Economic costs of physical intimate partner violence in Colombia among women and girls aged 13-24

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Rationale for this work

An estimated 24% of ever-married or partnered girls between the ages of 15-19 have experienced IPV (WHO, 2021)

- Resulting in financial losses across individuals, households, businesses, societies, and governments (Vyas et al., 2021)

Over the past decade, there has been an increased demand for evidence on the economic burden of IPV to inform investments in prevention and response programming.
Overview of Study

Data from the National Violence Against Children Survey in Colombia (2018) were analyzed to estimate the cost of inaction related to intimate partner violence (IPV)

- Specifically examined health-related economic costs of physical IPV against women and girls ages 13-24
- Particular interest how costs may vary among conflict-affected sub-group

This costing is a prevalence-based estimate

- Total health costs in a single year (a snapshot of costs)
- These data do not represent costs of IPV experienced across the lifespan
Brief Methodology

First, the prevalence of physical IPV among the full sample, the conflict affected sub-group, and the non-conflict affected sub-group were determined.

Using the physical IPV prevalence information, the analysis of health costs was conducted in 4 steps:

1. Estimate the relative risk (RR) of health outcomes among women and girls who experienced IPV.
2. Estimate the Population Attributable Fraction (PAF) of IPV for each health outcomes. This step reflects the share of the outcome that is attributable to IPV.
3. Quantify the burden of IPV in disability-adjusted life years (DALYs) by combining the estimated PAFs with corresponding estimates of health outcomes for women and girls in Colombia from the Global Burden of Disease (GBD) series. DALYs are a time-based measure that estimate the overall burden of a disease through years of healthy living lost to disability (YLD) and years of life lost due to premature death (YLL). One DALY represents the loss of one year of full health.
4. Assign an economic cost in dollars to the estimated DALYs (equal to income per-capita in 2018).

Sensitivity tests included using Monte Carlo estimation to determine minimum and maximum costs, as well as conducting sub-group analysis using PAFs per sub-group analysis rather than the full sample.
Measurement

Predictor
- **Lifetime physical IPV** – physical violence perpetrated by a boyfriend/romantic partner, ex-boyfriend/romantic partner or husband (based affirming any one of four questions)

Outcomes
- **STI** – diagnosed sexually transmitted infection
- **Self-harm** – suicidal thoughts or attempts or intentional self-harm
- **Mental health** – Kessler-6 measure of psychological distress
- **Alcohol abuse** – binge drinking in past 30-days
- **Tobacco use** – current use of tobacco
- **Substance use** – non-alcohol and non-tobacco drug use in past 30-days
- **Violence perpetration** – physical violence perpetration (intimate partners and non-intimate partners)

Covariates:
- **Age** – self-reported age
- **Martial status** – married or living with someone as married
- **Schooling status** – currently enrolled in school
- **Working status** – past 12-mo engagement in work (paid or unpaid)
Conflict and Physical IPV

Nearly a quarter of the sample were conflict affected (24%).

The prevalence of physical IPV among the conflict affected subgroup was roughly twice that of the non-conflict affected subgroup (22% compared to 11%).

<table>
<thead>
<tr>
<th></th>
<th>Full Sample</th>
<th>Conflict affected</th>
<th>Non-Conflict Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>mean [95% CI]</td>
<td>0.14</td>
<td>0.22</td>
<td>0.11</td>
</tr>
<tr>
<td>(95% CI)</td>
<td>(0.10 - 0.17)</td>
<td>(0.12 - 0.31)</td>
<td>(0.08 - 0.15)</td>
</tr>
</tbody>
</table>
Health Burden: Overall Findings

Total health costs of physical IPV against women and girls ages 13-24 in Colombia were 267.9 billion Pesos (90.6 million USD).

While less than a quarter of the population were conflict affected (24%), costs among conflict affected women and girls aged 13-24 in Colombia accounted for 39% of the health costs.

<table>
<thead>
<tr>
<th></th>
<th>Full Sample</th>
<th>Conflict affected</th>
<th>Non-conflict affected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STD</strong></td>
<td>2,362,265,758</td>
<td>914,430,606</td>
<td>1,447,832,194</td>
</tr>
<tr>
<td><strong>Self-harm</strong></td>
<td>24,237,264,205</td>
<td>9,382,245,876</td>
<td>14,855,018,329</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td>39,531,377,680</td>
<td>15,302,595,376</td>
<td>24,228,779,346</td>
</tr>
<tr>
<td><strong>Alcohol abuse</strong></td>
<td>14,364,209,609</td>
<td>5,560,386,236</td>
<td>8,803,823,373</td>
</tr>
<tr>
<td><strong>Tobacco use</strong></td>
<td>1,269,304,138</td>
<td>491,346,972</td>
<td>777,954,209</td>
</tr>
<tr>
<td><strong>Substance use</strong></td>
<td>169,071,614,579</td>
<td>65,447,620,683</td>
<td>103,623,990,939</td>
</tr>
<tr>
<td><strong>Non-fatal violence perpetration</strong></td>
<td>17,109,749,073</td>
<td>6,623,185,055</td>
<td>10,486,564,017</td>
</tr>
<tr>
<td><strong>Total (2018 Colombian Pesos)</strong></td>
<td><strong>267,945,785,042</strong></td>
<td><strong>103,721,810,805</strong></td>
<td><strong>164,223,962,408</strong></td>
</tr>
</tbody>
</table>
Important Considerations

- The costs of femicide was not included in this costing as the primary dataset, the VACS, could only assess survivors.
- Only the costs of lifetime physical IPV are considered (i.e. sexual, emotional, and other forms of violence are not integrated)
- All estimates reflect 2018 costs, impacts, and population. GBD estimates are monetized DALYs for comparability. We used 2018 estimates due to the year of data collection and the alignment with the GBD.
- These estimates are conservative and likely do not represent the entirety of economic costs associated with physical IPV
- Interpretation of cost burden estimates should bear in mind that women and girls 13-24 were 4.83 million out of a total population of 47.6 million
- GBD uses narrow definitions and different approaches to measurement, so it should not be expected to be exactly comparable (e.g. tobacco use) and fully inclusive (e.g. pregnancy).
What do we know?

**Conservative estimates with high costs:** Even at an annual estimate of 267.9 billion Pesos (90.6 million USD), the true cost of inaction associated with physical IPV is likely to be much higher.

- The total DALYs for women and girls of this age is 85,548 DALYs, so our findings indicate that 16% of the health burden of this population came from physical IPV
- Costing of labor market burdens often exceed health costs

**Conflict-specific considerations:** Nearly 40% of the health burden of physical IPV among women and girls aged 13-24 in Colombia is from women and girls who were conflict-affected (24%)

- The estimated health burden of physical IPV for this subgroup is more than 2x the GBD health burden of conflict
- Asymmetry between the cost of physical IPV & the amount of HRP funding allocated to protection in Colombia
Closing Thoughts

Findings from this study emphasize the ubiquity of IPV among women and girls ages 13-24, particularly among those who are conflict-affected.

Our estimates provide a snapshot of the economic burden of inaction in a single year—that is, the costs lost to society because IPV occurs.

- If IPV were fully prevented, these costs (267.9 billion Pesos / 90.6 million USD) could be recouped by society and used for other purposes.

To the extent that IPV continues, these same costs will be incurred annually for this population and, of course, would increase as the rate of IPV increases.

Bearing in mind the staggering health burden of IPV, effective prevention programming is likely to be more cost effective than maintaining the status quo of inaction.
Thank you!