocco, the costs associated with seeking help from the justice system are the highest (2,349 DH, or \$274)

TABLE 3—AVERAGE OUT-OF-POCKET COST OF ONE-TIME SERVICE USE IN MOROCCO AND UGANDA (\$)

	Morocco*	Uganda
Health	211	5
Police	113	10
Justice	274	4
Local Traditional Authority	n/a	4
Social Services	29**	1
Average Total Cost	157	5

*The Moroccan figures include transport costs.

**This figure corresponds to transport costs; otherwise social services are free in Morocco.

followed by health (1,875 DH, or \$211). Juxtaposed against the gross national income (GNI) per capita in these countries, these are significant sums for households to meet; in 2007, GNI per capita was \$340 in Uganda and \$2,250 in Morocco.

Costs to service providers are the other major component of direct costs of intimate partner violence.

The service women use most frequently due to intimate partner violence is health. Providers report average costs of tending one such case at \$1.20 in Uganda, \$5.10 in Bangladesh and \$196 in Morocco.²⁸

As part of the Uganda study, a nationally representative sample of hospitals was surveyed to collect data on abused women's use of health services. As expected, providers report that services are most frequently used to address physical violence cases (68 percent of providers reported treating weekly at least one woman with injuries due to violence). The estimated annual cost of all intimate partner violence cases to these providers was about \$1.2 million.²⁹

In Uganda, women report using the local councils at relatively high rates. A sample of 202 rural and 75 urban local councils report a total of \$1.3 million annually in expenses due to intimate partner violence.

In Bangladesh, the *Salish* is an important source of help for women experiencing intimate partner violence. Surveying this institution, it was found that 53 percent

of rural *Salish* meetings and 43 percent of urban *Salish* meetings were related to intimate partner violence cases. Using the opportunity cost of the members' time, the total cost to *Salish* of intimate partner violence cases across the country is estimated to be about \$17.5 million in rural areas and \$6.14 million in urban areas annually.

In Morocco, the justice system is clearly an avenue of help that women seek. Overall the costs of violence to the justice system are quite significant, totaling \$6.7 million annually.

Indirect Costs

In developing countries where household economic activity rates are quite significant, economic impacts of intimate partner violence are likely to manifest through lower productivity and absenteeism from work. Translated into monetary terms, these economic consequences (indirect costs) of intimate partner violence may actually dwarf the direct costs. At the community level, businesses absorb the most significant indirect costs through lower productivity and absenteeism.

Evidence from Bangladesh and Uganda points to the extent of these impacts. In Uganda, about 12.5 percent of women report losing time from household work. Fetching water and fuel wood, along with washing clothes, were the most affected activities. This is particularly noteworthy given the importance of these activities for the household well-being in rural sub-Saharan Africa. About 9 percent of incidents resulted in women taking time from paid work, on average 11 days annually. Another 3 percent of incidents resulted in spouses missing paid work, on average 7 days annually. In Bangladesh, 66.5 percent of the households interviewed reported a member's work—both productive and reproductive—being affected by intimate partner violence. Using the average market wage rate of women with similar education, the estimated average value of lost work per violent incident to households was \$5 (TK 340), about 4.5 percent of the average monthly income of the households studied (\$112 or TK 7,626).

28 Provider costs in Uganda and Morocco are the average cost of labor only. In Bangladesh, the cost reported is the average total cost.

29 The cost estimates are based on the average cases reported in a week by the provider, the number of personnel involved in resolving the case and the number of hours spent by each personnel on the case. If the average number of cases in other weeks is much lower than the week referred to, the costs are overestimated—and therefore the estimates should be considered to be on the higher side. If however, the average number of cases registered in other weeks of the year is larger, then the costs are underestimated—and therefore the estimates should be considered to be on the lower side.



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Conclusion

Despite high intimate partner violence prevalence in all three countries, the percentage of abused women who use formal services is quite low. This finding is in line with other international studies, such as the WHO Multi-country Study on Women's Health and Domestic Violence, which found that most women do not tell anyone when they have experienced violence.³⁰

Despite the low service use, the direct and indirect costs incurred due to intimate partner violence are considerable, both for women and their families and for local and national governments. The evidence gathered in Bangladesh, Morocco and Uganda point to high violence-related out-of-pocket expenditures, particularly compared to the income levels in these countries. Though it was not possible to make aggregations at all levels to estimate the more macro-level costs to both households and providers, it is evident from the average costs recorded by the providers that intimate partner violence is a drain to their resources. A preliminary look at the potential impact of intimate partner violence on households as an economic unit is captured in the information on the extent to which productive and reproductive work is affected by intimate partner violence. In Bangladesh and Uganda, women as well as other household members were found to have lost significant amounts of productive time due to intimate partner violence.

The current study only includes costs incurred as a direct result of violent incidents. However, international studies, such as the WHO study, have shown that the affect

of intimate partner violence on women's lives goes well beyond injuries.³¹ Physical and sexual violence increase women's risks for a host of other serious conditions, including chronic pain, reproductive health problems, miscarriages, depression and sexually transmitted infections such as HIV. Intimate partner violence is linked to maternal mortality and murders of women as well as poor child health and mortality. The costs to society in terms of the global burden of ill health (measured by Disability Adjusted Life Years, DALY's) and human development are enormous.

Given the evidence of the immense financial burdens that intimate partner violence poses, it is clear that the cost of violence extends beyond women to encompass their families, communities and societies. Reducing violence against women must be a key development goal: *Governments cannot afford to ignore the high costs of violence against women to economic growth.* Government initiatives such as Bangladesh's Multi-Sectoral Program on Violence against Women, Morocco's recent national plan to address violence against women, and Uganda's pending Domestic Violence Bill are a good start. National governments and donors also should provide support services for survivors of violence, and should build on the study's evidence that women tend to access community-based services. Finally, since informal dispute resolution mechanisms are primary sources of accessing justice in both Bangladesh and Uganda, further research is needed to assess the effectiveness of these systems and ensure that they are sensitive to the needs and rights of women.

³⁰ Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C, *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses.* Geneva, Switzerland, World Health Organization [WHO], 2005.

³¹ Ibid.



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ERRATA NOTE

Pg. 11, paragraph 1: “Providers report average costs of tending one such case at \$1.20 in Uganda, \$5.10 in Bangladesh and \$196 in Morocco.”

CORRECTION: Average cost of tending one IPV case in the health sector in Morocco is \$41.

Pg. 11, paragraph 5: “Overall the costs of violence to the justice system are quite significant, totaling \$6.7 million annually.”

CORRECTION: “Overall the costs of violence to the justice system are quite significant, totaling \$112,000 annually in our sample alone.”