
Costs of
Intimate Partner Violence
Against Oregon Women

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Office of Disease Prevention and Epidemiology*

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Costs of Intimate Partner Violence Against Oregon Women

Executive Summary

Background

It is well known that intimate partner violence (IPV) is a public health problem that impacts individuals, families, and communities across Oregon. In order to find out more about the extent and impact of IPV, the Office of Disease Prevention and Epidemiology at the Oregon Department of Human Services conducted a special survey in 2001-2002 with Oregon women age 20-55 years old.

This survey, the Oregon Women's Health and Safety Survey, found that one in ten Oregon women age 20-55 experienced IPV, defined as physical and/or sexual assault by an intimate partner, in the five years preceding the survey—more than 85,000 women. Approximately 30,000 women (3%) experienced IPV in the previous 12 months (Appendix A).

Survey respondents reported a variety of short-term and long-term health problems, including depression, anxiety, and serious injuries like broken bones and concussions. Compared to women who had not been abused, women who experienced IPV reported twice as many days in which physical health problems interfered with their usual activities, like work, school or household chores. Similarly, they reported four times as many days where poor mental health interfered with daily activities¹.

Executive Summary

Costs of IPV in the United States:

For the entire United States, the Centers for Disease Control and Prevention estimate that IPV costs more than \$5.8 billion dollars each year, nearly \$4.1 billion of which is spent on direct medical and mental health care services for victims². Although these are the best numbers available, we know they underestimate the true economic magnitude of IPV for several reasons. First, the estimates are in 1995 dollars and do not include several cost components for which data were unavailable or insufficient, such as certain medical, criminal justice, and social services. Likewise, they do not include any services for male victims or for children who witness violence.

Why Oregonians Should Care About the Costs of IPV to the State:

How much do Oregonians spend each year on IPV and why should we care? Oregon is facing significant economic problems, ranging from slow economic growth to high unemployment rates and budget restrictions for government services at the state and local levels. Cost estimates help demonstrate how much a particular problem impacts the State relative to other problems, which, in turn, can help policymakers make more informed decisions about allocating our tax dollars and other funds.

Costs of IPV in Oregon:

As demonstrated in this report, the costs of intimate partner sexual and physical assault in Oregon exceed \$50 million each year, nearly \$35 million of which is for direct medical and mental health care services. The total annual costs of IPV in Oregon also include approximately \$9.3 million in lost productivity from paid work for victims of nonfatal IPV and approximately \$10.7 million in lifetime earnings lost by victims of IPV homicide. Health care expenditures represent more than two thirds of all IPV-related costs.

Limitations:

As with the national estimate, these cost estimates are likely to underestimate the true cost of IPV in Oregon for several reasons. First, these data are based on a subset of victims: women age 20-55 years old. They do not include the cost of IPV against men or against women younger than 20 or older than 55 years. Second, they are based on 2001 dollars. Costs typically rise each year and should be adjusted for inflation. Health care costs are particularly subject to change. Third, they do not include all services that victims might need, including criminal justice services, services for children who witness IPV, social services (e.g. shelter stays or employment assistance), and some medical services. Finally, where local data were unavailable, some costs (e.g. mental health care visits) were based on national figures. To the extent that Oregon is different from the nation, actual costs may be higher or lower.

Executive Summary

Conclusions:

In addition to the inordinate social burden that IPV places on Oregon communities, the economic costs of IPV in Oregon are conservatively estimated at over \$50 million each year. State government, individuals who are victimized, and employers shoulder much of the cost of intimate partner violence.

However, Oregonians as a whole pay most of the bill—at \$35 million each year—for health care services, whether directly through the government-funded Oregon Health Plan or through increased health insurance premiums. Oregonians also bear the burden of most of the costs that we were unable to estimate here: specifically, law enforcement, criminal justice services, and social services to adult victims, children, and families.

In addition, individual victims suffer physical, mental, and emotional losses, as well as tremendous losses in income due to lost employment and out-of-pocket costs for health care. Lost productivity affects employers and coworkers. IPV accounts for the loss of \$9.2 million annually from missing days of work.

Although these numbers underestimate the annual financial toll that IPV takes on the State of Oregon, they hint at the cost of inaction: over \$50 million each year that could be funding health, education, law enforcement, recreation, social services, or a host of other activities that would benefit the social good. Can Oregonians afford to do nothing?

References:

¹ Oregon Department of Human Services, Health Services, Office of Disease Prevention and Epidemiology. Intimate Partner Violence in Oregon: Findings From the Oregon Women's Health & Safety Survey. Portland, OR; 2004. Available at: <http://egov.oregon.gov/DHS/ph/ipv/>. Accessed June 3, 2005.

² National Center for Injury Prevention and Control. Costs of Intimate Partner Violence Against Women in the United States. Atlanta, GA: Centers for Disease Control and Prevention; 2003.

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Incidence, Prevalence, and Consequences of IPV

Incidence, Prevalence, and Consequences of IPV Against Oregon Women

Cost estimates for IPV are based on several factors, including the number of women suffering nonfatal injuries, the number using medical and mental health services after IPV victimization, and the number who lost time from paid work because of IPV. For these variables, we used data from the Oregon Women’s Health and Safety Survey (OWHSS) and, where necessary, adjusted estimates from the National Violence Against Women Survey (NVAWS). The potential value of lifetime earnings lost as a result of IPV homicide was based on Oregon IPV homicide surveillance data¹.

Incidence and Prevalence of Nonfatal Sexual and Physical Assaults by Intimate Partners:

The OWHSS asked approximately 3,000 Oregon women age 20-55 years if they had been victims of physical and/or sexual assault by an intimate partner (defined as a current or former spouse, partner, or date of either gender) in the 5 years preceding the survey and in the 12 months preceding the survey.

In the survey, physical assault was defined as one or more of a range of behaviors intended to physically harm the victim. These included being pushed, grabbed, shoved, hit, kicked, bit, or slapped “in a way that hurt” or being choked, strangled, shot, stabbed, assaulted with a weapon, or experiencing a drowning attempt. Sexual assault was defined as “sex against your will or without your consent” and further clarified as follows: “by sex, we mean vaginal, anal, or oral sex or inserting fingers or any type of object into your body.” Both completed and attempted sexual assaults were included.

Intimate partner sexual assault—

Three percent (about 25,000 women) had been sexually assaulted by an intimate partner in the past 5 years and 1% (about 8,500 women) in the preceding 12 months (Table 1). Because some women reported multiple sexual assaults in the preceding 12 months, the past-year incidence exceeds the prevalence. Women who were sexually assaulted experienced an average of 2.4 sexual assaults, for an estimated total of 20,599 intimate partner sexual assault victimizations in 2001 (Table 2).

Table 1 Oregon Women Reporting Intimate Partner Violence in Previous 5 Years and in Previous 12 Months, by Victimization Type (N=2,962)

Type of Violence:	In Previous 5 Years		In Previous 12 Months	
	Percent	Number	Percent	Number
Physical Assault	9	78,289	3	24,428
Sexual Assault	3	24,640	1	8,583
Physical and/or Sexual	10	85,576	3	29,102

Source: Oregon Women’s Health & Safety Survey, 2001-2002

Incidence, Prevalence, and Consequences of IPV

Intimate Partner Physical Assaults—

Nine percent (about 78,000 women) reported being physically assaulted by an intimate partner in the past 5 years and 3% (about 24,000 women) had been assaulted in the preceding 12 months (Table 1). Physically assaulted women experienced an average of 1.6 separate assaults, for an estimated total of 39,085 physical assault victimizations in 2001 (Table 2).

Table 2 Estimated Number of Nonfatal Intimate Partner Sexual Assault and Physical Assault Victimizations Against Oregon women, 2001

Type of Victimization	Number of Victims	Average Number of Victimization Per Victim ^a	Total Number of Victimization
Sexual Assault	8,583	2.4	20,599
Physical Assault	24,428	1.6	39,085

Source: Oregon Women's Health & Safety Survey, 2001-2002

^a Derived from 5-year incidence figures

Injuries Among IPV Victims:

Respondents who disclosed intimate partner sexual assault and/or physical assault were asked for details about the most recent assault, including whether or not they were injured and, if so, what type of injuries they sustained. Injured women answered questions about the types of care they obtained following the injury.

The OWHSS found that 43% of sexual assault victims and almost 50% of physical assault victims were injured during the most recent assault. Injuries ranged from bruises and scratches to serious injuries like broken bones, chipped teeth, lacerations, and head injuries.

Victims' Use of Medical Care Services:

Fewer than 1 in 5 injured victims received medical care for their injuries. More than half of those who sought care did so at emergency departments or, in the case of physical assault victims, in the offices of physicians outside of the hospital. Very few women reported the use of ancillary services, such as dental care or physical therapy (Table 3).

Table 3 Injuries Resulting from IPV and Subsequent Medical Care

Injury/Medical Care	Sexual Assault	Physical Assault
Victim was Injured	43%	49.7%
Of Injured Women:		
Received Medical Care	15.2%	18.6%
Type of non-Hospital Care Received:		
Physician Care	19.8% ^a	59.8%
Dental Care	.4% ^a	2.3%
Physical Therapy	.4% ^a	1.7% ^a
Type of Hospital Care Received:		
Emergency Department	57.6% ^a	51.9%
Outpatient Clinic	34.6% ^a	21.3%
Inpatient/Overnight	2.6% ^a	12.2% ^a

Source: Oregon Women's Health & Safety Survey, 2001-2002

^a Estimate is unstable (based on fewer than 5 responses) and is only used as part of intermediate calculations to determine the total costs of IPV.

Incidence, Prevalence, and Consequences of IPV

Estimates of Medical Care Service Use Due to IPV in Oregon:

Of the estimated 20,599 intimate partner sexual assaults every year, 8,858 result in injuries other than the sexual assault itself. Of these, 1,346 receive medical care. Likewise, of the 39,085 intimate partner physical assaults, 19,425 cause injuries, 3,613 of which receive medical care. Each year, 2,650 IPV victimizations result in visits to Oregon emergency departments and 1,236 require treatment at hospital-based outpatient clinics (Table 4). Most victims who seek medical care services require more than one visit, especially for more serious injuries (Table 5).

Table 4 Estimates of Victimization Outcomes and Medical Care Service Use by Victims of Nonfatal Intimate Partner Sexual and Physical Assault, Oregon Women Age 20-55, 2001

Victimization Outcomes & Medical Services Used	Sexual Assault	Physical Assault	Total
Victimizations	20,599	39,085	59,684
Victimization Resulting in Injury ^a	8,858	19,425	28,283
Victimization Resulting in Some Type of Medical Care ^b	1,346	3,613	4,959
Victimization Resulting in:			
Physician Care ^c	267	2,161	2,428
Dental Care ^c	5	83	88
Physical Therapy ^c	5	61	66
Victimization Resulting in Hospital Care			
ED ^c	775	1,875	2,650
Outpatient ^c	466	770	1,236
Inpatient ^c	35	441	476

^a Derived by applying the injury percentages (Table 3) to the total number of victimizations.

^b Derived by applying the medical care percentages (Table 3) to the number of victimizations resulting in injury.

^c Number of victimizations resulting in each type of medical care (e.g. physician care) was derived by applying the percentage reporting use of those services (Table 3) to the overall number of victimizations resulting in medical care.

Table 5 Estimated Average and Total Number of Medical Care Service Uses by Victims of Nonfatal Intimate Partner Sexual and Physical Assault, Oregon Women Age 20-55, 2001

Type of Medical Service	Sexual Assault		Physical Assault		IPV
	Average # of Uses ^a	Total # of Uses ^b	Average # of Uses ^a	Total # of Uses ^b	Total # of Uses
ED Visits	1.9	1,473	1.9	3,563	5,036
Outpatient Visits	1.6	746	3.1	2,387	3,133
Hospital Overnights	3.9	137	5.7	2,514	2,651
Physician Visits	5.2	1,388	3.2	6,915	8,303
Dental Visits	2.3	12	4.4	365	377
Physical Therapy Visits	13.4	67	21.1	1,287	1,354

^a Average Number of Uses estimates derived from NVAWS data

^b Total number of uses for each type of service for sexual assault and physical assault victimizations derived from multiplying the average number of uses by the total number of victimizations resulting in that service (Table 4).

Incidence, Prevalence, and Consequences of IPV

Estimates of Mental Health Care Service Use Due to IPV in Oregon:

IPV victimization is strongly associated with mental health problems, such as depression, anxiety, and post-traumatic stress disorder (PTSD)²⁻⁴. Of the nearly 60,000 estimated sexual and physical assaults by intimate partners each year, over 17,000 result in some type of mental health services for victims. The total number of mental health care visits in Oregon for female IPV victims age 20-55 is estimated at just below 220,000 every year (Table 6).

Table 6 Estimates of Mental Health Care Service Use by Victims of Intimate Partner Violence by Victimization Type, Oregon Women Age 20-55, 2001

Victimization & Mental Health Use Estimates	Sexual Assault	Physical Assault	Total
Total Number of Victimizations	20,599	39,085	59,684
Percent of Victimizations Resulting in MH care ^a	33%	26.4%	---
Estimated Number of Victimizations Resulting in MH Care	6,798	10,318	17,116
Average Number of MH Care Visits ^a	12.4	12.9	---
Total Number of Mental Health Care Visits	84,295	133,102	217,397

^a Derived from NVAWS data

Incidence, Prevalence, and Consequences of IPV

Lost Productivity Due to IPV Victimization:

Compared to women who had not experienced IPV, Oregon IPV victims reported significantly more days where poor mental and/or physical health prevented them from engaging in their usual daily activities, such as work, household chores, or recreation. Data from the NVAWS indicate that about 1 in 5 women who experience intimate partner sexual or physical assault will lose time from paid work as a result of the assault. Likewise, approximately 1 in 10 victims lose time from household chores (Table 7). Victims of both IPV sexual and physical assault average just over 8 days of lost time from paid work. According to these estimates, Oregon women lose over 85,000 days of paid work each year because of IPV victimizations. This is the equivalent of 344 full-time jobs each year. Approximately 71,000 additional days are lost from household chores (Table 8).

Table 7 Estimated Percentage of Victims and Number of Nonfatal Victimization of Intimate Partner Sexual and Physical Assault, by Time Lost from Paid Work and Household Chores, Oregon Women Age 20-55, 2001

Victimization Type	Activity	Percent Victims ^a	Number of Victimations
Sexual Assault	Paid Work	21.5%	4,429
	Household Chores	13.5%	2,781
Physical Assault	Paid Work	17.5%	6,840
	Household Chores	10.3%	4,026
Total	Paid Work	---	11,269
	Household Chores	---	6,807

^a Estimated percent resulting in lost productivity derived from NVAWS data

Table 8 Estimated Lost Productivity Among Victims of Nonfatal Intimate Partner Violence, by Victimization Type and Time Lost from Paid Work and Household Chores, Oregon Women Age 20-55, 2001

Victimization Type	Activity	Days Lost		
		Average ^a	Total	Lost Full-Time Job Equivalent ^b
Sexual assault	Paid Work	8.1	35,875	145
	Household Chores	13.5	37,544	---
Physical Assault	Paid Work	7.2	49,248	199
	Household Chores	8.4	33,818	---
Total	Paid Work	---	85,123	344
	Household Chores	---	71,362	---

^aAverage number of days lost due to victimization derived from NVAWS data

^bThe estimates of lost full-time job equivalents conservatively assume 248 work days per year.

Incidence, Prevalence, and Consequences of IPV

Intimate Partner Homicides Among Oregon Women Age 20-55:

Data regarding intimate partner homicides are collected each year from Oregon death certificates, medical examiner records, and police reports. In 2001, the same year as the data from the OWHSS, 14 Oregon women age 20-55 years were killed by intimate partners.

Summary:

Nearly 60,000 intimate partner sexual and physical assaults occur among Oregon women age 20-55 each year. This violence results in over 28,000 injuries and about 14 deaths. Of the nonfatal injuries, almost 5,000 seek medical attention, including 4,362 visits to hospitals. Almost 500 injuries were serious enough to warrant hospital admission for one or more nights. IPV also results in nearly 220,000 mental health care visits each year.

In addition to the medical and mental health care visits required, IPV often results in lost productivity. Each year, IPV victims lose over 85,000 days of paid work and 71,000 days of household chores due to physical and/or sexual assaults by intimate partners. IPV homicide victims and their families lose the value of their potential lifetime earnings.

IPV places an incalculable social burden on Oregon communities. In the next section, we will estimate the economic burden placed on Oregon each year from direct and indirect costs from IPV.

References:

¹ Drach, L. (2004) Intimate partner homicide in Oregon, 1997-2003. Portland, OR: Oregon Department of Human Services, Office of Disease Prevention and Epidemiology. Available at: <http://oregon.gov/DHS/ph/ipv/>. Accessed June 3, 2005.

² Oregon Department of Human Services, Office of Disease Prevention and Epidemiology. Intimate Partner Violence in Oregon: Findings from the Oregon Women's Health & Safety Survey. Portland (OR); 2004. Available at: <http://oregon.gov/DHS/ph/ipv/>. Accessed June 3, 2005.

³ Dienemann J, Boyle E, Baker D, Resnick W, Wiederhorn N, Campbell J. Intimate partner abuse among women diagnosed with depression. *Issues in Mental Health Nursing*, 21: 499-513, 2000.

⁴ Campbell JC. Health consequences of intimate partner violence. *The Lancet*, 359:1331-36, 2002.

Costs of IPV in Oregon

Costs of IPV in Oregon

Cost estimates help demonstrate the economic impact a problem has on society and can help policymakers make evidence-based decisions about resource allocation—an especially important consideration when funding for health and social services is scarce. This section provides the estimated annual costs of medical care, mental health care, lost productivity from paid work, and present value of lifetime earnings associated with IPV against Oregon women age 20-55 years old. The data presented here are based on the costs of victimizations that occurred in 2001, the most recent year for which data are available. They represent a subset of the population affected by IPV because they only include women age 20-55 years old. Also, as noted by the Centers for Disease Control: “costs related to victimization in a given year are not always incurred in that year¹.” Some of the consequences of IPV are long-term. For example, treatment for mental health issues or injuries related to IPV could last for years beyond the initial victimization. Therefore, the estimated costs presented in this section underestimate the current economic magnitude of IPV for the entire population affected. Nevertheless, they represent the most current, reliable data available for the state of Oregon.

Calculating the Costs of IPV:

The economic costs of IPV can be conceptualized as falling under two categories: direct and indirect costs.

- **Direct costs** include all actual dollar expenditures related to IPV, whether paid by the victim or by society (e.g. through the Oregon Health Plan). They include dollars spent on health care services, such as emergency department visits, hospitalizations, outpatient treatment, physical therapy, mental health visits, and dental care. Costs of medical and mental health care services were based on CDC estimates, adjusted for inflation using the Consumer Price Index². Not all direct costs are captured in these estimates. For example, IPV victims may have incurred costs for ambulance services, surgeries, or prescription drugs, but these data were not available for inclusion in these estimates.
- **Indirect costs**, also known as opportunity costs, represent the value of lost productivity for paid work (for nonfatal injuries) and the present value of lifetime earnings (for victims of IPV homicide). Lost productivity was measured by the number of days a victim was unable to perform paid work because of illness, injury, or disability related to IPV. The value of lost productivity was calculated using the mean daily values of work, which is based on data from the U.S. Department of Labor’s Bureau of Labor Statistics³. The present value of lifetime earnings (PVLE) was calculated by multiplying the number of IPV homicide victims for each age group by the average present value of anticipated future earnings of women in those age groups⁴. The costs of lost household work were not included in these estimates, nor were the PVLE for the 3 children killed with their mother during one of the IPV homicides that occurred in the target age group in 2001.

Costs of IPV in Oregon

Medical Care Costs:

For these analyses, medical care costs include physician visits, physical therapy, dental care, trips to the emergency department or hospital outpatient clinic, and inpatient hospitalizations. Costs for physical and sexual assaults were calculated separately. If a single event involved both physical and sexual assault, it was counted as a sexual assault, in order to avoid counting the same victimization twice.

Intimate partner sexual assault—

According to estimates from the OWHSS, 20,599 intimate partner sexual assaults occur among women each year. Nearly half (43%) of these result in physical injuries other than the sexual assault itself, 15.2% of which receive medical care. An estimated 1,346 Oregon women receive medical care for injuries because of intimate partner sexual assaults each year (Table 4). Table 9 reflects the unit cost per medical service and the cost per sexual assault. The mean medical care cost per IPV sexual assault is \$77.38.

Table 9 Estimated Annual Medical Care Service Use Costs for Nonfatal Intimate Partner Sexual Assault, Oregon Women Age 20-55, 2001

Type of Medical Service	# of Sexual Assaults Receiving Type of Medical Service	Average # of Uses Per Sexual Assault	Total Uses	Unit Cost Per Service ^a	Cost Per Sexual assault	
					All Sexual Assaults ^b	Sexual Assaults Receiving Type of Medical Service
ED Visits	775 ^c	1.9	1,473	\$431.55	\$30.86	\$820.22
Outpatient Visits	466 ^c	1.6	746	\$432.62	\$15.67	\$692.56
Hospital Overnights	35 ^c	3.9	137	\$3,136.34	\$20.86	\$12,276.53
Physician Visits	267 ^c	5.2	1,388	\$139.66	\$9.41	\$726.02
Dental Visits	5 ^c	2.3	12	\$384.47	\$0.22	\$922.73
Physical Therapy Visits	5 ^c	13.4	67	\$111.69	\$0.36	\$1,496.65

^a Based on NVAWS Unit Cost for Service Data, Adjusted for Yearly Inflation Using Consumer Price Index for Medical Services

^b To determine the cost per sexual assault across all sexual assaults, the total cost associated with each medical care service is divided by the estimated total number of sexual assaults (n=20,599), whether or not the victim was injured.

^c Estimates are unstable (based on small underlying number) and are used only as part of intermediate calculations.

Costs of IPV in Oregon

Intimate partner physical assault—

Based on OWHSS estimates, there are 39,085 physical assaults by intimate partners each year in Oregon. Half (49.7%) of these assaults cause injuries and 18.6% of those receive medical care, for a total of 3,613 incidents annually that receive medical care (Table 4). Table 10 presents the unit cost per medical service and the cost per IPV physical assault. The mean medical care cost per IPV physical assault is \$299.47.

Table 10 Estimated Annual Medical Care Service Use Costs for Nonfatal Intimate Partner Physical Assault, Oregon Women Age 20-55, 2001

Type of Medical Service	# of Physical Assaults Receiving Type of Medical Service	Average # of Uses Per Assault	Total Uses	Unit Cost Per Service ^a	Cost Per Physical Assault	
					All Physical Assaults ^b	Physical Assaults Receiving Type of Medical Service
ED Visits	1,875	1.9	3,563	\$431.55	\$39.34	\$820.06
Outpatient Visits	770	3.1	2,387	\$432.62	\$26.42	\$1,341.12
Hospital Overnights	441 ^c	5.7	2,514	\$3,136.34	\$201.73	\$17,879.27
Physician Visits	2,161	3.2	6,915	\$139.66	\$24.71	\$446.90
Dental Visits	83	4.4	365	\$384.47	\$3.59	\$1,690.74
Physical Therapy Visits	61 ^c	21.1	1,287	\$111.69	\$3.68	\$2,356.48

^a Based on NVAWS Unit Cost for Service Data, Adjusted for Yearly Inflation Using Consumer Price Index for Medical Services.

^b To determine the cost per physical assault across all physical assaults, the total cost associated with each medical care service is divided by the estimated total number of physical assaults (n=39,085), whether or not the victim was injured.

^c Estimates are unstable (based on small underlying number) and are used only as part of intermediate calculations.

Mental Health Care Costs:

IPV is commonly associated with mental health conditions, such as depression, anxiety, and post-traumatic stress disorder. Although women who responded to the OWHSS were not asked about mental health visits, these data were available from the NVAWS. Because mental health care usually consists of multiple visits over an extended period of time, the cost of these services is substantial. Oregon costs for mental health care were established by applying our victimization numbers to the national mental health care usage numbers, which were adjusted for inflation using the Consumer Price Index. To the extent that Oregon differs from the rest of the nation, these numbers may be higher or lower, but they provide the best available estimate at this time.

Costs of IPV in Oregon

Sexual Assault—

According to NVAWS estimates, 33% of IPV sexual assaults result in the victim’s use of mental health services. On average, each incident requires 12.4 visits, for an estimated total of 84,295 mental health care visits in Oregon each year due to IPV sexual assaults (Table 6). The unit cost of a mental health care visit in 2001 was \$98.15, so the total annual expenditure in Oregon for mental health care related to IPV sexual assaults is \$8,273,554. The mean mental health care cost per IPV sexual assault incident is \$401.65.

Physical Assault—

According to NVAWS estimates, 26.4% of IPV physical assaults result in the victim’s use of mental health services. On average, each incident requires 12.9 visits, for an estimated total of 133,102 mental health care visits in Oregon each year due to IPV physical assaults (Table 6). The unit cost of a mental health care visit in 2001 was \$98.15, so the total annual expenditure in Oregon for mental health care related to IPV physical assaults is \$13,063,961. The mean mental health care cost per IPV physical assault incident is \$334.24.

Total Health Care Costs:

The estimated annual health care costs of IPV for Oregon women age 20-55 years, including medical and mental health care costs, is just under \$35 million. Of these costs, 71.5% is attributable to intimate partner physical assaults due to the larger number of victimizations (39,085 per year compared to 20,599 sexual assaults per year), as well as the larger proportion of victims who both experience injuries and seek medical care. The total medical and mental health care cost per victimization against Oregon women age 20-55 years was about \$479 per sexual assault and \$634 per physical assault (Table 11).

Table 11 Estimated Average Health Care Costs per Nonfatal Intimate Partner Sexual and Physical Assault Victimization Against Oregon Women Age 20-55, 2001

Health Care Costs	Sexual Assault ^a	Physical Assault ^a
Medical Care, Total	\$77.38	\$299.47
ED visits	\$30.86	\$39.34
Outpatient visits	\$15.67	\$26.42
Hospital overnights	\$20.86	\$201.73
Physician visits	\$9.41	\$24.71
Dental care	\$0.22	\$3.59
Physical therapy	\$0.36	\$3.68
Mental Health, Total	\$401.65	\$334.24
TOTAL	\$479.03	\$633.71

^a Based on 20,599 annual sexual assault victimizations and 39,085 annual physical assault victimizations.

Costs of IPV in Oregon

Source of Payment for Medical Care Costs in Oregon:

According to data from the OWHSS, approximately 50% of medical care costs for IPV physical assaults and 39% of medical care costs for IPV sexual assaults were covered by some kind of private insurance or group coverage. However, a large proportion of patients paid for care out of pocket or used the Oregon Health Plan or another public source (e.g. Veteran's Administration benefits or free, public clinics) to cover the costs of their IPV-related medical care.

Lost Productivity:

Victims of IPV lose time from their regular activities, such as paid work, household chores, and leisure activities, due to injuries and mental health issues. Among IPV sexual assault victims, the mean daily earnings lost are \$102.73, while among physical assault victims, the mean daily earnings lost are \$113.44³. According to NVAWS estimates, more than one-fifth (21.5%) of the women sexual assaulted by an intimate partner and about one in six (17.5%) women physically assaulted by an intimate partner report losing time from work because of IPV assaults (Table 7). This amounts to an estimated \$3.7 million dollars annually in lost wages due to IPV sexual assault and just under \$5.6 million dollars in lost wages due to IPV physical assault. The value of lost productivity for household chores was not estimated, but it should be remembered that Oregon women age 20-55 lose an estimated 71,000 days from household chores annually due to IPV: a significant loss to Oregon families.

Present Value of Lifetime Earnings:

The present value of lifetime earnings (PVLE) measures the expected value of lost wages that IPV homicide victims would have otherwise contributed to society had they been able to live out their full life expectancies. Each year in Oregon, intimate partners kill an estimated 14 women between the ages of 20-55. The PVLE for these IPV homicide victims is an estimated \$10,746,400, which amounts to \$767,600 per fatality. (See Appendix B for PVLE by age group).

Costs of IPV in Oregon

Total Costs of IPV in Oregon for Female Victims Age 20-55:

The total cost of sexual and physical assaults by intimate partners, including direct and indirect costs, exceeds **\$50 million dollars annually in Oregon**. (Table 12). Furthermore, this figure clearly underestimates the monetary costs of IPV because:

- a. It only involves costs incurred by a subset of victims: women age 20-55 years,
- b. Some costs, such as days lost from household chores, could not be calculated,
- c. The medical costs, while comprehensive, do not cover every cost. For example, prescription drugs and ambulance costs may be a significant burden to IPV victims, but were not considered in our calculations,
- d. The costs are based on the most recent data available, which were from 2001. Due to inflation, services and wages are likely to have a higher dollar value now than they did in 2001, and
- e. Other costs, such as police and justice department services, were not even considered. All of these services add to the societal cost of IPV.

Table 12 Estimated Total Costs of Intimate Partner Violence Against Oregon Women Age 20-55 Years, 2001

Type of Cost	Estimate Total Cost
Health Care	\$34,636,094
Lost Productivity:	
Paid Work	\$9,272,132
Lifetime Earnings	\$10,746,400
TOTAL COSTS (direct + indirect)	\$54,654,626

Conclusions

In addition to the inordinate social burden that IPV places on Oregon communities, the economic costs of IPV in Oregon are conservatively estimated at over \$50 million each year. In comparison, the entire annual budget in Oregon for primary prevention of sexual violence (against all groups) is less than 1% of the total costs of IPV⁵.

Think of what \$50 million each year could buy Oregonians in terms of health, education, law enforcement, and social services. For example, the total 2003-2005 biennial budget for the Oregon State Police was about \$200 million each year, which must support a wide range of services, including patrol services (\$36.7 million/year), forensics for criminal justice agencies (\$11 million/year), and medical examiner services (\$2 million/year). According to the Oregon State Police, “unstable, inadequate, and low priority funding has resulted in unacceptable staffing and infrastructure levels leading to serious public safety impacts⁶.” Oregon’s health, education, and social service sectors could make similar statements.

State government, individuals who are victimized, and employers shoulder the cost of intimate partner violence. Oregonians bear much of the cost for the \$35 million spent annually on health care services, whether directly through the government-funded Oregon Health Plan or through increased health insurance premiums. The larger society also bears the burden of most of the costs that we were unable to estimate here: specifically, law enforcement, criminal justice services, and social services to adult victims, children, and families. Individual victims suffer physical, mental, and emotional losses, as well as tremendous losses in income due to lost employment and out-of-pocket costs for health care. Employers suffer from lost productivity. IPV accounts for the loss of \$9.2 million annually from missing days of work.

Although these numbers underestimate the annual financial toll that IPV takes on the State of Oregon, they hint at the cost of inaction: over \$50 million each year that could be funding health, education, law enforcement, recreation, social services, or a host of other activities that would benefit the social good. Can Oregonians afford to do nothing?

References:

¹ National Center for Injury Prevention and Control. Costs of Intimate Partner Violence Against Women in the United States. Atlanta (GA): Centers for Disease Control and Prevention; 2003.

² United States Department of Labor, Bureau of Labor Statistics. Washington, DC. Available at: <http://www.bls.gov>. Accessed April 28, 2005.

³ United States Department of Labor, Bureau of Labor Statistics. Washington, DC. Available at: <http://www.bls.gov/opub/ted/1999/May/wk2/art02.txt>. Accessed April 28, 2005.

⁴ United States Department of Labor, Bureau of Labor Statistics. Washington, DC. Available at: <http://www.bls.gov/cps/wlf-tables13.pdf>. Accessed April 28, 2005.

⁵ Annual budget for primary prevention of sexual violence in Oregon is \$503,165 (federal grant dollars): National Center for Injury Prevention, Sexual assault Prevention Education Grant #VF1/CCV019894, (11/1/04-10/31/05).

⁶ The total budget for the Oregon State Police in the 2003-2005 biennium was \$406,917,768. See http://egov.oregon.gov/OSP/docs/FACT_SHEET_Funding.pdf. Accessed June 2, 2005.

Profile of IPV in Oregon: Summary of Findings from the Oregon Women's Health and Safety Survey

Intimate partner violence (IPV) is a major public health problem that occurs within all social, economic, religious, and cultural groups¹. Women's overall risk of IPV is three times higher than men's risk, but this ratio becomes even more pronounced as the severity of the assault increases, with female victims far more likely to be seriously injured or killed. For example, women are about 2 to 3 times more likely than men to report that their partner pushed or shoved them, but 7 to 14 times more likely to report being beat up, choked, or threatened with a gun or knife². Furthermore, the rate of intimate partner homicide is four times higher for Oregon women than for Oregon men³. Because women experience more IPV and more IPV-related injuries and deaths, we conducted a special survey with Oregon women, the Oregon Women's Health and Safety Survey, to learn more about their experiences of violence, summarized below.

IPV is pervasive in Oregon.

- One in ten Oregon women age 20-55 experienced physical and/or sexual assault by an intimate partner (the survey definition of IPV) in the five years preceding the survey—over 85,000 women.
- Approximately 30,000 women (3%) experienced IPV in the 12 months preceding the survey.

The magnitude of this problem far exceeds many other threats to the health and quality of life of Oregon women.

IPV is associated with a variety of short-term and long-term health problems.

- In a five-year period, approximately 11,000 women who were physically assaulted and 7,500 women who were sexually assaulted by intimate partners sustained serious injuries, including broken bones, internal injuries, head injuries, and lacerations or knife wounds.
- Fewer than 2 in 5 seriously injured women received medical care.
- Among women who did seek medical care, about three quarters of physical assault victims and about half of sexual assault victims told their health care provider that their injuries were the result of IPV.
- Oregon women whose partners physically or sexually assaulted them were twice as likely to experience chronic depression, three times as likely to have chronic anxiety, and four times as likely to have post-traumatic stress disorder. They were also twice as likely to have considered suicide in the past year.

Appendix A

Although few women with IPV-related injuries sought medical care, it is encouraging that many who did disclosed the source of their injuries because health care providers are uniquely positioned to refer victims to services. Health care visits for longer-term problems, such as mental health conditions, also provide clinicians with opportunities to screen women for IPV and to provide important antiviolence messages.

IPV is often a chronic condition that includes multiple types of abuse.

- Women whose partners were emotionally abusive to them were more likely to report that their partners also physically or sexually assaulted them.
- Threats of violence were strongly associated with IPV. Women whose partners had threatened them with violence in the past 5 years were more than 40 times more likely to report that their partners also physically or sexually assaulted them during the same time period.
- Women who experienced IPV averaged 8 physical assaults and 12 sexual assaults over a five-year period.

Threats of violence and emotionally abusive behaviors by intimate partners need to be taken seriously because women who experience these types of abuse are more likely to experience physical and sexual assault, as well. Although IPV can be an isolated incident, for many women, it involves multiple events over time.

Children are affected by IPV.

- Children witnessed 33% of intimate partner physical assaults and 20% of intimate partner rapes.

Many studies indicate that children who witness violence are at risk of developing a wide variety of physical, emotional, and behavioral problems.

American Indian women reported a disproportionate amount of IPV.

- After controlling for other factors, American Indian women were 4 times as likely to report IPV as women of other racial backgrounds.

More information is needed in order to design effective prevention programs, since the broad category “American Indian” obscures differences that may exist between tribes and groups. Many historical, cultural, and environmental factors that may be related to race, but were not measured in this survey, may influence IPV rates and IPV disclosure. It is important that American Indian communities receive resources needed to further explore these complexities, in order to help the community members most affected by IPV.

The criminal justice system is not involved in the majority of IPV cases.

- Most women who experienced IPV did not report the most recent incident to the police. Common reasons for not reporting IPV to police included the belief that the incident was “too minor” or “not a police matter” and fear of the perpetrator.
- About one-fourth of physical assault victims and one fifth of sexual assault victims got a restraining order against the intimate partner who assaulted them.

Efforts to lessen the stigma of IPV and to protect women from perpetrators may allow more women to report IPV to police. At present, the low percentage of reports suggests that relying on criminal justice data to measure IPV rates in Oregon will result in a serious undercount.

Because IPV is so prevalent throughout Oregon communities, population-wide health promotion and violence prevention efforts are necessary to address the problem. IPV prevention requires the creation of a social environment that promotes healthy relationships and discourages violence as an acceptable response to conflict. We need to support a coordinated community response to IPV, including system level activities in health care and law enforcement, and prevention activities directed towards people at risk and the entire community. At the relationship and individual levels, we need to increase support services for victims and families, and design and implement appropriate interventions for perpetrators.

References:

¹ Krug EG et al, eds. World report on violence and health. Geneva, World Health Organization, 2002.

² Tjaden P, Thoennes N. Extent, nature, and consequences of intimate partner violence. Washington, DC: U.S. Department of Justice, 2000; DOJ publication no. NCJ 181867.

³ Intimate Partner Homicide in Oregon, 1997-2003. Available at http://oregon.gov/DHS/ph/ipv/docs/IPV_Homicide97-03.pdf. Accessed July 25, 2005.

Appendix B

Calculating Age Group-Specific Estimates of Present Value of Lifetime Earnings

Present Value of Lifetime Earnings (PVLE) Among 20-55 Year-Old Female Victims of Intimate Partner Homicide by Age Group, Oregon, 2001

Age Group	Number of Homicides	Mean PVLE ^a	Total PVLE
20-24	1	\$1,045,015	\$1,045,015
25-29	2	\$1,008,389	\$2,016,777
30-34	2	\$929,307	\$1,858,613
35-39	1	\$822,423	\$822,423
40-44	5	\$695,470	\$3,477,349
45-49	2	\$555,936	\$1,111,872
50-54	1	\$414,348	\$414,348
55	0	\$280,915	\$0
Overall Total	14	N/A	\$10,746,399

^a National Center for Injury Prevention and Control. Costs of Intimate Partner Violence Against Women in the United States. Atlanta (GA): Centers for Disease Control and Prevention; 2003. Our numbers were adjusted for inflation using the Consumer Price Index.

For more information on intimate partner violence, please consult the following resources:

- Oregon Department of Human Services, IPV Data Collection Project: <http://egov.oregon.gov/DHS/ph/ipv/>
- Centers for Disease Control and Prevention www.cdc.gov/
- Family Violence Prevention Fund www.endabuse.org
- Department of Justice, Violence Against Women Office www.ojp.usdoj.gov/vawo/

To find out more about volunteer opportunities to help prevent IPV or to help women and children affected by IPV, please call:

- Portland Women's Crisis Line
(503) 235-5333, crisis line
1-888-235-5333, toll-free crisis line
(503) 232-9751, office line
- Volunteers of America Home Free
(503) 232-6562, crisis line
(503) 771-5503, office line

