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**The Health-Related Costs of
Violence
Against Women in Canada:
The Tip of the Iceberg**

by

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PART ONE: SCOPE OF THE PROBLEM

Violence against women is a major cause of pain and suffering in society. Not only are the acts abhorrent in themselves, but a large part of our economy exists because violence against women exists. The medical, dental, policing, legal, penal and many other service systems are far bigger than they would otherwise be. This paper begins to measure the enormous economic apparatus that exists in relation to the pain and suffering of the women victims of violence. The costs are both public and private, covered personally by the individual women, their families, employers, communities and the taxpaying public. However, it must be recognized at the outset that any collective statistics reflect only a proportion of the impact of violence, as most acts and effects of violence are kept private. Any recorded numbers, therefore, are gross under-estimates of the full magnitude of the costs of violence against women in society. In addition, many of the costs of violence are not measurable in any way. The suffering has no price-tag, the loss of self-worth and joy has no yardstick.

In this paper, only those costs associated with women's health are considered. This is in no way a complete accounting of the costs of violence. Costs associated with the policing, legal and penal systems are not included. The estimates presented in this report are based on extensive research and informed assumptions. All assumptions and calculations are shown so the end numbers can be easily understood. All numbers are referenced so sources are available to any reader.

Much violence against women is not physical in nature. Women may be abused emotionally, spiritually, verbally, psychologically, financially, or through intimidation, isolation and control. Almost all data collected relate to visible physical or sexual violence only. In this, the calculations of this paper show only the tip of the iceberg. The true costs are much higher.

Methodology

The Final Report of the Canadian Panel on Violence Against Women and Children called for research on the costs of violence, but did not produce any estimates itself.¹ A 1995 study undertaken by the Centre for Research on Violence Against Women and Children in London, Ontario examined selected estimates of the costs of violence against women in four policy areas (social services/education, health/medicine, criminal justice and labour/employment). The cost in those areas alone is estimated at more than \$4.2 billion annually.² A few research projects from the United States and Australia have begun to document aspects of the costs of violence, including some issues affecting women's health and well-being. A set of case studies provides the framework for a study from Queensland, Australia in which 50 women were

¹ Canadian Panel on Violence Against Women. Changing the Landscape: Ending Violence - Achieving Equality. Final Report, Ottawa, 1993, p. 12.

² Centre for Research on Violence Against Women and Children. Selected Estimates of the Costs of Violence Against Women. London, Ont.: Centre for Research on Violence Against Women and Children, 1995.

surveyed. In Canadian dollars, their costs varied from around \$5,000 to around \$65,000 each. Approximately 20% of the costs were borne by the women themselves. Using the average cost, the researchers extrapolated to cover the whole population of Queensland.³ This technique is not considered acceptable for the work in this paper as it is based on too small a sample. Another researcher, Joan Zorza, examines a number of studies from the United States. Costs to the State of Pennsylvania health care system alone for 1992 are estimated by the Pennsylvania Blue Shield Initiative at approximately \$326.6 million.⁴ Zorza also refers to studies demonstrating that 22% to 35% of emergency ward visits by women are believed to result from acts of violence, and that abused women are 16 times more likely to become alcoholics and nine times more likely to use drugs than women who are not abused.⁵

The data used for this project were drawn from a variety of sources including the Statistics Canada Violence Against Women Survey and other surveys undertaken by Statistics Canada, made public through agencies such as the Canadian Centre for Justice Statistics and the Canadian Centre for Health Information. If national data were not available, data from Canadian studies that offered a large sample size were used. For example, the Canadian Urban Victimization Survey covered the population of seven major cities. Its sample size was taken to be big enough to accurately represent urban Canadians. Another source was the Quebec health survey which covered the entire provincial population. Small-size samples were not used, unless there were a large number of such studies that all demonstrated the same result. An example of this was the proportion of women patients admitted to psychiatric hospitals who are known to be abuse sufferers. Studies on this topic showed the number was at least 50%, regardless of the location or date of the research.

Base data for studies on violence are difficult to collect because of issues of privacy and self-identification. Most victims of violence do not identify themselves as such to the system. A woman may visit her family physician many times without ever saying that she is suffering from abuse. Data on violent acts against women were not available from hospital statistics. Staff do not consistently record which patients are being treated for the results of violent acts. Data on some of the most substantial costs, such as hospital admissions, are not available. Fortunately, the professional associations of medical service providers are starting to realize that they need to collect this type of information and appropriate steps are being taken.

The methodology for this research is similar to what an individual might use if she or he wanted to know how much money a household spent in a year on transportation. There would

³ Blumel, Debra et al. Who Pays? The Economic Costs of Violence Against Women. State of Queensland, Women's Policy Unit, Office of the Cabinet, 1993.

⁴ Zorza, Joan. "Woman Battering: High Costs and the State of the Law", Clearinghouse Review, Special Edition, 1994. p. 383.

⁵ *Ibid.*, p. 384.

be costs that were easy to estimate, such as annual insurance payments, and costs which involved some amount of estimating or assuming, such as the cost of gasoline. There would be a long list of occasional expenses, such as replacing tires. Some of those costs might be overlooked, and assumptions would have to be made about them. There would be costs that could not be estimated, such as stress from expressway driving in rush hour, or the proportion of taxes that go to maintain roads. There might be other categories, such as vacation travel taken by airplane or train, and other less frequent non-car trips. Together, there would be a total figure representing an estimate of the expenses. This is the process that has been used to estimate the health-related costs of violence against women.

The remainder of this paper shows the calculations of immediate and longer term costs that are possible to estimate. It also includes discussions of various costs that are not currently possible to measure.

PART TWO: IMMEDIATE EFFECTS

The Statistics Canada national survey on violence against women gives a comprehensive view of violence in Canadian women's lives. The survey measures only attacks that would be consistent with legal definitions of these offenses, and that could be acted upon by a police officer.⁶ For the total population of women 18 years of age and over, the annual rate of all violent acts for the twelve-month period preceding the survey in 1993 was 10%. The total number of affected women was 1,016,000.⁷ Because of multiple assaults against individual women in the year, the total number of incidents of sexual, physical or partner assaults was 2,635,000.⁸

From the time of an incident of violence, the woman will experience immediate repercussions. These can include physical injury, distress, and fear. She may seek medical attention. Of sexual assaults measured in the Canadian Urban Victimization Survey in 1982, victims were injured in 61% of cases, with 20% of them receiving medical attention.⁹ The injured woman may also contact a dentist because of damage to her face and teeth. She may also take time off work to recuperate from the incident. The Statistics Canada survey found that almost one-third of wife-assault incidents led to time off from regular activities, and 50% of wives who were injured ended up taking time off.

Medical Costs

Over the lifetime of the women surveyed in the Violence Against Women Survey, 45% of wife assaults resulted in injuries, and of the injured women, 40% saw a doctor or nurse.¹⁰ The Statistics Canada survey figures show that for injuries over the lifetime resulting from all types of assaults, 28% of injured women received medical attention.¹¹ It is known that 272,000 incidents resulted in injury in 1992.¹² The Statistics Canada violence survey twelve-month data are too small to make reliable estimates of the numbers of women seeking medical help in 1992. However, based on the lifetime data, an assumption is made that of the women who were injured, 28% of them sought medical attention. This amounts to 76,160 Canadian women in 1992 seeking medical attention as a result of acts of violence.

⁶ Statistics Canada. "The Violence Against Women Survey: Highlights", The Daily, p.2.

⁷ Statistics Canada. Violence Against Women Survey, Shelf Tables, Table 3.

⁸ Statistics Canada. Violence Against Women Survey, special run, Karen Rodgers.

⁹ Solicitor-General Canada. Canadian Urban Victimization Survey, Female Victims of Crime, p. 5.

¹⁰ Rodgers, Karen. "Wife Assault: The Findings of a National Survey", Juristat Service Bulletin, Statistics Canada, pp.8-9.

¹¹ Statistics Canada. "The Violence Against Women Survey: Highlights", p.6.

¹² Statistics Canada, Violence Against Women Survey, special run., Karen Rodgers.

A list of the most common injuries sustained from physical assault in a partner situation include serious bleeding, multiple bruising, bleeding of internal organs, injuries to the face and head, perforated eardrums, burns from stoves, appliances or acids, dental damage, broken bones, and injuries to the breasts, chest and abdomen, especially if the woman is pregnant.¹³ Over the lifetime, the most frequent types of injuries reported to the Statistics Canada survey were bruises in 90% of injuries, cuts, scratches and burns in 33%, broken bones in 12%, fractures in 11% and internal injuries and miscarriages in 10% of spousal assaults.¹⁴ Women may go to the emergency ward of a hospital, or to a family physician. A study which reviewed hospital emergency room records found that only one in twenty-five cases of wife assault was identified as such.¹⁵ The average cost of a hospital emergency visit in Canada in 1992 was \$32.62.¹⁶ Each consultation with the physician-on-duty in the emergency ward costs \$75.80 in Ontario.¹⁷ A premium of \$13.20 is charged for visits between midnight and 8 a.m., and for Saturdays, Sundays and holidays there is an additional \$7.80 charged per consultation. It is known that most acts of violence against women occur on the weekend and in the evening or night.¹⁸ Therefore, there would be an additional charge for some proportion of the women receiving attention at the emergency ward of their hospital. For the sexually assaulted women in Ontario who receive treatment using a medical kit provided by the provincial Ministries of the Attorney-General and the Solicitor-General, the charge for the examination and documentation is \$282.60. A consultation with a family doctor costs \$51.40. There is no information to judge whether women more commonly use the emergency ward or a doctor's office. However, one study estimates that 53.8% of sexual assault victims are treated in Ontario using the kit.¹⁹

Each of these consultations probably includes such additional costs as x-rays and laboratory charges. For example, a set of four skull x-rays costs \$50.80. Putting a cast on a broken bone costs between \$9.40 and \$89.60, depending on the body part and when the cast is applied. Laboratory charges depend on the test conducted, with costs ranging from \$1 to \$250, with most charges in the \$5 to \$50 range. Suture costs depend on the length and depth of the wound

¹³ See Jaffe, P. et al, "Emotional and Physical Health Problems of Battered Women", Canadian Journal of Psychiatry, vol. 31, Oct. 1986; Ontario Medical Association, Reports on Wife Assault, January, 1991; "Current Concepts in Emergency Medicine: General and Family Practice", Ontario Medical Review, 1984; Rounsaville, Bruce and Weissman, Myrna, "Battered Women: A Medical Problem Requiring Attention", International Journal of Psychiatry in Medicine, vol.8(2), 1977-78; and Taylor, Wendy K. and Campbell, Jacquelyn C. "Treatment Protocols for Battered Women", Response, issue 81, vol. 14(4).

¹⁴ Rodgers, op. cit., p 8.

¹⁵ Stark, E. et al, "Wife Abuse in the Medical Setting: An Introduction for Health Personnel", Domestic Violence Monograph, no 7, April, 1981.

¹⁶ Statistics Canada. Hospital Indicators 1991-92, Part 2, p. 11.

¹⁷ Ontario. Schedule of Benefits: Physician Services under the Health Insurance Act, Ministry of Health.

¹⁸ Canadian Social Trends, Autumn, 1989, p.18.

¹⁹ MacDonald, Sheila, Women's College Hospital, Toronto, Ontario.

and where it is on the body, with higher charges for injuries to the face. Costs range from about \$13.60 to \$93.30. Surgical procedures required to stop internal bleeding cost hundreds of dollars. Given all of the above figures relating to costs of medical attention, an arbitrary figure of \$100 per visit is assumed. Using a figure of \$100 per victim is certainly a gross under-estimate since the costs of hospital and doctors' services alone amount to more than this. However, it can be accepted with certainty that this is not an over-estimate. Using the \$100 per patient cost figure, the total cost for initial medical assistance resulting from acts of violence against women in 1992 is \$7,616,000.

There is no figure for the cost of admitting women to overnight or longer-term stays in hospitals. These figures are only for the initial consultation resulting from the act of violence. The average cost of a short-term unit in hospitals in 1992 was \$142.78 per day,²⁰ and the average length of stay was 8.11 days.²¹ The average cost per day of all long-term units was \$75.38²² with an average length of stay of 215.06 days. It is not known what proportion of injured women were admitted for stays in hospitals, which presents a serious barrier to measuring medical service costs to victims of violence against women.

Dental

Immediate trauma to the woman can include damage to her teeth and mouth.²³ There may be fractured, missing or displaced teeth, lacerations in the mouth, fractures of the bones in the jaw, or bruised or scarred lips. Since the dental community has only recently become aware of its role in the treatment of victims of violence, little work has yet been done to document effects of abuse among dental patients. The Mayer and Galan survey examined the number of elderly dental patients who were recognized to be suffering from elder abuse. There was approximately one such patient per dentist across the country. Since there are no other data on victims of violence, this number will be used, even though it includes male elderly and excludes non-elderly females. There are 13,477 dentists in Canada and 2,635,000 incidents of

²⁰ Statistics Canada. Hospital Indicators 1991-92, Part 1, p.71.

²¹ Statistics Canada. Hospital Indicators 1991-92, Part 1, p.67.

²² Statistics Canada. Hospital Indicators 1991-92, Part 1, p.103.

²³ The dental community of Canada has recently realized that it is often the first service provider to see the results of violence, and it is beginning to take some responsibility for patients in this respect. See Wilson, Margo, "Family Violence: A Problem with Relevance for the Dental Hygienist", Probe, Journal of the Canadian Dental Hygienists Association, vol.27 (5), 173-175, 1993; Mayer, Laureen and Galan, Douglas, "Elder Abuse and the Dentists' Awareness of the Problem - A National Survey", Journal of the Canadian Dental Association, vol. 59 (11), 921-926, 1993; Podnieks, Elizabeth, "Elder Abuse and Neglect: A Concern for the Dental Profession", Journal of the Canadian Dental Association, vol.59 (11), 915-920, 1993; and Vaughn, Martha, Family Violence Resource Materials for the Dental Community: An Annotated Bibliography, Health Canada, Ottawa, May, 1993.

violence. This means there were 195.5 potential assault cases per dentist in the country. However, not all victims of assault suffer dental damage. Assuming that only one client per dentist is a victim of assault, it follows there are about 13,477 dental patients per year visiting dentists because of assault. This is probably a gross under-estimate.

Repairing damaged teeth can range from \$32 for a simple filling to \$604 for a back molar with root damage, according to the Ontario Dental Fee Guidelines. For a victim of violence, the repair work may be more significant than the work involved in a standard filling. It is likely an underestimate that each woman would spend only \$100 on dental work related to the act of violence. Using this figure, a rough approximation of the dental costs to non-sexually assaulted women is \$1,347,700.

Workplace

When a woman is assaulted, she frequently needs to take time off from her regular activities to recover. If she works in the labour force, as do 62.2% of Canadian women,²⁴ she will miss time at work. Consequently the economy loses the contribution she would make in paid productive effort during those days, and she loses the income unless she is protected by a benefits package with sick leave coverage. If she works in her home at unpaid work, the economy loses the contribution she would make in producing goods and services for consumption in the home. The Statistics Canada survey shows that 335,000 assaulted women took time off as a result of an act of violence in the year being researched.²⁵ The average annual income for women in 1992 for full-time, full-year workers was \$27,202²⁶ or \$108.38 a day. Multiplying the number of women in the paid work force and at home who took one day off equals \$36.3 million. (For a breakdown of this calculation, see Appendix.) Adding this figure to \$7.6 million in immediate medical costs and \$1.3 million in dental work yields \$45.2 million.

²⁴ Statistics Canada, Labour Force Annual Averages, 1992, Table 3, p. B-8. The labour force participation rate is calculated to exclude widows.

²⁵ Statistics Canada Survey, special run, Karen Rodgers.

²⁶ Cross, Philip, "Statistics Canada, Perspectives in Labour and Income", The Labour Market Year-End Review, Spring 1993, p.66. The average earnings for women working full-time, full-year in 1991 were \$26,800. Using the CPI for the rate of growth in annual earnings to 1992 of 1.5%, the annual figure for 1992 becomes \$27,202. CPI from Statistics Canada, The Consumer Price Index, July 1994, Table 3, p 21.

PART THREE: LONGER-TERM EFFECTS

After the initial violent incident, a woman may never suffer another actual assault, or she may suffer many more. Shelter workers estimate that, on average, women suffer 35 to 40 incidents of abuse before they turn to a shelter for help. There may be many repercussions for the woman as the abuse continues. She may suffer psychiatric disorders, turn to drug or alcohol abuse, or suffer from long-standing physical disorders. And she is very likely to have her productivity at work seriously reduced. The consequences of living in a violent atmosphere are also tragic for her children. Unfortunately, the data required to be able to cost out most of these effects do not exist. Where it is possible to do so, cost estimates are made.

Long-Term Health Effects

Women who sustain long periods of violence often end up with long-term health problems. Where the injury itself might have been bruises or broken bones, the longer term effects are more systemic. All women living with violence show long term systemic symptoms, not just those experiencing physical or sexual abuse. Emotional, psychological and spiritual violence rob women of their well-being regardless of the level of physical assault. There is a recognized Battered Women's Syndrome which is described as a prolonged pattern of depression and a general sense of helplessness, fear, and social withdrawal.²⁷

The most common symptoms include ulcers, heart disease, genital problems, anemia, asthma or bronchitis or emphysema, skin allergies, hypertension, digestive disorders, vision problems, backaches, arthritis, rheumatism and headaches. There are also severe psychological problems including extreme nervousness or irritability, depression, acute anxiety attacks, suicidal thoughts or attempts, confusion, memory loss, insomnia, fatigue and eating disorders.²⁸ In a Quebec study of a population of women who had lived in a shelter one year earlier, only 2% reported no health problems at all, compared with 30% of women in a matched sample of the general population. The average number of problems for the ex-sheltered women was 4.1 while the number was only 1.8 for the matched women. Of the ex-sheltered women, 46.3% had at least one consultation with a health care professional during a two-week period²⁹ prior to the survey. This was 1.81 times the rate for socio-economically matched women in the total population. The average number of consultations for the ex-shelter

²⁷ Jaffe, P. et al, "Emotional and Physical Health Problems of Battered Women", Canadian Journal of Psychiatry, vol. 31, October, 1986.

²⁸ Ibid. See also Ontario Medical Association. Reports on Wife Assault, January, 1991, and Chenard, Lucie, Cadrin, Helene and Loiselle, Josette. State of Health of Women and Children Victims of Violence: Research Report, Direction de la santé publique Régie régionale de la santé et des services sociaux Bas-Saint-Laurent, Rimouski, September, 1993.

²⁹ Chenard, Cadrin and Loiselle. Ibid., p. 51.

women was 0.6, compared with 0.4 consultations for the matched women. Multiplying these averages by 26 to get an annual figure yields an average of 15.6 consultations for the ex-shelter women and 10.4 consultations for the women in the matched sample. The difference between the two is 5.2. This represents the additional consultations taken by the women who had lived with violence.

The service providers include general practitioners, medical specialists, social workers, nurses, dentists, chiropractors, psychologists, pharmacists, optometrists and opticians. The costs for a consultation with these professionals vary from \$15 an hour for a nurse to more than \$100 an hour for a therapist. An arbitrary figure of \$40 was chosen to cost these consultations as it is at the low end of the hourly fees.

It is assumed that all women victims of violence use health care professionals, not just those who stayed in shelters. However, since not all victimized women will have long-term symptoms, the 46.3% figure is used as a proportion of all victims with long-term effects requiring care. Due to data limitations, an assumption must be made that the remaining victims never consult a professional as a result of the violence. This will make the final figure an under-estimate compared to the actual number of visits resulting from violence.

There is another twist in calculating a cost for these long-term effects. The victims from the Statistics Canada survey in 1992 would not yet have accessed all long-term services. Instead, it is all the women who suffered violence in all previous years aggregated who would have been using these services in 1992. Therefore, it is appropriate to use the lifetime figure from the survey rather than the annual figure. The survey shows that 5,377,000 women in Canada have suffered from violence over their lifetimes. Of these, 2,652,000 women suffered from wife assault.³⁰

While it is certainly true that many of the women who were sexually assaulted or physically assaulted by a non-partner man would also need long-term health care, the proportion of 46.3% comes from a survey of wife assault survivors. Therefore, it cannot be assumed that the same proportion would apply to victims of sexual assault or non-partner assaults by males. These women have been left out of the calculation entirely. The measured cost under-estimates by only considering the long-term health consequences for some wife assault victims. Multiplying 46.3% times the lifetime population of wife assault victims yields a total of 1,227,876 women. Multiplying this number by the 5.2 additional visits per year yields 6,384,955 additional consultations per year. This amounts to \$255.4 million at \$40 a consultation. Adding this figure to the costs of immediate services yields a total of nearly \$300.7 million.

³⁰ Statistics Canada. Survey of Violence Against Women: Shelf Tables, Table 3.

This figure may still be an underestimate as it does not include such things as costs of physiotherapy or other treatments, nor admissions to various types of clinics such as alcohol recovery or eating disorder clinics. Some survivors may continue to consult with these service providers for the rest of their lives.

Psychiatric Effects

One aspect of the tragedy surrounding women victims of violence is the long-term psychiatric results. Studies show that of women admitted to psychiatric hospitals or psychiatric units in other hospitals, 50% are victims of violence, and of them, 90% have been violated by a family member.³¹ In one study, 93% of female psychiatric in-patients reported at least one severe incident of physical or sexual abuse by a male partner.³² The average number of patients per day for psychiatric hospitals and units in all hospitals in 1992 was 35.07.³³ Supposing that half were women (which may be an under-estimate since women tend to suffer more psychiatric problems than men), then almost 8.77 patients per day would be women victims of violence. In 1992 there were 1,210 hospitals in Canada.³⁴ This means there were 10,611.7 women victims admitted. The average cost in 1990 of one patient-day in psychiatric wards was \$127.86.³⁵ This is \$1,356,811.9 per day for the victims. Multiplying by 365 days to get the annual figure yields \$495,236,344.

An additional 52.71 victims per day visited long-term psychiatric hospital emergency wards as ambulatory patients.³⁶ There were 21 of these hospitals,³⁷ and the cost per visit was \$34.03.³⁸ Again assuming that 25% of the patients are women victims of violence, the annual cost is \$3,437,869. Another 11.42 ambulatory patients used emergency wards in short-term psychiatric hospitals³⁹ at a cost of \$91.83 per visit.⁴⁰ The total cost for the proportion of abused women patients was \$1,432,891. Additionally, 51.74 patients⁴¹ visited long-term

³¹ See Carmen, Elaine Hilberman, et al. "Victims of Violence and Psychiatric Illness", American Journal of Psychiatry, 141:3, March 1984; Hoffman, B.F. and Toner, B.B. "The Prevalence of Spousal Abuse in Psychiatric In-Patients: A Preliminary Study", Canadian Journal of Community and Mental Health, vol. 7, (2), Fall 1988; and the Ontario Medical Association. Reports on Wife Assault, January, 1991.

³² Firsten, Temi. An Exploration of the Role of Physical and Sexual Abuse for Psychiatrically Institutionalized Women, Ontario Women's Directorate, Toronto, 1990.

³³ Statistics Canada. Hospital Indicators 1991-92, Part 1, p. 43.

³⁴ Ibid. Part 1, p. 2.

³⁵ Ibid. Part 1, p. 51.

³⁶ Ibid. Part 2, p.7.

³⁷ Ibid. Part 2, p.2.

³⁸ Ibid. Part 2, p.11

³⁹ Ibid. Part 2, p.7.

⁴⁰ Ibid. Part 2, p.11.

⁴¹ Ibid. Part 2, p.13.

psychiatric hospital clinics per day at a cost per visit of \$67.20.⁴² The cost for caring for these women abuse survivors is \$6.67 million a year.⁴³

The total for these patients is \$506,772,343 a year. Physicians' services, billed directly to the provincial health systems, cost more, but cannot be measured here due to lack of information about number of physician services per patient. The running total is now \$807 million.

Drug and Alcohol Abuse

Many women victims of violence turn to alcohol and/or drugs to cope. A study by the Addiction Research Foundation found that women who are assaulted by their male partners are 74% more likely to rely on sedatives, and 40% more likely to take sleeping pills than women who are not assaulted.⁴⁴ This is especially true for long-term victims. The drugs may include both illegal drugs and prescribed drugs. Only a small proportion of the actual costs of these addictions can be measured. First, there is the loss of life experience and joy that accompanies the physical condition of drug dependency. There is the additional loss of productive capacity, both for the woman and her family. Her performance in the paid work force is also affected. The costs to the woman of purchasing the alcohol or drugs are the only costs that could be measured financially, and the quantities are unrecorded. Only women's own stories can give a glimpse of what these out-of-pocket costs are for the victims. There are also the longer-term societal costs of supporting and helping these women to recover from their addictions.

The Statistics Canada national survey indicates that approximately 25% of all ever-married women who have lived with violence had used alcohol, drugs or medication to help themselves cope. Sustaining emotional abuse or physical injury raised the rates to 31% and 41% respectively. The rates were higher for women who suffered the violence in a previous relationship than women currently living with violence. This indicates the longer-term effects of living with violence, compared to the immediate effects of specific episodes of violence.

The Quebec study of ex-shelter women, shows that these women had a higher rate of use of medications, and that they took more types of medications than women in the whole population. In the two days prior to the survey interview, 43.6% of the ex-sheltered women compared to 31.7% of all women had taken three or more types of medication. The main difference was in the use of tranquillizers, sedatives or sleeping pills, and vitamin and mineral supplements. Of the ex-sheltered women, 18.2% used some form of tranquillizer, compared to

⁴² Ibid. Part 2, p.15.

⁴³ Note that the figures for ambulatory patients are given in daily averages calculated on an annual basis. Therefore, if the ambulatory clinics are only open five days per week, this is already accounted for in the annual averages, and it is appropriate to multiply by 365 rather than 251.

⁴⁴ Groeneveld, J. and Shane, M. Drug Abuse Among Victims of Physical and Sexual Abuse: A Preliminary Report, Addiction Research Foundation, Toronto, 1989.

9.9% of the women in the matched population. There were also higher levels of analgesics, skin ointments, heart or blood pressure medications, laxatives, cough or cold remedies, stimulants, and other medications. The average number of all types of medications taken by all ex-sheltered women was 3.4 per day, compared to 2.4 for the matched female population.⁴⁵ Without more detailed information on how many women consume drugs or alcohol as a result of violence in their lives, it is not possible to attempt to measure an aggregate cost.

Second-Generation Effects

One of the most serious aspects of violence against women is how it affects the next generation, either through child abuse, or through children witnessing attacks on their mother. In British Columbia, witnessing violence is classified as child abuse. In one-third of families in which wife assault takes place, the children are also directly abused. In families where violence exists, it is estimated that 68% to 80% of children witness the attacks.⁴⁶ Witnessing such violence in one's own home can lead to severe long-term problems. How the children deal with the horrors of their lives depends on many factors of their own personality and environment.⁴⁷ For many, the violence becomes a way of life which they pass on to others when they are old enough. One study indicates that of young offenders charged with a violent offense, half have witnessed their fathers attacking their mothers.⁴⁸

Many of the children grow up expecting their own relationships with partners to be violent. The Statistics Canada survey shows the male partners in marriages involving violence were three times more likely to have grown up in a family with violence, and twice as likely to have witnessed their fathers assaulting their mothers compared to the population at large. The violence in these second-generation families was also more severe and ongoing. Women with violent fathers-in-law suffered injuries in 29% of cases, compared to 16% in all other violent marriages.⁴⁹

Children who witness violence at home suffer many psychological effects including low self-esteem, insecurity, anxiety, guilt, nightmares, sleep disturbances, bed-wetting, and feelings of fear and vulnerability. These children often display abnormal social behaviours, including either externalized aggressive acts, or internalized depression and withdrawal. All of these consequences of the father's violent behaviour affect the children's education. Such things as their inability to concentrate, disturbing other children, or disruption and conflict with authorities all lead to poor academic performance. If their mothers leave the abusive situation,

⁴⁵ Chenard, Cadrin and Loiselle. op cit., pp.53-55.

⁴⁶ Canadian Council on Social Development. "A Violent Legacy: Exploring the Links Between Child Sexual Abuse and Wife Assault", *Vis-A-Vis: A National Newsletter on Family Violence*, vol. 9 (2), Summer 1991, p.1.

⁴⁷ *Research on Children from Violent Families*, Canada's Mental Health reprint, vol.38, no. 2/3, 1990.

⁴⁸ House of Commons.op cit., p. 11.

⁴⁹ Rodgers. op cit., pp.13-14.

the children face a transition to a new home, sometimes stopping along the way in transition housing, or staying with friends or relatives. There is then a further adjustment to a new school. Furthermore, the mothers almost certainly face a severe drop in the family income, so the children may also face the difficulties of poverty. The children also have to learn new ways of living without violence.

These children often end up being labelled by the system as problem children. The end result for some adolescents may be running away, becoming involved in drug and alcohol abuse, or even committing suicide. The problems resulting from the violence are not solved, but passed on to the next generation. The personal costs to these children of lost opportunities for health and well-being in their lives cannot be measured. It is difficult to estimate the costs to them as individuals or to the whole of society for such things as special needs in the schools, medical consequences, truancy, homelessness, policing, legal and penal consequences, probation, social work or lost productivity in the workforce. Society pours vast amounts of money into after-the-fact help and control for children from violent homes. A more effective approach would be to put money directly into reducing the tolerance for violence against women and children in the home.

Long-Term Workplace Issues

The immediate workplace costs for women who took time off work due to an assault are close to \$22 million. (See Appendix for calculations.) This amount assumes only one day off per year for each individual who was affected. Unfortunately, many women are injured to such an extent that they require longer absences from work than one day only. Furthermore, many women undergo more than one incident of abuse per year, and therefore show repeated patterns of days missed. Therefore, the \$22 million figure grossly underestimates the extent of lost output at work. The Statistics Canada survey shows that over their lifetimes, 35% of assaulted married women suffered a single attack, 22% percent suffered two to five attacks; 9% suffered six to ten attacks, and 32% suffered eleven or more attacks in total.⁵⁰

Information from the Ontario Criminal Injuries Compensation Board shows some examples of how much time women spent out of their place of employment due to acts of violence. One file reports a 30-year-old woman, recently married, who was beaten severely in the face, requiring extensive surgical repair. She was unable to work for 35 weeks because of her injuries and surgery. In a study conducted for the Family Violence Program of the Canadian Council on Social Development, 21 Canadian women were surveyed about how their abusive relationships affected their paid employment. Over half said the violence affected their attendance. One woman used up 500 hours of sick leave over the last year of her relationship. One woman said she often missed Mondays because the beatings took place on the weekends.

⁵⁰ Statistics Canada. Violence Against Women Survey: Shelf Tables, Table 2.

However, the authors report that overall, the women missed very few days, given the levels of violence in their lives. They were usually determined to get to work, no matter what. In all cases, however, the end result was a significant negative effect on their ability to do a good job.⁵¹

The 1982 Canadian Urban Victimization Survey (CUVS) includes all victims of violent acts. This is not limited to violence in the home or sexual abuse, but includes violence during robberies and other stranger violence. For these victims, 52% of the women who were injured lost time away from their normal daily activities. This is in accord with the lifetime figure of 50% of wives who took time off their daily activities reported in the Statistics Canada survey. Of the victims in the CUVS, 15% were away for up to five days, 19% for six to twenty days, and 18% for three weeks or more.⁵²

To use these proportions for a calculation, the assumption is made that the rate of injury and time taken from daily activities has not changed since 1982. Using formulae spelled out in the Appendix, the cost of extra days off is \$335.3 million for women in the paid workforce and \$203.7 million for women who work in the home. The combined total of \$539 million pushes the annual cost of violence against women to nearly \$1.35 billion.

The second cost in the workplace to the women and to society is this lower level of productivity during all their time at work. The women have to function at work under the stress and fear generated by their home life. They may be preoccupied with their family troubles, or they may be fatigued, and consequently may have reduced ability to concentrate. In manufacturing positions, this may lead to lower safety levels for them and their co-workers. Women may fear losing their jobs, or being judged unsympathetically by bosses and co-workers. They may also have to deal with sudden appearances or phone calls from their abusive partners while at work. The possibility of promotion declines, and in one case reported in the CCSD report, the abusive husband prevented the woman from attending interviews for promotions by "marking" her.⁵³ All of these consequences reduce the productivity of the women and others in their workplaces. This decline in output and efficiency is not possible to fully measure. Many women already bear an unfair burden because of the double demands of paid and family work.

⁵¹ Denham, Donna and Gillespie, Joan. Wife Abuse: A Workplace Issue. A Guide for Change. Family Violence Program, Canadian Council on Social Development, 1992, pp.7-9.

⁵² "Female Victims of Crime", Canadian Urban Victimization Survey Bulletin, No.4, 1985, p.6.

⁵³ Denham and Gillespie, op. cit., p 9.

PART FOUR: OTHER COSTS TO THE VICTIMS AND SOCIETY

There are many other ways in which women and all of society pay the costs of violence against women. Some are measurable and some are not. What follows is a brief look at a few more costs of violence against women. Most of the numbers are anecdotal, or too imprecise to be able to add to the total, but they demonstrate the wide range of social costs.

- **Transition Homes:** The term "transition home" stands for any safe shelter for women and their children escaping from a violent home situation. For the women and children who have no other options, the shelters become an essential link in their protection. In 1993, there were 371 shelters operating across Canada, providing 1,088,335 resident days of service. The shelters offer a variety of services other than housing, depending on the needs of the women and availability of services within the community. Included are crisis counselling, crisis phone lines, support groups for both the women and children, counselling for both women and children, legal information and assistance, educational services, housing referral and referral to outside professionals. The average annual cost per shelter for all expenditures was \$364,000,⁵⁴ or just over \$135 million in total. That figure does not include the value of volunteer hours or the costs assumed by women who used other housing alternatives such as hotels.
- **Rape Crisis/Sexual Assault Centres:** Crisis centres are agencies that provide crisis intervention and on-going intervention for victims of sexual assault or any other women who choose to access them, through 24-hour phone lines and through face-to-face support. The centres provide counselling services for both the short-run and longer-term, including both individual and group support. Public information and education is made available by these centres. They also act as advocates for the women if they need support with the legal system. Volunteer labour is an integral component of the centres' operations because of underfunding. The total value of volunteer labour in 85 crisis centres in Canada funded by provincial governments is \$8,460,207. Adding this amount to the value of the funding gives a total of \$29,381,878 to operate the centres. In addition, the centres regularly apply for funding from other sources such as municipalities and foundations, as well as organizing fund-raising projects, as regular funding is grossly inadequate. The centres run programs that serve the needs of the women victims immediately and after-the-fact. When trauma is handled well at first, the long-term consequences are far less devastating. Every dollar spent in preventing long-term consequences helps women, and is a significant saving in the long run.

⁵⁴ Statistics Canada. Health Statistics Division. "Transition Homes Survey, 1992-93", Health Reports, vol. 5, no.4.

- **Other Prevention and Treatment Initiatives:** A telephone survey of the provincial governments provided information on prevention initiatives, funding of crisis centres, and other programs for women victims of violence. The cost of prevention and treatment initiatives, which include public education, community outreach and counselling, is \$28,790,200 (but this is a conservative estimate, not including all provinces, and based on figures available in the early 1990's).
- **Welfare:** One direct societal cost is when women flee violent situations and need to access public welfare for survival. They may or may not be able to find paying work and stop receiving assistance. Anecdotal evidence suggests that possibly 10% of the caseload is made up of these women and children fleeing violence. Further, if women are owed child or spousal support from estranged husbands, but are afraid to contact the men because of risking exposure to more violence, the social assistance system often ends up paying to support the children. Some welfare workers perceive this as a way that abusive men are reinforced for violence against their wives as the threat effect can be used as a way to avoid paying support.⁵⁵
- **Support Groups and Networks:** Another place where human effort and money is spent to support the victims of violence is through women's support groups. The groups may be organized through an agency such as a transition home, in which case they would be measured already, but other groups are organized through agencies such as the YWCA, local churches, universities, or organizations created for this purpose. Women pay out-of-pocket for the support they receive to heal from the effects of violence in their lives. Women who do not have organized support groups may have a special friend or a sister or another relative in whom they can confide. Often these people do not live locally and the woman must bear the cost of long-distance telephone calls.
- **Transportation:** Women may need to travel to the hospital, or to doctors' appointments, or even to another city for special services. They may travel by ambulance, taxi, bus, airplane or their own vehicle. No matter how long or short the distance, there are costs associated with this transportation.
- **Childcare and Eldercare:** When women spend time attending doctor appointments, therapy sessions, women's support groups, or in longer-term admissions to hospitals or clinics, they are often faced with having to find and pay for childcare or eldercare. This is especially critical if the father of the children is present and the mother fears he may harm the children in her absence. Sometimes the need for childcare prevents women from seeking the help they would otherwise access.

⁵⁵ Information courtesy of Policy Analysis, Social Assistance Programs Branch, Ministry of Community and Social Services, Ontario.

- **Repairs:** Another personal cost to victims of violence is physical repair to their homes if the violence caused damage to walls, windows, etc. They may also need to repair or replace furnishings or personal belongings such as torn or bloodied clothing, smashed furniture or household goods, and other possessions including eyeglasses, dentures or other prosthetic devices. If the woman leaves a violent home situation, she will be faced with furnishing a new home for herself and her children. Estimates of such costs can easily run into the tens of thousands per woman.
- **Research:** Another way society pays for the existence of violence is through funding research into various aspects of the problem. The Canadian Panel on Violence against Women is one example, with a \$10 million cost. Research projects such as the one producing this report are widespread. Documents, surveys, videos, newsletters and fact sheets have costs attached which, cumulatively, can amount to many millions of dollars.
- **Effects on Workers:** It is a gruelling process to face violence every day, even if it is not happening directly to you. Women who work in the shelters and crisis centres, spend their days helping women escape from extreme violence. While the women themselves move on, the workers stay to continue to give support to the never-ceasing flow of victims. This often causes burn-out among the workers, and puts stress on their own families and friends. This is also true for front-line medical workers. There is a similar but less intense effect for the researchers who work at bringing the facts of violence against women and children into the public eye. Working with the individuals or the data and stories, and presenting the information can also be a very demanding process requiring support from family and friends.
- **School-based Violence:** Another cost to individuals and society is due to violence directed against girls in their school environments. For the girls and young women facing gendered violence in this setting, the results can be debilitating. Such attitudes can be internalized, self-esteem lowered and abuse may appear more acceptable. These problems may contribute to increasing violence in the intimate relationships between teens.
- **Deaths:** The loss of women's lives at the hands of their partners or ex-partners, or at their own hands if they commit suicide, is impossible to quantify economically. There is no way that the women or their families and friends could ever be compensated for the loss of happiness, contribution to family and community, and productivity. The effect on children who grow up without their mothers because of acts of violence, often carried out by their own fathers, is terrible and unpredictable. Such acts affect everyone, creating an escalation in the level of fear all live with daily. About 80 women a year in Canada are killed by their partners or ex-partners, a rate nine times higher than the risk of being killed by a stranger. Women are shot, stabbed, beaten, strangled, poisoned, and burned to death. Of all spousal

deaths in 1991, police recorded that 52% could be attributed to an argument and a further 24% to jealousy. There was a history of domestic violence known to the police in 51% of the killings of wives and in 68% of the 25 killings of husbands each year.⁵⁶ This means that for the majority of women incarcerated for killing their husbands, the final act was probably one of self-protection resulting from long-term abuse in the relationship. The loss of liberty these women face, and their loss as mothers and members of their communities is a resulting cost of the abuse they withstood.

From all the available evidence, the conclusion is clear: violence against women is a very expensive problem in our society. **The total of the measurable costs relating to health and well-being alone amounts to \$1,539,650,387 per year.** This is just the tip of the iceberg. If the missing costs could be added, such as those for hospital admissions, physicians' services, and the women's own personal costs, as well as the costs of the policing, legal and judicial systems, the total would certainly be many times greater than this. It is time to think seriously about a more effective use of existing resources. Money spent on prevention and immediate responses may save enormous costs in the long run.

⁵⁶ Canadian Centre for Justice Statistics. "Spousal Homicide", Juristat Service Bulletin, March, 1994.

NEEDS OF SPECIAL GROUPS

Aboriginal, immigrant and refugee, rural women, women with disabilities and lesbians all face additional barriers in dealing with violence in their lives. For each group, there are special needs and services required. In some cases, these needs are being met by providing appropriate and trained staff in shelters or other agencies. However, these provisions are few and far between. These special groups are included to indicate just how much more serious the violence is in their lives, and how little society is doing to stop it.

Rural Women

Women victims of domestic violence who live in rural areas face many additional problems because of the nature of their communities. Many rural communities don't have shelters or crisis phone lines. Physical isolation means the women may have no neighbours who could call the police if they heard screaming, and it can mean a longer response time for police or ambulance. There are no taxi or bus services, so the women are often unable to leave easily. Walking through an open field or down long stretches of country roads can be unsafe. A woman who turned to a friend or even a social agency for help might soon find herself the topic of local gossip. Long distance calls to urban areas where support services are available can be traced by checking the phone bill. Some provinces have instituted toll-free telephone services for women seeking help. The need for privacy in a shelter also poses difficult problems in a small, close-knit community. If a woman has to move to another location to obtain anonymity, or because the support services or safe accommodation she needs don't exist in her own community, she may lose her entire network of friends and relatives, as well as her job if she is in paid employment.

For farm women, the problems are further compounded. If the woman chooses to leave the farm to leave the marriage, she is leaving her home, her job, her income and her lifestyle. Farming people are often attached to the land itself, not just to the farm as a home and business enterprise, and may have been for at least one generation. Often, the older relatives who previously operated the farm remain living there or in the close vicinity. Income from the farm remains their financial security as farmers do not usually contribute to pension plans. If a woman chooses to leave her violent husband, and the marriage ends in divorce, half of the value of the farm legally belongs to her. If she takes this value out of the farm, the financial security of the business and the older generation are jeopardized. This possibility can affect the relationship between a woman and her in-laws or parents, leading to further feelings of isolation and helplessness. Such family financial issues make it harder for a farm woman suffering from violence to consider her options.

Farms are usually shared investments, with joint decision-making. This means the woman is living with her business partner. If there is violence in the relationship, it compounds any

conflicts over business decisions. In addition, farming incomes are often low, making it more difficult to leave a bad situation. Low incomes mean that farm women are in a weak position financially to purchase necessities, pay for travel or accommodation, or pay the other costs of separation and relocation. Other additional problems include the prevalence of guns on farms, increasing the risk and fear of extreme violence. Also, women are usually responsible for care of the farm animals, making leaving the farm in order to get away from an abusive partner more complicated.⁵⁷

The statistics tell us there are more two-parent families in rural areas than in urban centres, but that the rate of violence is the same. This indicates that fewer rural women leave violent relationships.⁵⁸

Aboriginal Women

The devastation of the Aboriginal way of life and the destruction of their communities by colonialism have stripped First Nation communities of their decision-making powers. Forced attendance at residential schools had a prolonged negative influence, raising children in a system of abuse. The second-generation effects of this violence have contributed to higher levels of violence in Native communities than in white society. Levels of violence are considerably higher among Aboriginal communities, and the violence is often directed against women and children. A report from British Columbia indicates that one in three Aboriginal women compared to one in ten of all Canadian women are abused by their partners, and that 86% of the respondents had either witnessed or experienced family violence. A study in Ontario indicated that 80% of Aboriginal women had personally experienced family violence.⁵⁹ The rate of suicide is higher.⁶⁰ The rate of spousal homicide is much higher. Although Native people make up only 3% of the Canadian population, 22% of family homicide victims were Native.⁶¹ This violence cannot be seen in isolation. It is part of a systemic problem that is the

⁵⁷ Fear on the Farm, Canadian Farm Women's Network, 1992, video and study guide produced by Birdying Communications Ltd. See also Southwest Safe Shelter, A Brief for the Canadian Panel on Violence Against Women, Swift Current, Sask., undated; New Brunswick Advisory Council on the Status of Women, Services to Women Living in Rural Areas: A First Look, Moncton, N.B., Feb., 1987; Northwest Territories, Report by the Task Force on Spousal Assault, Spousal Assault Task Force, reporting to the Minister responsible for the Status of Women, May 15, 1985; Canadian Council on Social Development, "Abused Women in Rural and Remote Communities: Isolated in More Ways than One," Vis-A-Vis: A National Newsletter on Family Violence, vol. 11 (1), Summer 1993; Ontario Farm Women's Network, Building Support for Community Action, May 1994; and Ontario Farm Women's Network, "Special Issue: Sexual Assault Prevention", Ontario Farm Women's Network Newsletter, vol.5 (4), Spring 1993.

⁵⁸ Statistics Canada. "The Violence Against Women Survey: Highlights", p. 3.

⁵⁹ Is Anyone Listening? Report of the British Columbia Task Force on Family Violence, February, 1992.

⁶⁰ Ibid.

⁶¹ Johnson, Holly and Chisholm, Peter. "Family Homicide", Canadian Social Trends, Statistics Canada, Autumn, 1989, p.17.

result of white oppression of the Native people of Canada.

Fortunately, many of the Native communities have begun to take action to heal these wounds. Reinstating their own spiritual and traditional practices is helping Aboriginal individuals and the communities to heal. Many Native communities have begun to institute sweat lodges, spiritual dances and healing circles. In these events, victims and abusers both do personal inner work to heal, sometimes together, sometimes independently. The Native community recognizes the essential importance of community and family to its way of life. The healing circles help people to deal in a holistic way with personal issues, including substance abuse and violence.

In terms of accessing services, non-urban Aboriginal women face similar obstacles as all rural women in addition to the obstacles resulting from racism. Many communities face a lack of resources to create affordable treatment or support services. There may also be a lack of follow-up support after a crisis has passed. Distances are large, separating women from public services such as medical services, shelters, counsellors or police. Women in isolated communities, especially in the North, may need to take an air flight to get away from a dangerous partner. The additional costs of transportation, and concerns such as caring for children mean that often the women do not have any option but to stay in dangerous situations.

Native women are often left without adequate services provided within their own communities and unprotected by services provided for white women. When there are no Aboriginal staff available when a Native woman seeks help, she may encounter racism or inappropriate practices. At the very least, a lack of appreciation for the Native way of life can lead to ineffective communication or an unequal relationship between the women and the service providers. The women face the implicit and explicit racism inherent in Canadian society when they are most in need. For example, because child welfare agencies removed Aboriginal children from their mothers and placed them in white homes in the past, many Native women are justifiably nervous about approaching the same services for help now. They fear losing their children if they seek help. And as in any group, there may be sexism leading to victim-blaming by police, frontline workers and the courts.⁶²

It is not possible to attach a cost to the suffering of Native people. Jurisdictional disputes and inappropriate services mean people who need services may go without the support and treatment they need.

⁶² Is Anyone Listening? Report of the British Columbia Task Force on Family Violence, February, 1992. p 196.

Immigrant and Refugee Women

Women who come to Canada as immigrants or refugees and who face violence in their homes face a complicated set of additional issues. They probably have left family and friends behind to move to a new culture. Often their husbands are their only contacts. They may not know how to reach the appropriate public system for help. They may face racism in their daily contact with people outside of their own community, including in the helping agencies. They may lack language skills in English or French and thus be unable to communicate with service providers even if they can locate them. This inability to communicate may be compounded by a fear of calling the police because of frightening experiences with uniformed officers in their own countries. But many women are prevented from trying to contact helping agencies because of expectations and beliefs from their patriarchal cultures of origin. They may feel that they have to stay in a marriage at any cost, that divorce is unthinkable, or that family matters are private. They may also have a fear of embarrassing themselves or their community and of being shunned if they complain. These women are especially vulnerable, isolated and depressed.

Usually immigrant and refugee women are very dependent on their husbands financially. They may not work in the labour force at all, or only at minimal paying jobs. Furthermore, their immigration status may not be finalized, and they may fear losing their sponsorship, or their status as dependents of their husbands. The woman may fear deportation for herself, her children or her husband if she lets anyone know about the violence. This is especially true for women on temporary immigration status. Any woman who is without landed immigrant status in Canada on a working permit, student visa, as a tourist or as an illegal immigrant is also very unlikely to be able to get social assistance if she leaves an abusive husband. For these reasons, the choices for an immigrant or refugee woman in a violent relationship may be severely limited.

In the major urban centres of Vancouver, Toronto and Montreal, a few agencies have been set up to help women immigrants who face violence in their lives. These agencies are staffed by people who are familiar with various languages and cultures. But for many immigrant or refugee women, there is no available service that is knowledgeable of, or culturally sensitive to, their specific needs. They may be unable to communicate without an interpreter, and an appointed interpreter may not be sensitive to issues of violence against women. The interpreter may be a well-known member of the woman's community, in which case she could be giving information through the interpreter that will come back to harm her among her own people. Further, interpreters may not know the woman's dialect, or may be unfamiliar with the cultural meanings of various words or phrases. The 1993 Statistics Canada survey of transition homes reports that 19% of shelters provided information in pictures, 33% had in-house service

in languages other than English or French, and 60% used external interpreters.⁶³

Women with Disabilities

Women who are physically or mentally disabled face a much higher risk of violence in their lives than the able-bodied female population. The DisAbled Women's Network (DAWN) estimates that over one million Canadian women have disabilities and over two-thirds of them have been physically or sexually assaulted before they reach puberty.⁶⁴ About one-third of them continue to be abused as adults. The increased levels of violence reflect the increased dependency these women have on others in their lives. This is especially so for women who are institutionalized, or who face multiple care-givers in their homes. The increase is between 1.5 and ten times as high, depending on the woman's living arrangements. These women are often viewed as being incompetent, and they may have difficulties in communicating, which exacerbates this impression. They may have been molded to be compliant or docile, which makes them easier targets for abuse.

It is very difficult for a disabled woman to leave an abusive situation. She may be unable to move herself, or she may have support systems in place that are not easily transferable. Even if she does manage to get out of the situation, she may not find it easy to communicate or acquire credibility. She may end up at a shelter only to discover that it is not accessible to her. In a 1988 survey by DAWN, 10% of disabled women who had been abused sought help from transition houses, but only half of them were accommodated. The 1993 Statistics Canada survey of transition homes indicated that 44% of shelters were wheelchair accessible, 11% provided sign language service and telephones for the deaf, and 16% had braille or audiotaped materials.⁶⁵

Lesbians

Violence exists within some lesbian relationships, just as it does in heterosexual ones. For abused lesbians, reporting the violence may be made more difficult by the women's feelings of isolation from mainstream heterosexual culture and services. These women are very likely to be confronted by homophobic reactions among support workers in service agencies. There is also the fear that acknowledging violence in lesbian relationships will reflect negatively on same-sex relationships. Further, if the women are not living as known lesbians, there is the fear of being "outed", or having their sexual relationship made public, if they call in help from agencies. In fact, this threat of "outing" becomes one of the power levers the abusing partner can use in such a situation. This is especially true of women who have custody of their

⁶³ Ibid., p. 196.

⁶⁴ DisAbled Women's Network (DAWN). Women with Disabilities: Physical and Sexual Assault, Toronto, 1994.

⁶⁵ Statistics Canada. "Transition Home Survey, 1992-93", Health Reports, vol.5 (4), 1993. Table 8.

children since being in a lesbian relationship may be enough to make a judge decide to award the children to their father or another caregiver. Lesbians in violent relationships identify homophobia and isolation as contributing factors to the violence in the first place.

Lesbians need safe agencies that understand and are sympathetic to their concerns. For a woman facing violence in her life, being isolated by society's responses to her life choices just isolates her further, and makes the possibility of getting help less likely.

WOMEN'S STORIES

The following three stories are from women who shared them in hopes of benefiting other women. Their names have been changed.

Camille's Story

Camille is 25 years old. Raised as an only child in a comfortable home, she grew up to be strong and independent. Two years ago, after completing university, she met Daniel. Three years younger than Camille, and raised in a severely dysfunctional family where violence was present, Daniel had been on his own since he was 15. Daniel's mother had left his father twenty years ago after he broke her jaw in a drunken rage. Camille and Daniel were a strange match perhaps, but she was entranced by him. "I was aware of the dangers of imbalance," says Camille. "Perhaps I saw a role for myself as saviour. I did not realize how deeply his insecurity and self-hatred flowed."

They moved into an apartment together in Montreal. Searching for jobs, and running out of money, they spent most of their time together. They began having recurring verbal fights. Although Camille's dissatisfaction was with her own life, Daniel took it personally. The aggression escalated. Daniel began accusing Camille of seeing other men behind his back, of still loving her previous boyfriend more than him, and of being in love with her best girlfriend who lived in another city. He could not believe that Camille had any love for him. She expended a great deal of energy trying to convince him that she did truly love him. After a two-week Christmas holiday with her parents, she returned to Montreal to discover that Daniel had had two affairs while she was away. Convinced that she had been "cheating" on him, he thought that if he confessed, she would as well. But she had nothing to confess. "The idea of him believing I was an 'evil, lying, horny bitch who opens her legs to everyone' broke my heart. I thought of the crack of his father's fist into his mother's jaw filed away in his two-year-old subconscious, and tried to convince him to get therapy. He wavered between hatred and love, screaming obscenities at me one minute and weeping in misery the next."

After a period of this crisis-level interaction, Daniel moved out. Camille decided she couldn't help him, and would have to forget him. However, he began harassing her, phoning many times daily, and coming over to the apartment. One night at 4 a.m., he pounded on the door. When she didn't answer immediately, he smashed the window and crawled through it. Camille woke to the sound of shattering glass, and found him sitting soberly in the living room, smoking a cigarette. After he refused to leave, Camille called the police. He was put in jail for several days, then issued a restraining order. He ignored the order and continued trying to see Camille. "I was terrified by the intensity of his anger, and my friends convinced me that I had to remove myself from his life. I would have to disappear." Camille had to break her lease and find replacement tenants. She had to pay to have the window repaired. She spent two weeks finding an affordable apartment and got an unlisted telephone number. She also went to court over Daniel on two occasions. She met with a social worker and sought group therapy. She eventually moved away from Montreal. The immediate financial costs to her were the time lost from looking for work, repairing the window, the costs of moving, and acquiring an unlisted telephone number. The costs to society were her time spent with the social worker, as well as police and court time. "The greatest costs to me were psychological. My morale and self-assurance had plummeted and I wasn't quite sure how to regain the magic I had felt prior to this relationship, only eight months previous. I had physically freed myself of the relationship, I had no dependents and I was young and educated. On a scale of domestic violence, my case was not an extreme one, yet it has left deep imprints on me."

Grace's Story

Grace is an Aboriginal professional woman living in the Prairies. Early in her marriage, she suffered a nervous breakdown and was hospitalized for anxiety and depression. At that point she called on friends and family to help. This was the beginning of her power to heal. Eventually she left her husband after discovering his violence toward her extended to their children. He was given supervised visitation rights to see the children. When Grace left the marriage, she was forced to relocate and get an unlisted telephone number. She lost many personal possessions as a result of relocation, and was also forced to take over all mortgage payments, car payments and payments on a loan the couple had taken out jointly. With very restricted income, she couldn't meet these payments and her credit card company garnisheed her bank account.

She now faces the costs of single parenting: no rest-time, no contact with the father or the grandparents, no one with whom to share the responsibilities and demands of child raising. Grace must also be aware of the effects of her ex-husband's behaviour on her children. She knows that mothers are the primary therapists for their children. She is also faced with the racism endemic in Canadian society against Aboriginal women, especially single Aboriginal mothers. She feels dismissed, ignored and undermined when she has to make contact with social services. Grace is thankful for her caring women friends and her own family.

Grace estimates her financial costs, including to loss of deductibles in insurance coverage, car, loan and mortgage payments, counselling services, relocation costs, rental of a car, prescriptions and legal fees, at \$20,150. This does not include the psychological, emotional or physical costs to her or her children.

Anne's Story

Anne was raised in a financially successful but severely dysfunctional family. Her father was alcoholic, and emotional abuse was rampant. "I grew up in Father's late stages of alcoholism so I experienced his stages of blackouts, physical and verbal abuse, setting the couch on fire, legal, moral and ethical problems and eventually his final stages of body rot. Because of Father's mood swings, friends could not safely and freely come to visit so I began to isolate a lot in order to hide the family secret of chemical dependency. Isolation became a coping mechanism for me."

At age 13, Anne was violently sexually assaulted by a stranger in a park. She chose not to tell her family because of fear of further violence at home if she told. This secret made Anne very sick. She hid her insecurities in over-achievement. Her high school years were spent fighting anorexia, bulimia, migraines, and irritable bowel syndrome. When she was 16, Anne was admitted to hospital for two weeks for irritable bowel syndrome.

After high school, Anne went on to become a registered nurse and opened a business. During these years she drank excessively, including binge drinking. She also used drugs to cope, and her eating disorder was out of control. She faced constant health crises and visited the emergency ward approximately once a month, totalling close to 50 visits. She had constant migraines as well. She used drugs including tranquilizers, Demerol and over-the-counter pain relievers. She was admitted to hospital for two weeks at age 21. During these years she estimates that she spent approximately \$800 on prescription drugs per year.

At age 25 Anne eloped with a man who subsequently began abusing her. During her first pregnancy, she was able to stop her addictive behaviours. After her daughter was born, however, she returned to her earlier ways. She continued visiting the hospital frequently, and was abusing both alcohol and drugs. She had two two-week admissions to hospital for colitis and irritable bowel syndrome during these years and began monthly visits to a psychologist. The marriage ended in separation, with her eating disorder and her abuse of alcohol both active. She sold her business and returned to live with her parents, where she found her father in the ravaging late stages of alcoholism. "Life was very unpredictable. On one occasion he sexually assaulted me and I did not know how to tell anyone. I returned to nursing and started abusing prescription drugs and injecting Demerol. When usage interfered with my work, I resigned without telling anyone the real reason."

During the next three years Anne went from nursing to bartending, from social drinking to alcoholism, and experienced date rape from a casual acquaintance. She nursed her father through his final days and consoled her mother who was falling apart due to her husband's drunken rages. Standing over her father one day, Anne suddenly saw where her behaviour would take her. She admitted herself to an in-patient alcohol treatment clinic. The cost (in 1984) was approximately \$3,500. At the clinic, with new-found self-awareness and sobriety, she met the man who became her second husband. Together they started a successful business and had two children. "I lived every day to meet the needs of my husband, his children, my child, our children, his father, and the people who worked for us in the business. This was my purpose in life."

Unfortunately, this husband also returned to alcoholism and drug abuse. He, too, was physically and emotionally violent. Anne's behaviour patterns did not change, nor did her health improve. Eventually she had major surgery including a complete hysterectomy, rectocell repair, urethra dilatation, and panulectomy. She continued to need the emergency ward approximately monthly, and had as many as three hospital admissions annually over many years.

When her mother died, something changed inside Anne. "I stood at the fork in the road to destiny, and with a broken heart and a confused and battered mind and a debilitating physical condition, I prayed and sought help in recovery." She entered a rehabilitation recovery centre and a women's recovery home. Her thoughts were for her children, knowing that to be healthy for them she needed to be healthy herself. She joined a variety of women's groups and self-help groups. With seven to fourteen meetings per week including counselling, she finally came through her dark days to a new life. She writes, "My life is in balance...I know there are still strengths and frailties, challenges and triumphs to be faced with my work, my custody battle for my children, family, friends and community...I claim ownership of my freed self...I suffered from the seeds of oppression, humiliation, disappointment and repression...The seeds are slowly being replaced by freedom, justice, independence, life, liberty, achievements and dreams, and the pursuit of happiness."

Anne has estimated her financial costs over the last five years alone to be approximately \$140,000.

APPENDIX: CALCULATIONS OF THE COSTS

1.0 Immediate Effects

1.1 Medical Costs

Incidents resulting in injury = 272,000

Assumption: 28% sought medical help, based on lifetime data.

Therefore, total number of women seeking medical attention = 0.28 multiplied by 272,000 = 76,160.

Arbitrary \$100 cost per visit, based on information about costs of various services.

Therefore, estimated total annual cost of immediate medical attention = \$7,616,000

Does not include ambulance, drugs or other treatments, or admissions to hospitals.

1.2 Dental Costs

Number of dentists in Canada = 13,477

Assumption that one client per dentist per year seeks dental assistance due to violence, based on information about violence against elderly.

Arbitrary cost per visit to dentist for repair work = \$100.

Therefore, estimated total annual cost for dental care = \$100 multiplied by 13,477 = \$1,347,700.

1.3 Workplace Costs

1.3.1 Paid Work

Number of women who took time off from their regular daily activities = 335,000

Labour force participation rate for women = 62.2% or .622

Therefore, women taking at least one day off paid work = 0.622 multiplied by 335,000 = 208,370

Average annual salary for women = \$27,202

Average daily wage for women = \$27,202 divided by 251 working days per year = \$108.38

Therefore, total cost for each woman to take one day off paid work = \$108.38 multiplied by 208,370 = \$22,583,140

1.3.2 Unpaid Work

Number of women who took time off from regular activities = 335,000

Number in labour force = 208,370

Therefore, average number at home = 335,000 - 208,370 = 126,630

Average daily wage = \$108.38

Therefore, the total cost for each woman to take one day off unpaid work = \$108.38 multiplied by 126,630 = \$13,724,159

Therefore, total cost of lost output from paid and unpaid work = \$22,583,140 + \$13,724,159 = \$36,307,299.

Does not include value for lost household output of women working in paid labour force.

2.0 Long-Term Effects

Percentage of ex-shelter women who had at least one consultation with medical service provider during two-week period preceding survey = 46.3%

Average number of consultations of all ex-shelter women in two-week period = .6

Average number of consultations of all other women (matched sample) in two-week period = .4

Average number of consultations per year = 26 multiplied by (two-week level)

Therefore, the average number of consultations per year for all ex-shelter women = 26 multiplied by .6 = 15.6

Average number of consultations per year for other women = 26 multiplied by .4 = 10.4

Difference in the number of consultations between ex-shelter and other women = 15.6 - 10.4 = 5.2

Number of women experiencing violence in a lifetime = 5,377,000

Number experiencing spousal abuse = 2,652,000

Proportion from above of percentage of ex-shelter women with at least one consultation = 46.3%

Due to lack of information, must assume all other victims never consult after the initial incident, including remain 53.7% of spousal assault victims, and 100% of victims of sexual and common assaults by non-partner males.

Therefore, estimable number of women seeking long-term treatment of additional 5.2 consultations per year = .463 multiplied by 2,652,000 = 1,227,876

Therefore, total number of consultations resulting from violence that can be estimated = 5.2 multiplied by 1,227,876 = 6,384,955.2

Arbitrary cost per consultation = \$40

Therefore, total cost per year of additional consultations for wife-abuse victims = \$40 multiplied by 6,384,955 = \$255,398,200

Does not include consultations for sexual assault victims, non-partner male assault victims, or over half of all wife-assault victims.

2.1 Psychiatric effects

2.1.1 Inpatients. All hospitals

Number of patients per day per hospital = 35.07

Proportion of women psychiatric patients who are known victims of violence = 50%

Must assume men and women are patients in equal proportions.

Therefore, percentage of all patients who are women victims of violence = 0.5 multiplied by 0.5 = 0.25

Therefore, number of all patients who are women victims of violence = 0.25 multiplied by 35.07 = 8.77

Number hospitals = 1,210

Therefore, women-victims in-patients in all hospitals per day = 8.77 multiplied by 1,210 = 10,611.7

Average cost per patient day = \$127.86

Total cost per day = \$127.86 multiplied by 10,611.7 = \$1,356,811.90

Total cost per year = 365 multiplied by \$1,356,811.90 = \$495,236,344

2.1.1.1 Ambulatory Patients

Long-term psychiatric hospitals, emergency wards

Number of patients per day = 52.71

Percentage of women victims of violence = 0.25 multiplied by 52.71 = 13.18

Number of hospitals = 21

Therefore, women victim patients in all hospitals = 21 multiplied by 13.18 = 276.78

Cost per visit = \$34.03

Total cost per day = \$34.03 multiplied by 276.78 = \$9,418.82

Total cost per year = 365 multiplied by \$9,418.82 = \$3,437,869

2.1.1.2 Short-term psychiatric hospitals, emergency wards

Number of patients per day = 11.42

Percentage of women victims of violence = 0.25 multiplied by 11.42 = 2.85

Number of hospitals = 15

Therefore, women victim patients in all hospitals = 15 multiplied by 2.85 = 42.75

Cost per visit = \$91.83

Total cost per day = \$91.83 multiplied by 42.75 = \$3,925.73

Total cost per year = 365 multiplied by \$3,925.73 = \$1,432,891

2.1.1.3 Long-term hospitals. Psychiatric clinics

Patients per day = 51.74

Percentage of women victims of violence = 0.25 multiplied by 51.74 = 12.94

Number of hospitals = 21

Therefore, women victim patients in all hospitals = 21 multiplied by 12.94 = 271.74

Cost per visit = \$67.20

Total cost per day = 271.74 multiplied by \$67.20 = \$18,260.93

Total annual cost = 365 multiplied by \$18,260.93 = \$6,665,239

Total annual cost of women-victims' psychiatric hospital stays all types = \$506,772,343.

Does not include physician services or drugs.

2.2 Long-Term Workplace Effects

Proportion of all injured women taking time off work = 52%

Lengths of time injured women were away from work as a result of violence:

15% for one to five days (mid-point of 2.5 days)

19% for six to twenty days (mid-point of 13 days)

18% for 21 days or more (arbitrary choice of 30 days)

Therefore, proportions of all women who take time off work taking this many days:

15/52 = 28.9% take one to five days

19/52 = 36.5% take six to twenty days

18/52 = 34.6% take twenty-one days or more

Number of women taking time off work = 335,000

Total days lost = (0.289 multiplied by 335,000 multiplied by 2.5) + (0.365 multiplied by 335,000 multiplied by 13) + (0.346 multiplied by 335,000 multiplied by 30)

= 242,038 + 1,589,575 + 3,477,300

= 5,308,913.

2.2.1 Cost of Lost Time from Paid Work

Labour force participation rate = 62.2%

Total number of days lost from paid work = 0.622 multiplied by 5,308,913 = 3,302,144

Average daily wage = \$108.38

Therefore, total cost of lost days of paid work = \$108.38 multiplied by 3,302,144 =

\$357,886,367

Subtract the cost of the first day already calculated = \$357,886,367 - \$22,583,140 =

\$335,303,227

2.2.2 Cost of Lost Time from Unpaid Work

Total number of days lost from regular activities = 5,308,913

Number of days lost from paid work = 3,302,144

Therefore, number of days lost from unpaid activities = 5,308,913 - 3,302,144 = 2,006,769

Therefore, total cost of lost days of unpaid work = \$108.38 multiplied by 2,006,769 =

\$217,493,624

Subtract the cost of the first day already calculated = \$217,493,624 - \$13,724,159 =

\$203,689,465.

Therefore, estimated total cost of paid and unpaid lost work = \$335,303,227 + 203,689,465 = \$538,992,692.

Does not include productivity losses, quits, lack of promotions, etc.

3.0 Existing Community Responses

3.1 Transition Homes

Number of transition homes = 371

Average annual cost per shelter, not including volunteer hours = \$364,000

Therefore, total annual cost = 371 multiplied by \$364,000 = \$135,044,000.

Does not include value of volunteer labour.

3.2 Crisis Centres

Number of centres in Ontario = 28

Total volunteer hours in Ontario = 205,708

Therefore, total number of 8-hour days of labour = 205,708 divided by 8 = 25,714

Average wage per day = \$108.38

Therefore, value of volunteer days in Ontario = \$108.38 multiplied by 25,714 = \$2,786,883

Therefore, value of volunteer days per centre = \$2,786,883 divided by 28 = \$99,532

Other provinces' crisis centres and amount of funding (believed to be incomplete information):

British Columbia = 23 crisis centres, total 53 agencies, \$3,990,383

Alberta = 0

Saskatchewan = 4 centres, \$621,190

Manitoba = 29 agencies including crisis centres and transition homes, \$4,862,400 total

Northwest Territories = 0

Yukon = 1, funding unknown

Ontario = 28, \$9,368,398

Quebec = 23, \$1,766,000

New Brunswick = 2, funding unknown

Nova Scotia = 1, \$230,000

Prince Edward Island = 1, \$79,300

Newfoundland = 1, \$3,500

Total = 57 crisis centres in other provinces similar to Ontario crisis centres.

Assume same average number of volunteer hours across all provinces.

Therefore, total value of volunteer days in crisis centres only = \$99,532 multiplied by 57 = \$5,673,324

Total amount of funding = \$20,921,671

Therefore, total cost of operating crisis centres = \$2,786,883 + \$5,673,324 + \$20,921,671 = \$29,381,878.

Does not include agencies operated without provincial funding. Does double count some costs of transition homes in Manitoba.

4.0 Provincial and Territorial Prevention and Treatment Initiatives

Total costs of prevention and treatment initiatives = \$28,790,275

Does not include all provinces and territories.

Estimate of annual health-related costs of violence against women in Canada: \$1,539,650,387.
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