



The EU Mutual Learning Programme in Gender Equality

Methodologies and good practices on assessing the costs of violence against women

Online seminar, 7- 8 July 2021

Summary Report



Ein Unternehmen der ÖSB Gruppe.

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Introduction

In the context of the EU Mutual Learning Programme, a well-attended online seminar was held on 7-8 July 2021 focussing on methodologies and good practices on assessing the costs of violence against women. There were 16 participating Member States, as well as representatives of the European Commission (EC) and the European Institute for Gender Equality (EIGE). The participating countries were Finland (host country), Belgium, Croatia, Czechia, Denmark, Estonia, Germany, Italy, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Spain and Sweden.

In her opening address, the European Commission representative emphasised the scale of violence against women (VAW), how the COVID-19 pandemic has exacerbated the situation and the crucial importance of robust data for effective policy-making. The EU's accession to the Istanbul Convention¹ remains a key priority and the EC is currently preparing a new legislative initiative to combat gender-based violence (GBV) and domestic violence (DV).

1. The good practice of Finland

1.1 The Finnish policy context

In her opening address, Pirjo Lillsunde from the Finnish Ministry of Social Affairs and Health recalled the devastating impact of GBV and the importance of effective service provisions. She explained that the Finnish government had ratified the Istanbul Convention (IC) in 2015 and gives a strong priority to addressing VAW through the implementation of the recommendations of the 2019 GREVIO² report on Finland. It has also made funding available to update research on the costs of intimate partner violence (IPV) to the health system, social services and the criminal justice system.

Taina Riski from the Finnish Institute for Health and Welfare and Secretary General of the Committee for Combating Violence against Women and Domestic Violence (NAPE) provided a snapshot of the Finnish policy context. The female-led government with 11 women out of 19 ministers has a strong and forward-looking commitment to promoting gender equality, including addressing GBV and, to this end, has introduced a record number of measures in its programme. To mention a few, the government is strengthening support services for victims of GBV and implementing several measures in the area of the criminal justice system to reduce domestic violence and IPV. NAPE, established by virtue of the Istanbul Convention, is a governmental co-ordinating body led by the Ministry of Social Affairs and Health

¹ Council of Europe Convention on preventing and combating violence against women and domestic violence 2014.

² Group of Experts on Action against Violence against Women and Domestic Violence.

with the purpose of coordinating the national implementation of the Istanbul Convention. The position of Secretary General was established in 2020 to further enhance NAPE's action. The existing NAPE implementation plan also includes a measure to assess the costs of DV and IPV. The government is funding this research in 2021 together with other GBV studies so as to inform proposed reforms to health and social services and criminal justice system.

1.2 Assessing the costs of violence: past experiences and the current projects

Johanna Hietamäki, from the Finnish Institute for Health and Welfare, gave an overview of two past studies and three on-going research projects on the costs of VAW and domestic violence. A first national study was conducted in 1998 using a hybrid methodology, including administrative data and victims' surveys. It concluded that the annual costs were estimated around €50 million. A second case study of a medium-sized municipality conducted in 2001 was based on estimates of the costs of victims' use of different services. This study concluded that the costs at municipal level were €1.24 million, which extrapolated to national level would amount to €91 million per year. A third study is due to be published soon and is a longitudinal case study of the costs of family, domestic and inter-personal violence based on data from emergency care patients at a district hospital, using data two years before victims were identified and two years after identification. Two further [studies](#) are on-going: one is estimating the costs of family violence using a longitudinal study over 6 years and is estimating health care services and psychiatric medicine costs using different registers and comparing victims and non-victims. The other study is a national survey on GBV in collaboration with Statistics Finland which will seek to identify victims of violence and ask participants which services they have used, and compare this information with registers. While the data available may be good, there are challenges because only some victims use services and it is difficult to create comparison groups.

1.3 Methodologies for assessing the direct costs of violence against women

Tomomi Hisasue from Tampere University and Heli Siltala from the University of Jyväskylä gave a joint presentation on the main methodological challenges for assessing the costs of VAW, including how to identify all victims and the assessment of both direct and indirect costs, such as productivity losses, quality of life and inter-generational impacts. They noted there is no gold standard for estimating costs. Administrative data, such as hospital registers, can allow for a long-term impact assessment, but inadequate medical coding systems and under-reporting pose a challenge. Furthermore, the need to safeguard data in order to comply with GDPR³ standards can be very costly and time-consuming. Surveys

³ EU General Data Protection Regulation 2016

often under-estimate prevalence and costs because of victims' under-reporting or failure to recall or identify all services used. It is therefore necessary to strike a balance between methodological quality and the availability of data and resources. It is also difficult to make cross-country comparisons because research methods and data availability differ widely. Access to data is difficult because violence is invisible, and because the problem is invisible, there is a lack of resources and remedial interventions are insufficient. On the other hand, high quality research can make the costs of violence more visible and provide strong evidence to support the effectiveness of the interventions. It is also important that research results are communicated effectively to influence policies and services. Collaborative studies could be useful and would provide strong evidence for advocacy across the EU.

2. Estimating the economic costs of violence in the European Union

Agata Szypulska from the European Institute for Gender Equality (EIGE) outlined the findings of the [2014 EIGE study](#) of EU Member States, which estimated that 13 million people had experienced physical violence and almost 4 million had experienced sexual violence in the year prior to the survey. The study was based on the methodology of a UK case study and extrapolated for all EU Member States. Using data from 2019, EIGE has updated the study analysing the costs of lost economic output, costs of public services and the physical and emotional impact on victims. The study found that the most significant costs were related to physical and emotional impact, the criminal justice system and lost economic output. The estimated cost of GBV in the EU was a staggering €366 billion and the cost of IPV was €174 billion, a third higher than previous estimates. The EIGE also conducted an overview of costing studies, the majority of which used accounting methodologies to estimate lost economic output, health costs and legal costs. It is harder to access disaggregated data for other service sector costs such as housing aid and specialist services or estimate costs for loss of quality of life and other non-monetisable issues. Better administrative data on costs and use of services is urgently needed together with better survey data on prevalence. It is important to acknowledge the uncertainties in data collection and therefore to use multiple data sources and test assumptions. Another option is to develop a macroeconomic model for measuring total gains and losses to the economy. The updated study will soon be published on the EIGE website.⁴

⁴ See: <https://eige.europa.eu/news/gender-based-violence-costs-eu-eu366-billion-year>

3. The situation in the other participating countries⁵

In *Belgium*, because of the complex Federal, regional and local structure of government, it is difficult to estimate overall public budgets and expenditure on GBV, let alone the overall costs. GREVIO has recommended that the government should develop information systems to identify the human and financial services devoted to combating VAW. A study on sexual violence used an activity-based costing, as in Belgium it is possible to use hospital registers to monitor the number of victims and the short- and medium-term care provided. When triangulated with information on the prevalence of sexual violence, it could be possible to extrapolate costs although it would not cover other forms of GBV. This triangulation of bottom-up registration data with evidence gained from prevalence surveys could potentially be used to calculate the costs of other response-related activities. Furthermore, research indicates that the impacts of GBV do not diminish over time and it is therefore important to take into account the long-term impact on victims.

In *Croatia*, following the ratification of the Istanbul Convention in 2018, the government has taken several measures to combat VAW, including amendments to the criminal code and the opening of new shelters. There are many challenges to assess costs because of under-reporting and insufficient data on its prevalence. There has only been one research study in 2003 on the costs of DV, which reviewed the potential, but not the actual costs. It concluded that women generally suffered in silence and did not seek medical or legal help. Health sector professionals often lack awareness and training to identify victims and generally do not record cases correctly. There are various challenges to using the Finnish model to assess costs in Croatia, but it could be possible to assess some immediate costs of VAW but harder to assess the longer-term impacts, including on children.

Czechia has not ratified the Istanbul Convention, and the State does not systematically collect data on GBV nor does it provide assistance to victims, which instead is offered by a number of specialised NGOs. There have been three studies on the costs of DV, including two studies by proFEM in 2012 and 2016 and one government study conducted in 2017. The studies were based on a combination of data from the police and justice sector, estimates of costs from social services' providers and sample surveys of women victims. The government study also included estimated costs of lost economic output. The Finnish study is useful, but might be difficult to replicate in Czechia because administrative data is neither comparable nor harmonised and cases of VAW are not systematically recorded in health registers. Further research is needed combined with consistent EU and international pressure to encourage Member States to give greater priority to GBV.

⁵ For more information on the single participating countries, see the respective [country papers](#).

In *Denmark*, there is detailed administrative data linked at individual level so costs can be analysed from a bottom-up attributable approach, and the costs of victims in terms of health care, social services, legal costs and productivity costs can be compared to those of non-victims. There have been a number of studies on VAW based on these registers and surveys. The last cost assessment was conducted in 2011. Accident and emergency unit data is one of the most used sources, although it has its limitations because it depends on victims' willingness to report the cause of their injuries. Other data sources include the police, self-reported data from shelters, as these registers are anonymous, and some national health surveys. Attributable costs to assess productivity losses have used a matched control group. A comparative study with Finland could be possible in most areas. A comparison group could be used and a long timeframe applied. It is also recommended that data be disaggregated not only by gender but by other characteristics, such as disability, sexual orientation and ethnicity.

In *Estonia*, the government ratified the Istanbul Convention in 2017 and set targets to collect data on GBV. Administrative data (e-file registers) from police and justice services are cost-efficient sources of information about GBV cases, although definitions and methods of recording cases vary making comparisons difficult. Data on government funding for victim support services is also available, although funding for NGO services is harder to identify. The identification of victims through health services data is difficult to obtain, because of confidentiality restrictions and because of under-reporting. There have been some studies on the costs of VAW. A 2016 study on IPV used a hybrid method taking into account incident costs and workload costs of the police and judiciary, based on average time and wages, but it only included the costs of victims who filed police reports. Another study on the costs of violent crime included rape and abduction and calculated a unit cost per reported case. For a better statistical analysis, the e-file registers would need to be reorganised because currently data sets are not harmonised across the various State institutions. Furthermore, there is a need to reform the penal code to recognise coercive control as a component of DV and there remains the additional challenge of how to calculate indirect costs.

Germany has not yet developed an overall strategy for the implementation of the Istanbul Convention, and studies point to an alarming increase in cases of VAW during the months of the COVID-19 lockdown. A first (independent) cost study on DV was conducted in 2017, based on a Swiss methodology which uses accounting methods for direct tangible costs, a human capital method for indirect tangible costs and the DALY⁶ method for intangible costs to calculate values for the loss of years in full health. However, there are still many data gaps and compatibility issues across regional States due to issues such as lack of uniform definition of DV. Hence, there are still many challenges for conducting a study based on the Finnish

⁶ DALY is a disability-adjusted life year and one DALY represents the loss of the equivalent of one year of full health.

methodology. Consideration could be given to developing a flexible software programme for data collection to facilitate cost calculations and carry out regular statistical surveys, which would allow for comparisons across the EU Member States.

Italy has long-standing experience of data collection on VAW, although the issue still remains largely invisible, as many women do not seek help. The only relevant study on the costs of VAW was carried out by the organisation Intervita Onlus in 2013. It was a high-quality study based on representative sample surveys and administrative data. The government has recently set up an information system to collect statistics on GBV. For the administrative data, a group of experts identified minimum information requirements and involved the Ministries of Health, the Interior and Justice in the decision-making. However, data from shelters only include the services provided. Victims' identities are safeguarded and cannot be linked to any administrative register and data collection systems in shelters are not uniform. Major challenges include the harmonisation of different data sources, the standardisation of unit costs and the need to strike a balance between data research needs and the privacy rights of victims. To address these issues, it would be useful to include both computer scientists and privacy law experts in future research teams.

In *Malta*, following ratification of the Istanbul Convention, a new law and action plan on GBV and DV were adopted and a second action plan is in preparation. The Commission on Domestic Violence has undertaken a report on the costs of DV. The study included both direct and indirect costs and took into account both ethical issues related to data protection of victims and data availability and credibility. Administrative data was combined with interviews with key stakeholders to gather financial data on services and how DV cases are handled. A survey of State service users provided information to calculate the number of persons using each service, the total cost based on a minimum and an average direct cost in fees and hours. Two further national surveys were undertaken to complement this study and to estimate the numbers of victims not seeking help from State services. Some challenges encountered included differing definitions of DV, length and intensity of use of services, difficulties in accurately costing services and low take-up of services by users. Indirect costs, including inter-generational impacts, are also very difficult to evaluate.

In *Poland*, the government ratified the Istanbul Convention in 2015, although a few gaps remain in the legislative transposition, for example the definition of DV does not include IPV. Gender equality policies have become a highly politicised issue and the debate has focused on violence against women. A multi-agency system called the Blue Card Procedure has been set up to initiate interventions in DV cases. A study on the costs of domestic and sexual violence was conducted in 2013, based on questionnaires and interviews with representatives of the justice, health care and social services sectors, using a flexible approach to assess average unit costs, as

this information was not available from administrative data. Indirect costs were calculated using the human capital approach and the QALY⁷ method. However, because of lack of comparability of data across regional administrations and significant data gaps, the study could only provide a preliminary estimate. For example, there is no enforceable obligation on the health services to record information on the number of victims of VAW with the result that only very few cases are recorded.

Since 1995, *Portugal* has taken an assertive path to develop public policies to combat and prevent VAW. National prevalence studies were conducted in 1995 and 2007. National surveys were conducted on the social and economic costs of VAW in 2006 and on victims' health care costs in 2008. These surveys included victims and non-victims to allow for statistical comparisons. Compared to Finland, health care administrative data on victims is not clearly recorded, apart from in the case of female genital mutilation. On the other hand, victims' shelters are about to introduce a uniform reporting form known as the single attendance sheet. In the future, it could be possible, with the victims' consent and in compliance with all data protection requirements, to link this information to another data set from the national health system. The recently created information platform for the national support network of DV victims could promote data collection as well. At EU level consideration should be given to promoting systematic procedures and methodologies.

Romania ratified the Istanbul Convention in 2016, and there have been significant legal reforms to improve protection measures and social services for victims. Research has focused on the prevalence of DV, and there has been no study on the costs apart from the 2014 EIGE study. There is no integrated data collection across different institutions on DV. National administrative data on costs for social services can be calculated using a bottom-up approach, based on salary costs, allowances and other material expenses. However, it is difficult to calculate a unit cost for each case referred to a shelter or for victims' legal costs. The National Agency for Equal Opportunities between Women and Men is the competent body to manage a unitary database. In the future, it could be possible to track financial expenditures resulting from DV in all sectors. It is also important that there is a better understanding of DV and improved services and protection measures, including for children and for victims over the long-term.

In *Slovakia*, VAW receives considerable public attention but the country has not yet ratified the Istanbul Convention. The issue is generally reduced to that of DV and not considered from a gender perspective. A legal definition of DV was established for the first time in the 2018 Victims' Act. The government has adopted a number of measures to combat and prevent VAW including a network of victims' intervention centres. To date there has been no comprehensive study of the costs of VAW, only specific cost estimates for intervention centres and global calculations based on extrapolations from other countries. The Annual Report on Gender Equality in

⁷ One quality-adjusted life year (QALY) is equal to one year of life in perfect health.

Slovakia 2017 cites research indicating that for every euro invested in prevention, it could be possible to save €87 on the long-term costs of VAW.⁸ Based on the Finnish methodology, it would be possible to use administrative data from the health system, although it would be challenging as many victims do not report the real causes of their injuries. A multi-institutional and holistic approach is necessary together with a cost benefit analysis.

In *Spain*, a law to protect against GBV was adopted in 2004 with a set of integrated measures. There have been a number of regional studies on costs of VAW, and the first government-funded national study on IPV was conducted in 2019 using data from 2016 on both tangible direct and indirect costs. Based on an accounting model, using bottom-up and top-down approaches, the costs are calculated with lower and higher estimates. The study covers employment and labour costs, health care costs, justice and legal costs and other tangible costs, including the activities of non-profit organisations. The lower estimate of costs amounts to 0.11% of GDP annually and the higher estimate amounts to 0.76%. The macro survey on VAW now conducted every four years by the government in collaboration with a research centre provides relevant statistical analysis. These regular macro surveys highlight the potential economic gains from a reduction in levels of VAW, and contribute both to a reduction in the social acceptance of VAW and improvements in public policies.

Gender equality in *Sweden* is central to all government policies and resource allocation and for many decades the government has worked to prevent and combat VAW. It is important to consider the links and continuum between different forms of violence and the short- and long-term perspectives. A first prevalence study was conducted in 2001 designed to make a comparison with the 1998 Finnish study and the two surveys showed similar results. Cost studies since have mainly focused on public sector responses but have omitted immaterial costs to the victims, such as loss of quality of life and productivity losses. In 2017, a study was conducted to identify and estimate the longer-term consequences of interpersonal violence on victims. To measure the true costs of VAW and to ensure appropriate resource allocation, it would be necessary to find ways to compare the life outcomes of victims with those of non-victims, including labour market outcomes, health outcomes and life choices made by victims to reduce the risk of violence.

3. Key issues discussed during the seminar

Participants welcomed the opportunity for exchange of information and dialogue. While noting substantial data gaps and limitations in some country contexts, they

⁸ The report about Slovakia cites information from the Advisory Committee on Equal Opportunities for Women and Men [Opinion on an EU Strategy on Violence against Women and Girls, 7 December 2010](#)

considered that the Finnish methodology offered an important model that could either be replicated or else used as a reference point.

Participants were particularly interested to learn how the Finnish researchers had been able to access hospital administrative registers in **compliance with GDPR standards**. The researchers explained that since 2020, all users of health services and social services, including victims' shelters, are registered in a single system. The research team had prepared a detailed plan on how the data would be safeguarded and made anonymous. A separate data manager combined the data from the different registers so the researchers never had access to individual social security numbers. The team had also taken legal advice, and while it had been time-consuming and costly, they considered it was of the utmost importance to ensure ethical safeguards. In other Member States, access to records from health services is often restricted and in many countries victims' shelters only provide information about their services, not individual records in order to protect the anonymity of victims. Participants emphasised it was essential to safeguard victims' confidentiality when accessing administrative registers and other data.

The importance of **clear definitions of VAW** was also highlighted. For instance, the Finnish term 'family violence' includes IPV and parental violence towards children or elderly relatives and is preferred rather than the term DV so as to highlight the relationship and not the place. Participants noted that national legal definitions varied considerably and that coercive control and psychological abuse were not always included, which is a challenge for any cross-country studies. Furthermore, some types of behaviour were not recognised by victims as constituting violence, in particular psychological abuse and coercion, and were thus not reported. It was noted that there are many forms of violence including that perpetrated by women, and violence that takes place outside the home, for example at work. There are also many difficulties in identifying victims within the existing medical classifications (ICD-10).⁹

Participants reviewed the **situation regarding cost assessments of VAW in each country** and the existing challenges and information gaps. Most countries had conducted some form of cost analysis: they included empirical studies or GDP-based cost estimates carried out as part of the 2014 EIGE study, local or regional studies, studies of the costs of a specific service and national studies using administrative data or surveys. However, some studies were conducted a few years ago and need to be updated taking into account new methodologies. Participants highlighted the fragmented nature of administrative data and the difficulty in linking different registers such as health care and legal services or the lack of compatibility between police and justice sectors. Other obstacles faced included poorly developed national administrative records, or difficulties in accessing information

⁹ International Classification of Diseases 2010 <https://icd.who.int/browse10/2010/en#/XX>

because of devolved government structures, or because external funding received by NGOs for shelters was hard to identify.

Mixed methodologies combining victims' surveys with prevalence surveys based on interviews with professionals to determine services used and their costs were considered effective. Where possible, it was useful to create groups to compare victims and non-victims and carry out longitudinal studies to identify long-term and inter-generational impacts. The importance of formulating clear survey questionnaires and training those who are conducting the interviews was highlighted, as well as providing awareness-raising training to health care professionals and prosecutorial services to improve reporting. Participants emphasised the importance of a **holistic approach** with a clear gender focus and the need to give attention to disadvantaged groups and disaggregate data where possible by other characteristics, such as disability, ethnicity or migrant status.

There was also a discussion on **what kinds of specific costs should be considered**, including direct and indirect costs and intangible costs such as the impact on quality of life. Mental health impacts were sometimes difficult to identify, as well as the impact on children and other family members. Participants debated whether costs related to issues such as loss of tax revenue should be included or costs related to perpetrators, such as criminal proceedings. Many participants noted that the visible costs were just the tip of the iceberg. There are many hidden and indirect costs, and many victims do not seek help. Furthermore, many professionals do not record cases adequately. They also noted that victims often must pay privately for various health-related services and prescriptions which are not included in cost calculations.

Participants examined the rationale for carrying out research on the costs of VAW. Research needed to be pragmatic and **find a balance between the costs of the research and the value of the results**. Information on the staggering scale of costs and communicating the results of research effectively was vital in order to influence resource allocations and policy-making. The costs of VAW should be considered relative to other types of violence in society. It is also important to carry out a cost-benefit analysis of awareness-raising and prevention measures to emphasise the fundamental role of early prevention in reducing overall costs.

Finally, throughout the discussion, participants highlighted that COVID-19 lockdowns and restrictions had resulted in a sharp rise in cases of VAW, making the work of preventing and combating VAW yet more urgent.

4. Conclusions and recommendations

Estimating the costs of violence is a difficult and complex task, and there is no one gold standard methodology. There is a huge commitment and hard work underway in the Member States. There is also an urgent need for better administrative data on costs and use of services and better survey data on prevalence of VAW.

Participants called for consistent EU and international pressure to encourage Member States to give priority to GBV and to improve data collection and prevalence surveys. They welcomed a two-pronged approach with initiatives from the EU together with the practical monitoring and reporting from GREVIO.

Sound research provides strong arguments for the importance of preventing and combating VAW. While services are costly, earlier interventions can reduce costs and there are clear cost benefits in carrying out awareness-raising and prevention in order to change harmful attitudes and perceptions.

Participants recommended that the EU together with EIGE could play an important role in developing:

- a common legal definition of what constitutes VAW;
- a common methodology or operational framework for assessing costs;
- cross-country collaborative studies with harmonised procedures;
- guidelines on how to monitor and assess the impact of interventions in order to advocate for greater resource allocation to prevention services;
- further networking opportunities to build upon existing expertise and to facilitate new ideas on research and policy.