

Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults



Cora Peterson, PhD,¹ Megan C. Kearns, PhD,¹ Wendy LiKamWa McIntosh, MPH,¹ Lianne Fuino Estefan, PhDMPH,¹ Christina Nicolaidis, MDMPH,² Kathryn E. McCollister, PhD,³ Amy Gordon, MS,² Curtis Florence, PhD¹

Introduction: This study estimated the U.S. lifetime per-victim cost and economic burden of intimate partner violence.

Methods: Data from previous studies were combined with 2012 U.S. National Intimate Partner and Sexual Violence Survey data in a mathematical model. Intimate partner violence was defined as contact sexual violence, physical violence, or stalking victimization with related impact (e.g., missed work days). Costs included attributable impaired health, lost productivity, and criminal justice costs from the societal perspective. Mean age at first victimization was assessed as 25 years. Future costs were discounted by 3%. The main outcome measures were the mean per-victim (female and male) and total population (or economic burden) lifetime cost of intimate partner violence. Secondary outcome measures were marginal outcome probabilities among victims (e.g., anxiety disorder) and associated costs. Analysis was conducted in 2017.

Results: The estimated intimate partner violence lifetime cost was \$103,767 per female victim and \$23,414 per male victim, or a population economic burden of nearly \$3.6 trillion (2014 US\$) over victims' lifetimes, based on 43 million U.S. adults with victimization history. This estimate included \$2.1 trillion (59% of total) in medical costs, \$1.3 trillion (37%) in lost productivity among victims and perpetrators, \$73 billion (2%) in criminal justice activities, and \$62 billion (2%) in other costs, including victim property loss or damage. Government sources pay an estimated \$1.3 trillion (37%) of the lifetime economic burden.

Conclusions: Preventing intimate partner violence is possible and could avoid substantial costs. These findings can inform the potential benefit of prioritizing prevention, as well as evaluation of implemented prevention strategies.

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INTRODUCTION

In 2012, an estimated 26% of U.S. women and 10% of men reported their lives had been impacted (e.g., missed work or post-traumatic stress disorder [PTSD] symptoms) by contact sexual violence, physical violence, or stalking by an intimate partner.¹ Even more adults reported other forms of intimate partner violence (IPV), including noncontact sexual violence and psychological aggression.¹ IPV victimization is associated with poor short- and long-term physical and mental health outcomes.^{2–4}

Few studies have quantified the IPV per-victim cost, which at a minimum includes victims' impaired health,

lost productivity, and criminal justice costs,^{5,6} and no study has addressed victims' long-term health costs.

From the ¹National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia; ²School of Social Work, Portland State University, Portland, Oregon; and; and ³Department of Public Health Sciences, University of Miami Miller School of Medicine, Miami, Florida

Address correspondence to: Cora Peterson, PhD, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Mailstop F-62, 4770 Buford Highway, Atlanta GA 30341. E-mail: cora.peterson@cdc.hhs.gov.

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A 1995 National Violence Against Women analysis estimated the cost of IPV limited to acute and short-term follow-up medical costs and included only female victims (\$838 per rape, \$816 per physical assault, and \$294 per stalking victimization [1995 US\$]⁶; or, \$1,210, \$1,178, and \$424 as 2014 US\$⁷). Following the methodology and presentation of a recent study that estimated the per-person lifetime cost of rape,⁸ this study aims to combine previous studies' data with current administrative and surveillance data to estimate the U.S. per-victim lifetime cost and population economic burden of IPV.

METHODS

Study Sample

Mathematical model inputs included: number of U.S. adults (aged ≥ 18 years) with any lifetime and past 12 months IPV exposure, selected attributable, or marginal, health and other outcomes associated with IPV from administrative data and previous studies, and the marginal cost of those outcomes. Marginal outcome refers to the proportion of victims with an outcome beyond the proportion among nonvictims, and is used to calculate the attributable cost of IPV.

The main outcome measures were: (1) lifetime IPV cost per victim, and (2) lifetime IPV cost in the U.S. population (or economic burden) of currently non-institutionalized adults (hereafter, U.S. population), calculated as the lifetime cost per victim multiplied by the estimated victim population. Medical, lost productivity, and criminal justice costs were included. This analysis used the societal cost perspective (i.e., all payers), a lifetime time horizon, and assumed first IPV victimization occurred at victim average age of 25 years.⁹ Future costs were discounted by 3%.¹⁰ Costs are presented as 2014 US\$ unless otherwise noted, inflated using selected indices.^{7,11} Analysis was conducted in 2017 using publicly available data.

Measures

The economic burden is based on the 2012 U.S. National Intimate Partner and Sexual Violence Survey (NISVS) estimated number of males and females with lifetime IPV exposure, defined as contact sexual violence, physical violence, or stalking by an intimate partner and related impact¹ (Table 1, Appendix Tables 1–5, available online, report expanded data and calculations). Contact sexual violence included rape, being made to penetrate, sexual coercion, and unwanted sexual contact. Physical violence included being slapped, pushed, hit, kicked, hurt by pulling hair, slammed against something, attempting to hurt by choking or suffocating, beaten, burned on purpose, or a perpetrator using a knife or gun. Stalking included repeated harassing or threatening behaviors (e.g., watching, following, or contacting), causing the victim to be very fearful or concerned for safety. IPV-related impacts included being fearful; concerned for safety; PTSD symptoms; injury; needing medical care; contracting a sexually transmitted infection (STI); becoming pregnant; need for housing, advocate, or legal services; missing ≥ 1 day of work or school; or contacting a crisis hotline.

IPV outcomes, identified through a targeted literature search, were included based on reference studies' U.S. population representativeness and study design (Appendix Table 3, available online). Studies addressing female and male victims were prioritized. Reported outcomes had to facilitate calculation of victims' marginal probability of the outcome; for example, outcome prevalence among non-victims and an AOR of the relationship between the outcome and respondents' IPV exposure, controlling for relevant factors.⁴⁴ Studies that aligned with this study's exposure definition were prioritized. Unit costs represented the attributable cost of analyzed outcomes based on direct comparison of affected and unaffected individuals (Appendix Table 4, available online). Comprehensive lifetime unit costs that included medical care and lost work productivity and controlled for related conditions (e.g., depression and anxiety) were prioritized. Some lifetime costs were estimated from annual costs by multiplying the annual cost over the age range of respondents in the cost reference study, bounded by this study's average age at first victimization (25 years)⁹ and current population life expectancy (79 years⁴⁵; Appendix Table 5, available online). Prevention costs were excluded whenever possible.

A previous NISVS analysis limited to short-term lost productivity costs reported that female and male victims of IPV, sexual violence, or stalking each lost days from school and work valued at \$1,063 (females) and \$357 (males) (Table 1).⁹ Average annual data from 2006–2015 National Crime Victimization Survey indicated 15.3% ($n=137,155$ survey-weighted) of IPV victimizations (rape or sexual assault, robbery, aggravated assault, and simple assault) included victim property loss or damage, valued at a mean \$1,181 per victimization (applied in this study as per-victim cost, which is an underestimate for victims with multiple victimizations; Table 1; unpublished data, U.S. Department of Justice). Among IPV victimizations ($n=745,946$ female and $n=151,910$ male, surveyed-weighted) from annual average 2006–2015 National Crime Victimization Survey data, 1.9% of female and 0% of male victimizations required treatment for nonfatal injuries in a doctor's office, 6.6% of females and 4.6% of males required treatment in an emergency department, and 0.2% of females and 0.1% of males were admitted as inpatients (all applied as per-victim estimates in this study; Table 1; unpublished data, U.S. Department of Justice). Unit costs were the estimated payment for a doctor's visit¹² and the lifetime medical and lost productivity costs for an emergency department visit or admission for physical assault or sexual assault¹³ (Table 1). In 2012, there were an estimated 1,256 murders (992 females, 264 males) perpetrated by intimate partners (Appendix Table 3, available online).^{14,15} Unit costs were medical care and lost productivity due to homicide.¹³

A 2010–2012 NISVS analysis indicated 26.2% of females with lifetime IPV vaginal rape exposure had rape-related pregnancy.¹⁷ Data from a study of a convenience sample of females ($n=148$) seeking a protection order from an intimate partner reported the outcome of IPV rape-related pregnancies ($n=32$; i.e., 81% live birth, 16% abortion, 3% still born).¹⁶ Unit costs were estimated payments for medical treatment for medically assisted abortion,¹⁹ pregnancy and delivery,¹⁸ and stillborn hospital birth²⁰ applied to the estimated number of female IPV vaginal rape victims in 2012 NISVS1,^{1,16,17,46} (i.e., cost of child-rearing not included; Table 1).

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