

Impact of Domestic Violence on Women and Children in Albania





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RESEARCH BRIEF

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June 2019

1. This survey was conducted by INSTAT with technical expertise provided by and report writing led by Dr. Robin Haarr, international consultant, supported by UNDP and UN Women and financial contribution through the Government of Australia in the framework of the regional gender statistics and SDGs project “Women Count” and the Government of Sweden in the framework of the UN Joint Programme on Ending Violence Against Women in Albania. Opinions and views expressed in this report do not necessarily reflect those of UNDP, UN Women and/or their donors.



INTRODUCTION

Violence against women (VAW) is a pervasive violation of human rights and a global public health problem of epidemic proportions. VAW is recognized as both a cause and consequence of gender inequality, and is a major obstacle to women and girls' enjoyment of human rights and their full participation in society and the economy.

There is no single factor that causes VAW; rather, there are a combination of elements operating at different levels of the 'social ecology' that perpetuate and reinforce gender discriminatory and biased attitudes, norms, and practices that contribute to the pervasive imbalance of power that exists between men and women within societies and contributes to VAW.

VAW manifests in various forms of physical, sexual, psychological, and economic violence that occur in public and private spaces. VAW undermines the mental and physical health and well-being of women and girls and can have a negative impact on their long-term sense of safety, stability, and peace. VAW also has serious implications for the development and advancement of women, and their contribution to the economy.

VAW is not a new phenomenon in Albania, but has deep roots in the patriarchal traditions

and customs that have long-shaped Albania, including strict gender identities and roles, patriarchal authority, adherence to an honour-and-shame system, customs of hierarchal ordering within the family, and intergenerational family control.

In 2007, with technical assistance and support from UNDP and UNICEF, INSTAT conducted the first National Domestic Violence Survey (NDVS). In 2013, with technical assistance from UNDP and financial support from Swedish International Development Cooperation Agency (SIDA), INSTAT conducted the 2nd NDVS. The 2018 National Violence Against Women Survey (NVAWS) used a similar methodology and data collection tools as the 2013 NDVS to collect reliable data on the nature and prevalence of intimate partner violence, and was extended to collect data on dating violence, non-partner violence, sexual harassment, stalking, and social norms related to VAW.

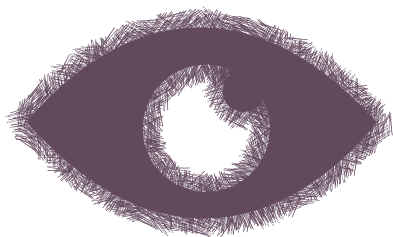
RESEARCH DESIGN

The 2018 NVAWS in Albania was developed to measure the nature and extent of intimate partner domestic violence and the negative impacts of domestic violence on women and children. More specifically, this includes women experiences of domestic violence-related injuries and disruptions to their paid work (employment) and household chores and child care. The study also explored the relationship between alcohol consumption of husband/partner's, particularly frequency of drunkenness, and women's experiences of domestic violence and domestic violence-related injuries. The study also explored the relationship between women's experiences with intimate partner sexual violence and their husband/partner's restriction of contraceptive use and exposure to sexual transmitted infections (STIs). The study also estimates children's exposure to domestic violence and the negative impacts of domestic violence on children, particularly emotional and behavioural problems experienced by children. It is important that policy- and decision-makers understand the negative impact of domestic violence on women and children, and the costs of domestic violence for families, communities, businesses and society at-large. Understanding the economic costs of intimate partner violence (IPV) can aid policymakers in allocating resources more effectively and efficiently.

Sample of Women

The final sample of women included 3,443 households and women age 18-74. The sample was not equally distributed across prefectures, as more women were sampled in Tirana (27.1%), the capital city which has a much larger population, and in Fier (11.5%) and Elbasan (10.6%), compared to Kukës (3.0%) and Gjirokastër (2.6%) where far fewer women were sampled. There was a fairly equal distribution of women sampled across each of the age groups. Women ranged in age from 18 to 74 years with an average age of 43.6 years. In terms of education, 42.4% of women had a lower secondary education (8-9 years), 27.8% had a upper secondary education, and 19.7% had a university education; only 7.7% of women had only a primary education or less.

The majority of women sampled were currently married and/or living with a male partner (73.3%); 20.3% were not currently married or living with a male partner. Only 4.1% were widowed, 1.2% divorced, and .2% separated or broken up with their current male husband/boyfriend. The majority of women first married or lived together with a man at 18-24 years of age (63.2%).



3,443
WOMEN INCLUDED

43.6
AVERAGE AGE

73.3%
CURRENTLY MARRIED

DOMESTIC VIOLENCE INJURIES

Battered women often experience domestic violence injuries. Research has shown that chronic conditions can be caused by or exacerbated by domestic violence and the stress that violence and abusive relationships have on battered women.¹ Domestic violence can contribute to:

- Neurological conditions and injuries – chronic pain, speech problems, migraines and/or headaches, central nervous system problems, back pain, stroke, traumatic brain injury, hemorrhage and/or vision impairment
- Cardiovascular and respiratory conditions and injuries – hypertension, chest pain, hyperventilation, heart disease, asthma and/or heart attack
- Intestinal and digestive conditions and injuries – gastrointestinal issues, stomach ulcers, spastic colon/indigestion/diarrhea, irritable bowel syndrome and/or abdominal pain
- Reproductive and genital conditions and injuries – cervical cancer, dysmenorrhea, poor pregnancy outcomes, sexual transmitted infection, vaginal bleeding/tearing, vaginal infection, urinary tract infection, painful intercourse and/or anal bleeding/tearing
- Physical and visible conditions and injuries – healing issues, contusions, lacerations, broken bones and fractures, hand prints (marks from another), strangulation marks (around neck), hematomas, tendon/ligament injuries, facial trauma and/or broken teeth

- Mental health conditions – depression, suicidal ideations and behaviours, post-traumatic stress disorder, alcohol abuse, drug abuse, anxiety, chronic and/or acute stress

Despite the challenge of getting women to talk about their domestic violence injuries, the survey was designed to measure women's injuries related to incidents of physical violence. Table 1 shows that more than 1 out of 2 or 58.8% of women who 'ever' experienced physical violence experienced domestic violence injuries, and nearly 3 out of 4 or 72.4% of women who experienced physical violence in the 12 months prior to the survey (current) experienced domestic violence injuries (one or more of the 9 types of domestic violence injuries measured).

The majority of women who experienced physical violence experienced fear, anxiety, depression, feelings of isolation, sleeplessness and/or irritability (56.0% of women who 'ever' and 61.1% who 'currently' experienced physical violence). The relationship between domestic violence and mental health is well documented. Research has found that psychological distress is higher among women who experience intimate partner violence, compared to women in the general population. Research has also found that the risk of post-traumatic stress disorder (PTSD) is higher among women exposed to intimate partner violence than any other mental health condition.²

1. Conditions & Injuries Related to Domestic Violence. National Prevention Toolkit on Domestic Violence for Medical Professionals, 2014. Florida State University.

2. Ferrari, G., R. Agnew-Davies, J. Bailey, L. Howard, E. Howarth, T.J. Peters, L. Sardinha & G.S. Feder. (2016). Domestic violence and mental health: a cross-sectional survey of women seeking help from domestic violence support services. *Global Health Action*, 9:20.3402/gha.v9.29890.

Table 1. Domestic violence injuries among women who experienced physical violence

	Physical violence (ever)	Physical violence (current)
Experienced domestic violence injuries (one or more of the 9 types)	58.8%	72.4%
Fear, anxiety, depression, feelings of isolation, sleeplessness and/or irritability	56.0%	61.1%
Cuts, scratches, aches, redness or swelling and/or other minor marks	23.6%	28.1%
Eye injuries, dislocations, sprains and/or blistering from burns	6.5%	12.4%
Head injuries, concussions and/or hearing loss	2.0%	2.6%
Abdominal injuries	2.1%	1.0%
Deep wounds, broken bones, broken teeth, blackened or charred skin from burns or any other serious injury	1.2%	1.2%
Loss of memory	0.5%	0.2%
Miscarriage	2.6%	1.2%
Permanent injury or disfigurement	1.1%	0.0%

Table 1 also shows that 23.6% of women who 'ever' and 28.1% who 'currently' experienced physical violence experienced domestic violence physical injuries, in the form of cuts, scratches, aches, redness or swelling and/or other minor marks. Women also reported experiencing more serious injuries, including: eye injuries, dislocations, sprains and/or blistering from burns (6.5% ever, 12.4% current); miscarriages (2.6% ever, 1.2% current); head injuries, concussions and/or hearing loss (2.0% ever, 2.6% current); abdominal injuries (2.1% ever, 1.0% current); deep wounds, broken bones, broken teeth, blackened or charred skin from burns and/or any other serious injury (1.2% ever, 1.2% current); permanent injury and/or disfigurement (1.1% ever, 0.0% current); and loss of memory (0.5% ever, 0.2% current). Battered women often experience more than one type of domestic violence injuries. Multiple types of injuries can be related to one incident of domestic violence or the cumulative effect of multiple and repeated acts of domestic violence.

Five percent of women who experienced physical violence were hurt bad enough by

their husband/partner that they needed health care, even if they did not receive it. Among women who needed health care for domestic violence injuries, 7.7% reported they needed health care for their domestic violence injuries in the past 12 months.

Among women who experienced domestic violence injuries in the 12 months prior to the survey, 23.1% had to spend nights in a hospital due to their injuries, yet only 13.4% told a health worker that domestic violence was the cause of their injuries. It is likely that women often do not tell doctors or nurses that domestic violence was the cause of their injuries; domestic violence victims will often lie about the cause of their injuries to protect their husband/partner and out of fear, shame and embarrassment. At the same time, doctors and nurses often do not screen for domestic violence or ask women about the cause of women's injuries, particularly if it is not mandatory. Multiple medical care visits are often required for each intimate partner victimization. Future studies should measure the average number of hospital emergency room visits per victimization.

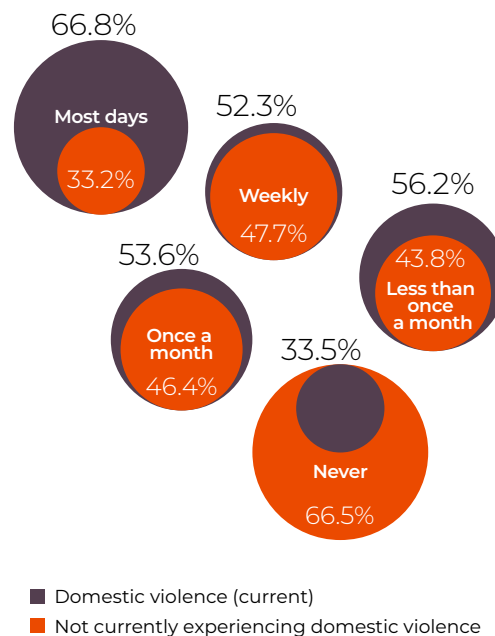
ALCOHOL AND DOMESTIC VIOLENCE

The relationship between alcohol use/abuse and domestic violence is complicated.^{3,4} A common myth or widely held misperception is that alcohol is a cause of domestic violence; in reality, alcohol does not cause domestic violence, although some abusive husbands/partners use alcohol as an excuse for becoming violent. While an abuser's alcohol use/abuse may have an effect on the severity of domestic violence or the ease with which the abusive husband/partner can justify his actions, an abusive husband/partner does not become violent because of alcohol. In other words, drinking does not cause an abusive husband/partner to lose control of his temper; rather, domestic violence is used to exert power and control over another person (it does not represent a loss of control).

The 2018 NVAWS explored the relationship between husbands/partners' alcohol consumption, particularly frequency of drunkenness, and women's experiences with domestic violence. Chart 1 shows that women who were currently experiencing domestic violence were two times more likely to see their husband/partner drunk most days (66.8%), compared to women who did not experience domestic violence in the 12 months prior to the interview (33.2%). Women who saw their husband/partner drunk most days more likely to experience domestic violence, compared to women who saw their husband/partner drunk less often (i.e., on a weekly basis, once a month, and less than once a month). Women who did not experience domestic violence in the 12 months prior to the interview were more likely to have never seen their husband/partner drunk in

the past 12 months (66.5%). This data shows a relationship between alcohol use/abuse and domestic violence.

Chart 1. Relationship between husband/partner's drunkenness and domestic violence



An abuser's alcohol use/abuse may have an effect on the severity of domestic violence and women's risk of domestic violence injuries. In fact, women who saw their husband/partner drunk most days (86.1%) and weekly (77.5%) were more likely to experience fear, anxiety, depression, feelings of isolation, sleeplessness and/or irritability, compared to women who saw their husband/partner drunk once a month (42.4%), less than once a month (59.8%) and never (49.2%). Women who saw their

3. Leonard, K. (2009). Domestic violence and alcohol: what is known and what do we need to know to encourage environmental interventions? *Journal of Substance Use*, 6(4): 235-247.

4. Graham, K. & M. Livingston (2011). The Relationship between Alcohol and Violence – Population, Contextual and Individual Research Approaches. *Drug and Alcohol Review*, 30(5): 453-457.

husband/partner drunk most days (36.6%) and weekly (55.1%) were also more likely to experience cuts, scratches, aches, redness or swelling and/or other minor marks, compared to women who saw their husbands/partners drunk once a month (12.1%), less than once a month (21.8%) and never (21.6%).

When it comes to women's experiences with more serious domestic violence injuries, their husband/partner's alcohol consumption habits were significant. In particular, women who saw their husband drunk most days (14.5%) and weekly (11.9%) were three to four times more likely to experience eye injuries, sprains and/or blistering from burns, compared to women who saw their husband/partner drunk once a month (3.5%), less than once a month (5.5%) and never (3.7%). Also, women who saw their husband drunk on a weekly basis (10.9%) were four to ten times more likely to experience head injuries, concussions and/or hearing loss, compared to women who saw their husband/partner drunk most days (1.9%), once a month (1.0%), less than once a month (0.0%) and never (2.3%).

In addition, women who saw their husband/partner drunk most days (5.0%) in the past 12 months were two to seven times more likely experience head injuries, concussions and/or hearing loss, compared to women who saw their husband/partner drunk weekly (0.0%), once a month (0.0%), less than once a month (0.7%) and never (2.5%). Three percent of women who saw their husband/partner drunk most days suffered hearing loss; no other women suffered hearing loss.

Finally, women who saw their husband/partner drunk weekly were most likely to experience a miscarriage (14.8%) and to experience permanent injury and/or disfigurement (6.8%), compared to women who saw their husband/partner drunk once a month, less than once a month, and never.

DISRUPTIONS TO WORK AND CHILD CARE DUE TO DOMESTIC VIOLENCE

The 2018 NVAWS asked battered women whether their domestic violence injuries caused them to lose time from routine activities, including paid work (employment), household chores, and childcare. Battered women who lost time from employment and household chores were asked how many days they lost from these activities. This information was then applied to the estimated number of women victimized each year by intimate partners to produce annual estimates of total lost productivity.

More specifically, 1 out of 4 or 25.0% of women who experienced physical violence and domestic violence injuries in the 12 months prior to the interview reported they were unable to perform household chores and/or take care of their children because of their injuries. In addition, 8.9% of women were unable to go to work (missed days at work) due to domestic violence injuries, and 0.5% of women lost a job or source of income due to domestic violence.

The number of days women missed performing household chores and/or child care responsibilities ranged from 1 day to 30 days; on an annual basis, women missed an average of 4.4 days of household chores and child care due to domestic violence injuries. Using an established methods for calculating the costs of domestic violence, the number of women who were unable to perform household chores and/or care for their children in the 12 months prior to the interview (11,674) was multiplied by the average number of days of household chores and child care missed due to domestic violence injuries (4.4 days) to generate an annual estimate of total lost productivity. Table 2 reveals the total lost productivity was 51,361 days on an annual basis, which is equivalent to 140.7 person-years.

Women also missed days of paid work because of domestic violence injuries. The number of days women who missed paid work due to domestic violence injuries ranged from 1 day to 30 days; on an annual basis, battered women lost an average of 3.7 days of paid work due to domestic violence. Of the 4,137 women who were unable to go to work due to domestic violence injuries, they missed a total of 15,307 days of paid work on an annual basis, which is equivalent to 61.7 full-time jobs each year.

The value of lost productivity from paid work for domestic violence victims was calculated using the mean daily values of work based upon 2018 statistical data on the estimated daily wage for women (this data is compiled by INSTAT). The present value of lost earnings was calculated by multiplying the total number of lost days of paid work (15,307) in the past 12 months by the estimated daily wage for women (2,381.70 Lek). Based upon this calculation, the estimated annual lost wages for battered women was 36,456,682 Lek (USD \$333,485). If household chores and child care were paid work, the annual estimates of lost wages would be much higher.

Among the 237 women who lost their jobs or source of income due to domestic violence, it is unknown how many weeks, months or years they remained out of the paid work force due

to domestic violence or the total lost wages for these women.

- Number of women is based upon weighted data
- The estimates of lost full-time job equivalents for paid work conservatively assume 248 work days per year.
- The estimates for number of person-years for household chores is 365 days per year.

These data demonstrate that domestic violence has substantial economic consequences for women and their households, as well as private businesses and the public sector through loss of productivity and missed work. Missed work can include absenteeism through tardiness, not showing up for work, and using sick days because of domestic violence injuries, as well as problems with concentration, job performance and productivity. Existing research reveals that employed women experiencing domestic violence are often subject to a range of interference tactics by their abusive husbands/partners, which undercuts their ability to maintain regular employment. Some of the tactics abusive husbands/partners use to undermine women's efforts to go to work include hiding or stealing keys or transportation money, and not showing up to care for children.

Table 2. Estimated lost productivity among Albanian female victims of intimate partner domestic violence⁵

Activity Unable to Perform Due to Domestic Violence Injuries	Number of Women ^a	Lost Days		Number of Lost Full-Time Jobs Each Year ^b	Number of Person-Years ^c
		Average	Total		
Household chores and child care	11,674	4.4	51,365	NA	140.7
Paid work	4,137	3.7	15,307	61.7	NA
Lost job or source of income	237	NA	NA	NA	NA

5. National Centre for Injury Prevention and Control (2003). Costs of Intimate Parnter Violence Against Women in the United States. Centers for Disease Control and Prevention (CDC): Atlanta, GA USA.

SEXUAL VIOLENCE, USE OF BIRTH CONTROL AND RISK OF SEXUALLY TRANSMITTED INFECTIONS

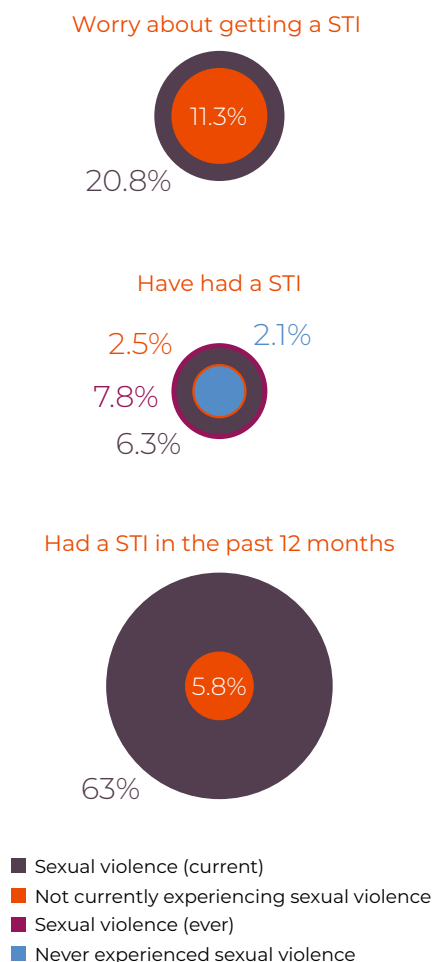
Research has found that women who experience sexual violence in their marriage/intimate relationships are often restricted by their abusive husbands/partners from using contraceptives or practicing methods of birth control, and face increased risk of unwanted pregnancy and exposure to STIs, including HIV/AIDS. The 2018 NVAWS found that women who experienced sexual violence at the hands of their husbands/partners (27.1%) were nearly nine times more likely to report their husbands/partners refused to use or tried to stop them from using a method of birth control to avoid getting pregnant, compared to women who did not experience sexual violence at the hands of their husbands/partners (3.1%).

The most common way that husbands/partners restricted women from using birth control was by means psychological violence. In particular, 3 out of 4 or 79.7% of women who experienced intimate partner sexual violence reported their husbands/partners ridiculed them for using birth control, 1 out of 2 or 56.4% reported their husbands/partners screamed and got mad at them for using birth control, and 1 out of 3 or 36.7% of women reported their husbands/partners threatened to leave them or throw them out of the house for using birth control. In addition, 18.3% of women also reported their husband/partner accused them of not being a good woman, and 13.9% reported their husband/partner threw away their contraceptives.

Data was also analysed to explore the relationship between experiences with intimate partner sexual violence and STIs. Chart 2 shows that women who 'currently' experienced intimate partner sexual violence were two times more likely to worry about getting a STI (20.8%) and to have had a STI

(6.3%), compared to women who had not experience sexual violence in their marriage/intimate relationship in the 12 months prior to the interview (11.3% and 2.5% respectively). Women who 'currently' experienced intimate partner sexual violence were also ten times more likely to have had a STI (63.0%) in the 12 months prior to the interview, compared to women had not experienced sexual violence in their marriage/intimate relationships in the 12 months prior to the interview (5.8%). Women who 'ever' experienced sexual violence were also three times more likely to have had a STI (7.8%), compared to women who never experienced sexual violence in their marriage/intimate relationship (2.1%).

Chart 2. Relationship between sexual violence and STIs



CHILDREN'S EXPOSURE TO DOMESTIC VIOLENCE

Domestic violence does not only affect women who are battered and abuse, but also has negative effects on children. It is well documented that children suffer negative consequences when they are exposed to violence in the household and family, as direct and/or indirect victims of domestic violence. Children are also at greater risk of experiencing neglect, physical and/or sexual abuse in households where there is domestic violence. The negative consequences for children exposed to domestic violence include immediate and long-term emotional and mental health problems, as well as development, behavioural and social problems. Domestic violence also teaches children that violence is a normal part of life and increases their risk of becoming society's next generation of domestic violence victims and abusers.

Unlike the 2007 and 2013 NDVS in Albania, the 2018 NVAWS study did not ask women who experienced domestic violence if their children were affected by the violence or the ways in which they were affected (e.g., witnessed violence, live in fear, injured, left home to live with relatives, decreased ability to learn, or something else). This set of questions should be included in future surveys as it is important to learn from the perspective of women (mothers) what impact domestic violence is having on their children. Despite the fact that these questions were not included in the 2018 NVAWS, the data was analysed to estimate how many children were exposed to domestic violence and to explore the relationship between domestic violence and a range of behavioural problems that women reported their children age 5-17 (living at home) had experienced.

Data was analysed to estimate the number of women, age 18-74, who had children age 0-17

living in their household and the number of children, age 0-17, each of those women had living in their households. Further calculations were conducted to estimate the number of children living in household where women experienced domestic violence (ever and current) and physical and/or sexual violence (ever and current) in an effort to document how many children were most likely exposed to domestic violence. Table 2 shows an estimated 286,498 children age 0-17 were most likely exposed to domestic violence because their mother 'ever' experienced domestic violence, and 246,707 children were most likely exposed to domestic violence in the 12 months prior to the interview because their mother 'currently' experienced domestic violence. More specifically, 128,144 children age 0-17 were most likely exposed to physical and/or sexual violence in their families because their mother 'ever' experienced physical and/or sexual violence at the hands of her husband/partner, and 73,535 children age 0-17 were mostly likely exposed to physical and/or sexual violence in the 12 months prior to the interview because their mothers 'currently' experienced physical and/or sexual violence, or both.

Table 2. Estimated number of children exposed to domestic violence among the women sampled

	Number of women who had children age 0-17 in the household ^a	Number of children age 0-17 living in households of women who experienced domestic violence ^a
Domestic violence (ever)	159,593	286,498
Domestic violence (current)	134,156	246,707
Physical and/or sexual violence (ever)	70,667	128,144
Physical and/or sexual violence (current)	39,174	73,535

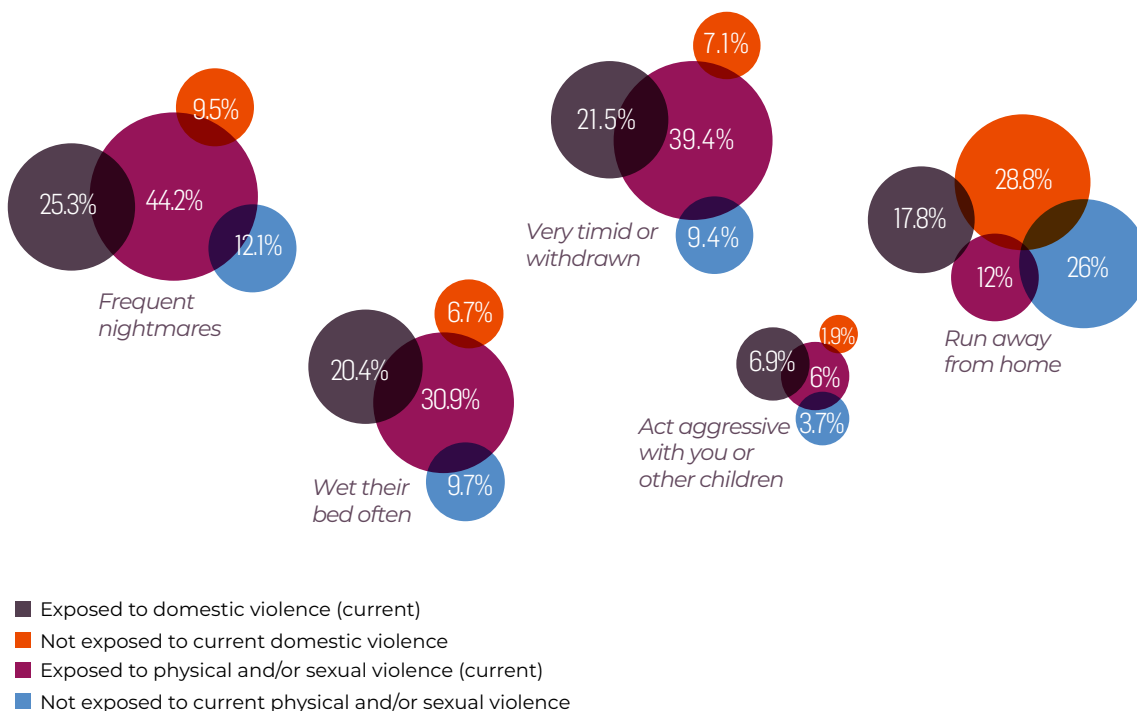
^a Numbers are based upon weighted data

Data was also analysed to explore the relationship between children's exposure to domestic violence and emotional and behavioural problems. Chart 3 shows that children age 5-17 who were most likely exposed to domestic violence in the 12 months prior to the interview (current) were two times more likely to have frequent nightmares (25.3%) compared to children who were not exposed to domestic violence (9.5%). These children were also three times more likely to wet their bed (20.4%), to be very timid or withdrawn (21.5%) and to act aggressive with their mother and/or other children (6.9%), compared to children who were not exposed to domestic violence (6.7%, 7.1% and 1.9% respectively).

More notable is that 44.2% of children age 5-17 who were most likely exposed to physical and/

or sexual violence in the 12 months prior to the interview (current) experienced frequent nightmares; they were three times more likely to experience frequent nightmares compared to children who were not exposed to physical and/or sexual violence (12.1%). These children were also three times more likely to wet their bed often (30.9%) and four times more likely to be very timid or withdrawn (9.4%), compared to children who were not exposed to physical and/or sexual violence (9.7% and 9.4% respectively). These children were nearly two times more likely to act aggressive toward their mother and/or other children (6.0%), compared to children who were not exposed to physical and/or sexual violence (3.7%). These findings are based upon information provided by the mothers of these children; children were not interviewed in this survey.

Chart 3. Children's problems (age 5-17) by mother's exposure to domestic violence



WAYS FORWARD: THE NEED TO ESTIMATE THE COSTS OF VAWG

Cost estimates related to VAWG can serve important purposes. For one, cost estimates help demonstrate the impact VAWG on society and can shape the opinions of people who develop public policy and allocate limited funds. Cost estimates also help assess the benefit or effectiveness of ending VAWG action plans, strategies and programmes, which may, in turn, lead to resource allocation to specific initiatives and programmes⁶. Ultimately, estimating the costs of VAWG by measuring and quantifying the consequences of VAWG and the economic impact of VAWG on individuals, households, communities and the national economy can provide the Government of Albania with a way forward for allocating resources more effectively and efficiently.

There is a real need to estimate the costs of VAWG; this requires a VAWG costing study. The economic costs of VAWG are typically divided into two components:

- **Direct costs** are the actual dollar expenditures related to VAWG, such as spending for health care (e.g., emergency department visits, hospitalizations, outpatient clinic visits, services of physicians, dentists, physical therapists, and mental health professionals, as well as ambulance transport).
- **Indirect costs** of VAWG represent the value of lost productivity from both paid work (employment) and household chores (including household chores and child care for women not employed outside of the home) for injured victims, as well as the present value of lifetime earnings for women who die as a result of violence, including fatal domestic violence.

VAWG costing is “the financial valuation of the added monetary and non-monetary resources and efforts that have to be invested for the implementation of a law or a policy to end VAWG; or the consequent costs to an economy of not implementing the law or the policy. VAWG costing exercises also involve a technical and political process that aims to have an impact in public planning and budgeting processes, which can also contribute to the reduction of VAWG.”

Source: Original definition of “costing gender equality policies” in United Nations Development Programme, Costing of Social and Equality Policies in Latin America and the Caribbean Concept Note (2013).

MPES includes a range of multi-sectoral services such as hotlines, one-stop crisis centres, shelters, counselling services, referral networks, capacity building of stakeholders, and training of service providers. Police enforcement of laws enacted to protect VAWG survivors is part of any MPES.

There are several different methodologies that can be applied to understand the costs of VAWG (each methodology has strengths and limitations). Some methodologies focus on the costs of VAWG (i.e., the costs to individuals, households, communities and nations), while other methodologies focus on the

6. National Centre for Injury Prevention and Control (2003). Costs of Intimate Partner Violence Against Women in the United States. Centers for Disease Control and Prevention (CDC): Atlanta, GA USA.

The three costing methodologies are different in terms of their focus, approach and inputs, they are complementary and should be used side-by-side when possible.

costs of ending VAWG (i.e., the costs of fully implementing VAWG laws and policies and/or the costs of delivering MPES to women and girls who have experienced violence). There is no single 'best' methodology for VAWG costing studies. The choice of methodology should be guided by the research questions that a costing study sets out to answer.


The three methodologies commonly used when costing VAWG include ^{7,8}:

- **Gender-responsive budgeting (GRB)** – A method of analysing government budgets and the planning, execution and reporting (budget cycle) to establish gendered impacts of budgetary decisions. This method requires comprehensive knowledge of the national budgeting process and VAWG services that are available and/or planned in keeping with legislation and/or national action plans. This approach focuses on the entire budget, rather than unit costs of services, prevention interventions, and legal remedies. This methodology involves: an institutional policy and legal scan (environmental scan); review of previous research on VAWG in the country; mapping of the journey to access services for women and girls who have experienced violence; and, a budget analysis that looks at prevention, provision of services and prosecution.
- **Impact Costing Methodology** – A methodology for calculating the full socio-economic impact of VAWG in monetary terms, including a multi-layered costing based on the impact of violence on the lives of women and girls who have experienced violence.
- **Unit Costing Methodology** – A methodology for calculating the total costs of providing a particular service or to provide a package of MPES to women and girls who experience violence, based upon the costs of individual goods and services, and rates of use⁹.

7. The Costs of Violence, Understanding the costs of violence against women and girls and its response: selected findings and lessons learned from Asia and the Pacific (UN Women, 2013). Retrieved from: http://asiapacific.unwomen.org/~media/Field%20Office%20ESEA/Docs/Publications/2014/1/UNW_The_Costs_of_Violence_FINAL%20pdf.pdf

8. ASEAN Regional Guidelines on Violence against Women and Girls Data Collection and Use (UN Women, 2018). Retrieved from: <http://asiapacific.unwomen.org/en/digital-library/publications/2018/04/asean-regional-guidelines-on-violence-against-women-and-girls>

9. UN Women, The Costs of Violence, Understanding the costs of violence against women and girls and its response: selected findings and lessons learned from Asia and the Pacific (UN Women, 2013).



VAWG costing studies are important evidence-based policy advocacy tools that can be used to:

- Inform policy dialogue and advance effective policies and programmes
- Assess the impact of policies and programmes
- Support evidence-based policymaking
- Ensure accountability for implementation
- Support resource mobilization
- Contribute to strengthening national, regional, and international commitments

Although the three costing methodologies are different in terms of their focus, approach and inputs, they are complementary and should be used side-by-side when possible.

Another benefit of VAWG costing studies is that they help to highlight budgetary gaps in addressing VAWG. In other words, costing the current VAWG-related budgetary landscape can reveal funding deficits and/or funding overlaps for VAWG services; such information can be used to strengthen the case for government budgets to support VAWG prevention and intervention initiatives. Costing estimates also assist service providers and ministries to prioritize assistance and services to address VAWG in government budget allocations, and give evidence to governments on the resources required to ensure a comprehensive multi-sectoral response to meet the needs of VAWG survivors, in line with commitments to legislation and national action plans to end VAWG. Countries that have conducted VAWG costing studies have seen increases in budget allocations for both governments and CSOs/NGOs¹⁰.

When comparing the costs of VAWG to the cost of providing services, VAWG costing studies typically show that preventing and responding to VAWG is a good investment.

VAWG costing studies can also facilitate greater coordination across sectors, such as between health services, police, social services and justice agencies when it comes to delivering services to VAWG survivors.

Coordination is often improved because costing studies open dialogue on which institutions are providing services and what services are missing. VAWG costing studies also analyse how VAWG laws and policies are being implemented and reveals the level of dedicated resources needed to fully enforce the laws and implement the policies.

Ultimately, VAWG costing studies can lead to innovative approaches and evidence-based planning, budgeting and implementation of national policy commitments to end VAWG. VAWG costing studies can also help to close resource gaps of ending VAWG.

10. ASEAN Regional Guidelines on Violence against Women and Girls Data Collection and Use (UN Women, 2018).

**Ending
Violence**
Against
Women

