

**The Cost Beyond the Violence: A Literature Review of the Economic Burden for Female Victims of Intimate Partner Violence**

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Submitted to the Graduate Faculty of the  
Graduate School of Public Health in partial fulfillment  
of the requirements for the degree of  
Master of Public Health

University of Pittsburgh

2021

UNIVERSITY OF PITTSBURGH  
GRADUATE SCHOOL OF PUBLIC HEALTH

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2021

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## **Abstract**

Intimate partner violence (IPV) is a global public health issue that affects all nations, cultures, religions, and socioeconomic groups. It disproportionately affects women in severity and fatalities. Growing research and public health policy has given way to greater understanding of IPV outcomes by health practitioners and legislators as well as broadened public awareness. Few studies however have presented the full scope of the economic pervasiveness of IPV on its victims and on society. This literature review focuses on IPV economic impact specifically on female victims. Examined are the various ways in which costs are incurred both acutely and throughout the course of the victim's life, even when/if the abuse has ended. Understanding the more intricate way that costs are incurred for women who experience IPV is vital in shaping policy that is truly supportive of victims and in allocating resources more effectively for IPV prevention and survivor advocacy.

## Table of Contents

|  |    |
|--|----|
| List of Definitions.....                                   | vi |
| 1.0 Introduction.....                                      | 1  |
| 1.1 U.S. Prevalence .....                                  | 3  |
| 2.0 Methods.....   | 5  |
| 3.0 The Economic Burden of Intimate Partner Violence ..... | 7  |
| 3.1 Health Related Costs .....                             | 7  |
| 3.1.1 Acute Healthcare Costs.....                          | 8  |
| 3.1.2 Long-Term Healthcare Costs.....                      | 9  |
| 3.1.2.1 Mental Healthcare Costs .....                      | 10 |
| 3.2 Collateral Costs.....                                  | 11 |
| 3.2.1 Lost Productivity .....                              | 12 |
| 3.2.2 Employment.....                                      | 12 |
| 3.2.3 Education .....                                      | 13 |
| 3.2.4 Reproductive Coercion and Unintended Pregnancy ..... | 15 |
| 3.2.5 Economic Abuse .....                                 | 16 |
| 3.2.5.1 Housing and Food Insecurity.....                   | 17 |
| 3.2.6 Legal and Criminal Justice .....                     | 18 |
| 4.0 Discussion.....  | 19 |
| Bibliography .....   | 20 |

## **List of Definitions**

Intimate Partner – a person with whom one has a close personal relationship that may be characterized by the partners’ emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identify as a couple, and familiarity and knowledge about each other’s lives. The relationship need not involve all of these dimensions. Relationships include current or former: spouses (married, common-law, civil union, domestic partners), boyfriends/girlfriends, dating partners, ongoing sexual partners.

Physical Violence – when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.

Sexual Violence – forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (sexting) when the partner does not or cannot consent

Stalking – a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one’s own safety or the safety of someone close to the victim.

Psychological Aggression – the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

Economic Abuse – the practice of maintaining control over financial resources, withholding access to money, or attempting to prevent a victim or survivor from working and/or attending school in

an effort to create financial dependence as a means of control. Can take many forms including employment sabotage, coerced debt, and more.

Reproductive Control– Controlling or attempting to control a partner’s reproductive health or decision making. This also includes sexual violence behaviors by the perpetrator that increase the risk for sexually transmitted disease and other adverse sexual health consequences (unintended or frequent pregnancies). Examples include not allowing the use of birth control, coerced or forced pregnancy terminations, and forced sterilization because of abuse.

## **1.0 Introduction**

Intimate Partner Violence (IPV) is a growing public health crisis and a fundamental violation of human rights. It occurs in all cultures, religions, and socioeconomic groups. The Centers for Disease Control and Prevention (CDC) defines IPV as any physical or sexual violence (rape or any non-consensual sex event), stalking, or psychological harm by a current or former spouse, partner, or “hook up”, that can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years (Breiding et. al, 2015). IPV can be perpetrated in person or through phones, electronic devices, and social media (Niolon et. al, 2017). While increased media attention and advocacy has fostered greater public awareness and legislation aimed at prevention and survivor support, IPV continues to remain a public health emergency.

Violence toward an intimate partner is prevalent in all gender identities, sexual orientations, and types of intimate partnerships, however, figures from the CDC’s National Intimate Partner and Sexual Violence Survey (NISVS) (2015) demonstrate that women experience significantly greater impact with 1 in 4 women (25.1% or 30.0 million) in the U.S. experiencing contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reporting some form of IPV-related impact versus 1 in 10 (10.9% or 12.1 million) men in the U.S. who experience contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and report some form of IPV-related impact (Smith et. al, 2018). Women are also more likely to become a fatal victim of IPV with over half (58%) of all U.S. female homicide victims murdered by a current or former male intimate partner each year.



(FBI, 2018). Subsequently, this review will focus on the economic burden of IPV committed against women.

Measuring the full impact of IPV is complex for several reasons. First, IPV is perpetrated in multiple ways, with many victims experiencing overlapping forms of abuse committed against them and occurrences ranging from a single incident to numerous, from one day to many years. What constitutes IPV also widely varies amongst past research, with many studies only identifying IPV by incidents of physical violence. In its 2015 National Intimate Partner and Sexual Violence Survey (NISVS) the CDC identified four categories of IPV to measure impact: sexual violence, stalking, physical violence, and psychological aggression. Other studies have defined IPV to include lesser or broader categories of abuse, specifically when it comes to nonphysical and sexual violence, producing significant variances in research and posing a challenge to measure costs and impact. One such definitional variant is the inclusion of economic abuse. Although identified in early research on nonphysical types of abuse, it's inclusion in IPV research has been inconsistent. In early research economic abuse was first defined as abuse that creates economic dependency on the perpetrator (Miller, 1995). More recent studies have expanded the definition of economic abuse to include, economic control, economic sabotage, and economic exploitation (Postmus, Plummer, & Stylianou, 2015; Stylianou, Postmus, & McMahon, 2013).

Though gaps in research make it a challenge to estimate prevalence of economic abuse in itself, notable IPV related surveys indicate its broad existence amongst IPV survivors. One such survey from the Allstate Moving Ahead financial literacy program, reflected that 99% of survivors enrolled in their program had experienced economic abuse (Postmus et. al, 2012). Indication of such high prevalence is significant as extensive IPV literature has shown that inability to establish economic security and forced economic dependence on the abuser is a determining factor in IPV

victim's ability to leave their abusive relationships. Consequently, in order to obtain a holistic view of the costs of IPV, we must also explore economic abuse and its costs to truly understand the extent in which IPV suffuses through a victim's life.

The purpose of this literature review is to investigate the economic costs of intimate partner violence perpetrated against U.S. women that is inclusive of both physical and nonphysical forms of IPV, including economic abuse.

### **1.1 U.S. Prevalence**

According to the 2015 NISVS data brief, 1 in 3 U.S. women (43.6 million or 36.4%) has experienced physical violence, contact sexual violence and/or stalking by an intimate partner during their lifetime (Smith et. al, 2018). Further over 36% (or 43.5 million) of U.S. women are estimated to have experienced psychological aggression by an intimate partner during their lifetime, which includes expressive aggression (i.e., insulting or name calling) and coercive control. Coercive behaviors include those behaviors that seek to obtain or sustain control or threaten an intimate partner (Breiding et. al, 2015).

Approximately, 1 in 4 U.S. women (30.0 million, 25.1%) experienced physical violence, contact sexual violence, and/or stalking and some form of IPV-related impact during their lifetime. IPV-related impact includes concern for safety, injury, need for medical care including pregnancy, post-traumatic stress disorder symptoms; missed work or school; housing, legal, law enforcement or victim advocate services (Smith et. al, 2018).

The estimated lifetime prevalence of specific forms of IPV women experience include, 30.6% (or 36.6 million) of women have experienced physical violence with 21.4% (or 9.3 million) experiencing severe physical violence; 18.3% has experienced contact sexual violence; and 10.4% experienced stalking (see definitions). Data from the 2015 NISVS further indicated that of the past 12 months prior to the survey 1 in 18 women (or 6.6 million) had experienced physical, sexual, or stalking by an intimate partner. The majority of women who were victims of contact sexual violence, physical violence, and/or stalking by an intimate partner first experienced these or other forms of violence by that partner before age 25 (71.1% or nearly 31.0 million victims), and 1 in 4 female victims (25.8% or about 11.3 million victims) first experienced intimate partner violence prior to age 18 (Smith et. al, 2018). Figures for victims who lose their lives to IPV are even more staggering with roughly 58% of all female homicide victims in the United States being killed by a current or former male intimate partner (FBI SHR, 2018).

Too few studies exist to determine true prevalence of economic abuse; however, the Allstate Moving Ahead Financial Literacy Program demonstrated prevalence amongst a small sample of IPV survivors. In the first wave of their survey, 120 women were surveyed with 94% reporting they had experienced some form of economic abuse. 79% experienced some form of economic control, 79% experienced economic exploitative behaviors, and 78% experienced employment sabotage (Postmus et. al, 2012). Indications from similar surveys also suggest high prevalence rates of economic abuse amongst IPV victims.

## 2.0 Methods

A literature review of the electronic libraries PubMed and Google Scholar was conducted focusing on Intimate Partner Violence outcomes, costs, and health-related impact. 19 articles were selected for the review with additional articles extracted using reference lists at the end of key articles.

Monetary values were determined using a mathematical model created by Peterson et al, 2018, which originally included a combination of previous studies on IPV cost plus the 2012 U.S. National Intimate Partner and Sexual Violence Survey (NISVS) data. This review used the 2015 U.S. NISVS updated report, the 2010 CDC WISQARS, and the NCVS Victimization Analysis Tool (NVAT) from the Bureau of Justice Statistics. All costs (unless otherwise noted) were converted to 2019 US dollars using Bureau for Economic Analysis.

Measured outcomes included: (1) lifetime IPV cost per victim, (2) lifetime IPV cost in the U.S. population of currently non-institutionalized adults, calculated as the lifetime cost per victim multiplied by the estimated victim population. Included in lifetime costs were medical, estimated lost productivity, and criminal justice costs. A societal cost perspective was used with an assumed first IPV victimization occurring at a victim average age of 25 years. Future costs were discounted by 3%. Costs are presented as 2019 U.S. dollars unless otherwise noted, inflated using selected indices.

Using the NVAWS to determine services utilized by recent IPV victims provided the guidelines to estimate medical and mental health treatment costs. In the NVAWS, only women who were injured as a result of IPV were asked about their use of medical care services. All women who were victimized regardless of injury, however, were asked about their use of mental health

services. Unit costs of medical and mental health care services for rape and physical assault victims were derived from the Medical Expenditure Panel Survey (MEPS) using medical and mental health visits related to injuries for women ages 18 and older. The unit costs of mental health services for stalking victims were based on MEPS using mental health visits for women ages 18 and older who did not also sustain physical injuries.

### **3.0 The Economic Burden of Intimate Partner Violence**

Numerous studies have unveiled the devastating mental, physical, and personal effects IPV has on its victims, but less recognized are the substantial and far-reaching economic consequences it imposes. Many IPV survivors experience not only economic hardship during the course of their relationship with their abuser but also go on to struggle with economic repercussions long after the abuse/relationship has ended. Economically, IPV impacts women via out-of-pocket medical costs or debt incurred through both immediate and long-term injury and illness, diminished lifetime wages due to missed work or termination, lower educational attainment, debt or lack of savings due to economic abuse, reproductive coercion, and costs associated with legal fees, housing, and food or childcare insecurity (Hess, Del Rosario, 2018). It is estimated that the lifetime cost of intimate partner violence at \$126,144 per female victim (\$26,821) per male victim), amounting to a total population economic burden of over \$4 trillion (Peterson et. al, 2018).

#### **3.1 Health Related Costs**

In addition to the costs of obtaining immediate medical services needed as a result of an IPV event, many victims go on to require future medical services from related impact. Such healthcare services include medical care for unplanned pregnancies (due to reproductive coercion or rape), mental health services, and care for health disorders and complications sustained or exacerbated by abuse (Peterson, 2018). Overall, women who experience IPV have been shown to be at an increased risk of short and long-term health issues as compared to their non-abused

counterparts (Campbell, 2002). Consequently, IPV victims incur higher medical costs than those who have not experienced intimate partner violence. A randomized sample of U.S. women aged 18-64 found that healthcare costs for women experiencing abuse were 42% higher than those not (Bonemi et al, 2009). Further, data analysis conducted by the National Center for Injury Prevention and Control (NCIPC) (2003) estimated that 48.3% of physical assault costs were paid via private health insurance, 30.4% paid out-of-pocket by the IPV victim, 20.1% through federal insurance (Medicaid, Medicare), and 1.2% via other sources (Mariscal et al., 2020). Staunchingly, of the estimated \$4 trillion economic burden of IPV, medical costs account for nearly \$2.1 trillion (59% of total) (Peterson et. al, 2018). The immense economic burden of IPV related healthcare costs alone draw attention to its public health significance.

### **3.1.1 Acute Healthcare Costs**

Acute or short-term healthcare costs account for those that are incurred as a direct result of needing medical services due to an IPV event. Included in these costs are emergency department visits, doctor or dentist appointments, ambulance transport, and hospital stays (CDC). Using the CDC WISQARS data (2010) inflated to represent 2019 costs, an estimated 1.9% of IPV victims sustained an injury requiring care from a doctor's office with an estimated unit cost of \$195, 6.6% of female IPV victims required medical services in the emergency department (treat and release) with an estimated unit cost of \$3,079, victims requiring in-patient hospitalization amount to an estimated cost of \$33,232. A recent study conducted using data from the World Health Organization (WHO) multi-country study on women's health and domestic violence, found that

increased nights spent in a hospital were associated with all forms of IPV with the exception of psychological abuse alone. (Potter et. al, 2021).

For IPV events that result in pregnancy (rape, reproduction coercion), 4.9% of those victimizations result in a live birth with a cost estimated at \$17,158 (Truven, 2013), 1.0% account of medically assisted abortion at an estimated cost of \$558 (Jerman, 2014), and pregnancies ending in stillbirth cost an estimated of \$19,126 (Gold, 2013 & Truven, 2013).

\*Per victim cost is marginal outcome probability multiplied by marginal cost. Population cost by outcome is the number of victims by sex multiplied by the per-victim cost. Total per-victim by sex and total population costs are the sum of all per-victim (by sex) and population costs by outcome.

### **3.1.2 Long-Term Healthcare Costs**

For women who experience IPV, their healthcare related costs continue to be higher than non-abused women even years after their abuse has ended. Bonomi et al. found women who experienced IPV five or more years prior to their study still showed a 19% higher cost of healthcare than non-abused women (2009). Many long-term costs survivors face result from chronic health issues having been caused or exacerbated by IPV as well as for on-going mental health services.

Intimate partner violence can become a chronic stressor for IPV victims and research has found strong association between chronic stress and persistent and cumulative health problems (Patton et al., 2021). Accordingly, findings from numerous studies have shown that women who experience IPV have higher incidence of certain morbidities. A recent systematic review found association between IPV and poorer physical health outcomes for women specifically, “worsening the symptoms of menopause and increasing the risk of developing diabetes, contracting sexually



transmitted infections, and developing chronic diseases and pain” (Stubbs, 2021). A recent study featured in the *Journal of American Heart Association* also reported an association between IPV and type 2 diabetes, cardiovascular disease, and all-cause mortality (Chandan, 2020).

Healthcare costs incurred for treating these chronic ailments are extensive and often far exceed medical costs for acute conditions. Chronic headaches represent one of the most prevalent associated medical conditions that female IPV survivors seek and receive treatment for (7%) which amounts to an estimated lifetime cost of \$3,445 (Bonomi, 2009).

Included long-term healthcare costs were estimated for many of the most common IPV related morbidities: chronic headache, asthma, blindness or glaucoma, gastroesophageal reflux disease, heart disease, joint conditions, sexually transmitted infections, stroke, and urinary tract infections. These account for a total estimated medical lifetime cost of \$22,693.

\* Costs represent estimated cost of a doctor’s visit and lifetime medical cost though not all associated ailments were included in our cost analysis

### **3.1.2.1 Mental Healthcare Costs**

Significant research supports a causal relationship between mental health issues and experiencing IPV. Many survivors experience mental health problems as a result of the abuse they endure such as posttraumatic stress disorder (PTSD), depression and anxiety, and sleep disorders (Dillion et. al, 2013). They are also at higher risk of engaging in risk-taking behaviors including the abuse of drugs and alcohol (Stubbs, 2021). For IPV victims with prior history, mental health issues may be significantly exacerbated by the continued impact and stress of subjection to IPV. Participants in Cerulli and colleagues (2012) study described the lasting psychological effects of IPV reporting “frequent symptoms of depression, anxiety, paranoia, panic attacks, and

flashbacks”. The study further reported that these mental health issues continued even after the abuse had ended and prompted many to contemplate suicide (Cerulli et. al 2012).

For survivors who seek help for their mental health symptoms, costs can become exorbitant due to mental health treatment typically requiring multiple visits, as well as the lack of coverage for mental health service by many health insurance policies (Bogusz, 2020). NVAWS found that One-third of female rape victims, 26.4% of physical assault victims, and 42.6% of stalking victims said they talked to a mental health professional, most of them multiple times. Among these women, rape victims averaged 12.4 visits, physical assault victims averaged 12.9 visits, and stalking victims averaged 9.6 visits (2003).

This review found that 9.1% of female IPV survivors incurred long-term mental health costs associated with anxiety and PTSD with an estimated lifetime cost of \$6,095 per victim. Prevalence and cost for IPV survivors experiencing and receiving treatment for depression were some of the highest accounting for 15.3% with an estimated \$23,438 lifetime cost per victim (Greenburgh, 2020).

\* The lifetime per female victim costs were inflated to represent 2019 U.S. currency. See methods section.

### **3.2 Collateral Costs**

Indirect costs of IPV are numerous and affect both IPV victims and society at large. For survivors, further economic burden befalls them via indirect costs accrued through loss of productivity from both paid work and household responsibilities, loss of earning potential as a result of education and/or employment disruption, and through other various costs induced from abuse. Further, indirect costs to society are amassed via lost earnings and tax revenue, required

funding allocated for services and resources needed to support IPV survivors, and associated justice and legal costs.

### **3.2.1 Lost Productivity**

Lost productivity represents economic losses due to missed days from work or school, tardiness, as well as diminished work or academic performance. Lost productivity is also represented by the estimated lifetime earnings for homicide victims. In relation to IPV, lost productivity accounts for an estimated \$1.3 trillion lost annually (among victims and perpetrators). The CDC reports that for women who experience IPV, an astonishing value of \$900 million is lost annually from days in which women are unable to work and perform required tasks both in and out of the home due to illness, injury, or disability from inflicted violence (CDC, 2003). For IPV homicide victims, CDC WISQARS (2010) estimated a present value of lifetime earnings (PVLE) amounted to \$1,040,102 per life lost. The PVLE represents the estimated earnings of a victim of homicide had they lived to their full life expectancy. Adjusting that figure to represent 2019 costs amounts to an estimated average of \$1,789,679 (BEA inflation calculator).

### **3.2.2 Employment**

For many survivors of IPV a pivotal key in ending abuse has shown to be obtaining and maintaining employment (Borchers, 2016). However, as shown through the previously mentioned lost productivity data, \$900 million is lost annually attributed to days that IPV victims are unable

to work or perform household chores due to physical violence, the financial loss to victims unable to work due to employment sabotage or partner interference can only be predicted as equally ruinous. While the costs associated with employment sabotage have been less studied, the prevalence amongst IPV survivors is high. In an IWPR survey, 83% of respondents reported that their abusive partners disrupted their ability to work. Among those who reported experiencing one or more disruptions, 70% said they were not able to have a job when they wanted or needed one, and 53% said they lost a job because of the abuse. Additional studies have identified employment interference tactics such as direct verbal harassment during the workday, manipulating resources such as child support and childcare, stalking behaviors, and intimidating coworkers and friends (Borchers, 2016). Further research into the cost and impact of employment interference and sabotage experienced by IPV victims is needed and would be beneficial in obtaining a more holistic estimate of the economic magnitude of IPV.

### **3.2.3 Education**

As demonstrated by significant IPV research, financial stability is a key determinant of IPV outcomes, with many survivors identifying the ability or inability to financially support themselves as a determining factor in escaping an abusive relationship. In fact, stable financial conditions have been found to decrease the risk for IPV (Borcher et al, 2016). However, the ability to obtain financial independence and stability is closely correlated with education level. Researchers suggest that advanced education is shown to be especially impactful for women in gaining economic stability, employment, and increased lifetime earnings (Adams et al., 2013).

In a 2013 analysis, researchers found that, “When compared with women with less than a high school education, women’s earnings increased by 57% with a high school degree, 81% with some college education, 181% with a college degree, and 318% with an advanced degree” (Adams et al). Pursuing education, however, can be extremely challenging and nearly impossible for those experiencing IPV. Beyond the effects that IPV has on the survivor being able to concentrate and focus on their schoolwork, many perpetrators of IPV also intentionally engage in educational sabotage. In an IWPR study of IPV survivors, 66% of respondents said an abusive partner had disrupted their ability to complete education or training through tactics such as not allowing them access to money to pay for school, socially isolating the survivor, controlling or monitoring their mobility, using physical or sexual violence, and damaging or destroying personal property. Further, responses from the survey showed that indirect costs were also represented by 24% of respondents who lost a scholarship or financial aid as a result of IPV victimization (IWPR.org). In another study, Voth Schrag and Edmond (2017) identified disruption of financial aid, physical violence or stalking at school, disruption of academic efforts, and inducing guilt related to academic efforts as tactics of academic sabotage. These methods of control and sabotage are commonly shown to result in decreased emotional well-being, decreased self-efficacy, and the victim dropping courses or leaving school altogether.

With strong correlation between advanced education and the safety and economic security for women who experience IPV (Adams et al., 2013) the indirect cost of IPV related to education can be represented by figures that show women who complete a two-year college degree earn, on average over the course of their working life, \$427,000 more than those with only a high school diploma; women who complete a four-year college degree earn \$822,000 more than those who advance no farther than high school (Carnevale, Rose, and Cheah 2013).

### 3.2.4 Reproductive Coercion and Unintended Pregnancy

Reproductive coercion can best be defined as, a “male partners’ attempt to promote pregnancy in their female partners through verbal pressure and/ or threats and acts of violence. It additionally includes direct interference with contraception (birth-control sabotage), and threats and coercion related to pregnancy continuation or termination (control of pregnancy outcomes)” (Miller, E. & Silverman J. G., 2010). Experiencing reproductive coercion is prevalent amongst IPV victims, with strong associations between IPV and unintended pregnancy. Amongst participants in the IWPR report, 40% of survivors experienced a partner trying to get them pregnant against their will or who stopped them from using birth control. Among those, 84% became pregnant (IWPR).

Financially, access to contraception and the ability to plan the timing of childbearing increases women’s ability to earn an income and complete an education (Bernstein, A., & Jones, K., 2019). Unplanned pregnancies can create numerous and far-reaching consequences for women ranging from employment and education disruption or termination as well as producing significant costs to raise a child.

The USDA’s *Expenditures on Children by Families* (2015) reports the cost of supporting a child from birth to 17 years of age amounts to \$233,610. This cost was determined based on a middle income two parent household but was found to be the same for single-parent households. Further, childcare costs can range up to \$16,500 annually with childcare typically costing American households up to 56% of the median income for a single-mother household and up to 15.9% of the median income for two-parent households (ncls.org).

For IPV victims, attaining economic stability is ridden with barriers. When further limited by caregiving responsibilities, prospects of employment or pursual of educational endeavors can be bleak.

### **3.2.5 Economic Abuse**

For a majority of IPV victims, lasting damage and further barriers to leaving their abusive partner are imposed by the outcomes of financial abuse and exploitation perpetrated against them. Though other attempts have been made to measure IPV outcomes, discordant definitions of what behaviors constitute IPV have limited the ability to fully measure economic impact with inclusion of economic abuse. While not every IPV victim experiences economic abuse, what we know of its prevalence indicates that it is widely experienced.

Stealing money, acquiring debt via credit cards and loans in the survivor's name, and controlling survivor's income from employment or other benefits, are several examples that constitute economic abuse. Results from the IWPR survey showed 73% of polled IPV survivors had money stolen by their partners including their paychecks, savings, or income received from public benefits. Of those participants, two-thirds said the amount taken was less than \$10,000, Ten percent reported that it was between \$10,000 and \$35,000, and 13 percent said it was more than \$35,000. Nearly six in ten of those respondents (59%) said they have gone into debt as a result of their partner's behavior or their own efforts to seek safety. More than eight in ten who experienced debt (83%) said that while in debt they suffered hardships such as not having enough food or a place to live (Hess & Rosario, 2018, IWPR).

Economic exploitation, a form of economic abuse, occurs when a perpetrator intentionally engages in behaviors aimed to destroy the victim's financial resources or credit (Postmus, Plummer, et al., 2015). The resulting damages are severe and often traverse through the survivors' life for many years after. In her study, Littwin (2013) interviewed IPV advocates and divorce lawyers who discussed that coerced debt is often done without the victim's knowledge, and that the damage to their credit scores often translate to longer shelter stays for survivors, staying longer with their abusers, or not ever leaving (p. 376). Further, poor credit scores can mean that survivors are unable to rent housing and set up utilities, buy a car, and can even prevent them from obtaining employment.

#### **3.2.5.1 Housing and Food Insecurity**

Related and most often consequential from economic abuse, IPV survivors often struggle with housing and food insecurity because of ruined credit, poor rental history (from having to flee or evictions), and difficulty in obtaining employment.

Using data from the California Women's Health Survey, Ricks et al., found that many women escaping abuse are forced to rely on financial assistance and low work wages making their financial position exceptionally strained (2016). This in turn means that many of these survivors are not able to afford food and housing or are forced to choose one or over the other. The data further showed that when compared with those who reported no history of IPV, women who reported experiencing IPV were more likely to be food insecure (Ricks et al., 2016).



### **3.2.6 Legal and Criminal Justice**

Legal costs for victims of IPV are innumerable and highly prevalent. They can be incurred via custody battles for children, being sued for debts incurred by their abuser, and fines and attorney fees for illegal actions they were forced to commit by their abuser. 23% of respondents in the IWPR survey reported being encouraged, pressured, or forced by their partner to engage in an illegal activity. Among these respondents, nine survivors said they were arrested as a result, and one was convicted of a misdemeanor. Six said they had to pay legal fees and three said they had to pay fines or penalties, with the reported amount for both ranging from less than \$500 to more than \$5,000 (IWPR.org). Often, for those survivors who are convicted of a crime they were forced to commit by their abuser or for those who receive legal penalties as a result of self-defense, loss of their driver's license and/or occupational license can result. This in turn equates to further lost wages and productivity.

Criminal justice costs related to IPV reflect some of the highest costs to society with annual spending for police protection alone amounting to an estimated \$3,298,031,059 annually. Corrections and judicial and legal costs are equally disconcerting, estimated at \$2,918,150,917 and \$1,497,511,130 respectively, per year (DOJ, 2019).

## 4.0 Discussion

Consistent with what IPV survivors and advocates have already known, the costs of IPV are extortionate. They pervade victim's lives financially, physically, emotionally, and mentally. Many IPV survivors experience these costs for years after the abuse, and others suffer them for the remainder of their lives. Children of IPV are also often impacted by these chronic effects, changing the course of not just the victim's life but also of those closest to them. Though not everyone acknowledges or is aware, society also bears the burden of IPV costs via healthcare utilization, criminal justice costs, funding for research, survivor support and advocacy, and prevention. Prevalence also indicates that most people at least know someone who has experienced or been impacted by IPV.

The goal of this review was to uncover and present an intentional comprehensive view of the economic burden related to IPV that has been excluded from much of IPV research. A lack of available or current research inclusive of the costs of economic abuse was highlighted in the literature search conducted for this review. Consequently, there seemed to also be a lack of policy and intervention methods aimed at support of IPV victims experiencing economic abuse. This demonstrates an essential need for increased quality research that can propel future public policy prohibiting economic abuse and increasing funding for economic empowerment programs like The Allstate Moving Ahead Literacy Program.

Understanding how intimate partner violence not only directly impacts a woman in the acute aftermath of violence or as a result of physical injury, but how the violence pervades all facets of her life and can leave a colossal, often irreparable stain throughout her lifetime is critical in order to effectively address this public health crisis.

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