

GUFOVA – Growing Up Free of Violence and Abuse – working to build resilience and strengthen Children who have lived with domestic violence

Deliverable D 4.3

FUNDING MODEL – Technical notes

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WORKPACKAGE 4: Assessment of the costs of children growing up with violence

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WORKPACKAGE 4: Assessment of the costs of children growing up with violence

1. Intention

This work package set out to assess the costs for children living with domestic violence. Adverse childhood experiences have been found to correlate with short time but also a range of long-term problems (such as risky health behaviours, chronic health conditions, low life potential and early death). This work package makes an estimation of the costs of domestic violence for children and the benefits of allocating funding for intervention programs towards working with affected children feasible. A cost benefit associated tool generates monetary values applicable for the countries of the different project partners.

For the assessment of the costs of children growing up with violence, in a first step current methodologies for estimating the cost of violence against children have been compiled in an international literature review including work by international institutions (such as UNICEF and the WHO), academics and national practitioners. Consecutively an adequate method for calculating the economic costs of adverse childhood experiences was to be defined. In a second step, practical examples for funding tools were gathered in a further review and the methods of those tools were considered for the GUFOVA project by way of expert interviews. In a third step, options for estimating benefits of prevention practices and programs were to be gathered. In this field, even less literature is available. Still, it was possible to estimate beneficial factors for intervention programs which were then evaluated via expert estimations and designed as an estimation formula based on a weighted indexation. The efficiency of programs especially for kids in shelters was included in those estimations.

The tool estimating the costs of domestic violence and the benefits of intervention programs for children has then been made available to the project partners by working out the costs and benefits in national currencies and adjusted to purchasing power parities for current time periods. Basically, the model argues that the costs of specifically working with children who have experienced domestic violence (and especially those highly vulnerable who are already living in women's shelters) are actually ameliorated by the macroeconomic effects generated. In this way it becomes feasible that investing in children who are/were victims of domestic violence is not only the right ethical but also the economically efficient choice.

This technical annex and especially the costing tool are available on the GUFOVA website to service providers to demonstrate the economic advantage of investing in children affected by domestic violence.

2. International literature review: Methods (Deliverable 4.1.)

Current methodologies for estimating the economic costs of violence against children.

2.1. Timeframe and level of analysis

The economic costs of violence against children can be grouped by two criteria: the timeframe of the analysis and the level of the analysis. Regarding the time-frame, Bowlus et al. (2003) discuss three different approaches:

1. Prevalence-based approaches: Prevalence-based methods measure the overall economic costs of violence against children that occur within a set timeframe, usually one year. Individuals of all ages are considered in the calculation, regardless of when the abuse took place. Therefore, different generations of abuse victims are included, current victims as well as persons who had experienced domestic violence in their past. (Bowlus et al. 2003: 43f.)
2. Incidence-based approaches: Incidence-based methods anticipate future economic costs that are the result of children experiencing violence at present. Therefore, incidence-based approaches produce predictions about future costs regarding a specific generation of victims of child abuse. (Bowlus et al. 2003: 43f.)
3. Lifecycle-approaches: Lifecycle-approaches provide long term costs that are expected to arise throughout an individual's lifetime because of experiencing domestic violence as a child. (Bowlus et al. 2003: 43f.)

2.2. Cost bearing

While the first of the two criteria focus on the time frame, the second one is concerned with who will be charged with the economic cost that arise from violence against children. Duvvury et al. suggest three possible levels of analysis that can be used to calculate such economic costs:

1. Households: Analyses on the household level refer to household expenditures or income losses due to violence against children. Private costs for medication, therapy or similar expenses can be included in these calculations. (Duvvey et al. 2004: 23f.)
2. Community/third-party costs: Community and/or third-party costs refer to goods and services provided by society that are related to violence against children. Calculations on this level of analysis can refer to the healthcare system, the justice system, the costs of housing and refuges, as well as other. (Duvvey et al. 2004: 24f.)
3. Businesses: Studies that analyse economic costs of violence at the business level will mainly focus on two aspects: First, what are the economic costs that emerge for businesses due to future productivity loss that is to be expected in correlation with the experience of violence as a child? And second, what economic costs emerge for businesses due to additional spending in correlation with domestic violence? The later includes for example the costs for special trainings for employees or the costs for business-intern awareness programs. (Duvvey et al. 2004: 25)

Concluding from the time-frame categorisation by Bowlus et al. and the categorisation of levels of analysis by Duvvure the following analytical grid is constructed:

Figure 1 Analytical grid

		Time Frame		
		Prevalence based	Incidence based	Lifecycle based
Level of Analysis	Households	Total household costs that arise due to violence against children within a specified time period, usually one year, e.g. household costs spent on lawsuits or medicine within a given year.	Total household costs that are to be expected in the future for all households that are affected by child abuse right now, e.g. future private expenditures for therapy sessions.	Total household costs that arise throughout the lifetime of individuals who are exposed to violence as a child, e.g. income losses.
	Community/ Third Party	Total costs of social goods and services in relation to violence against children within a set period, e.g. the costs for refugees within a year.	Total costs that will arise in the future due to children being subjected to violence right now, e.g. additional trainings for police officers.	Total costs of social goods and services a person who was subjected to violence as a child will use throughout their life, e.g. sum of additional costs for the healthcare system.
	Businesses	Economic costs due to productivity loss within a year, or business intern spending on programs referring to domestic violence.	E.g. total economic costs for businesses in the future that will arise because children are subjected to violence right now.	E.g. total business costs due to the lower productivity of throughout the lifetime of an individual that was subjected to violence as a child.

Source: IHS

Measuring the direct costs of violence against children, some studies refer to the method of calculation that was developed by Hartmann et al. in 1997. The Total Costs (TC) are deducted from 1. the average cost of a service (C_i), and 2. the proportion of victims who employ the service in question (p_i). The sum of costs that arise from all various services in correlation to violence against children make up the Total Costs, and can be expressed in the following equation:

$$TC = \sum_{i=1}^n p_i C_i$$

(Hartmann et al. 1997: 17)

Although many studies refer to this method of calculation, it can be difficult to obtain the data necessary to exactly assess the variables p_i and C_i . One difficulty lies in the high number of unknown cases of domestic violence. Therefore, Bowlus et al. suggest four different methods to assess the economic costs of violence against children. Which method is appropriate in a given situation depends on data availability.

2.3. Types of costs

The major types of cost evaluations are defined by the WHO as follows:

- Cost-Benefit Analysis (CBA): provides information on both the costs of the intervention and the benefits, expressed in monetary terms. Some of the CBA studies provide information only on the net savings, without providing details on the levels of costs and benefits. Other CBA-type studies provide information only on the monetary benefits or savings from an intervention without calculating the cost. A subset of these studies uses willingness-to-pay methods to calculate individuals' and society's aversion to interpersonal violence.
- Cost-Effectiveness Analysis (CEA): provides information on the cost of the intervention and its effectiveness, where effectiveness is not expressed in monetary terms but rather by a defined metric – generally the cost per life saved in the case of interventions to reduce interpersonal violence. CEA studies are in principle directly comparable if they use the same metric and the same methodologies in calculating costs.
- Cost-Utility Analysis (CUA): similar to CEA, but the metric in the denominator is adjusted for quality of life or utility. CUA studies typically used quality adjusted life years (QALYs) or disability adjusted life years (DALYs) as their metric. (WHO 2004)

2.4. Methods of assessment with difficult data availability

Method I is the bottom up method: This method can be applied in situations where strong data is available. It derives from individual behaviour, and the exact frequency individuals make use of services in correlation with violence against children within a specific time frame. According to Bowlus et al., this is the most accurate way to calculate the economic costs of domestic violence. Caveat is that it can only be applied in cases where the data availability is ideal.

Method II, the top down method, does not start with an individual but an institutional level. It measures expenditures of institutions that provide goods or services in relation to violence against children. The proportion of affected persons who make use of the provided commodities might be unclear, but the costs that derive from these goods and services can still be assessed. For example, the total costs for emergency housing can be measured without knowledge of the actual proportion of affected people that use emergency housing. In the context of top down approaches, the difference between *full costs* and *marginal costs* made by Hartmann et al. should also be considered relevant. Full costs are economic costs that would not occur if violence against children did not exist at all, e.g. specific trainings of social workers or the costs of institutions that specify explicitly on violence against children. Marginal costs, on the other hand, are additional costs that arise from violence against children for a system that exists regardless of it. The justice system for example must exist regardless of domestic violence because it provides also services that are not related to domestic violence. Emergency housing for victims of domestic violence on the other hand are only necessary because there is domestic violence. (Hartmann et al. 1997: 17) The top down method can be an extremely useful tool to measure

full costs of violence against children. To measure marginal costs, additional information is needed, namely the proportion of costs an institution spends on goods and services that are related to violence against children.

Method III, research led estimations, are less accurate than top down or bottom up methods. This method can be applied when researchers do not have exact and reliable data on the economic costs in question available. In these cases, it is important to pay close attention to the consequences of child abuse that can be derived from the literature. For the consequences that can be identified by this research process, it is possible to calculate estimations on the economic costs that come with these consequences.

Ultimately, Bowlus et al. suggest a descriptive method as method IV. This method can be applied when the available data does not allow to make assumption about monetary costs. Within the descriptive approach, researchers explain correlations between economic costs and violence against children referring to available data, but do not provide a cost estimation in figures, because an estimation would be too unreliable due to lacking data availability. This method can ensure that economic costs which cannot reliably be measured in monetary values are still being referred to and do not fall outside the analytical grid.

Measuring the so-called indirect costs of domestic violence can be especially challenging. According to Hartmann et al. (1997: 26), indirect costs consist of personal and long-term costs due to domestic violence. For example, violence against children causes loss of quality of life for the victims. It is an ongoing methodological discussion considering if and how pain and suffering should be included in economic cost analyses. For arguments in favour and against the consideration of these very special form of costs, see Day et al. (2005: 33f.)

Indirect costs can be analysed using the descriptive method explained above, but it is not unusual for studies to express pain and suffering with a monetary value. Cost calculations for pain and suffering are difficult to construct and the results tend to vary. To do so, researchers usually use one of two types of methods: the human capital approach or the willingness to pay approach.

The human capital approach measures the loss in human capital that results from violence against children, as well as future monetary costs that are related to this loss. The willingness to pay approach on the other hand measures the monetary value individuals are willing to pay in order to avoid child abuse or ultimately death. Both methods are not without shortcomings. The human capital approach does not put a lot of value on individuals that are not employed. Furthermore, it reflects existing pay gaps. Considering for example the Gender Pay Gap (GPG), ending the violence against boys would be on average more cost effective than ending the violence against girls. Similar conclusions can be drawn from the consideration of the educational attainment of parents: Violence against children from a household with an academic background can be considered more expensive than violence against children from a household with lower educational attainment. For this project it will be ensured that the same value is placed on all people. The willingness to pay approach on the other hand requires individuals to be able to put a monetary value on their lives. Because it is usually very difficult for individuals to determine this value, the results that are produced with this method can vary significantly. (Hartmann et al. 1997: 28f.)

3. Practicing to measure the costs of violence against children (Deliverable 4.2.)

Based on the theoretical categorization of approaches, methods and data availability considerations, this step is based on collecting practical examples for costing models. For this step, the current methodologies for estimating the cost of violence against children were expanded by an international literature review including work by international institutions (such as UNICEF, the WHO, EIGE...), academics and national practitioners that are oriented on practical application. Interesting concepts and also information on available data and methods are extrapolated. Consecutively, lessons learned are compiled for further expert interviews to finally design an adequate method for estimating the economic costs of adverse childhood experiences for GUFOVA partners.

3.1. International studies, reports and tools

Measuring the costs of violence against children is a difficult exercise due to various reasons. The first is the occurrence of the violence in direct and indirect ways, as is described in an EIGE report:

“There are two aspects to child protection: first, preventing the direct abuse of the child, which often co-occurs in households where the mother is abused and second, preventing the negative effects on the child of witnessing their father (or stepfather) abuse their mother. Some studies separate these impacts on the child; some run them together as if they were one. In all countries direct child abuse is illegal; in some countries, and increasingly so, the prevention of children witnessing intimate partner violence is written into legislation as well as policy.” (EIGE 2014: 114)

Still, international research has lately been increasing and some interesting concepts and solutions help us to talk about and measure the extents of the violence:

3.1.1. Preventing ACEs (US)

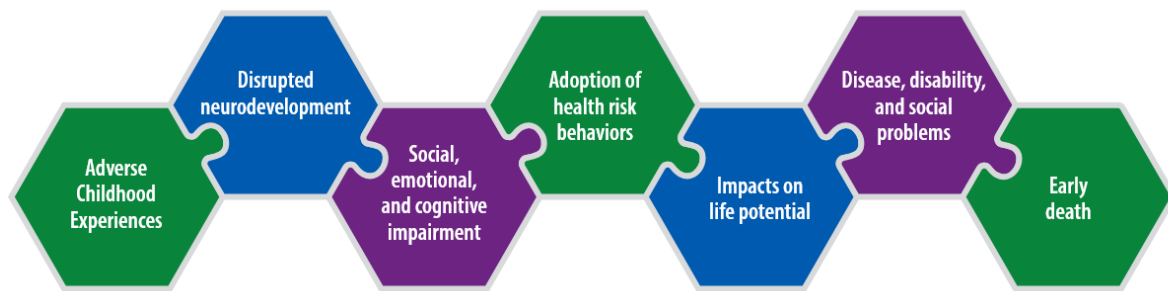
An interesting concept has been applied by the US Centers for Disease Control and Prevention in a 2019 brochure that talks about Adverse Childhood Experiences (ACEs):

Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household. Traumatic events in childhood can be emotionally painful or distressing and can have effects that persist for years. Factors such as the nature, frequency and seriousness of the traumatic event, prior history of trauma, and available family and community supports can shape a child’s response to trauma. (Centers for Disease Control and Prevention 2019: 7)

Witnessing violence in this sense is defined as neglect in both UK and US settings.

Figure 3 illustrates this concept with a linked, multicolored sequence of possible events:


Figure 2 Possible effects of ACEs



Source: <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

In this way the negative effects on children can become visibly measurable as costs of negative life effects as are seen or in preventive costs as are seen in Figure 3:

Figure 3 Preventing ACEs

 Preventing ACEs	
Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders

Source: <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

Specialist services, in particular dedicated children's workers in women's shelters and intervention centers can do much to ameliorate the harm done to children and reduce the long-term consequences of living in a violent home. (The GUFOVA training manual also available at the GUFOVA webpage makes a significant contribution to making the specialist knowledge and skills of such dedicated children's workers available to a wider professional public.)


Another program-related example from the US is also designed by the Centers for Disease Control and Prevention:


3.1.2. Child Abuse and Neglect Prevention Program Cost Calculator (USA)

The Centers for Disease Control and Prevention in the USA have designed an online calculator to utilize data in helping decision makers estimate the local health and financial impact of selected child abuse and neglect prevention programs with the best available evidence and they have also published per-child or per-family costs. There are two programs: Child-parent centers and Nurse-family partnerships. They are analyzed separately for two different age groups and for the different US states, Those programs are compared for payer and societal perspectives: Payer perspective analysis refers to the government payer perspective; societal perspective analysis includes program cost and benefit values that do not appear in a payer's program budget (e.g., parents' time off from work for program activities and value of increased work productivity among adults estimated to have avoided child abuse and neglect during childhood due to these programs). (Peterson et al. 2018: 705)

Figure 4 Child Abuse and Neglect Prevention Program Cost Calculator – Part 1


Child Abuse and Neglect Prevention Program Cost Calculator


 Return home and see user guide


 Select program and recipient population

--Please Select a Program--
Child-Parent Centers: Preschool + school age (children from low-income families, age 3 until 9 years)
Child-Parent Centers: Preschool only (children from low-income families, age 3 until kindergarten)
Nurse-Family Partnership (low-income, first-time mothers, pregnancy until child age 2 years)

Select state

 Select number of children for enrollment

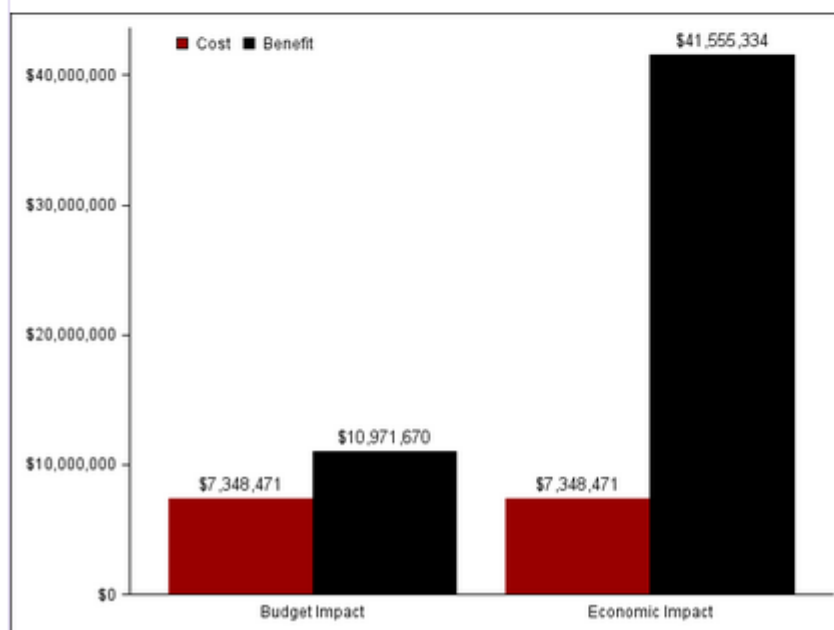
☒  Use default estimate for selected state 787

☐  Enter your own estimate

Calculate budget and economic impact

Estimated lifetime cost and benefit, Alaska

Program: Nurse-Family Partnership
(low-income, first-time mothers, pregnancy until child age 2 years)



Costs presented in 2013 USD

Source: <https://wisqars.cdc.gov:8443/CANcalc/initWizard?buttonName=mainPage>

Figure 5 Child Abuse and Neglect Prevention Program Cost Calculator – Part 2

Population and program	
Number of children in program	787
Children with substantiated abuse and neglect without program	331
Children with substantiated abuse and neglect with program	150
Cases avoided	181
Lifetime Budget impact	
Program cost per child	\$9,337
Total program cost	\$7,348,471
Program benefit per avoided child abuse and neglect case	\$60,614
Total program benefit	\$10,971,670
Net cost (negative value indicates lifetime cost savings)	\$-3,623,199
Lifetime Economic impact	
Program cost per child	\$9,337
Total program cost	\$7,348,471
Program benefit per avoided child abuse and neglect case	\$229,575
Total program benefit	\$41,555,334
Net cost (negative value indicates lifetime cost savings)	\$-34,206,863

Source: <https://wisqars.cdc.gov:8443/CANcalc/initWizard?buttonName=mainPage>

The calculator compares cost and benefits on the basis of avoided cases of abuse and neglect due to the programs.

3.2. UK studies and reports

Sylvia Walby (2009) lists the costs of domestic violence for women (and children) as such:

A. Services:

1. The criminal justice system: the police, prosecution services, courts, probation and prisons are included.
2. Health care (both physical and mental health): GPs and hospitals are the major costs included.
3. Social services: only the costs linked to children are included.
4. Housing and refuges: the cost of emergency Local Authority housing and refuges are included.
5. Civil legal services: the cost of solicitors and of injunctions are included.

B. Lost Economic Output:

C. Human and Emotional Costs

(Walby 2009: 5)

This list sets up the basic framework for costing exercises but it can be made more detailed and fitting precisely for children as victims, as has been proposed by the following works:

3.2.1. Conti et al.: The economic costs of child maltreatment (UK)

A literature review of 26 international studies on costs conducted by Conti et al. 2017 is an excellent starting point for considering a costing tool. The literature survey compiles a very useful overview of current methods to calculate these complex types of costs (e.g. Brown et al. 2011 on medical costs, Corso and Fertig 2010 on the quality of estimates, Fang et al. 2012 with a broad methodology perspective, Florence et al. 2013 on health care costs, Saied-Tessier 2014 on sexual abuse, Scott et al. 2001 on the cost of social exclusion, Snell et al. 2013 on the economic impact of childhood psychiatric disorder). They summarized that prevalence-based studies typically refer to a one-year horizon; incidence-based studies usually consider a lifetime time period. Most studies evaluate the impact of abuse occurring in the age range of 0 to 18 years. Incidence and/or prevalence data are derived from setting-specific databases to estimate the affected number of children. Costs are generally calculated for each item using unit cost data assuming an average consumption of resources per victim. Assumptions may vary according to the specific country, the type of abuse, the expected working age, or expected lifetime. Very few incidence-based studies state, if future costs have been discounted and if so which discount rate has been used. Most studies do not report sensitivity analyses to check the robustness of their results. Sometimes best- and worst-case scenarios, or a minimum, central and maximum values are reported. Conti et al. also produced the following list of direct and indirect costs of child maltreatment, where the type of costs depends on the perspective adopted, and the type of abuse considered:

- a. Short- and long-term health care costs for physical and mental health problems, including depression, post-traumatic stress disorder, self-harm, head injuries, ambulance transport, hospitalization, emergency admissions, inpatients admissions, transfer to other hospitals, hospital readmissions, hospital rehabilitation, or other medical expenses;
- b. Costs associated with alcohol and drug misuse;
- c. Productivity losses due to sickness, absenteeism, from unemployment and reduced earnings as a result of being a victim of child abuse;
- d. Tax losses due to unemployment;
- e. Child social welfare services costs for children living with foster parents, in foster homes, infant homes, in mother support centers, in short-term therapeutic facilities for emotionally disturbed children, and in children's self-reliance support facilities;
- f. Criminal justice system costs incurred by both the perpetrators of child abuse and subsequently by victims;
- g. Special education costs;
- h. a range of administrative costs including child consultation center costs, local government costs, and other administrative expenses;
- i. Death related costs, including ambulance transport, coroner/medical examiner costs, suicide, productivity losses due to suicide;
- j. Costs due to divorce. (Conti et al. 2017: 9)

Conti et al. also provide a list of useful data sets for the UK, providing data on abuse.

- National Child Development Study (NCDS): provides percentages on neglect, emotional, physical and sexual abuse.
- English Longitudinal Study of Ageing (ELSA): provides percentages on neglect and physical abuse.
- Edinburgh Study of Youth Transitions and Crime (ESYTC): provides interesting data but too small numbers
- British Household Panel Study (BHPS): provides percentages on neglect, emotional, physical abuse.
- UK Household Longitudinal Study (UKHLS): provides percentages on neglect, emotional, physical abuse.

Based on NCDS and the ELSA data Conti et al. first examined the causalities for child mistreatment for the following possible effects:

1. Physical health problems: obesity; hypertension; diabetes; cancer
2. Mental health problems: any type; anxiety; depression
3. Healthy behaviors: heavy drinking (consuming 2 or more alcoholic drinks a day); smoking; heavy smoking (25 cigarettes per day or more)
4. Labor market outcomes: employment; net weekly earnings (if employed); gross weekly earnings (if employed)
5. Welfare Use: Weekly Disability-Related Benefits

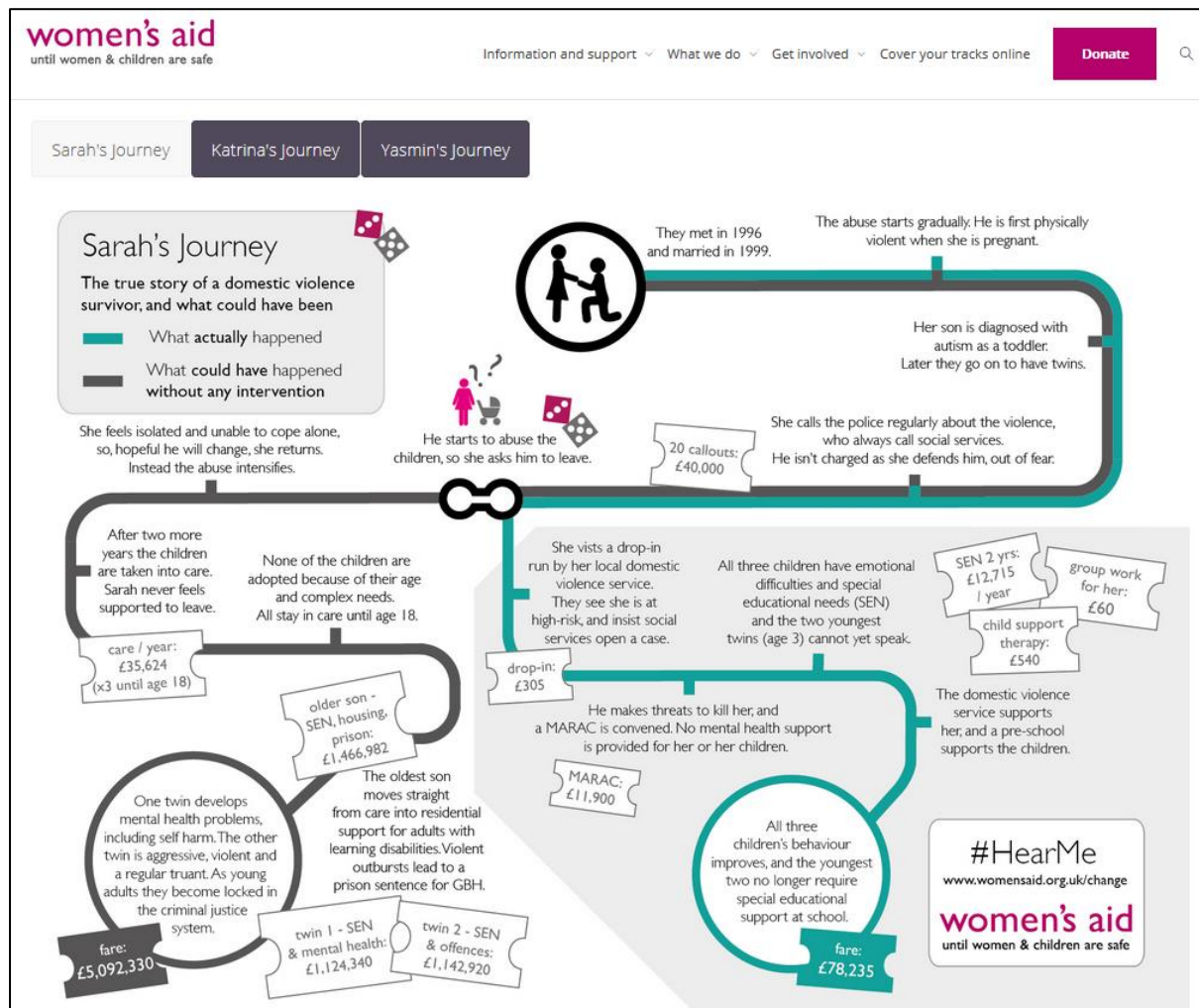
They found that for the UK data, having experienced any mistreatment in childhood is associated with worse mental health outcomes, smoking behavior, alcohol use, lower probability of employment and greater welfare dependence; no robust effects are detected for physical health, heavy smoking and wages. (Conti et al. 2017: 17)

Finally, they calculated the costs of child maltreatment in the UK adopting a societal perspective, including short-term health-related costs; long-term health-related costs; criminal justice costs; children's social care system costs; special education costs; and, productivity losses due to reduced employment. Short-term health-related costs include costs associated with unplanned hospital admissions for injuries, and health care and criminal justice costs associated with mental health disorders arising from child maltreatment. Long-term health related costs include costs due to depression, anxiety, smoking and alcohol abuse, which were found to be related to child maltreatment in the econometric analysis. Productivity losses were captured first, in terms of reduced employment, second, in productivity losses arising from days off work and premature mortality due to long-term health-related problems associated with child maltreatment.

3.2.2. Women's Aid (UK)

Some visually interesting examples for costing tools and especially visualizing the value of best practices are from UK based organizations: In their *Change That Lasts* approach Women's Aid have created some infographics, visualizing affected women's journeys, and the journeys they could have taken. These illustrate the enormous cost, in human and financial terms, of not listening to women and responding to their needs. Parts of the infographics are relating on the costs of violence against children.

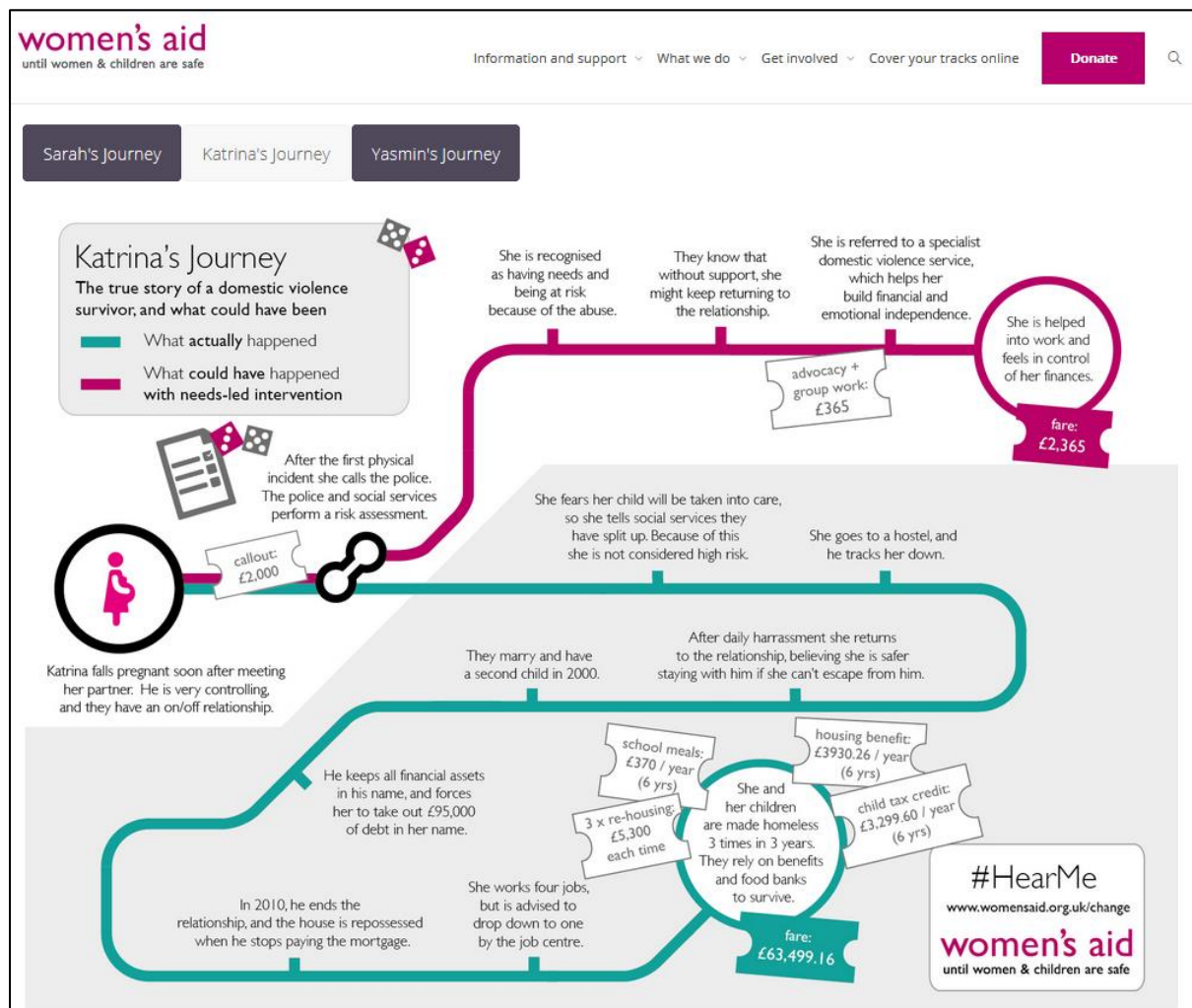
Figure 6 Women's Aid, case 1



Source: <https://www.womensaid.org.uk/our-approach-change-that-lasts/#1447243625408-817e4295-7da6>

The calculations related to children involve contrast costs without the Aid Program such as: foster care for the children per year, special education needs, residential support after foster care, subsequent costs in the criminal justice system to costs with the Aid Program such as: special education needs and child support therapy. Huge differences in costs become visible.

Figure 7 Women's Aid, case 2



Source: <https://www.womensaid.org.uk/our-approach-change-that-lasts/#1447243625408-817e4295-7da6>

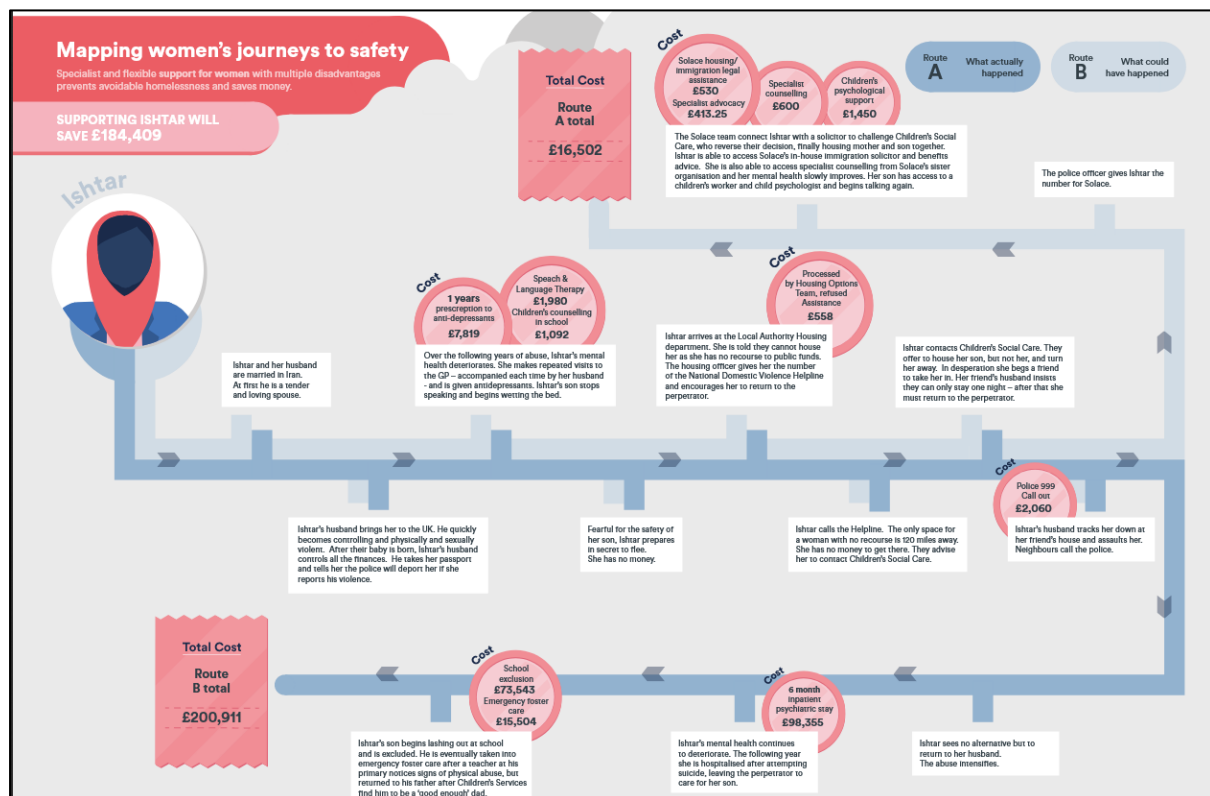
The calculations related to children in this case include school meals and child tax credits.

3.2.3. Solace Women's Aid (UK)

Similar graphical illustrations are being made by Solace, a specialist for Violence against Women and Girls (VAWG), a charity in London, UK.

The costs related to children in the first example are children's psychological support, speech and language therapy, counselling in school, school exclusion, emergency foster care.

Figure 8 Solace



Source: https://www.solacewomensaid.org/sites/default/files/2019-10/Solace_SafeasHousesReport_FINAL_0.pdf

3.3. Austrian studies and reports

Numbers on the children affected can be drawn from statistics of the Bundeskriminalamt/Bundesministerium für Inneres, Polizeiliche Kriminalstatistik on reported cases of physical and sexual abuse based on §§ 75 (murder); 83-87 (physical injuries); 107 (violent threats); 107b (ongoing violence); 201 (rape); 202 (sexual assault); 205 (sexual abuse in case of impairment) of persons younger than 18 years. Violence in the family against children is forbidden in § 137 ABGB. Since 2011 there is also a constitutional law protecting the rights of children.

The only existing estimation of the costs of domestic violence against children for Austria is by Haller and Dawid 2006:

3.3.1. Birgitt Haller and Evelyn Dawid: Costs of domestic violence in Austria

Birgitt Haller and Evelyn Dawid calculate the cost of violence for the Austrian setting in 2006. Relevant costs for violence directed against children are in their approach:

1. Cost for police action per hour
 - a. These actions distinguish between ending conflict (Streitschlichtung) which on average takes x minutes and therefore cost y.
 - b. The second type of action are when the police decide the perpetrator must leave and may not return (Wegweisung/Betretungsverbot). These actions on average take x hours and therefore cost y Euros.

With those type of actions, it is unclear whether women and/or children are the victims and cause for the police action.
2. Costs for criminal procedures
 - a. These costs are calculated based on the type of proceedings, the costs vary greatly.
 - b. These costs are offset by the fines paid by the guilty parties.
 - c. Also, costs for probation officers, incarceration, legal support for the victims in court cases by NGOs, and child care benefits paid by the government are considered; only the last position is directly related to children.
3. Foregone work in paid and unpaid settings of the mothers
 - a. Those costs are calculated as a percentage of all women in partnerships who experienced violence in the last year and are unable to work afterwards. For paid work it is calculated as the average amount of sick leave of women times the average hourly wages in Austria.
 - b. For the costs of work in the household it is assumed that women work 4 hours per day; the costs are imputed as the average wage per hour of professional house keepers.
 - c. Unemployment costs of affected women are calculated by averages of the female population.

It is difficult to say, how these costs can be extrapolated as affecting children. A substitute for the forgone child care could be considered.
4. Social funding
 - a. These are payments that a person can claim, if they have no other type of income and in Austria they are connected to the poverty line and include basic financing, financing for housing and financing for children.
 - b. Haller and Dawid assumed that half of the women affected by partner violence who had gone to court to gain barring orders will need this funding.
5. Health costs (general practitioners, hospitals and medication) are estimated for the women only.
6. Mental health costs are estimated in the costs for psychotherapy for the women.
7. Costs for support institutions
 - a. Women's shelters
 - b. Intervention institutions
 - c. Emergency housing
 - d. Counseling and emergency hotlines
 - e. Institutional help for male perpetrators (men's counseling service)

Out of those, only the costs for children in women's shelters and intervention institutions can be counted in Austria.

- f. Specific institutions and counseling organizations for children
- g. Costs for childcare and youth social workers engaged with domestic violence: these costs are assumed as half the average yearly wages of all childcare and youth social workers.
- h. Costs for on-site counselling for children, foster families, institutional housing

3.4. German studies and reports

In Germany child abuse, neglect or sexual abuse are criminal offenses; data for those are recorded. (§§ 225, 171, 176 StGB).

3.4.1. Sylvia Sacco: Costs of domestic violence in Germany

A more recent German study by Sylvia Sacco (2017) based on incidence numbers by the European Fundamental Rights Organization distinguishes between 1) direct tangible costs: which are calculated by the accounting method quantity times price, such as costs of police, legal and support services and health care. 2) Indirect tangible costs calculated via human capital or opportunity cost method which considers foregone productivity/incomes, such as productivity losses because of unemployment, incapacity to do housework, death or suicide, and effects of trauma on children. 3) Intangible costs are calculated by the DALY method ("disability-adjusted life years" i.e. disease-adjusted life years (lost).)

Costs on children are included as costs for women's shelters and trauma costs for children.

3.4.2. Habetha et al.: A prevalence-based approach to societal costs occurring in consequence of child abuse and neglect.

This 2012 study by Habetha et al. considers trauma follow-up costs from a prevalence and a literature approach. The societal perspective is run by estimations using a bottom-up approach. The literature-based prevalence rate includes emotional, physical and sexual abuse as well as physical and emotional neglect in Germany. Costs are derived from individual case scenarios of child endangerment presented in a German cost-benefit-analysis.

For Germany this means that 14,5% of the population are linked with costs attributed to childhood trauma effects.

Figure 9 Summary of Habetha et al.'s sources for prevalence and cost

Table 1 Characteristics of the German prevalence study [10]

Study characteristics	
Study type	Retrospective population survey
Objective	Prevalence of child maltreatment (physical, emotional, sexual) and neglect (physical, emotional) in Germany
Sample	Random sample
	Representative of the German population
	Sample size: 2,504
	Females: 53.2%, males 46.8%
Methods	Age: 14–90 years, mean value: 50.6 years
	Assessment of child maltreatment and neglect through the <i>Childhood Trauma Questionnaire</i> (German version)

Table 2 Characteristics of the German cost study [51]

Study characteristics	
Study type	Cost-benefit-analysis
Objective	Assessment of cost and benefit of an Early Family Assistance Program
Methods	One prevention scenario versus four scenarios under the assumption of early child endangerment (child abuse and neglect fall within this definition)
	Case scenarios based on literature and expert knowledge
	Costs modeled on the basis of available data, supplemented by literature
Cost year	2008
Cost types	Healthcare services, social services, educational services and losses in productivity (due to low professional qualification, unemployment and occupational disability)
Direct Costs	Different types of educational family/parent support and foster care
Indirect Costs	Treatment of trauma-related disorders, educational services and productivity losses

Sources: Häuser et al. 2011 and Meier-Gräwe 2011

3.5. Danish studies and reports

The literature review found a recent report from 2017 which includes an estimation of the costs of violence against children by Lyk et al. A previous costing study from 2010 by Helweg et al. does not include costs related to children.

3.5.1. Lyk et al.: Børn, der Oplever Vold I Familien. Omfang Og Konsekvenser.

This study examines the societal costs of children experiencing domestic violence for children born in the years 1997 and 1998. Lyk et al. have looked at the cost of placements, preventive measures, outpatient contacts with hospitals for somatic disorders and hospitalizations for somatic disorders. The cost analysis follows the child up to and including its 15th birthday. The results of expenditures constitute a lower limit for the total additional expenditure because the analysis does not contain long-term consequences such as increased crime, reduced educational opportunities, deteriorated health and lower lifetime income.

4. Application to the GUFOVA tool

4.1. Lessons learned

- Specific cost items: The specific issues to be included in a costing system can be adopted from the literature review.
- Quantities of children affected: Incidence and/or prevalence data can be derived from specific databases to estimate the affected number of children depending on the available data per country.
- Prices: Costs can be calculated for each costing item using unit cost data assuming an average consumption of resources per victim. Assumptions may vary according to the specific country, the type of abuse, the expected working age, or expected lifetime. International research provides conventions and examples for measuring those costs, e.g. regarding future discounting proceedings or sensitivity analysis (see Fang et al. 2012).

4.2. Options and choices

Following the literature review certain options become available and some choices need to be made. Also, some lack in data/information needs to be addressed. In order to proceed with the development of the costing tool, consultations with experts were conducted, regarding the following issues:

4.3. Country specific cost models

- Extrapolation of costs from one country to all others (see EIGE 2014):
This has the advantage of not being dependent upon such a high level of quality data available for each state, but which has the disadvantage of losing some of the specificity of national circumstances. (EIGE 2014: 105)
- Constructing costs for each country with a similar framework:
(An example for such a common framework for a EU-wide costing methodology, which is applied to Member State-specific data that is comparable between Member States in its quality, is suggested by EIGE 2014)
 - The specific framework would need to be decided on
 - Methodology becomes an issue
- Depicting costs with existing country studies

4.4. Data sources

Data availability is always an issue working on domestic violence, here are some options:

- Using national data (see EIGE 2019 on data availability)
- Using European data such as provided by the Fundamental Rights Agency from the 2014 survey on violence against women, which asks about experience of violence in the childhood (FRA 2014)

- Using global data: UNICEF Data (UNICEF 2006): Data is quite old but includes estimates for many countries.

4.5. Visual representation, practical use, marketing

The tool could look like a map, a board game, an online calculator, an excel sheet....?

The digital expertise of program developers and pretensioners needs to be considered to make this tool useful.

4.6. Keeping the data up to date

Two choices:

- Yes, keep data up-to date: Find money for regular updates?
- No, stick with current data.

It has been decided to make the GUFOVA tool available for 10 years with regular updates for exchange rates, inflation, purchasing power parities and population counts.

4.7. Further questions, issues, needs

- Include further countries in the costing tool?
- What to do about inconsistency of data due to COVID-19?
- How should cost evaluations be linked to funding?
- How should best practices be reflected in the costing tool?

It remains possible to extend the costing tool to include all European countries. COVID-19 is not considered in the data updates. The link between costs and intervention programs is to depict societal effects in percent of GDP and in the number of children who will disappear from the cost side.

5. Expert interviews and responses to the GUFOVA Questionnaire (Deliverable D4.3)

For this step of the process a questionnaire was designed that was sent to identified national experts. They had the choice of answering per mail or opting for telephone interviews. The aim was to find experts' opinions from each project country, which was successfully established. Sometimes the questionnaire was snowballed and other interview partners were identified and suggested by the originally chosen experts.

The questionnaire is attached in the Appendix.

5.1. Responses from English experts

The answers for this section stem from one telephone interview and one written response.

A. Country comparison: In your opinion, would it be beneficial to

☐ Extrapolate costs from one country to others (as is done in EIGE 2014)?

If so, how can this fit all countries well?

The problem with this is that the organization of the range of costs involved (health, education, police, justice systems, social work etc.) will be organized differently in different countries. As the aim is to provide women's shelters and similar organizations with an easily usable tool, it would be easier to identify some easily accessible costs for each country involved and explain the methodology to allow other countries to follow this model and adapt, improve etc., as more data becomes available.

☒ Should the costs be constructed for each country (e.g. Haller and Dawid 2006)?

If so, how can the issue of generating a common methodology be addressed?

Set out a methodology based on whatever costs are available in which countries and openly acknowledge that the costs are always an underestimate. The aim is not to establish comparable costs across different countries, but to argue for local or national funding of services to prevent higher local and national costs further down the line.

Ideally comparable costs could be established at a later stage, but we are far from this at present.

B. Data: Which data base would you suggest for a European exercise that includes Austria, Denmark, Germany, England and Bosnia-Herzegovina?

☒ national data

Please indicate a source:

UK – Office of National Statistics (ONS – publish a lot of data). Also Joseph Rowntree Foundation do a lot of work on poverty and child poverty in UK.

☐ Fundamental Rights Agency (FRA) Data ☐ UNICEF data ☒ other source:

For some costs, e.g. police and criminal justice costs may be available from Eurostats (this would not include Bosnia). We may need to ask Bosnia to identify some of their own costs e.g. taking children into care, providing psychological counselling to children etc.

C: Methodology:

Is there methodology that you would especially recommend?

Identifying the costs of services (table– not exhaustive). These could include costs of services to ameliorate:

Impact on child	Costs to society
Developmental problems (bonding difficulties, not speaking, learning difficulties etc.)	Health service costs, including psychological services and child psychiatry; social work; specialized pre-school and educational services.
Psychological problems (depressions, anxiety, guilt, shame etc.)	Ditto
Physical problems (as a result of injury directly or indirectly incurred through domestic violence). This includes physical, emotional and sexual abuse of which, children living with domestic violence are more at risk.	Ditto
Physical problems as a result of psychological problems (self-harm, eating disorders, drug and alcohol dependence, difficulty sleeping)	Ditto
Neglect (as a result of mother being unable or provide adequate care due to domestic violence)	How to quantify?
Impact of living in a one parent family i.e. growing up on a low income	How to quantify?
Disrupted schooling (possibly also due to frequent move of home to escape abuser), low educational attainment due to above.	How to quantify?
Anti-social behavior (drug and alcohol use, petty crime and being recruited into more serious crime)	Police and juvenile justice systems
Impact of growing up with a model of an abusive relationship, which may be compounded by enforced contact with an abusive parent throughout childhood and adolescence. This can result in a lifelong inability to identify, challenge or effectively tackle abusive behaviour.	How to quantify?
Being placed in care (including foster care)	Children's home costs, foster family costs
Juvenile delinquency problems (being sent to secure accommodation)	Youth detention centers. Juvenile justice systems, probation, police and social work costs
Lifelong economic impact as a result of growing up with domestic violence in terms of lack of economic output or reduced economic output.	How to quantify?
Injury as a result of retaliation by perpetrator (including death)	Living with disability (calculated as Quality Adjusted Life Years) and premature death (calculated as Value of Life Years)

- Establishing which costs can be quantified
- Establishing which costs are available (may vary between countries)
- Justifying investment in children's services (as prevention) against savings in services to repair damage at a later stage.

As GUFOVA is not conducting a costing exercise it does not need to estimate the numbers of children accessing the services. However, there are some data to illustrate the argument e.g. Women's Aid did a report on child homicides as a result of domestic violence revenge killings. There could be a VOLY calculation of what this has cost in England. Thus, if any shelter experiences a child murder in similar situations, they would be able to do a calculation of what this has cost and compare that to what support they could have given, at which cost.

D: Format: Would you recommend the tool to look like a

☒ map/board game (e.g. womensaid.org.uk)

☐ an online calculator (Peterson et al. 2018)

☒ a simple excel sheet

☐ something else?

I favor the Women's Aid maps, which have an immediate visual impact and make the argument very well. I suggest simplifying this. You would need to give them credit for this.

Alternatively, a simple excel sheet which shelters can update.

General remarks

The purpose of the exercise is to argue for more services for children who have suffered through domestic violence by emphasizing the high costs of not supporting children. Thus, organizations need to be able to cost their own services (children's workers, play sessions, therapy sessions, counselling services, ongoing support, confidence building activities, group activities etc.,) and should be able to do this. They then need to be able to set these services against costs that could result from children (and their main carers) not having support. So the challenge is to establish which concrete costs for services can be identified and then shelters and similar organizations can demonstrate how investment in support services for children can help prevent even greater costs at a later stage. Identifying costs will be easier for some costs than others and will, therefore, always be an underestimate. GUFOVA should not aim to comprehensively establish the cost of domestic violence for children, it is not necessary to estimate of the numbers of children requiring such services. However, there could be an outline of the way to such a task by identifying what data is prevalent and to establish a partial cost.

5.2. Responses from Danish experts

The findings were compiled by several experts in a written response.

A. Country comparison: In your opinion, would it be beneficial to

☐ Extrapolate costs from one country to others (as is done in EIGE 2014)?

If so, how can this fit all countries well?

☒ Should the costs be constructed for each country (e.g. Haller and Dawid 2006)?

If so, how can the issue of generating a common methodology be addressed?

The Danish expert suggested the method in FRA 2014 seems very reliable if the focus is to compare data across countries. They think you would have to come up with a very specific guideline for calculating the cost and ask national research institutions/consultancies to comment on the method described.

B. Data: Which data base would you suggest for a European exercise that includes Austria, Denmark, Germany, the UK and Bosnia-Herzegovina?

☒ national data

Please indicate a source:

In Denmark there are different partners who have calculated the cost of violence against women. E.g. the consultancy firm Rambøll (Samfundsøkonomiske omkostninger ved vold, 2019; Evaluering af krisecentertilbuddene. Evalueringsrapport, 2015) and Deloitte (CTI for kvinder på krisecenter – Evaluering, 2019). Besides these there are scholars who have calculated the cost:

Kruse, M., Sørensen, J., Brønnum-Hansen, H. & Helweg-Larsen, K.: The health care costs of violence against women, 2011;

Helweg-Larsen, K., Brønnum-Hansen, H., Sørensen, Jan & Kruse, M.: Risk factors for violence exposure and attributable healthcare costs: Results from the Danish national health interview surveys, 2011;

Helweg-Larsen, K., Kruse, M., Sørensen, J. & Brønnum-Hansen, H.: Voldens pris Samfundsmaessige omkostninger ved vold mod kvinder, 2010;

Lyk-Jensen, S., Bøgg, M., Lindberg, M.: Børn, der oplever vold i familien - Omfang og konsekvenser, 2017)

DK suggests a model based on data from placement costs, preventive measure costs, cost for patient contact with hospital for somatic disorders and hospitalizations for somatic disorders would be a good place to start (Lyk-Jensen et al. 2017).

D: Format: Would you recommend the tool to look like a

☐ map/board game (e.g. womensaid.org.uk)

☒ an online calculator (Peterson et al. 2018)

☒ a simple excel sheet

☐ something else?

5.3. Responses from German experts

The findings stem from two lengthy telephone interviews.

One expert suggested that as most of the costs in Germany will be federal and not national responsibilities and, therefore, for Germany, it is a suggestion to pick one Bundesland (e.g. ideally either Schleswig-Holstein or Sachsen) and extrapolate from their costs to the whole of Germany. This is legitimate as, although each federal state organizes their own systems of education, social work etc., the structure of the system of support are the same (or at least very similar).

Another expert suggested that it is not possible to extrapolate costs e.g. from Brandenburg to Hessen as these Länder are too different regarding infrastructure and culture.

The best argument for financing spending on avoiding further harm to children is the Istanbul Convention that has been signed by all project countries.

The Swiss cost study is very good starting point to calculate tangible costs.

It is most important to create the costing tool in such a way that arguments for opponents to funding will not be enhanced. The best tool could be created in a network meeting of experts.

It is suggested to rely on the German Traumafolgenstudie by Habetha et al.

While the numbers in the study are largely estimations, they are in fact reflecting the true costs.

It is better to estimate than be hampered by lack of available data.

The more complex calculations are, the easier it is to disregard them, better to follow existing studies and papers.

An excel sheet is a good format for the costing staff; all others will need verbal forms to work with the tool as there is a fear of tables and numbers.

5.4. Responses from Austrian experts

The findings stem from one detailed telephone interview.

The Austrian expert suggested to work with the average number of kids in women's shelters.

While she was skeptical about the economic argument she suggested to work with a decreasing number of children becoming high cost cases due to programs in women's shelters.

The expert estimates that every third child with ACE's would become a high cost person until adulthood. Based on the goodness of the programs that number might decrease to every fifth child, or there could be scenarios for different reduction levels.

Effects that should definitely be counted are:

- Health system costs
- Psychotherapy
- Costs in the education system
- Remaining as NEETs
- Anti-violence trainings for adult males
- Rehab for alcohol or drug infliction

The expert recommends to work with the life-path approach as has been adopted by Women's Aid or Solace Women's Aid.

5.5. Lessons learned

From the written answers to the GUFOVA survey as well as the expert interviews via telephone the following answers to the questions resulting from the literature review could be deducted:

IT would be preferable to work with specific country costs; but since data are missing and the exercise aims on comparison, there could be extrapolations from cases where numbers do exist (e.g. Germany's trauma data). Some national data sets have been proposed.

Estimations, as well as the life-path method were recommended. It was also recommended to draw on methods in existing reliable studies:

- Option 1:
Crossroad approach: Assumption of Costs 1 versus all types of other Costs 2-n
- Option 2:
Program costs vs. costs found in literature
- Option 3: Scenarios
Program costs vs. different stages of expenses ranging from potentially mildly negative effects to death
Program costs vs. age of ameliorating action

It needs to be clear, what will be done in shelters and what are the programs that are decided upon?

It also needs to become clear, how much they will cost nationally? (Estimation by GUFOVA and/or experts).

A list of cost/benefit factors needs to be agreed upon.

Attempt to follow Walby's detailed approach.

Very detailed data can be misleading, as has been an experience from Haller's work.

For trauma costs → rely mostly on the methods of Habetha's meta study.

A simple excel sheet will work for budget staff, but a verbally operating model, or pictures are needed for others.

6. Draft tool

In the next section considerations for the first draft of the tool are described. The tool was then designed as an excel sheet with a user-friendly face and verbal explanations on numbers and inputs.

6.1.1. Societal costs occurring in consequence of child abuse and neglect

The societal costs per child are estimated differently in national estimations as described in section 3:

Germany:

An approximation based on Habetha et al. (2012); Meier-Gräwe and Agenknecht (2011) and Sacco (2017) estimates the trauma induced costs for Germany for the year 2012 with annual costs (for a duration of 50/60 years) as an average of the given moderate and pessimistic scenario amount to 6.708/5.590 Euro per affected child (Habetha et al. 2012: 79). The costs are comparatively high as they include all types of negative life-time effects such as increased crime, reduced educational opportunities, deteriorated health and lower lifetime income.

Caveat: The estimations cannot be completely verified.

Estimation: According to the experts, the numbers do reflect the true costs, but are “illusionary” (e.g. very high compared to international figures).

Austria:

Caveat: For Austria Haller and Dawid's numbers from cannot be used, as the costs of violence against women is lumped with the cost for children.

Estimation: Numbers in Austria are probably similar to numbers in Germany.

England:

For England, very relevant is a study by Conti et al. (2017). They have looked at data for England, Wales Northern Ireland and Scotland and taken weighted averages. The study included the following components to calculate the lifetime cost per victim of child maltreatment: short-term health-related costs; long-term health-related costs; criminal justice costs; children's social care system costs; special education costs; and, productivity losses due to reduced employment. Short-term health-related costs include costs associated with unplanned hospital admissions for injuries, and health care and criminal justice costs associated with mental health disorders arising from child maltreatment. Long-term health related costs include costs due to depression, anxiety, smoking and alcohol abuse. The study included costs of conditions that are related to depression, anxiety, smoking and alcohol abuse. Productivity losses include premature mortality, days off work, reduced employment and reduced wages among those who are employed. (Conti et al. 2017: 28)

The analysis shows the discounted average lifetime incidence cost of non-fatal child maltreatment by a primary care-giver to be £89.390 (97.830 Euros as of September 2020). Rather than calculating for the average life expectancy in the UK a division by 60 years to allow comparison yields £1.490 (1.631 Euros).

Estimation: the numbers seem fairly low in the international comparison.

Options: 1) Keep UK specific numbers. 2) Convert German numbers for England with PPPs.

Denmark:

The study by Lyk et al. (2017) estimate the additional expenses in the period for children who experience violence. This corresponds to an additional expense of around DKK 200.000 per child (or 26.861 Euros), corresponding to DKK 13.000 (1.746 Euros) annually. As mentioned earlier, the research indicates that this additional expenditure will constitute a lower limit for the total additional expenditure because the analysis does not include a long-range of likely long-term consequences for the group of children experiencing violence, such as increased crime, impaired educational opportunities, deteriorating health and lower lifetime income, nor does it include placement costs and preventive measures in the child's 16th and 17th year.

Caveat: These are annual costs for children between 0 years old until they are 15 years old. Costs during adulthood are not reflected at all.

Estimation: Costs seem low; they cannot be compared with life-time costs.

Options: 1) Convert German numbers for Denmark with PPPs. 2) Convert UK numbers for Denmark with PPPs.

After a second round of consultation with the experts, it was decided not to use the specific country numbers, as this would not allow direct comparison between the countries, but to extrapolate numbers from Habetha (2012). Based on experts' estimation it is assumed that for every third child in women's shelters high life-time costs will be arising. (This corresponds with estimations in Habetha et al. 2012: 5).

6.1.2. Intervention programs and their (national) benefits

The second part of the tool regards general intervention programs and their benefits. In a meta-study by Ramiro et al. (2019) three search methods were employed to identify national policies on child maltreatment. A framework based on WHO guidelines for the development of policies was used to conduct a policy analysis of the identified 278 national policies; of these, 68 met the inclusion criteria for further analysis whereas the majority of policies fulfilled most of the WHO criteria for effective policy-making, it is worrying that only 34% had a budget and 6% had quantified objectives. (Ramiro et al. 2019: 32)

Ramiro et al. distinguished preventive interventions as such:

School-based violence prevention: Education programs, based within schools, teaching children to recognize harmful situations and distinguish between appropriate and inappropriate forms of touch and include multicomponent preschool violence prevention programs and sexual abuse training programs

Public awareness Programs to disseminate messages on child maltreatment among the general population using channels such as: television, radio, social media and other internet platforms raising awareness of the issue, changing social norms regarding the acceptance of abusive behavior, gender equality and encouraging reporting of maltreatment

Hospital-based programs in which health-care professionals educate new parents in the dangers of shaking their child and providing alternative strategies for dealing with persistent crying

Home-visiting programs which provide intensive, in-home early years support for parents whose children are at risk of poor outcomes

Parenting programs to strengthen the relationship between parents and children and improve parents' skills, knowledge and confidence to support child development and behavior management

Capacity development Programs designed to increase the skills and confidence of health-care staff and other professionals for identifying and preventing child maltreatment

Community interventions Programs to enhance community capacity to prevent child maltreatment by expanding resources and promoting a culture of collective responsibility for positive child development and include support and mutual aid groups for parents, early child care services, care of vulnerable children and improving residential care services

Legal action: Specific laws for prohibiting child maltreatment and reducing its risk factors, along with clear courses of action (e.g. fines, penalties, sentences) to be taken when laws are violated and include those against corporal punishment in all settings, intimate partner violence, sexual abuse and exploitation and labor exploitation (Ramiro et al. 2019: 34)

The relevant question when concerned with evaluating the effectiveness of intervention programs is the cost-benefit ratio or the effectiveness of the programs. There is little literature available on cost benefit analyses, but the existing ones indicate that **“relatively modest changes brought about by interventions that aim to prevent child abuse and neglect, and improve children’s life chances, bring about significant economic and social benefits”** (Valentine and Katz 2007).

Multipliers or cost efficiency is discussed in the following literature: A meta-analysis of home-visiting programs in the US found that the benefits of home visit programs outweigh the costs of implementation (Sethi et al. 2013). On average, for every 1 USD spent there was a saving of 2.24 USD over time. Additionally, the higher the risk group targeted by the program the higher the savings tended to be, reaching as high as 5.70 USD for the highest risk groups, defined in the study as low socio-economic, single parents. (Aos et al. 2004) Reynolds et al find that Chicago Child–Parent Centres yield a return ratio of 8,47:1 (Reynolds et al 2002: 41). A study by

Peterson et al. (2018a) looks into all state data for the US and concludes that child-parent centers in the US have a rate of return of approximately 1,8, while nurse-family partnerships yield returns of 6,4 USD per USD spent. The following meta-analysis and collection provide the examples for rates of return:

Figure 10 Cost-benefit return: meta-analysis by Valentine and Katz

Category of study or intervention	Cost-benefit return	Source
Cost-benefit analyses of child abuse and child abuse prevention for the U.S state of Michigan	19:1	(Caldwell, 1992)
Reductions in class size in kindergarten through second grade (U.S)	6 to 11 percent annual real rate of return on investment	(Aos et al., 2007).
Fiscal impacts of expanding prior-to-school programs in three U.S states	1.18 – 1.64:1	(Belfield, 2006)
Nurse Family Partnership (home visiting program)	2.88:1	(Karoly et al., 2005)
Abecedarian (preschool and family support program)	3.23: 1	(Karoly et al., 2005)
Chicago Child-Parent Centres (preschool and school education and family support)	7.14: 1	(Karoly et al., 2005)
Perry Preschool (preschool and family support) (follow up to middle adulthood)	17.07: 1	(Karoly et al., 2005)
Meta-analysis of early intervention programs	2.36: 1	(Aos et al., 2004; Isaacs, 2007).

Source: Valentine and Katz 2007: iii

Another example for the state of Washington derives at the following efficiency rates:

Figure 11 Cost-benefit return: collection of programs by the Washington State Institute for Public Policy

Program name (click on the program name for more detail)	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
Parent-Child Interaction Therapy (PCIT) for families in the child welfare system	Aug. 2017	\$26,092	\$9,662	\$16,430	(\$1,727)	\$24,365	\$15.11	96 %
Intensive Family Preservation Services (HOMEBUILDERS®)	Aug. 2017	\$17,498	\$10,008	\$7,490	(\$3,674)	\$13,824	\$4.76	97 %
Subsidized guardianship (Title IV-E waivers)	Aug. 2017	\$5,750	\$1,209	\$4,541	\$3,811	\$9,561	n/a	99 %
SafeCare	Aug. 2017	\$4,056	\$1,557	\$2,499	(\$195)	\$3,861	\$20.82	94 %
Alternative Response	Nov. 2018	\$1,884	\$687	\$1,198	(\$256)	\$1,628	\$7.36	82 %
Flexible funding (Title IV-E waivers)	Apr. 2012	\$1,438	\$448	\$990	\$0	\$1,438	n/a	90 %
Promoting First Relationships	Nov. 2018	\$788	\$764	\$24	(\$1,378)	(\$590)	\$0.57	47 %
Other Family Preservation Services (non-HOMEBUILDERS®)	Aug. 2017	(\$4,758)	(\$1,007)	(\$3,751)	(\$3,371)	(\$8,130)	(\$1.41)	0 %
Family dependency treatment court	Aug. 2017	(\$6,669)	(\$1,500)	(\$5,169)	(\$5,799)	(\$12,469)	(\$1.15)	8 %
Youth Villages LifeSet (YV LifeSet) for former foster youth	Jul. 2019	(\$4,063)	\$383	(\$4,446)	(\$10,312)	(\$14,375)	(\$0.39)	7 %

Source: Washington State Institute for Public Policy: <http://www.wsipp.wa.gov/BenefitCost?topicId=3>

From the examples presented here we can learn two things:

1. **Range:** The literature implies that the range for the cost-benefit ratio for intervention and prevention programs lies between 0 to 20.

2. The detailed descriptions of the programs underlying those numbers are reflected in the cost-benefit returns. A further review of literature yields the following **relevant factors in the project designs** for efficiency of intervention (and prevention) programs:

Factors that improve policies outcomes are overall: availability of scientific data on the problem, legislation and policies, will to address the problem, and material resources. (Mikton et al. 2013) For program details the following become relevant:

- Regular, secure access to budgets as a national strategy
- quantified objectives or targets (Schopper et al. 2006)
- intent to monitor and evaluate the implementation and effectiveness of the policy (WHO 2014)
- existence of reliable surveillance systems for child maltreatment in the country (Meinck et al.)
- integration of the program with existing health and social care services
- multi-sectoral approach functions as a bridge between families and other professional services and community resources
- the program is based on based on close interactions between all national institutions, such as Health, Welfare, Education and Law, as well as any public programs and systems already in place
- Does the program rely on multi-sectoral partnerships and cooperation within them
- act simultaneously across several different levels to prevent violence
- imbedded into priorities at high-level politics
- access for clients (Klevens et al 2015)
- continuity of program (Klevens et al 2015)
- successful interventions in preventing and/or reducing child maltreatment: Cognitive behavioral therapy, home visitation, parent training, family-based/multisystemic, substance abuse, and combined interventions (Put et al. 2018)
- also: focusing on improving parenting skills and providing social and/or emotional support in curative interventions, and increasing self-confidence of parents in preventive interventions. For curative interventions, it seems important to screen for mental health problems in parents and if present, to address these problems in interventions. Interventions targeting substance-abusing parents appeared to be very effective, as well as interventions addressing other mental health problems. Furthermore, improving child well-being and providing social and/or emotional support were successful (Put et al. 2018)
- home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-component interventions, media-based interventions, and support and mutual aid groups have shown to be effective in a review of reviews (): Four of the seven – home-visiting, parent education, abusive head trauma prevention and multi-component interventions – show promise in preventing

actual child maltreatment. Three of them – home visiting, parent education and child sexual abuse prevention – appear effective in reducing risk factors for child maltreatment (Mikton and Butchart 2008)

- **Finally: the higher the risk group targeted by the program the higher the savings tended to be**

For the GUFOVA project's tool a pragmatic approach was chosen. Each one of the 20 factors for cost effectiveness has been ranked by experts (very high, high, low) in a second round of interviews specifically considering the evaluation of interventions' benefits. The rankings were combined to allow a scoring process of the interventions that were then compiled in a type of relevance indicator. In sum, the maximum effectiveness ratio reachable is 20, the minimum is a break even.

Categories and rankings

1. there is data on child maltreatment to work with (high)
2. the program is planned with quantified objectives or targets (high)
3. there is intent to monitor and evaluate the implementation and effectiveness (high)
4. the program is imbedded into priorities at high-level politics (low)
5. there will be regular, secure access to budgets from a national strategy (high)
6. the program bridges families and other professional services and community resources (very high)
7. there is integration with existing health and social care services (very high)
8. the program acts simultaneously across several different levels to prevent violence (high)
9. the program allows good access for clients (high)
10. the program includes cognitive behavioral therapy (very high)
11. the program includes home visitation (very high)
12. the program includes parent training (very high)
13. the program is family-based/multisystemic (very high)
14. the program works also with substance abuse (very high)
- 15. the program specifically targets high risk groups of children (e.g. children living in shelters) (very high)**
16. the program includes screens for mental health problems in parents and if present addresses these in interventions (very high)
17. the program includes child sex abuse prevention (very high)
18. the program includes abusive head trauma prevention (very high)
19. the program is media-based (low)
20. the program includes support and mutual aid groups (very high)

6.1.3. Targeting high risk groups: children living in shelters

Even less literature exists that specifically looks into the cost-benefit ratios of working with high risk groups of children, namely the ones already living in shelters. One exception is a study by Chanley et al. 2001. They conclude that for costs of domestic violence shelter services which include operating expenses and public assistance for women and children and benefits of the domestic violence shelter services that include assaults averted and mental health benefits domestic violence shelter services have social benefits that significantly outweigh the social costs. The minimum net social benefit of the domestic violence shelter program is \$3,494,934 and the minimum benefit-cost ratio is 4.6:1.0. (Chanley et al. 2001)

This finding does unfortunately not distinguish between benefits for women versus children. The expert interviews confirmed that children living in shelters are indeed very high risk for severe long-term effects of

experienced domestic violence. Habetha (2012) estimate that 21% of all persons affected by violence in their homes can be expected to become extreme cases; experts reckoned that a third of the children living in shelters at some point in their lives will have severe adverse effects in the long-run. Therefore, experts further estimated that services directed specifically at these children (such as increasing the number of children's workers, play sessions, therapy sessions, counselling services, ongoing support, confidence building activities, group activities etc ...) will have especially high benefit-cost ratios, which is then reflected in the weighting of the indicator's 20 categories.

GUFOVA Costing Tool:

The EU-funded project Growing Up Free Of Violence and Abuse (GUFOVA) seeks to enhance the work with children, who have witnessed direct or indirect violence in their homes. In addition to creating and sharing knowledge for practical work with children, the GUFOVA project also aims at providing institutions with a costing tool that helps them to convince funders that money spent on such children is not only an ethically correct but also a significant economically efficient choice.

The first part of the tool shows the **societal costs** as well as the **costs per child** based on the literature review and two rounds of expert interviews. Numbers for effected population are based on demographics (Eurostat 2019; 2012 for Bosnia and Herzegovina). The prevalence is based on estimations of trauma occurrence by Habetha 2012 (14,5%) and are only based on the further estimation of extreme cases: 21%. The costs per child are then again based on Habetha (2012). Purchasing power parities (Eurostat 2019) are used for cross country comparison. The tool shows the results in local currencies (exchange rates: January 2021) for each country. The tool allows yearly corrections for inflation to keep these numbers up to date.

The second part of the tool works with the **identified beneficial factors** for intervention programs, that were deducted from a second set of literature. Those have then been evaluated and weighted via expert estimations which is reflected in an estimation formula based on indexation which runs in the background of the tool. The efficiency of programs especially for children in shelters is especially considered in those estimations.

The second part of the tool connects the societal costs with benefits of intervention programs.

Users of the tool need to input program costs and the number of children reached in the program. Program characteristics can then be chosen which will result in estimating the effectiveness of the program.

Results are displayed as monetary costs in national currencies as well as percentages of GDP for comparison.

Benefits are displayed as monetary estimates and in numbers of children that will not experience adverse long-run effects. There is an option to add program costs per child reached, or simply total program costs.

Sources

- Aos S, Lieb R, Mayfield J, et al. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth. Washington State Institute for Public Policy: Olympia.
- Bateson, K., McManus, M., & Johnson, G. (2019) Understanding the use, and misuse, of Adverse Childhood Experiences (ACEs) in trauma-informed policing. *The Police Journal: Theory, Practice and Principles*, 93(2), 131-145. doi:10.1177/0032258x19841409
- Bowlus, Audra; McKenna Katherine; Day, Tanis; Wright, David (2003) The Economic Costs and Consequences of Child Abuse in Canada. Report to the Law Commission of Canada. Online: <https://cwrp.ca/publications/economic-costs-and-consequences-child-abuse-canada> [18.8.2019]
- Brown, D. S., X. Fang and C. S. Florence (2011) Medical costs attributable to child maltreatment a systematic review of short- and long-term effects. *Am J Prev Med* 41(6): 627-635.
- Centers for Disease Control and Prevention (2019) Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Online: <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf> [27.5.2020]
- Chanley, S., Chanley, J., Campbell H. (2001) Providing Refuge. The Value of Domestic Violence Shelter Services. *American Review of Public Administration*, Vol. 31 No. 4, December 2001 393-413
- Conti, Gabriella; Morris, Stephen; Melnychuk, Mariya; Pizzo, Elena (2017) The economic costs of child maltreatment in the UK. A preliminary study. University College London. Online: <https://learning.nspcc.org.uk/research-resources/2017/economic-cost-child-maltreatment> [18.08.2019]
- Corso, P. S. and A. R. Fertig (2010) The economic impact of child maltreatment in the United States: are the estimates credible? *Child Abuse Negl* 34(5): 296-304.
- Day, Tanis; McKenna, Katherine, Bowlus, Audra (2005) The Economic Costs of Violence Against Women. An Evaluation of the Literature. London/Ontario/Canada: United Nations.
- Duvvury, Nata; Grown, Caren; Redner, Jennifer (2004) Costs of Intimate Partner Violence at the Household and Community Levels. An Operational Framework for Developing Countries. International Center for Research von Women. Online: <https://www.icrw.org/publications/costs-of-intimate-partner-violence-at-the-household-and-community-levels/> [18.08.2019]
- EIGE (2014) Estimating the costs of gender-based violence in the European Union: Report Publication.
- EIGE (2019) Understanding intimate partner violence in the EU: the role of data. Online: <https://eige.europa.eu/gender-based-violence> [27.5.2020]
- Fang, X., D. S. Brown, C. S. Florence, Mercy, J. A. (2012) The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse Negl* 36(2): 156-165
- Florence, C., D. S. Brown, X. Fang and H. F. Thompson (2013) Health care costs associated with child maltreatment: impact on medicaid. *Pediatrics* 132(2): 312-318
- FRA (2014) Violence against women: an EU-wide survey. Online: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2014-vaw-survey-main-results-apr14_en.pdf [27.5.2020]

- Habetha, S., Bleich, S., Weidenhammer, J. et al. (2012) A prevalence-based approach to societal costs occurring in consequence of child abuse and neglect. *Child Adolesc Psychiatry Ment Health* 6, 35 (2012).
<https://doi.org/10.1186/1753-2000-6-35> [27.5.2020]
- Habetha, Susanne (2012) Deutsche Traumafolgekostenstudie: kein Kind mehr - kein(e) Trauma(kosten) mehr? Schriftenreihe: Institut für Gesundheits-System-Forschung. Online: https://beauftragter-missbrauch.de/fileadmin/Content/pdf/Literaturliste/Publikat_Deutsche_Traumafolgekostenstudie_final.pdf [27.5.2020]
- Haller, Birgitt; Dawid, Evelyn (2006) Kosten häuslicher Gewalt in Österreich. Online: <http://www.ikf.ac.at/pdf/kosten.pdf> [27.5.2020]
- Hartmann, Heidi I.; Laurence, Louise; Spalter-Roth, Roberta; Zuckerman, Diana M. (1997) Measuring the Costs of Domestic Violence Against Women and Cost-Effectiveness of Interventions. An Initial Assessment and Proposals for Further Research. Washington DC: Institute for Women's Policy Research.
- Häuser W, Schmutzer G, Brähler E, Glaesmer H: Misshandlungen in Kindheit und Jugend: Ergebnisse einer Umfrage in einer repräsentativen Stichprobe der deutschen Bevölkerung. *Dtsch. Arztebl. Int.* 2011, 108: 287–294.
- Helweg-Larsen, Karin, Kruse, M., Sørensen, J., & Brønnum-Hansen, H. (2010) The costs of violence: Economic and personal dimensions of violence against women in Denmark. Syddansk Universitet. Statens Institut for Folkesundhed.
- Klevens J, Barnett SB, Florence C, Moore D. (2015) Exploring policies for the reduction of child physical abuse and neglect. *Child Abuse Negl.* Feb;40:1-11. doi: 10.1016/j.chiabu.2014.07.013
- Letourneau, E. J., Brown, D. S., Fang, X., Hassan, A., & Mercy, J. A. (2018) The economic burden of child sexual abuse in the United States. *Child Abuse Negl*, 79, 413-422. doi:10.1016/j.chiabu.2018.02.020
- Lyk-Jensen, Stéphanie Vincent; Bøg, Martin; Lindberg, Malene Rudolf (2017) Børn, der Oplever Vold I Familien. Omfang Og Konsekvenser. København: Sfi – Det Nationale Forskningscenter For Velfærd.
- Meier-Gräwe U, Wagenknecht I. (2011) Expertise Kosten und Nutzen Früher Hilfen. Köln: Nationales Zentrum Frühe Hilfen.
- Meinck F, Steinert JJ, Sethi D, et al (2016). Measuring and Monitoring National Prevalence of Child Maltreatment: A Practical Handbook. Copenhagen: WHO Regional Office for Europe
- Mikton C, Butchart A. (2009) Child maltreatment prevention: a systematic review of reviews. *Bull World Health Organ.* May;87(5):353-61. doi: 10.2471/blt.08.057075
- Mikton C, Power M, Raleva M, Makoe M, Al Eissa M, Cheah I, Cardia N, Choo C, Almuneef M. (2013)The assessment of the readiness of five countries to implement child maltreatment prevention programs on a large scale. *Child Abuse Negl.* Dec;37(12):1237-51. doi: 10.1016/j.chiabu.2013.07.009 [Add to Citavi project by DOI]
- Online: <https://eige.europa.eu/gender-based-violence/estimating-costs-in-european-union> [27.5.2020]
- Peterson, C., Florence, C., & Klevens, J. (2018) The economic burden of child maltreatment in the United States, 2015. *Child Abuse Negl*, 86, 178-183. doi:10.1016/j.chiabu.2018.09.018
- Peterson, C., Florence, C., Thomas, R., & Klevens, J. (2018a) Cost-Benefit Analysis of Two Child Abuse and Neglect Primary Prevention Programs for US States. *Prev Sci*, 19(6), 705-715. doi:10.1007/s11121-017-0819-8

- Put van der, C.E., Assink, M., Gubbels, J. et al. (2018) Identifying Effective Components of Child Maltreatment Interventions: A Meta-analysis. *Clin Child Fam Psychol Rev* 21, 171–202. <https://doi.org/10.1007/s10567-017-0250-5>
- Ramiro-Gonzalez M, Dobermann D, Metilka D, Aldridge E, Yon Y, Sethi D. (2019) Child maltreatment prevention: a content analysis of European national policies. *Eur J Public Health*. 29(1):32-38. doi:10.1093/eurpub/cky176
- Reynolds, A. Temple, J., Robertson, D. and Mann, E. (2002) 'Age 21 Cost-Benefit Analysis of the Title I Chicago Child-Parent Centers'. *Educational Evaluation and Policy Analysis* 24(4): 267-303.
- Sacco, Sylvia (2017) Kosten Häuslicher Gewalt in Deutschland. Online: <https://www.b-tu.de/news/artikel/13210-kosten-haeuslicher-gewalt-in-deutschland> [27.5.2020]
- Saied-Tessier, A. (2014) Estimating the costs of child sexual abuse in the UK London, NSPCC
- Schopper D, Lormand J, Waxweiler R, editors (2006). *Developing Policies to Prevent Injuries and Violence: Guidelines for Policy-Makers and Planners*. Geneva: World Health Organization, 1–85.
- Scott, S., M. Knapp, J. Henderson and B. Maughan (2001) Financial cost of social exclusion: follow up study of antisocial children into adulthood. *BMJ* 323(7306): 191.
- Sethi D, Bellis M, Hughes K, et al. (2013) *European Report on Preventing Child Maltreatment*. Copenhagen: World Health Organization for Europe.
- Snell, T., M. Knapp, A. Healey, S. Guglani, S. Evans-Lacko, J. L. Fernandez, H. Meltzer and T. Ford (2013) Economic impact of childhood psychiatric disorder on public sector services in Britain: estimates from national survey data. *J Child Psychol Psychiatry* 54(9): 977-985.
- UNICEF (2006) *Behind Closed Doors. The Impact of Domestic Violence on Children*. Online: <https://www.unicef.org/media/files/BehindClosedDoors.pdf> [27.5.2020]
- Valentine, K., Katz, I. (2007) *Cost Effectiveness of Early Intervention Programs for Queensland*. Report prepared for the Queensland Council of Social Service Inc by the Social Policy Research Centre, UNSW.
- Walby, S. (2004) *The Cost of Domestic Violence*. London: Women and Equality Unit (DTI).
- Walby, Sylvia (2009) *The Cost of Domestic Violence: Up-date 2009*. Online: <http://www.lancs.ac.uk/fass/sociology/profiles/34/> [27.5.2020]
- Whitcombe-Dobbs, S. and Tarren-Sweeney, M. (2019) 'What evidence is there that parenting interventions reduce child abuse and neglect among maltreating families? A systematic review', *Developmental Child Welfare*, 1(4), pp. 374–393. doi: 10.1177/2516103219893383
- WHO (2004) *The economic dimensions of interpersonal violence*. Waters, Hugh et al. Online: <https://apps.who.int/iris/bitstream/handle/10665/42944/9241591609.pdf;jsessionid=FC0B7B7A14CF92F81E66B5A4029DC51B?sequence=1> [27.5.2020]
- WHO Regional Office for Europe (2014). *Investing in Children: The European Child and Adolescent Health Strategy 2015–2020 and the European Child Maltreatment Prevention Action Plan 2015–2020*. Copenhagen: World Health Organization Regional Office for Europe.

Appendix

GUFOVA Questionnaire

for experts on the cost effects of domestic violence on children

Please return to: Karin.schoenpflug@ihs.ac.at

The EU-funded project *Growing Up Free Of Violence and Abuse* (GUFOVA) seeks to enhance the work with children, who have witnessed direct or indirect violence in their homes. In addition to creating and sharing knowledge for practical work with children, the GUFOVA project also aims at providing institutions with a costing tool that helps them to convince funders that money spent on such children is not only an ethically correct but also a significant economically efficient choice.

A first step in creating a simple but effective tool was a literature survey, which allowed us to

- identify the specific issues to be included in a costing system (see: Peterson et al. 2018, Walby 2009, Conti et al. 2017, womensaid.org.uk, solacewomensaid.org, Haller and Dawid 2006, Sacco 2017, Habetha et al. 2012, Lyk et al. 2017)
- learn that national data can be difficult to attain and international data (e.g. FRA 2014) may exclude boys and men or data may be outdated (UNICEF 2006)
- there are international examples for precise methods of measuring the costs (e.g. Fang et al. 2012)

As an expert in estimating the costs of domestic violence for children we would like to ask your opinion regarding the design of the envisaged simple costing tool:

A. Country comparison: In your opinion, would it be beneficial to

☐ Extrapolate costs from one country to others (as is done in EIGE 2014)?

If so, how can this fit all countries well?

☐ Should the costs be constructed for each country (e.g. Haller and Dawid 2006)?

If so, how can the issue of generating a common methodology be addressed?

B. Data: Which data base would you suggest for a European exercise that includes Austria, Denmark, Germany, the UK and Bosnia-Herzegovina?

☐ national data

Please indicate a source:

☐ Fundamental Rights Agency (FRA) Data

☐ UNICEF data

☐ other source:

C: Methodology:

Is there methodology that you would especially recommend?

Is there methodology you would advise not using?

What are traps you would advise us to avoid?

D: Format: Would you recommend the tool to look like a

- ☐ map/board game (e.g. womensaid.org.uk)
- ☐ an online calculator (Peterson et al. 2018)
- ☐ a simple excel sheet
- ☐ something else?

Thank you very much for your expertise!

Sources

- Conti, Gabriella; Morris, Stephen; Melnychuk, Mariya; Pizzo, Elena (2017). The economic costs of child maltreatment in the UK. A preliminary study. University College London. Online: <https://learning.nspcc.org.uk/research-resources/2017/economic-cost-child-maltreatment> [18.08.2019]
- EIGE (2014) Estimating the costs of gender-based violence in the European Union: Report Publication. Online: <https://eige.europa.eu/gender-based-violence/estimating-costs-in-european-union> [27.5.2020]
- Fang, X., D. S. Brown, C. S. Florence, Mercy, J. A. (2012). "The economic burden of child maltreatment in the United States and implications for prevention." Child Abuse Negl 36(2): 156-165
- FRA (2014) Violence against women: an EU-wide survey. Online: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2014-vaw-survey-main-results-apr14_en.pdf [27.5.2020]
- Habetha, S., Bleich, S., Weidenhammer, J. et al. A prevalence-based approach to societal costs occurring in consequence of child abuse and neglect. Child Adolesc Psychiatry Ment Health 6, 35 (2012). <https://doi.org/10.1186/1753-2000-6-35> [27.5.2020]
- Haller, Birgitt; Dawid, Evelyn (2006) Kosten häuslicher Gewalt in Österreich. Online: <http://www.ikf.ac.at/pdf/kosten.pdf> [27.5.2020]
- Lyk-Jensen, Stéphanie Vincent; Bøgg, Martin; Lindberg, Malene Rudolf (2017) Børn, der Oplever Vold I Familien. Omfang Og Konsekvenser. København: Sfi – Det Nationale Forskningscenter For Velfærd.
- Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. Child Abuse Negl, 86, 178-183. doi:10.1016/j.chiabu.2018.09.018
- Sacco, Sylvia (2017) Kosten Häuslicher Gewalt in Deutschland. Online: <https://www.b-tu.de/news/artikel/13210-kosten-haeuslicher-gewalt-in-deutschland> [27.5.2020]
- Walby, Sylvia (2009) The Cost of Domestic Violence: Up-date 2009. Online: <http://www.lancs.ac.uk/fass/sociology/profiles/34/> [27.5.2020]